Public Health Agency

Quality Standards for Services Promoting

Mental and Emotional Wellbeing and Suicide

Prevention

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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It is important that standards do not become outdated and therefore these will be regularly monitored, reviewed and updated drawing on the best up to date evidence available.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 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 operational risk.	- Relevant risk management policies, procedures and protocols. - Evidence of risk assessment being carried out. - Relevant personnel can describe risk management processes and practices.	

Standard		What this means	What this might mean in practice	Linked Standards
Criteria 1		**MANAGEMENT & ORGANISATIONAL GOVERNANCE**		
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.	
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	- Relevant policies and procedures and protocols. - Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols covered in staff induction.	C2.4

	Standard	What this means	What this might mean in practice	Linked Standards
		to vary depending on the nature of the service being delivered and the client group.	- 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.	
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.	- Relevant personnel should be able to describe / provide evidence of how previous / current contracts were / are managed. - 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.	C4.1 C4.2

Criteria 1 **MANAGEMENT & ORGANISATIONAL GOVERNANCE**

	Standard	What this means	What this might mean in practice	Linked Standards
			- Funders are notified at the earliest opportunity where there is a possibility that contractual obligations may not be met.	
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.	- 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. - 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 Investing in Volunteers standards have been applied and are being adhered to. (https://iiv.investinginvolunteers.org.uk)	C2.1 C2.3 C2.4
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 is separate from clinical supervision. Supervision, support and guidance should be both planned	- 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

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2	**Employment and Volunteering Structures**		
	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). All staff should have clear line-management and supervision arrangements in place. All volunteers should have clear support and supervision arrangements in place.	- 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. - 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.	

	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 and demonstrate an active commitment to reflective practice.	Providers should ensure that staff and volunteers have appropriate qualifications and skills for their current role and engage in reflective practice. Reflective practice is where professionals reflect on their own actions, learn from their own experiences and consider if improvements are required and how to implement them. In addition providers should ensure that relevant personnel have access to appropriate continuous training and development opportunities and are facilitated to	- 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 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 and reflective practice.	C2.1 C2.3 C3.7

Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 2	**Employment and Volunteering Structures**		
	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.		

	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 "*Accessible Business Checklist*" which encourages businesses to consider how open their services currently are to disabled people (www.equalityni.org/EveryCustomerCounts) - 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.	

	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 Department of Health (DoH) Suicide Strategy and that all programmes and services take into account individual's values, beliefs, concerns and context.	- Evidence that services and programmes have been targeted at / delivered / offered to 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	- 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.	C1.4 C4.2 C4.3

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
		evidence of activity and promotes accountability and transparency. 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 Department of Health (DoH) "Good Management Good Records Policy" 2004 (updated December 2011) www.health-ni.gov.uk/topics/good-management-good-records	- Relevant personnel are able to describe relevant procedures / protocols. - Information on service users should be recorded systematically. - Documentation regarding service users, staff and volunteers is updated, maintained and stored in accordance with legislative and contractual requirements. - Evidence of complaints being addressed in an appropriate manner and documentation stored securely.	
C3.4	The organisation promotes respect and protects the confidentiality of	Organisations have confidentiality and information sharing protocols in place which aim to improve	- Confidentiality and information sharing policies and protocols in place and available for inspection.	C3.3

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3	**Organisational Practice and Service Delivery**		
service users at all times.	communication between statutory, community and voluntary organisations regarding the delivery of care when appropriate. Confidentiality and information sharing protocols should be in line with data protection legislation (www.legislation.gov.uk/ukpga/2018/12/contents) and the ***Information Commissioners Office 'Guide to the UK General Data Protection Regulation (UK GDPR)".*** (https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/)	- Evidence of attendance at relevant training and / or policies / procedures / protocols 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.	

