

Standards Evidence

Organisations are required to complete the following sections, providing evidence on how they meet the PHA Quality Service Standards.

Name of Organisation:

Name of Project(s):

Section one: CORE Standards

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE			
C1.1	The management committee / board ensure that the organisation operates to clear governance requirements.	Your management committee / board is accountable for the whole organisation and as such it is the responsibility of the board to ensure that the organisation complies with its mission and governing documents, relevant laws and contractual obligations, that it is solvent and fulfils all its obligations.	

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE			
C1.2	Effective risk management policies and procedures are in place and adhered to.	Organisations must have in place a risk management strategy that covers strategic and operational risk.	

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE			
C1.4	Existing and new legislation and guidance which might impact upon the service is complied with.	<p>Managers and staff are aware of and review relevant legislation and guidance including how it impacts on the service.</p> <p>While some legislation will apply to all organisations, relevant legislation is likely to vary depending on the nature of the service being delivered and the client group.</p>	
			C2.4

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE			
C.1.5	Contractual obligations are complied with.	Service providers must ensure that they comply with all terms and conditions contained within Service Delivery Contracts.	C4.1 C4.2

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE			
C.1.6	Effective systems for accountability and audit of finances are in place and adhered to.	Organisations must have in place proper and effective financial systems which support and maintain proper accounting records and clear audit trails to ensure the effective use of funds in meeting organisational and contractual objectives.	

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2 Employment and Volunteering Structures			
C2.1	A standardised recruitment and selection process is in place to assess the suitability of potential staff and volunteers.	Providers ensure the fair and consistent treatment of employees and volunteers and their professional conduct through a clear, standardised, fair and consistent recruitment and selection process. This should include a procedure for defining skills, knowledge and competencies of staff and volunteers.	
			C3.1

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2 Employment and Volunteering Structures			
C2.2	Where volunteers support the delivery of service there is an expressed commitment to their involvement and recognition that volunteering is a two way process that benefits both the organisation and the volunteer.	Providers who offer volunteer opportunities in the delivery of services, should have appropriate structures and procedures in place which support volunteers and promote volunteering as a two way process that benefits volunteers.	

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2 Employment and Volunteering Structures			
C2.3	<p>Clear support and supervision arrangements are in place.</p>	<p>Supervision relates to the support and guidance provided to staff and volunteers to enable them to carry out their role and <u>is separate from clinical supervision</u>.</p> <p>Supervision, support and guidance should be both planned and reactionary to ensure it “responds to needs of [relevant personnel] who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons” (NICE PH22).</p> <p>All staff should have clear line-management and supervision arrangements in place.</p> <p>All Volunteers should have clear support and supervision arrangements in place.</p>	<p>C2.2</p> <p>C2.4</p>

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2 Employment and Volunteering Structures			
C2.4	<p>Staff and volunteers have appropriate qualifications and skills for their current roles.</p>	<p>Providers should ensure that staff and volunteers have appropriate qualifications and skills for their current role.</p> <p>In addition providers should ensure that relevant personnel have access to appropriate continuous training and development opportunities and are facilitated to attend. This should include, but is not limited to, having received a level of mental & emotional wellbeing and suicide prevention training appropriate to their role / function within 12 months of a contract being awarded e.g. safeTALK/ Mental Health First Aid / Applied Suicide Intervention Skills Training (ASIST).</p> <p>Please note: previous attendance on specified courses is acceptable.</p>	<p>C2.1</p> <p>C2.3</p> <p>C3.7</p>

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.1	Equality and diversity is actively promoted.	<p>The organisation is fully committed to fair and equal treatment of everyone who comes into contact with their representatives and / or services and of those employed by the organisation.</p> <p>Services provided are in line with Human Rights Act 1998 and Section 75 of the Northern Ireland Order (1998).</p>	<p>C2.1</p> <p>C2.4</p>

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.2	Higher risk groups are actively targeted and services promoted accordingly.	Providers actively promote their services / programmes to ensure they reach out to marginalised, disadvantaged & higher-risk groups as defined by current DHSSPS(NI) Suicide Strategy and that all programmes and services take into account individual's values, beliefs, concerns and context.	

