Public Health Agency

Quality Standards for Services Promoting

Mental and Emotional Wellbeing and Suicide

Prevention

The standards contained within this document are subject to the following underlying principles:

- All relevant standards set out within this document should be adhered to in conjunction with ethical principles, codes of professional conduct and or standards set out by professional bodies with whom relevant personnel are affiliated to.

- Whilst this document outlines the ***minimum*** standard that contracted services should work to, these may be enhanced for specific services. Additional requirements will be detailed in any contracts that are issued.

- The Public Health Agency reserve the right to review the standards set out within this document. As such standards may be subject to change within the life of any contracts awarded e.g. where new legislation / guidance has been developed.

- The Public Health Agency reserve the right for them or their agent, to review contracted organisations against relevant standards as defined within this document.

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Introduction

Improving the mental health and wellbeing and reducing levels of suicide in the population of Northern Ireland is a key priority for the Public Health Agency (PHA). Quality improvement is a common goal and is central to the development of health and social care services. Improving Quality is focused on three main areas integral to the modernisation and reform agenda:

1. Setting minimum standards – to strengthen services, practice and improve outcomes for service users;

2. Improving governance arrangements – improving the way in which service providers across all sectors manage their business; and,

3. Improving the way in which service providers are held to account for the services they provide.

What is a standard?

The PHA defines standards as an essential level of quality to ensure safe and effective practice against which performance can be measured. Standards are designed to encourage and support a move to improved services.

It is important that standards do not become outdated and therefore these will be regularly monitored, reviewed and updated drawing on the best up to date evidence available.

How will the standards be used to measure quality?

Each standard is an explicit statement of expected quality and will explain the level of performance to be achieved. A brief guidance note explaining the standard is included as well as a description of what this might mean in practice, which outlines examples of how your organisation may evidence meeting each standard. This list is not exhaustive and additional evidence may be accepted. While every effort has been taken to avoid duplication there are some standards that are inextricably linked. These are highlighted within the document.

Who do the standards apply to?
These standards will apply to all organisations providing mental & emotional wellbeing and suicide prevention services which are funded by the PHA.

PHA will also apply these standards as appropriate to other health & social wellbeing themes or other elements of PHA business.

Please note that all references to practitioners, therapists, counsellors, volunteers and staff within these standards, includes paid, unpaid and voluntary staff.

Standard	What this means	What this might mean in practice	Linked standards
Explicit statement of expected quality	A brief guidance note explaining the standard	Performance Criteria

Not exhaustive i.e. other forms of evidence may also be presented | While every effort has been taken to avoid duplication there are some standards that are inextricably linked. These are highlighted in this column |

Section one:

CORE Standards

Standards defined within this section apply to all PHA funded Emotional Well Being and Suicide Prevention Projects and other services where considered appropriate.

	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.	- Adopted Constitution / Memorandum of Association which is signed and dated. - List of Committee / board members, their role and whether they serve as an individual or organisational member. - Evidence of awareness of clearly defined roles and responsibilities. - Evidence of an effective and comprehensive induction programme for committee / board members. - Clear records of meetings including decisions taken, actions agreed, trustees in attendance, evidence of quorum being met. - Processes for annually reviewing policies and procedures which are signed and dated.	

	Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1		**MANAGEMENT & ORGANISATIONAL GOVERNANCE**		
			- Evidence of management committee / board setting strategic direction. - Evidence of clear separation between governance and operational activities. - Process for and evidence of the management committee / board monitoring organisational activity and ensuring contractual obligations are met. - Evidence of clear financial accountability.	
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	- Relevant risk management policies, procedures and protocols. - Evidence of risk assessment being carried out.	

	Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1		**MANAGEMENT & ORGANISATIONAL GOVERNANCE**		
		operational risk.	- Relevant personnel can describe risk management processes and practices.	
C1.3	The service is provided with clear management structures, leadership and direction.	Effective management structures, leadership and direction support the delivery of organisational objectives. As such the management structures must be capable of ensuring the delivery of the organisations defined mission and vision.	- Management structure clearly defined and communicated to all relevant personnel. - Managers, staff and volunteers can describe how the organisation is run / managed and demonstrate that consistent methods and processes for overseeing the organisation are employed. - Managers can describe how they lead and direct people. - Staff / volunteers can describe how managers lead / and provide direction to enable the service to be delivered.	

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.	Managers and staff are aware of and review relevant legislation and guidance including how it impacts on the service. 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.	- Relevant policies and procedures and protocols. - Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols covered in staff induction. - Relevant personnel can describe and give examples of legislation including how it impacts on the service. - Process in place for updating relevant personnel on changes. - Evidence of relevant personnel being updated on changes.	C2.4
C.1.5	Contractual obligations are complied with.	Service providers must ensure that they comply with all **terms and**	- Relevant personnel should be able to describe / provide evidence of how previous / current contracts were / are managed.	C4.1 C4.2

	Standard	What this means	What this might mean in practice	Linked Standards
		conditions contained within Service Delivery Contracts.	- Where no previous contracts have been held relevant personnel should be able to describe the processes that are in place to ensure contractual obligations will be complied with. - Evidence of monitoring returns completed and returned in a timely / accurate manner. - Funders are notified at the earliest opportunity where there is a possibility that contractual obligations may not be met.	
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	- Copies of financial reports and annual report. - Relevant policies, procedures and protocols that support best practice. - Relevant personnel has detailed knowledge of financial processes and procedures.	

Criteria 1   **MANAGEMENT & ORGANISATIONAL GOVERNANCE**

Standard	What this means	What this might mean in practice	Linked Standards
Criteria 1		**MANAGEMENT & ORGANISATIONAL GOVERNANCE**	
	and contractual objectives.	- Evidence of financial monitoring returns completed and returned in a timely / accurate manner. - Annual report / audited accounts.	

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.	- Relevant policies and protocols in place e.g. recruitment and selection policy. - Code of conduct / handbook and evidence of how it has been implemented. - Defined job / volunteering roles. - Relevant personnel can describe the recruitment processes. - Application form(s). - Interview processes - Job descriptions / specifications. - Reference checking. - Access NI (Where appropriate).	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.	- Evidence that all Volunteer Now standards have been applied and are being adhered to. (http://www.volunteernow.co.uk/fs/doc/publications/investing-in-volunteers-quality-standard-for-organisations-that-involve-volunteers.pdf)	
C2.3	Clear support and supervision arrangements are in place.	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>.	- Evidence of a relevant induction having been completed. - Line-management / support and supervision structures and policies in place for all staff / volunteers. - Evidence of regular meetings.	C2.2 C2.4

			- Evidence of annual personal performance / development reviews. - Evidence that training and development plans are informed by person/performance development reviews. - Evidence of return to work interviews following leave of absence.	
		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).	- Relevant personnel can describe support structures. - Evidence of an appropriate / manageable workload. - Work duties/ roles / responsibilities reviewed. - Organisational ethos of promoting Mental Health and Wellbeing of staff and volunteers.	

| | | All staff should have clear line-management and supervision arrangements in place.

All Volunteers should have clear support and supervision arrangements in place. | | |

Standard		What this means?	What this might mean in practice?	Linked Standards
Criteria 2		**Employment and Volunteering Structures**		
C2.4	Staff and volunteers have appropriate qualifications and skills for their current roles.	Providers should ensure that staff and volunteers have appropriate qualifications and skills for their current role. In addition providers should ensure that relevant personnel have access to appropriate continuous training and development opportunities	- Evidence of appropriately trained personnel - Evidence of attendance and successful completion of relevant training. - Personal development and training plans - Evidence of peer observation / shadowing - Relevant personnel are able to describe how they are supported to continually	C2.1 C2.3 C3.7

| | | 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).