	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 Office 'Guide to the UK General Data Protection Regulation (UK GDPR)'**. (https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/)	- Copies of relevant policies and protocols in place and covered in staff induction. - 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. - Evidence that your organisation has been assessed against appropriate tools e.g. the NSPCC "*Safeguarding and child protection self-assessment tool*"	C2.4 C4.3

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
			(https://learning.nspcc.org.uk/safeguarding-self-assessment-tool	
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.	- Relevant risk management policies, procedures and protocols. - Evidence of risk assessment being carried out. - Relevant personnel can describe risk management processes and practices. - Evidence of referrals / sign posting to other relevant services.	C3.8
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 (SAIs) as outlined in HSC protocol for the management of SAIs, November 2016.	- Evidence that the procedures and requirements outlined within the HSC protocol for the management of SAIs, November 2016 have been adhered to (www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAIs-2016.pdf)	

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 3		**Organisational Practice and Service Delivery**		
		Providers notify funders and relevant bodies at the earliest opportunity of the incident and of the action taken.	- All practitioners / staff must be informed of these protocols and have an understanding of their application. - Relevant personnel are able to describe 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	- 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.	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**		
		/ or signpost where appropriate. 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.	- Evidence of referrals / signposting that have been made to helplines, substance misuse interventions and other services. - 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).	

	Standard	What this means?	What this might mean in practice?	Linked Standards
Criteria 5		**Communication processes**		
			- Evidence of acknowledgement of the funder(s) contribution to its costs in any publicity materials.	
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 Department of Health (DoH) 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 Department of Health (DoH) Mental and Emotional Wellbeing and Suicide Prevention Strategies.	

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 are 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 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.	- 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 – C5.3
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.	
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.	- Evidence of Training Needs Analysis (TNA) being carried out. - Evidence of results of TNA influencing training plans / programmes and training courses.	C5.1

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
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. - Venue information including suitability for a range of learner groups. - Complaints / feedback procedure.	C6.7

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
			- 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 objectives, application/registration process, course accreditation / certification,	- 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 requirements. - Details of how training programmes are communicated.	C6.6

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6			**Training**	
		entry requirements, time commitment required, course delivery methodology, progression pathways etc.		
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
C6.8	Training environments, facilities and equipment meet legislative	Training facilities are safe and meet minimum legal requirements and are	- Risk assessments are carried out on facilities and equipment, including online learning.	C3.1 C6.5

Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**	
requirements as well as the requirements of learners / learner group and the trainer(s).	suitable for the needs of the learner group.	- 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.	
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. Personal disclosures of learners is not encouraged in large groups or within	- 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 are completed.	C2.4 C3.4 C3.5 C3.6 C3.7 C4.3 C6.5 C6.13

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6		**Training**		
		environments that **cannot** support that disclosure.		
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 development, design, delivery, evaluation, review and assessment. - Evidence of using a range of communication and training techniques and methods.	C2.1 C2.2

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6			**Training**	
			- 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
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	- Evidence that the role, responsibilities, requirements, purpose and aims of the individual and the training are clearly communicated to them.	

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6			**Training**	
		delivery, providers ensure that procedures are in place to support the individual and are in line with the '*Guide to speaking publicly about personal experiences of self-harm/suicide/mental health issues*' (http://www.publichealth.hscni.net/sites/default/files/Guide%20to%20speaking%20publicly%2009_17_final_0.pdf)	- 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.	C2.4 C3.3 C3.4 C3.5

	Standard	What this means?	What this might mean in practice?	Linked standards
Criteria 6			**Training**	
			- Evidence of referrals / signposting that have been made to helplines, substance misuse 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
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 organisation is assessed against the Core Standards and other relevant standards and the provision of self-harm services are considered during this process.	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 – C5.3 C8.1 – C8.8

	Standard	What this means	What this might mean in practice	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/guidance/cg16 [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 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 http://www.nice.org.uk/guidance/cg133	NICE Clinical Guidance 133 provides best practice advice for the longer term psychological treatment and management of both single and recurrent episodes of	- 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
Criteria 7			**Self-harm services**	
		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; - 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
C7.5	Service providers and relevant personnel demonstrate an active	Self-care is about individuals taking responsibility for their own	- Evidence that service providers promote and practice self-care.	C6.9

Standard	What this means	What this might mean in practice	Linked standards
Criteria 7		**Self-harm services**	
commitment to self-care.	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.	- Relevant personnel take work breaks, holiday entitlement etc. - Support and supervision records. - Staff handbook - Mental and emotional wellbeing policy.	C2.3

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.	- Providers can describe how the provision of Counselling services support 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.	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 counselling services.	C1.1 – C5.3 C7.1 – C7.5