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.3	<p>Accurate and appropriate records relevant to service provision are maintained.</p>	<p>Good data management and record keeping is essential as a means of telling us what, where and when something was done, why a decision was made, who was involved and under whose authority. It provides evidence of activity and promotes accountability and transparency.</p> <p>The principles of good record keeping applies to all types of records regardless of how they are held and should be retained in line with the DHSSPS (NI) "Good Management Good Records Policy" 2004 (updated December 2011) https://www.health-ni.gov.uk/topics/good-management-good-records</p>	C4.2

Standard	What this means?	What this might mean in practice?	Linked standards	
Criteria 3 Organisational Practice and Service Delivery				
C3.4	<p>The organisation promotes respect and protects the confidentiality of service users at all times.</p>	<p>Organisations have confidentiality and information sharing protocols in place which aim to improve communication between statutory, community and voluntary organisations regarding the delivery of care when appropriate.</p> <p>Confidentiality and information sharing protocols should be in line with data protection legislation (http://www.legislation.gov.uk/ukpga/1998/29/contents) and the Information Commissioners Office “Data Sharing Code of Practice”. (http://www.ico.org.uk/for_organisations/data_protection/topic_guides/data_sharing)</p>		C3.3

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.5	The organisation works to ensure that the welfare and protection of children and vulnerable adults in its care is paramount.	All providers should have a policy and protocol in place on disclosure. Any issue of disclosure on child protection (or other vulnerability issues) must be raised with the appropriate child protection and other authorities in line with legislation and the Information Commissioners Offices “Data Sharing Code of Practice” . http://www.ico.org.uk/for_organisations/data_protection/topic_guides/data_sharing	C2.4

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.6	The organisation has in place effective risk management processes.	Service users are supported and safety maintained through risk assessment processes which are relevant to the needs of the service users and the service provided.	C3.8

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.7	<p>The organisation has in place processes to identify and respond to serious adverse incidents should they occur.</p>	<p>Providers follow the procedures for the identification, reporting, reviewing and responding to Serious Adverse Incidents (SAI) as outlined in HSC protocol for the management of SAIs, April 2010.</p> <p>Providers notify funders and relevant bodies at the earliest opportunity of the incident and of the action taken.</p>	

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3 Organisational Practice and Service Delivery			
C3.8	<p>The organisation has in place processes to ensure that where appropriate, service users benefit from signposting and referrals to other appropriate agencies or organisations.</p>	<p>Service providers recognise the links between mental and emotional wellbeing and other issues such as serious psychiatric conditions, alcohol and substance misuse, social issues e.g. financial problems.</p> <p>To ensure that service users receive the service that is most appropriate for their needs providers recognise the limits of their service and refer and / or signpost where appropriate.</p> <p>Relevant personnel should be aware of other providers / support agencies / helplines and be confident in signposting and making referrals to them in a manner that is relevant, timely and appropriate.</p> <p>Where appropriate and to develop knowledge and relationships with other providers, relevant personnel should avail of relevant opportunities to participate in multi-disciplinary and interagency opportunities for working together.</p>	<p>C2.4</p> <p>C3.3</p> <p>C3.4</p> <p>C3.5</p>

	Standard	What this means?	What this might mean in Practice?	Linked Standards
Criteria 4 Monitoring and Evaluation				
C4.1	Client outcomes are defined and used as a measure of success for the service.	Measuring the impact of services and the outcomes for service users is an important part of the quality improvement process and of determining the success of a service.		C4.2
C4.2	The organisation monitors and evaluates client outcomes to support and improve service delivery.	Monitoring is a structured planned activity where work carried out is compared against agreed performance indicators.		C1.4 C4.1 C5.1

Standard	What this means?	What this might mean in Practice?	Linked Standards
Criteria 4 Monitoring and Evaluation			
C4.3	Service user satisfaction and feedback is evaluated to build upon strengths and address any areas for improvement.	General service user feedback is an important part of the quality improvement process. It relates to generic aspects of the service such as opening hours, accessibility, venue, timely notification of appointments, how / when phones are answered.	C3.1 C3.2

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 5 Communication processes			
C5.1	Service users are encouraged and supported to influence decision making processes through consultation and feedback.	Service User Involvement (SUI) and Personal and Public Involvement (PPI) means actively engaging with those who use our services, carers and the public to help shape services.	
C5.2	All literature produced is evidence based and reflects recognised best practice.	Literature or resources produced by the provider in relation to the commissioned service (e.g. leaflets, booklets, posters, factsheets etc.) for those seeking support must be evidence based and reflect recognised best practice.	

Standard	What this means?	What this might mean in Practice?	Linked Standards
Criteria 4 Monitoring and Evaluation			
C5.3	The use of media and social media is in line with current guidelines.	To ensure that accurate information is disseminated to the public, it is essential that all media reporting is accurate, responsible and ethical and in line with current DHSSPSNI Mental and Emotional Wellbeing and Suicide Prevention Strategies and approved guidelines e.g. Media Guidelines for Reporting Suicide and Self Harm (http://www.samaritans.org/your-community/samaritans-work-ireland/media-guidelines-ireland).	

Section two:

Training Standards

Training standards should be completed by all commissioners of education and training to ensure that the work they commission happens in a manner that is considered safe for everyone involved and at the very least will cause no harm.