Please note: previous attendance on specified courses is acceptable. | develop their skills.

- Relevant personnel can describe how they are involved in the process of identifying their needs and appropriate learning and development opportunities.

- Evidence that training and development plans are informed by personal /performance development reviews. | |

	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.	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. Services provided are in line with Human Rights Act 1998 and Section 75 of the Northern Ireland Order (1998).	- Copies of relevant policies and procedures in place. - Evidence of how policies and procedures have been implemented. - Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols covered in staff induction e.g. equality and diversity, anti-racism, cultural awareness, sexual orientation and gender awareness. - Evidence that your organisation has been assessed against approved tools e.g. the *'Change a little - Change a Lot'* tool which promotes awareness of disability in the community (www.changealittlechangealot.co.uk) or the LGB&T E- Learning tool *"Creating Inclusive Workplaces"* (www.lgbtelearning.hscni.net). - Evidence that relevant legislation is adhered to.	C2.1 C2.4

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
			- Staff are able to describe relevant procedures / protocols. - Evidence that behaviours and /or practice has been challenged and managed. - Evidence of how equality and diversity are communicated to service users. - Evidence of changes made. - Relevant personnel can describe how equality and diversity are promoted. - Relevant personnel and service users are aware of how to make a complaint.	
C3.2	Higher risk groups are actively targeted and	Providers actively promote their services /	- Evidence that services and programmes have been targeted at / delivered / offered to	

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
	services promoted accordingly.	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.	marginalised, disadvantaged & higher-risk groups where need has been identified. - Evidence that behaviours and /or practice has been challenged and managed e.g. complaints procedure / supervision meetings. - Clear feedback / complaints procedure.	
C3.3	Accurate and appropriate records relevant to service provision are maintained.	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.	- Policy on record keeping in place (which meets all terms and conditions of funding contracts). - Evidence of attendance at relevant training and / or policies / procedures / protocols covered in staff induction. - Relevant personnel are able to describe relevant procedures / protocols. - Information on service users should be recorded systematically.	C4.2

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
		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 Records Good Management Policy" 2004(updated December 2011) (http://www.dhsspsni.gov.uk/index/gmgr/gmgr-section3/gmgr-3h.htm).	- Documentation regarding service users, staff and volunteers is updated, maintained and stored in accordance with legislative and contractual requirements.	
C3.4	The organisation promotes respect and protects the confidentiality of service users at all times.	Organisations have confidentiality and information sharing protocols in place which aim to improve communication between statutory, community and	- Confidentiality and information sharing policies and protocols in place and available for inspection. - Evidence of attendance at relevant training and / or policies / procedures / protocols	C3.3

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
		voluntary organisations regarding the delivery of care when appropriate. 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)**	covered in staff induction. - Relevant personnel are able to describe relevant procedures / protocols. - Process in place for updating relevant personnel on changes. - Evidence of relevant personnel being updated on changes. - Evidence of active communication where the individual concerned knowingly indicates consent.	
C3.5	The organisation works to ensure that the welfare and protection of children	All providers should have a policy and protocol in place on disclosure. Any issue of disclosure on	- Copies of relevant policies and protocols in place and covered in staff induction.	C2.4

	Standard	What this means?	What this might mean in practice?	Linked standards
	and vulnerable adults in its care is paramount.	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**)	- Evidence of attendance and successful completion of relevant training. - Relevant personnel are able to describe relevant procedures / protocols. - Process in place for updating relevant personnel on changes. - Evidence of relevant personnel being updated on changes. - Evidence that relevant training is refreshed in line with best practice / legal requirements.	
C3.6	The organisation has in place effective risk management processes.	Service users are supported and safety maintained through risk assessment processes	- Relevant risk management policies, procedures and protocols. - Evidence of risk assessment being carried	C3.8