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 8		**Counselling**		
C8.3	Counselling personnel have a level 4 Ofqual or equivalent 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 the professional bodies below 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
Criteria 8		**Counselling**		
	• BACP / BABCP / UKCP / IACP / NCS Accredited Professional Registrant	achieved within the timeframe specified within the contract. Counsellors who are accredited with a professional body other than BACP / BABCP / UKCP / IACP or NCS Accredited Professional Registrant must demonstrate/provide evidence that the requirements/components of their accreditation equals that of BACP / BABCP / UKCP / IACP or NCS Accredited Professional Registrant.		
C8.5	Counselling personnel have experience of working with the organisations primary target group(s) and focus, and are up to	While it is acknowledged that the specific requirements of service users cannot be predicted, many organisations have a target group e.g. young	- Evidence of appropriately trained and experienced personnel. - Evidence of individual and organisational continuing professional development in	C2.4 C3.7

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 8		**Counselling**		
	date with best practice guidance in their field.	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 / signpost as appropriate.	relation to the target group / organisational focus.	
C8.6	All clients requesting counselling are responded to within a timely manner and kept informed of any changes to scheduled appointments.	Response times will vary depending upon 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

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 8		**Counselling**		
		Where it is necessary to make changes to scheduled appointments, the provider must ensure that clients are informed in a timely manner taking into consideration the needs of the client.	- Providers and clients agree a method of communication and timeframe for the cancellation / rescheduling of appointments by either the provider or the client.	
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 contact varies between professional bodies, therefore it is necessary to	- 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
Criteria 8		**Counselling**		
		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

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.

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[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.	- Providers can describe how the provision of complementary therapies support 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**.	- Evidence that Core Standards have been applied to counselling services.	C1.1 – C5.3
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	- Copy of valid registration certificate displayed.	Link to client feedback

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 9			**Complementary Therapies**	
		ethics. For example, the Complementary and Natural Healthcare Council (CNHC) / Federation of Holistic Therapists (FHT) or a European or International Equivalent.		
C9.4	Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence.	This is the minimum qualification and experience that practitioners providing the service must have prior to beginning work on the contracted service. Qualifications should be in line with their relevant professional body and National Occupational Standards (www.skillsforhealth.org.uk) Specific services may require enhanced qualifications and	- Evidence of appropriately trained personnel. - Evidence of relevant qualifications. - Evidence of attendance and successful completion of relevant training. - Continued Personal development and training plans. - Records of therapies provided.	C2.4

Standard		What this means	What this might mean in practice	Linked standards
Criteria 9			**Complementary Therapies**	
		experience as outlined in individual contracts. Practitioners only carry out treatment / therapies for which they have received proper training and are duly qualified to perform.		
C9.5	A full consultation is carried out, by the practitioner providing the treatment, in a manner that is relevant to the client.	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: - Where the referral came from? - General lifestyle (age, height, weight, family, diet, sleep pattern,	- Copy of consultation form signed by both the therapist and service user. - Evidence to indicate that consultation forms have been completed prior to treatment. - Service users confirming that forms have been completed. - Service users confirm that consultations occurred in a manner appropriate to their needs.	C2.4 C3.1 C3.2 C3.3 C3.4 C3.5 C3.6 C3.7

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9	**Complementary Therapies**		
	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 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.	- Evidence of correspondence with GP's / other relevant professionals.	

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 9		**Complementary Therapies**		
		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. Where a consultation highlights contra-indications and treatment is proposed, a letter of consent from the client's GP should be sought.		
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	- Copy of information provided to service users. - Service users confirm that this has occurred.	C3.1

Standard	What this means	What this might mean in practice	Linked standards
Criteria 9		**Complementary Therapies**	
	choice regarding therapy. This should include e.g. - a statement that the therapy is not an alternative to conventional therapies; - a description of what the therapy entails; - duration; - number of sessions etc.		
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.	- Copies of completed consent forms. - Service users confirm that they understood the therapy and consented to receiving the therapy.	C3.1 C3.3 C3.4
C9.8 Practitioners are aware of risk factors relating to client groups and are competent in	At times client risk may escalate, therefore it is essential that all relevant personnel involved in client	- Evidence of attendance at relevant mental and emotional wellbeing and suicide prevention training appropriate to their role.	C2.4 C3.8

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 9			**Complementary Therapies**	
	responding to risks should they be identified.	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, make referrals to a relevant professional.	- Copy of risk management protocol.	
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.	- Relevant policies and procedures in place (Risk Assessment / Health & Safety / robust arrangements for managing fire safety, etc). - Risk assessments are carried out on equipment. - Providers ensure equipment meet the needs and specific requirements of the clients and practitioners.	