When completing the Training Standards, consider any PHA funded emotional wellbeing training your organisation commissions or delivers either internally or externally. Example of training could include but is not restricted to safeTALK, Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (Asist), Living Life to the Full (LLTTF), Mood Matters, Relationship and Sexuality Training, etc.

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.1	The provision of Training and relevant training programmes is in line with the providers' constitution and strategic direction.	The provision of training / specific training programmes is clearly set out in the remit of the provider and will support the achievement of organisational objectives.	C1.1
C6.2	The organisation is assessed against the Core Standards and other relevant standards and the provision of training activities are considered during this process.	All criteria set out within the Core standards applies to all relevant services within the organisation. It is essential therefore that each relevant service is considered when assessing the organisation against Core standards.	C1.1 – C5.2

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.3	Training providers ensure that all training offered complies with course requirements.	Training provided must operate within the guidelines, contracts, licenses etc. required by the specific course / commissioning body.	C1.4 C4.3
C6.4	The training provider conducts Training Needs Analysis (either formally or informally) in order to identify the needs of the learner / learner groups.	This is a process by which training and learning needs can be identified. This is concerned with identifying both the need for the training and the suitability of the learner / learner group to attend specific training.	C5.1

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.5	<p>Training providers have in place processes for the administration of the training service.</p>	<p>The effective management and administration of training is key to a well organised efficient training service that supports all aspects of the training lifecycle.</p> <p>This function is not dependent upon having dedicated administration staff, but is achievable through well documented procedures which support the efficient, consistent and equitable delivery of training.</p>	C6.7

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.6	<p>Training programmes are fully described and communicated with prospective learners.</p>	<p>By providing details of training programmes in advance prospective learners can make an informed choice in relation to the suitability of the programme for them / their needs.</p> <p>This may include course description, who the course is aimed at, anticipated / stated outcomes, aims and objectives, application/registration process, course accreditation / certification, entry requirements, time commitment required, course delivery methodology, progression pathways etc.</p>	C6.7

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.7	Training course content and materials are accurate, evidence based and reflects best practice.	Training course content is kept up to date and is evidence based i.e. it contains information, safe practices, wording etc. that has been proven to be effective through research and evaluation and which is consistent with current Mental and Emotional Wellbeing and Suicide Prevention Strategies.	C5.2
C6.8	Training environments, facilities and equipment meet legislative requirements as well as the requirements of learners / learner group and the trainer(s).	Training facilities are safe and meet minimum legal requirements and are suitable for the needs of the learner group.	C3.1 C6.5

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.9	<p>Trainers are aware of professional boundaries and remain professional in the facilitation of training to ensure a safe learning environment.</p>	<p>Trainers are aware of the impact that their personal experiences and the personal experiences of participants can have on training.</p> <p>Trainers can manage their personal experiences in the training environment and take responsibility for self-disclosure.</p> <p>Personal disclosures of learners is not encouraged in large groups or within environments that cannot support that disclosure.</p>	<p>C2.4</p> <p>C3.4</p> <p>C3.5</p> <p>C3.6</p> <p>C3.7</p> <p>C4.3</p> <p>C6.5</p> <p>C6.13</p>

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.10	Persons delivering training have sufficient subject matter knowledge and skills in training delivery.	For training to be successful in meeting the needs of the learner group, providers and commissioners it is important that persons delivering the training are knowledgeable and have a deep understanding of the subject matter, can communicate this in a range of ways to meet the needs of the learner without compromising the integrity of the training, have the facilitation skills to manage the group and any issues which may arise and the technical ability to utilise relevant technology.	C2.1 C2.2

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.11	Providers ensure that training programmes are monitored and evaluated to give a measure of quality and impact.	Evaluation and monitoring of training programmes is important to capture and measure the satisfaction of participants, determine changes in learners knowledge, skills, competencies and attitudes and improve the training process.	C4.1 C4.2 C4.3 C5.1
C6.12	Training providers prepare to involve those impacted by the issues raised within the delivery of training.	Where it is agreed that a non-training service user, carer and / or family representative will collaborate in the training delivery, providers ensure that procedures are in place to support the individual.	

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.13	Individuals responsible for the delivery of training have a clear knowledge and understanding of available relevant support resources.	Service providers recognise the impact that training can have upon individuals and ensure that persons responsible for the delivery of training have the confidence and ability to address issues that arise in a professional, safe and supportive manner.	C2.4 C3.3 C3.4 C3.5

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		Training	
C6.14	<p>Service providers and relevant personnel demonstrate an active commitment to self-care.</p>	<p>Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involves individuals being mindful of their own health, self and happiness.</p> <p>The ethos of self-care is twofold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual.</p>	<p>C2.3</p> <p>C6.9</p>