Criteria 3 — Organisational Practice and Service Delivery

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
		which are relevant to the needs of the service users and the service provided.	out. - Relevant personnel can describe risk management processes and practices. - Evidence of referrals / sign posting to other relevant services.	
C3.7	The organisation has in place processes to identify and respond to serious adverse incidents should they occur.	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. Providers notify funders and relevant bodies at the earliest opportunity of the incident and of the action taken.	- Evidence that the procedures and requirements outlined within the HSC protocol for the management of SAIs, April 2010 have been adhered to. (http://www.hscboard.hscni.net/publications/Policies/102%20Procedure_for_the_reporting_and_followup_of_Serious_Adverse_Incidents-Oct2013.pdf) - All practitioners / staff must be informed of these protocols and have an understanding of their application. - Relevant personnel are able to describe	

Standard		What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
			relevant procedures / protocols.	
C3.8	The organisation has in place processes to ensure that where appropriate, service users benefit from signposting and referrals to other appropriate agencies or organisations.	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. 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.	- Copies of relevant policies and protocols in place and covered in staff induction. - Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols being applied. - Staff are able to describe relevant procedures / protocols. - Relevant personnel are aware of other relevant local services. - Evidence of referrals / signposting that have been made to helplines, substance misuse interventions and other services.	C2.4 C3.3 C3.4 C3.5

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3	**Organisational Practice and Service Delivery**		
	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. 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.	- Case studies / feedback from service users / partners / other agencies. - Record of referrals made and received. - Evidence of attendance at relevant multi-agency / interagency events/ meetings. - Evidence of multi-agency /interagency working arrangements/partnerships/involvement	

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.	- Appropriate outcome measure in place and evidence of its use. - Evidence of improvements and or ability to make sustained changes for service users. - Evidence of client outcomes are recorded and included within monitoring returns which are completed and returned in a timely / accurate manner.	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.	- Monitoring systems that accurately measure project performance against defined performance indicators. - Reports to funders regarding project progress are completed and returned in a timely accurate manner in the format requested by the funder.	C1.4 C4.1 C5.1

	Standard	What this means?	What this might mean in Practice?	Linked Standards
Criteria 4		**Monitoring and Evaluation**		
			- Learning from the project is identified, built upon and communicated to funding body.	
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.	- Evidence that service users have had the opportunity to provide feedback in a manner that is appropriate to their needs. - Evidence that feedback has been received, analysed and that relevant action by the organisation has occurred if necessary in a timely manner. - Clear feedback / complaints procedure. - Evidence of effective links with appropriate stakeholders in relation to the evaluation of services.	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.	- Organisational Policy for SUI and/or PPI. - Evidence of SUI and/or PPI in influencing and shaping the quality of the service(s) provided. - Evidence of the range of PPI and SUI methods engaged which are relevant to target group.	
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.	- Information available of the evidence base used to develop the resource / publication which reflects recognised best practice. - Literature accurately referenced. - Evidence of funders' approval and agreement. - Evidence of appropriate use of funder(s) logo(s). - Evidence of acknowledgement of the	

	Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 5		**Communication processes**		
			funder(s) contribution to its costs in any publicity materials.	
5.3	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).	- Evidence that information used in the media is accurate, evidence based and in line with current DHSSPSNI Mental and Emotional Wellbeing and Suicide Prevention Strategies.	

Section two:

Training Standards

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.	- Providers can describe how the provision of training / specific training programmes support organisational objectives.	C1.1
C6.2 The provision of training activities is considered when assessing the organisation against Core Standards and other relevant standards.	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.	- Evidence that Core Standards have been applied to the training service. - Evidence that other relevant standards have been applied to the training service.	C1.1 – C5.2
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.	- Established management processes support the consistent quality assured planning, delivery, evaluation and assessment of training and training programmes. - Evidence that the required number of courses delivered is adhered to.	C1.4 C4.3