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 bereavement[3], 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 timely[4]. 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.

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[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.	- Providers can describe how the provision of bereavement support services support organisational objectives. - Evidence that the needs of person(s) bereaved by suicide are central to the service / organisation.	C1.1
C10.2 The service is planned, designed and reviewed to meet the needs of the client group / community they serve.	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. The service should be based upon appropriate values which include	- Evidence of service planning, design and review including effective links with relevant stakeholders / funders. - Evidence that appropriate feedback and outcome measurement processes are in place, applied and analysed. - Evidence that where feedback / outcome measurement processes indicated that changes to the service are appropriate that these are approved by funders and in line with contractual / constitutional requirements.	C4.1 C4.2 C4.3

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		**Bereavement Support Service**		
		respect for individuals bereaved by suicide and acknowledgement that they may not wish to engage in services. Providers should work to ensure they avoid duplication of existing services.	- Providers can describe how services are complementary to/ not a duplication of other relevant services / processes (e.g. SD1 Recording Process)	
C10.3	Services are promoted and delivered with consistency and continuity[5] in an appropriate, safe and helpful manner and environment.	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:	- Feedback from service users indicate consistency and continuity in relation to key support worker and key messages / information provided. - Records of contacts with individuals, support provided and individual responsible.	C3.3 C3.4 C3.6 C3.8 C10.4

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[5] Patient experience in adult NHS services pathways (https://pathways.nice.org.uk/pathways/patient-experience-in-adult-nhs-services) 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**	
	- 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. Format of the support and the level of services individuals can expect to receive should be clearly articulated to individuals / families accessing support.		
C10.4 Information regarding the service is readily available, easily accessible and kept	The availability of clear information and /or literature regarding the service is	- Copy of up to date literature which includes a publication date and content which is agreed with funder.	C3.8 C5.1

Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		**Bereavement Support Service**	
up to date to ensure it is in line with current evidence-based practice.	available in a user friendly format. Where a range of platforms are used it is necessary to ensure that these are maintained in an appropriate manner. 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: - A description of the service: - Who it is aimed at or suitable for; - How to access it;	- Information available on the evidence base used to develop the literature / information. - Where appropriate literature is designed to meet the needs of the sub-group for whom it is designed e.g. age. - Evidence that literature has been reviewed and tested for appropriateness by target group. - Literature should contain contact information for the service /organisation e.g. phone number / web address. - Literature should contain links to further support including Crisis Support if appropriate. - Clear Complaints / Feedback Procedure highlighted on all literature.	C5.2 C5.3

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		Bereavement Support Service		
		- Other sources of help and support etc. All literature developed should be appropriate to the target client group.		
C10.5	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.	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. 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.	- Copy of up to date literature which includes a publication date. - Information available on the evidence base used to develop the literature / information. - Where appropriate literature is designed to meet the needs of the sub-group whom it is designed e.g. age. - Evidence that literature has been reviewed and tested for appropriateness by target group. - Literature should contain contact information for the service /organisation e.g. phone number / web address.	C3.8 C5.1 C5.2 C5.3

Standard		What this means	What this might mean in practice	Linked standards
Criteria 10			Bereavement Support Service	
		Information should be communicated verbally and reinforced/supported by written information.	- Literature should contain links to further support including Crisis Support if appropriate. - Clear Complaints / Feedback Procedure highlighted on all literature.	
C10.6	Support and access to services is provided in an appropriate and timely manner to individuals / families who have consented to support.	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. 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	- Evidence that individuals / families have consented to support. - Evidence that where individuals / families have indicated that they would prefer support at a later time that this is respected. - 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 time frames cannot be met.	C1.5