Section three: Self Harm Service Standards

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7		Self-harm services	
C7.1	The provision of services for self-harm are in line with the providers' constitution and strategic direction.	The provision of services for self-harm is clearly set out in the remit of the provider and will support the achievement of organisational objectives.	C1.1

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7		Self-harm services	
C7.2	<p>The organisation is assessed against the Core Standards and other relevant standards and the provision of self-harm services are considered during this process.</p>	<p>All criteria set out within the Core Standards apply to all relevant services within the organisation.</p> <p>It is essential therefore that each relevant service is considered when assessing the organisation against the Core Standards.</p> <p>Where other services specified within this document e.g. training, counselling are offered to address the issue of self-harm. The named standards also apply to the self-harm service.</p>	<p>C1.1 – C5.2</p> <p>C8.1 – C8.8</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7		Self-harm services	
C7.3	<p>The Service Provider adheres to relevant sections within NICE Clinical Guidance 16 http://www.nice.org.uk/guidance/cg16¹</p>	<p>NICE Clinical Guidance 16 relates to the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. The guide outlines key priorities for implementation for health care professionals in any setting including:</p> <ul style="list-style-type: none"> - Respect understanding and choice; - Staff training; - Triage; - Needs Assessment; - Assessment of risk. 	

¹ In November 2011 some of the recommendations contained in the CG16 were replaced by recommendations within the CG133. Details are available at <http://www.nice.org.uk/CG16>.

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7 Self-harm services			
C7.4	<p>The service provider adheres to relevant sections within NICE Clinical Guidance 133 http://www.nice.org.uk/guidance/cg133</p>	<p>NICE Clinical Guidance 133 provides best practice advice for the longer term psychological treatment and management of both single and recurrent episodes of self-harm for adults, children and young people. The guide emphasises that treatment and care should be patient centred and take into account service users' needs and preferences. The guide outlines a number of key priorities for implementation including:</p> <ul style="list-style-type: none"> - General principles of care for working with people who self-harm; - Assessment; - Development and review of care plans; - Needs Assessment; - Risk assessment; - Interventions for self-harm; - Treating associated mental health conditions. 	<p>C3.5</p> <p>C3.7</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7		Self-harm services	
C7.5	<p>Service providers and relevant personnel demonstrate an active commitment to self-care.</p>	<p>Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involves individuals being mindful of their own health, self and happiness.</p> <p>The ethos of self-care is twofold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual.</p>	<p>C6.9</p> <p>C2.3</p>

Section four: Counselling Standards

Standard		What this means	What this might mean in practice	Linked standards
Criteria 8		Counselling		
C8.1	The provision of counselling services is in line with the providers' constitution and strategic direction.	The provision of counselling services is clearly set out in the remit of the provider and will support the achievement of organisational objectives.		C1.1
C8.2	The organisation is assessed against the Core Standards and other relevant standards and the provision of counselling services are considered during this process.	<p>All criteria set out within the Core Standards applies to all relevant services within the organisation.</p> <p>It is essential therefore that each relevant service is considered when assessing the organisation against Core Standards.</p> <p>Where other services specified within this document e.g. self-harm services are addressed through counselling, these standards also apply to the counselling service.</p>		C1.1 – C5.2 C7.1 – C7.5

Standard	What this means	What this might mean in practice	Linked standards
Criteria 8 Counselling			
<p>C8.3</p>	<p>Counselling personnel have a diploma in counselling and a minimum of 150 hours clinically supervised practice hours.</p>	<p>This is the minimum qualification and experience that counsellors providing the service must have prior to beginning work on the contracted service.</p> <p>Specific services may require enhanced qualifications and experience as outlined in individual contracts.</p>	<p>C2.4</p>

Standard	What this means	What this might mean in practice	Linked standards
<div style="display: flex; justify-content: space-between;"> Criteria 8 Counselling </div>			
<p>C8.4</p>	<p>Counselling personnel are accredited with BACP / IACP / or a European or International equivalent relevant professional body or have a time framed action plan in place to work towards accreditation.</p>	<p>Accreditation with a relevant professional body provides assurances that individuals have achieved a substantial level of experience and training which is approved by their member organisation.</p> <p>Unaccredited counsellors should work towards accreditation which must be achieved within the timeframe specified within the contract.</p> <p>Counsellors who are accredited with a professional body other than BACP/IACP must demonstrate/provide evidence that the requirements/components of their accreditation equals that of BACP/IACP.</p>	<p>C2.4</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 8		Counselling	
C8.5	<p>Counselling personnel have experience of working with the organisations primary target group(s) and focus, and are up to date with best practice guidance in their field.</p>	<p>While it is acknowledged that the specific requirements of service users cannot be predicted, many organisations have a target group e.g. young people, LGB&T community etc. or work within a specific subject matter e.g. suicide ideation, bereavement, gender identity etc.</p> <p>Personnel should remain up to date with best practice guidance within their field.</p> <p>Organisations should recognise their limitation in relation to specific issues / target groups and refer / signpost as appropriate.</p>	<p>C2.4</p> <p>C3.7</p>