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**	
		- Evidence that the recommended course duration is adhered to. - Trainer and participants confirm that the relevant course content and course materials are adhered to *(e.g. through evaluation).* - Evidence that relevant participant levels are adhered to. - Evidence that relevant participant demographics are adhered to e.g. minimum age etc. - Evidence that the recommended course duration is adhered to.	
C6.4	The training provider conducts Training Needs Analysis (either formally or informally)	This is a process by which training and learning needs can be identified. This is concerned with identifying	- Evidence of Training Needs Analysis (TNA) being carried out. - Evidence of results of TNA influencing	C5.1

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
	in order to identify the needs of the learner / learner groups.	both the need for the training and the suitability of the learner / learner group to attend specific training.	training plans / programmes and training courses.	
C6.5	Training providers have in place processes for the administration of the training service.	The effective management and administration of training is key to a well organised efficient training service that supports all aspects of the training lifecycle. 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.	- Documented procedures including course application, registration and cancelling processes, course information, contingency plans for course disruption etc. - Relevant forms. - Course programme /description. - Evidence of planning and co-ordination. - Evidence of plans communicated to the trainer / training team. - Marketing / promotion activities. - Training protocols in place and communicated to the training team.	C6.7

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**	
		- Venue information including suitability for a range of learner groups. - Complaints / feedback procedure. - Method for collecting, analysing, storing and using monitoring and evaluation information. - Documentation reviewed and communicated to relevant personnel.	
C6.6	Training programmes are fully described and communicated with prospective learners.	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. This may include course description, who the course is aimed at, anticipated / stated outcomes, aims and	- Copies of training programmes and information that has been shared with prospective learners. - Evidence that training programmes and information is communicated to prospective learners in a way that meets their needs. - Evidence that training programmes and information is communicated to prospective learners in a way that meets course	C6.6

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
		objectives, application/registration process, course accreditation / certification, entry requirements, time commitment required, course delivery methodology, progression pathways etc.	requirements. - Details of how training programmes are communicated.	
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.	- Training content and materials reflects up to date research. - Training content and materials are reviewed in line with evolving understanding and research. - Information and data is referenced and dated. - Training content and materials is consisted with key messages outlined within current Mental and Emotional Wellbeing and Suicide Prevention Strategies.	C5.2

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**	
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.	- Risk assessments are carried out on facilities and equipment. - Relevant policies and procedure in place (Risk Assessment / Health &Safety / robust arrangements for managing fire safety etc.) - Providers ensure facilities and equipment meet the needs and specific requirements of the learner group.	C3.1 C6.5
C6.9 Trainers are aware of professional boundaries and remain professional in the facilitation of training to ensure a safe learning environment.	Trainers are aware of the impact that their personal experiences and the personal experiences of participants can have on training. Trainers can manage their personal experiences in the training environment and take responsibility for self-disclosure.	- Trainers' attendance at relevant training e.g. professional boundaries. - Training incidents reports outlining issues arisen and actions taken. - Evidence of referrals / signposting being made. - Evidence from peer observation / shadowing etc. - Evaluation reports.	C2.4 C3.4 C3.5 C3.6 C3.7 C4.3 C6.5

Standard		What this means?	What this might mean in practice?	Linked standards
Criteria 6			**Training**	
		Personal disclosures of learners is not encouraged in large groups or within environments that **cannot** support that disclosure.		C6.13
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.	- Relevant personnel can describe how they are involved in the processes of identifying their needs and appropriate learning and development opportunities. - Trainers are given supported learning time to support and develop their subject matter knowledge. - Evidence of attendance and successful completion of relevant training. - Personal development and training plans. - Evidence of appropriately trained personnel. - Facilitators are skilled in training /material	C2.1 C2.2