Standard	What this means	What this might mean in practice	Linked standards
<div style="display: flex; justify-content: space-between;"> Criteria 8 Counselling </div>			
<p>C8.6</p>	<p>All clients requesting counselling are responded to within a timely manner.</p>	<p>Response times will vary depending up on the service provided. Providers must ensure that clients are responded to within the timeframes as detailed in any service delivery contracts held.</p>	<p>C1.4</p>

Standard	What this means	What this might mean in practice	Linked standards
<div style="display: flex; justify-content: space-between;"> Criteria 8 Counselling </div>			
<p>C8.7</p>	<p>Counselling personnel are in receipt of appropriate clinical supervision in line with the requirements of their professional body.</p>	<p>Clinical supervision “is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations” (DH,1993). The ratio of clinical supervision to client contact varies between professional bodies, therefore it is necessary to ensure that the level of supervision received is in line with the professional body that relevant personnel are affiliated to.</p>	

Standard	What this means	What this might mean in practice	Linked standards
Criteria 8 Counselling			
<p>C8.8</p>	<p>Service providers and relevant personnel demonstrate an active commitment to self-care.</p>	<p>Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involves individuals being mindful of their own health, self and happiness.</p> <p>The ethos of self-care is two-fold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual.</p>	<p>C2.3</p> <p>C6.9</p>

Section five:

Complementary Therapies Standards

The term “complementary therapy” is a title used for a diverse group of health related therapies which are not considered to be part of mainstream medical care. They are also often used interchangeably with a term known as “alternative”, “natural”, “non-conventional” and “holistic”². In general terms, complementary therapies include a range of wellbeing treatments.

At this point, it is important to note that the term being used in these standards defines complementary therapy as follows “**services that are complementary to, and run alongside, other treatment and support services and which are non-invasive in nature**”. Typically, this definition includes reflexology, aromatherapy, and **body massage**. These standards do not include “alternative therapies”. Alternative therapies include acupuncture, herbal remedies, homeopathy, and others.

² Rethink Mental Illness 2011 Complementary Therapies Factsheet

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9 Complementary Therapies			
C9.1	The provision of complementary therapies is in line with the providers' constitution and strategic direction.	The provision of complementary therapy services is clearly set out in the remit of the provider and will support the achievement of organisational objectives.	C1.1
C9.2	The organisation is assessed against the Core Standards and other relevant standards and the provision of complementary therapies is considered during this process.	All criteria set out within the Core Standards applies to all relevant services within the organisation. It is essential therefore that each relevant service is considered when assessing the organisation against Core Standards .	C1.1 – C5.2

Standard		What this means	What this might mean in practice	Linked standards
Criteria 9		Complementary Therapies		
C9.3	Practitioners must be registered with a relevant professional body.	All therapists must practice and adhere to the standards set out within their relevant professional bodies most recent Code of Conduct and Professional Practice and ethics. For example, the Complementary and Natural Healthcare Council (CNHC) / Federation of Holistic Therapists (FHT) or a European or International Equivalent.		Link to client feedback

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9 Complementary Therapies			
C9.4	Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence.	<p>This is the minimum qualification and experience that practitioners providing the service must have prior to beginning work on the contracted service.</p> <p>Qualifications should be in line with their relevant professional body and National Occupational Standards www.skillsforhealth.org.uk</p> <p>Specific services may require enhanced qualifications and experience as outlined in individual contracts.</p> <p>Practitioners only carry out treatment / therapies for which they have received proper training and are duly qualified to perform.</p>	C2.4

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9 Complementary Therapies			
C9.5	<p>A full consultation is carried out, by the practitioner providing the treatment, in a manner that is relevant to the client.</p>	<p>A full written consultation must be carried out for all service users prior to treatment, in line with guidance from the Relevant Professional Body. This should be dated and signed by both the client and practitioner and may also include, for example, details of:</p> <ul style="list-style-type: none"> - Where the referral came from? - General lifestyle (age, height, weight, family, diet, sleep pattern, physical activity, use of alcohol/ cigarettes). - General health (current health problems, depression/ stress, medications / treatments, brief medical history). - Major recent life / family changes - Contra- indications - Other relevant information 	<p>C2.4</p> <p>C3.1</p> <p>C3.2</p> <p>C3.3</p> <p>C3.4</p> <p>C3.5</p> <p>C3.6</p> <p>C3.7</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9 Complementary Therapies			
		<p>Such information will help to determine the most appropriate therapy for the individual and ensure that it is safe and appropriate for their needs. Only information relevant to the treatment should be covered within the consultation.</p> <p>A consultation does not need to be conducted each time the same service user has a treatment, however, the practitioner should familiarise themselves with the clients consultation form prior to each treatment, check with the service users whether there have been any changes and provide a brief summary note of each treatment.</p> <p>Where a consultation highlights contra-indications and treatment is proposed, a letter of consent from the client's GP should be sought.</p>	

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9 Complementary Therapies			
C9.6	Service users are informed about the therapy, what it entails and its purpose.	It is important that individuals are given information to ensure they can make an informed choice regarding therapy. This should include e.g. <ul style="list-style-type: none"> - a statement that the therapy is not an alternative to conventional therapies; - a description of what the therapy entails; - duration; - number of sessions etc. 	C3.1
C9.7	Informed consent is gained.	Practitioners should follow the correct procedures to obtain informed consent. This is to ensure that service users have received and understood the information provided to them about the therapy and have agreed to the therapy.	C3.1 C3.3 C3.4

Standard		What this means	What this might mean in practice	Linked standards
Criteria 9		Complementary Therapies		
C9.8	Practitioners are aware of risk factors relating to client groups and are competent in responding to risks should they be identified.	At times client risk may escalate, therefore it is essential that all relevant personnel involved in client care have the skills, knowledge and competency to identify and respond appropriately to any risks that arise and can effectively in line with organisations risk management protocols and to make referrals to a relevant professional.		C2.4 C3.8
C9.9	Practitioners ensure that equipment and materials meet current Health and Safety requirements	To protect themselves, clients and other practitioners adhere to both legislation and manufacturing instructions and guidelines. This will include, but not limited to, the use, maintenance, safety testing, storage and disposal of any equipment used.		

Section six:

Bereavement Support Services Standards

Bereavement is a normal process of grieving for a loved one. Some level of distress is to be expected and is often an integral part of bereavement and adjustment.

It is recognised that individuals have different needs and circumstances and that as such there is no single 'right' way to respond to death by suicide. However, it is essential that these differing needs and circumstances are considered as part of a bereavement service as well as whether or not an individual may wish to avail of formalised support services. It has been reported that most often (60-80 percent of the time) individuals do not require intervention irrespective of the cause of bereavement³, but that where the reactions to the death are severe or complicated, intervention may be useful.

The unique experience and diverse needs of every person and family affected by bereavement should be respected, ensuring that care is holistic, appropriate and timely⁴. As such it is necessary to put in place services to provide individuals and communities with timely and appropriate bereavement support intervention to help and support survivors grieve and to reduce the risk of further suicide.

³ Prigerson et al., 1995 cited in Petrus Consulting et al., 2008

⁴ Northern Ireland Health and Social Care Services Strategy for Bereavement Care, June 2009

Key outcomes in providing support for those bereaved by suicide include: recovery from bereavement or trauma; increased resilience; improved mental health and emotional well-being; and improved family communication.

The PHA defines bereavement support as emotional, practical and information support services provided to individuals and / or groups of individuals who have been bereaved by suicide to assist in the grieving process and recovery.

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.1	The provision of Bereavement Support is in line with the providers' constitution and strategic direction.	The provision of Bereavement Support services is clearly set out in the remit of the provider and will support the achievement of organisational objectives.	
			C1.1

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.2	<p>The service is planned, designed and reviewed to meet the needs of the client group / community they serve.</p>	<p>Support services take into account emerging and changing needs of the client group and ensure that the needs of individuals bereaved by suicide are central to the service / organisation taking opportunities (where appropriate) to meet the needs of those affected by bereavement.</p> <p>The service should be based upon appropriate values which include respect for individuals bereaved by suicide and acknowledgement that they may not wish to engage in services.</p> <p>Providers should work to ensure they avoid duplication of existing services.</p>	<p>C4.1</p> <p>C4.2</p> <p>C4.3</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.3	<p>Services are promoted and delivered with consistency and continuity⁵ in an appropriate, safe and helpful manner and environment.</p>	<p>Service providers strive to ensure continuity and consistency in both the promotion and delivery of services provided. Information provided should be clearly articulated in all forums, platforms and literature used. This can relate to:</p> <ul style="list-style-type: none"> - Consistent, clear key messages and information which clearly articulates what the service can provide and limitations to the service. - Continuity through one key individual providing support; - A key support worker with different elements of support provided by others. <p>Format of the support and the level of services individuals can expect to receive should be clearly articulated to individuals / families accessing support.</p>	<p>C3.3 C3.4 C3.6 C3.8 C10.4</p>

⁵ Patient experience in adult NHS services pathways (<http://pathways.nice.org>) highlights the importance of continuity of care and relationships. Reiterated by respondents.