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**	
		development, design, delivery, evaluation, review and assessment. - Evidence of using a range of communication and training techniques and methods. - Feedback from peer observation / shadowing etc. - Feedback / Evaluation evidence required learning / knowledge.	
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.	- Evaluation, feedback and monitoring methodologies that capture relevant data and information and which begin at the outset of the training process; - Evidence that feedback received has influenced training programme(s) / delivery etc. - Evidence that learning from training is fed back to appropriate stakeholders.	C4.1 C4.2 C4.3 C5.1

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6	**Training**		
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.	- Evidence that the role, responsibilities, requirements, purpose and aims of the individual and the training are clearly communicated to them. - Appropriate support for the individual available should it be required. - Evidence that the individuals' right to withdraw at any time has been communicated to them.	
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.	- Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols being applied. - Staff are able to describe relevant procedures / protocols. - Relevant personnel are aware of other relevant local services. - Evidence of referrals / signposting that have been made to helplines, substance misuse	C2.4 C3.3 C3.4 C3.5

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
			- interventions and other services. - Case studies / feedback from service users / partners / other agencies.	
C6.14	Service providers and relevant personnel demonstrate an active commitment to self-care.	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. 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.	- Evidence that service providers promote and practice self-care. - Relevant personnel take work breaks, holiday entitlement etc. - Support and supervision records. - Staff handbook - Mental and Emotional wellbeing policy.	C2.3 C6.9

Section three:

Self Harm Service Standards

	Standard	What this means	What this might mean in practice Linked Standards	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.	- Providers can describe how the provision of self-harm services support organisational objectives.	C1.1
C7.2	The provision of self-harm services are considered when assessing the organisation against Core Standards and other relevant standards.	All criteria set out within the **Core Standards** apply to all relevant services within the organisation. It is essential therefore that each relevant service is considered when assessing the organisation against the **Core Standards**. 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.	- Evidence that Core Standards have been applied to self-harm services. - Evidence that other relevant standards have been applied to self-harm services.	C1.1 – C5.2 C8.1 – C8.8

	Standard	What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 7			**Self-harm services**	
C7.3	The Service Provider adheres to relevant sections within NICE Clinical Guidance 16 http://www.nice.org.uk/ nicemedia/pdf/CG016 NICEguideline.pdf[1]	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: - Respect understanding and choice; - Staff training; - Triage; - Needs Assessment; - Assessment of needs; - Assessment of risk.	- Evidence that service providers have reviewed their existing practice against the guide. - Evidence that relevant sections of NICE Clinical Guidance 16 has been applied and is being adhered to. - Evidence of relevant policies, procedures and protocols on risk and needs assessment including, but not limited to, suicidal risk and physical health that may be caused by the self-harming behaviour.	
C7.4	The service provider adheres to relevant sections within NICE Clinical Guidance 133	NICE Clinical Guidance 133 provides best practice advice for the longer term psychological treatment and	- Evidence that service providers have reviewed their existing practice against the guide.	

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[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	Linked standards
Criteria 7			**Self-harm services**	
	http://www.nice.org.uk/nicemedia/live/13619/57179/57179.pdf	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: - General principles of care for working with people who self-harm; - Assessment; - Development and review of care plans; - Needs Assessment; - Risk assessment; - Risk management; - Interventions for self-harm; - Treating associated mental health conditions.	- Evidence that the relevant sections within NICE Clinical Guidance 133 has been applied and is being adhered to. - Evidence that care plans are developed and reviewed in line with NICE Guidelines. - Evidence of referrals / signposting that have been made to other relevant services. - Evidence of policies for managing disengagement / loss of contact with clients.	C3.5 C3.7

	Standard	What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 7			Self-harm services	
C7.5	Service providers and relevant personnel demonstrate an active commitment to self-care.	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. 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.	- Evidence that service providers promote and practice self-care. - Relevant personnel take work breaks, holiday entitlement etc. - Support and supervision records. - Staff handbook - Mental and Emotional wellbeing policy.	C6.9 C2.3

Section four:

Counselling Standards

Standard		What this means	What this might mean in practice Linked Standards	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.	- Providers can describe how the provision of Counselling services support organisational objectives.	C1.1
C8.2	The provision of counselling services is considered when assessing the organisation against Core Standards and other relevant standards.	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**. Where other services specified within this document e.g. self-harm services are addressed through counselling, these standards **also** apply to the counselling service.	- Evidence that Core Standards have been applied to counselling services. - Evidence that other relevant standards have been applied to self-harm services.	C1.1 – C5.2 C7.1 – C7.5

	Standard	What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 8		**Counselling**		
C8.3	Counselling personnel have a diploma in counselling and a minimum of 150 hours clinically supervised practice hours.	This is the minimum qualification and experience that counsellors providing the service must have prior to beginning work on the contracted service. Specific services may require enhanced qualifications and experience as outlined in individual contracts.	- Evidence of appropriately trained personnel. - Evidence of attendance and successful completion of relevant training. - Personal development and training plans.	C2.4
C8.4	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.	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. Unaccredited counsellors should work towards accreditation which must be	- Evidence of accreditation. - Evidence of appropriately trained personnel. - Personal development plans. - Copy of time framed action plan.	C2.4

	Standard	What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 8		**Counselling**		
		achieved within the timeframe specified within the contract.		
C8.5	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.	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. Personnel should remain up to date with best practice guidance within their field. Organisations should recognise their limitation in relation to specific issues / target groups and refer /	- Evidence of appropriately trained and experienced personnel. - Evidence of individual and organisational continuing professional development in relation to the target group / organisational focus.	C2.4 C3.7

	Standard	What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 8		**Counselling**		
		signpost as appropriate.		
C8.6	All clients requesting counselling are responded to within a timely manner.	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.	- Evidence that target times, as specified within individual service delivery contracts have been achieved. - Providers have a contingency plan in place for clients where specified timeframes cannot be met.	C1.4
C8.7	Counselling personnel are in receipt of appropriate clinical supervision in line with the requirements of their professional body.	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	- Evidence of appropriate levels of supervision which is in line with the requirements of the relevant professional body.	

Standard		What this means	What this might mean in practice Linked Standards	Linked standards
Criteria 8		**Counselling**		
		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.		
C8.8	Service providers and relevant personnel demonstrate an active commitment to self-care.	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. 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.	- Evidence that service providers promote and practice self-care. - Relevant personnel take work breaks, holiday entitlement etc. - Support and supervision records. - Staff handbook - Mental and emotional wellbeing policy	C2.3 C6.9

Glossary

Accountability	Being responsible and answerable for actions taken. This includes being able to explain, clarify and justify these.
Agent	A person who is empowered to act on the behalf of another person / organisation.
Best Practice	The use of interventions and techniques that are grounded in research and known to promote higher quality of care (HCGNE, Best Practice for Health Care Professionals, http://www.nursing.uiowa.edu/hartford/best-practices-for-healthcare-professionals).
Clinical Supervision	"[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).
Counselling	An umbrella term that covers a range of talking therapies that are delivered by trained practitioners.
DHSSPSNI	Department of Health, Social Services and Public Safety: Northern Ireland
Evaluation	The process of assessing the value of an activity, project, product, service or organisation to improve their effectiveness and to assist future project design, content and management.
Evidenced Based	Provision of services which are based on best practice as proven by research findings, scientific knowledge and evaluation of experience.