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.4	<p>Information regarding the service is readily available, easily accessible and kept up to date to ensure it is in line with current evidence-based practice.</p>	<p>The availability of clear information and /or literature regarding the service is available in a user friendly format.</p> <p>Where a range of platforms are used it is necessary to ensure that these are maintained in an appropriate manner.</p> <p>The provision of information regarding an available service allows individuals to make an informed choice in relation to the suitability of the service to their needs. This may include, for example:</p> <ul style="list-style-type: none"> - A description of the service: - Who it is aimed at or suitable for; - How to access it; - Other sources of help and support etc. <p>All literature developed should be appropriate to the target client group.</p>	
			<p>C3.8</p> <p>C5.1</p> <p>C5.2</p> <p>C5.3</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.5	<p>Timely and accessible information pertaining to death, loss and bereavement by suicide should be available to those bereaved and those that care for them including relevant personnel.</p>	<p>The format and content should be suitable to the needs, abilities and preferences of the individuals receiving the information evidence based and reflect recognised best practice.</p> <p>Care should be taken in communicating information during the grieving process. In particular support to parents of children who have died, individuals with special needs and those from different cultures should be available.</p> <p>Information should be communicated verbally and reinforced/supported by written information.</p>	<p>C3.8</p> <p>C5.1</p> <p>C5.2</p> <p>C5.3</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.6	<p>Support and access to services is provided in an appropriate and timely manner to individuals / families who have consented to support.</p>	<p>Where individuals or families who have been impacted by a bereavement by suicide have indicated that they want support, support should be offered in an appropriate and timely manner, which respects their needs and wishes.</p> <p>Response times will vary depending upon the service provided. Providers must ensure that service users are responded to within a timely manner and in line with timeframes specified in any service delivery contracts held.</p>	
			C1.5

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.7	<p>The needs of individuals are assessed and a specified review period set.</p>	<p>The needs of individuals accessing support services are assessed in a manner that is relevant to the service and used to inform an appropriate plan to meet individual needs.</p> <p>This assessment process should be continual with individual plans reviewed in an appropriate and timely manner.</p> <p>The assessment process should consider whether or not the service available meets the needs of the service user, with appropriate signposting / referrals made where necessary. To support this process service providers strive to make links and work collaboratively with other services and providers.</p> <p>Where appropriate, support service exit reviews should be carried out and if relevant onward referral / signposting made.</p>	<p>C3.3</p> <p>C3.4</p> <p>C3.5</p> <p>C3.8</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.8	Education and Training Awareness programmes are appropriate.	<p>Where education and or training programmes or materials are used as a support for individuals or families who have been bereaved by suicide, these must be based upon evidence based practice and, where appropriate, in line with Training Standards outlined within this document.</p> <p>Where new programmes are developed this should only occur after consultation with relevant bodies and should be tested and evaluated to ensure effectiveness.</p> <p>Providers should work to ensure they avoid duplication of existing programmes.</p>	C6.1 – C6.14 C10.5 C10.6

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.9	<p>Where support groups form part of a bereavement service, the standards should be adhered to as outlined in <u>sub-section 10A.</u></p>	<p>The important role that support groups have as a powerful and constructive means for people to help themselves and each other is recognised as a key form of support for some individuals / families who have been bereaved by suicide.</p> <p>In recognition of this role a separate sub-section relating to bereavement support groups has been developed to ensure that groups have a benchmark against which to examine, improve and validate themselves.</p>	
			C 10A

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.10	<p>Relevant personnel are suitably trained to have awareness and understanding of bereavement and have experience of working with bereavement and with the organisations primary target group(s)</p>	<p>One of the main concerns⁶ of the provision of bereavement support is that it may lead to the initial trauma being retriggered, indeed debriefing after trauma can be harmful. Consequently, it is necessary to ensure that those working in the field of bereavement support are appropriately trained.</p> <p>While it is acknowledged that the specific requirements of service users cannot be predicted and that bereavement by suicide can impact upon all members of society, many organisations have a target group e.g. young people, general population etc. Therefore, relevant personnel should remain up to date with best practice and guidance in relation to bereavement and how it impacts on their target group as well as other ongoing complementary initiatives.</p> <p>Organisations and individuals should recognise their limitations in relation to specific issues / target groups and refer / signpost either internally or externally as appropriate.</p>	<p>C2.1</p> <p>C2.4</p> <p>C3.7</p> <p>C3.8</p>

⁶ Petrus Consulting, Bates, U., Jordan, N., Malone, K., Monaghan, E., O'Connor, S. & Tiernan, E. (2008). Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement. Dublin: National Office for Suicide Prevention.

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.11	<p>Relevant personnel have access to appropriate support and supervision to ensure safe practice.</p>	<p>Support and supervision is available to relevant personnel to ensure safe working practice.</p> <p>This can vary depending on the service that is provided and may consist of ad-hoc supervision / support or be a system of structured support / supervision activities.</p>	<p>Link to support and supervision in core.</p>

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.12	<p>Providers ensure that premises where the service is delivered are suitable and accessible to all service users</p>	<p>Providers must ensure that methods used in the delivery of the service and premises are accessible to all service users. Accessible means, as far as possible, ensuring the removal of barriers, or potential barriers, to the full participation of those service users with disabilities. Premises should be clean, appropriately lit, furnished and ventilated and assure privacy.</p>	

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10 Bereavement Support Service			
C10.13	<p>Service providers and relevant personnel demonstrate an active commitment to self-care.</p>	<p>Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involved individuals being mindful of their own health, self and happiness.</p> <p>The ethos of self-care is twofold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual.</p>	

Bereavement Support Groups Standards

PLEASE NOTE: this section relates to Criteria C10.8 and as such all standards outlined in Criteria 10 'Bereavement Support Services' must be considered.

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.1	Support groups operates within a formal organisational structure.		C1.1 C1.2 C10.1 S10A.1
	<p>The support group is either constituted in its own right or part of a wider constituted organisation to ensure that appropriate management and organisational governance and risk management arrangements are in place. The support group has terms of reference which clearly defines to members and perspective members what they do.</p> <ul style="list-style-type: none"> - This includes defining, articulating and adhering to a clear vision for the group. This may include e.g. An outline of who the groups is for; - Appropriate age of attendees; - Protocols about communication and information – sharing; - Key personnel and their roles and responsibilities; - Maximum / minimum group size etc. - Frequency and length of meetings etc. 		

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.2	<p>Support groups have a clearly defined meeting format which is articulated to current and potential group members.</p>	<p>Support group meetings can take a number of formats including both structured/formal, unstructured/informal groups, psycho-education model etc.</p> <p>The format of the group should be clearly defined and articulated to ensure individuals can make an informed choice in relation to the suitability of the group to their needs.</p> <p>This may include:</p> <ul style="list-style-type: none"> - An outline of the format of the group; - How long it will last; - How it is arranged; - What is expected of individual members; - Formal or informal agreements/protocols in relation to communications and information shared during sessions; - Other activities which form part of the session etc. 	C10.8

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.3	<p>Support groups develop and operate to a defined Code of Ethics.</p>	<p>A Code of Ethics relates to a set of guidelines for the operation of meetings. It will provide clear guidelines for group members and should include mutually agreed values and principles which the group meetings operate to and which members agree to abide to.</p> <p>Typically a code of ethics will include details relating to confidentiality, respect, individual rights and responsibilities and will allow members to know what to expect from the group and provide safe boundaries in which they can freely express themselves.</p> <p>The Code of Ethics should be reviewed annually to ensure it remains relevant to current group members and to allow new members the opportunity to input.</p> <p>The Code of Ethics should be read out at the beginning of meetings with copies distribute to new or prospective members.</p>	

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.4	<p>Ongoing risk assessment to ensure joining, continuation in and of the group is of benefit to members.</p>	<p>There are a number of potential risk that occur in groups such as over reliance on particular members, the dominance of a particular member or indeed the traumatisation or re-traumatisation of members.</p> <p>Facilitators and co-facilitators should have the skills, knowledge and processes in place to identify and manage risk to self or others participating in the group.</p>	<p>C3.6</p> <p>S10A.5</p>

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.5	<p>Support groups are appropriately and safely facilitated.</p>	<p>For support groups to be successful in meeting the needs of members in a safe and supported manner, it is important that facilitators and co-facilitators have the appropriate skills, knowledge and experience to:</p> <ul style="list-style-type: none"> - Effectively manage the group in a safe manner; - Support individuals when required; - Refer / signpost as appropriate. - Adhere to the 'do not harm' principle - Appropriately address any issues which arise; - Assess and manage risk. <p>In order to ensure facilitators and co-facilitators have appropriate skills and knowledge it is important that that their roles and responsibilities are clearly defined.</p>	<p>C2.1 C2.2 C2.4 C3.8 C10A.1 C10A.4</p>

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.6	Facilitators and co-facilitators are appropriately supported.	<p>Support and supervision is available to facilitators and co-facilitators to ensure safe working practices.</p> <p>The type and level and support and supervision should be defined and included within the role description(s).</p>	C2.2 S10A.1

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A Bereavement Support Groups			
S10A.7	Support groups strive to ensure meeting spaces are appropriate.	Where possible meeting space should be neutral, safe, comfortable, accessible to all, inviting and private with a withdrawal space if possible.	
S10A.8	Support Groups are reviewed and evaluated.	Review and evaluation of support groups is important to ensure they remain relevant to the members, to capture and measure effectiveness and satisfaction and to determine if the group is achieving its stated vision.	S10A.1 C4.3