Governance	Relates to the systems and processes which ensure the overall direction, effectiveness, supervision and accountability of an organisation. It is about leadership and ensuring that an organisation is effectively and properly run.
Governing documents	When you set up a charity, by law you must have a governing document. This is the rulebook which sets out how your charity will be run.
Leadership	The action of guiding or directing a group or organisation.
Management	The process of organising and co-ordinating activities in order to achieve organisational objectives.
Monitoring	The routine and systematic collection of information against a plan.
Outcomes	The changes, benefits, learning or other effects that occur as a result of work carried out. These can be wanted or unwanted, expected or unexpected.
Outputs	Products, services or facilities that result from a provider or projects activities.
Performance Criteria	Method of evidencing that a standard has been met.
Personal and Public Involvement (PPI)	Active engagement of persons that use services, their carers' and the public to discuss issues and gain their opinion on issues relating to the delivery of the service.
Providers	Organisation that provides a defined service.
Referral	A referral relates to the transfer of the whole handling of a service users case or some part of it to another organisation (external referral) or to someone else within

	your own organisation who may have additional skills or competencies to best meet their needs (internal referral).
Relevant personnel	The body of persons relevant for the delivery of a service / organisational goals of a provider. These persons may deliver their role either through paid service or in a voluntary capacity.
Responsibility	The state of being accountable.
Service User Involvement (SUI)	Active engagement of service users to discuss issues and gain their opinion on issues relating to the delivery of the service.
Signposting	The term signposting effectively describes the process of giving a service user the details of other complementary services or organisations that may be able to help them, or where it had been determined that the service or organisation you represent cannot help.
Standard	An explicit statement of expected quality.
Supervision	Overseeing and monitoring the work performance of others by giving clear instructions on what is to be done, monitoring the work, holding people accountable and providing support and guidance.
Transparency	Being easy to understand, open, frank and honest in all activities, communications, transactions and operations.
Volunteer	A person who commits time and energy to undertake an activity that aims to benefit someone (individuals or groups, other than or in addition to close relatives) or the environment, freely through choice and without concern for financial gain.

REFERENCES

This document draws upon the following:

CLEAR Project, *Service standards and Quality Assessment Framework for Community and Voluntary Sector Organisations*, March 2009, www.clearproject.co.uk/standards.

Commission for Victims and Survivors, *Minimum Practice Framework for services being provided by organisations within the non-statutory sector,* October 2011, www.cvsni.org.

Dare to Stretch, *Regional Standards for Quality Training Northern Ireland: Promoting Mental, Emotional Health, Wellbeing and Suicide Prevention in Northern Ireland (RSQTni): Information Event Final Report*, February 2012.

Department of Education Northern Ireland, *Independent Counselling Service for Schools (ICSS) Handbook*, September 2012, www.deni.gov.uk.

DHSSPS (NI), *Good Records Good Management,* 2004, (updated December 2011), http://www.dhsspsni.gov.uk/index/gmgr.htm.

Health and Social Care Board, *Procedure for the Reporting and Follow up of Serious Adverse Incidents,* October 2013, www.hscboard.hscni.net.

Information Commissioner's Office, *Data Sharing Code of Practice,* May 2011, www.ico.gov.uk.

NHS, *Education and Training Standards (version 4): Requirements and Guidance,* January 2013, www.cfh.nhs.uk/etdstandards

National Institute for Clinical Excellence (NICE), *Clinical Guidance 16, Self-Harm: The Short term physical and psychological management and Secondary prevention of self-harm in primary and secondary care,* July 2004.

National Institute for Clinical Excellence (NICE), *Clinical Guidance 133, Self-harm: Longer term management,* November 2011.

National Institute for Clinical Excellence (NICE), *Public Health Guidance 22, Promoting mental wellbeing at work,* November 2009.

Public Health Agency, *Regional Standards for Quality Training (NSQTni)(Edition 1),* December 2012.

Public Health Agency, *Standards for Promoting Mental & Emotional Wellbeing and Suicide Prevention (Draft 7),* February 2013.

Public Health Agency, *Standards for Promoting Mental & Emotional Wellbeing and Suicide Prevention: Consultation responses, March* 2013.

Volunteer Now; Volunteer Development Scotland; WCVA and Volunteering England, *Investing in Volunteers: UK QUALITY STANDARD for organisations that involve volunteers,* (undated) www.investinginvolunteers.org.uk

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