Standard		What this means	What this might mean in practice	Linked standards
Criteria 10			**Bereavement Support Service**	
		any service delivery contracts held.		
C10.7	The needs of individuals are assessed and a specified review period set.	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. This assessment process should be continual with individual plans reviewed in an appropriate and timely manner. 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	- Assessment and review processes / policies / protocols in place and available for inspection. - Evidence that review processes / policies / protocols have been applied and are being adhered to. - Evidence that the needs of individuals have been assessed. - Evidence of a support plan being developed and in place. - Evidence of a review taking place to include progress to date, next steps and exploration of alternative supports. - Evidence that signposting / referral has taken place.	C3.3 C3.4 C3.5 C3.8

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		**Bereavement Support Service**		
		process service providers strive to make links and work collaboratively with other services and providers. Where appropriate, support service exit reviews should be carried out and if relevant onward referral / signposting made.		
C10.8	Education and Training Awareness programmes are appropriate.	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.	- Evidenced based practice. - Client assessment to ensure they are appropriate to attend. - Evidence of consultation with relevant bodies. - Evidence of pilot / monitoring and evaluation using appropriate tools to determine outcomes.	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**		
		Where new programmes are developed this should only occur after consultation with relevant bodies and should be tested and evaluated to ensure effectiveness. Providers should work to ensure they avoid duplication of existing programmes.	- Evidence that programmes complement / form part of an existing mental health programme (e.g. support). - Evidence that training standards are being adhered to.	
C10.9	Where support groups form part of a bereavement service, the standards should be adhered to as outlined in **sub-section 10A.**	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. In recognition of this role a separate sub-section	- Evidence that standards outlined in sub-section 10A have been implemented.	C10A

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		**Bereavement Support Service**		
		relating to bereavement support groups has been developed to ensure that groups have a benchmark against which to examine, improve and validate themselves.		
C10.10	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)	One of the main concerns[6] 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.	- Evidence of appropriately trained and experienced personnel. - Evidence of specialist training when working with specific groups. - Evidence of continuing professional development in relation to the e.g. target group, bereavement etc. - Evidence that theories and methodologies used are evidence based and reflect best practice both in relation	C2.1 C2.4 C3.7 C3.8

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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**	
	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. Organisations and individuals should recognise their limitations in relation to specific issues / target	to bereavement support and the organisations primary group. - Evidence of awareness of the specific needs of groups which the organisation may come in contact with e.g. specific cultural needs.	

	Standard	What this means	What this might mean in practice	Linked standards
Criteria 10		**Bereavement Support Service**		
		groups and refer / signpost either internally or externally as appropriate.		
C10.11	Relevant personnel have access to appropriate support and supervision to ensure safe practice.	Support and supervision is available to relevant personnel to ensure safe working practice. 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.	- Evidence that levels of support and supervision required are defined. - Evidence of appropriate levels and types of support and supervision taking place. - Evidence of appropriate policies, procedures and protocols in place and being adhere to e.g. Staff handbook, Professional boundaries policy, Lone worker policy, Volunteer policy, Leave and absence policies.	Link to support and supervision in core.
C10.12	Providers ensure that premises where the service is delivered are suitable and accessible to all service users.	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	- Copies of relevant policies, and procedures in place. - Evidence of how policies and procedures have been implemented. - Evidence that your organisation has been assessed against approved tools e.g. the *"Accessible Business Checklist"* which	

	Standard	What this means	What this might mean in practice	Linked standards
		Bereavement Support Service		
		participation of those service users with disabilities. Premises should be clean, appropriately lit, furnished and ventilated and assure privacy.	encourages businesses to consider how open their services currently are to disabled people (www.equalityni.org/EveryCustomerCounts).	
C10.13	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 involved 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 appropriate measures to support individuals with related lived experience are in place and have been adhered to. - Evidence that relevant personnel take work breaks, holiday entitlement etc. - Support and supervision records. - Staff hand book. - Mental and emotional wellbeing policy.	

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 operate within a formal organisational structure.	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. - This includes defining, articulating and adhering	- Providers can describe how the provision of bereavement support meets their organisational objectives. - Copy of governing documents e.g. constitution, operational format, code of ethics etc. - Group members confirm group adheres with specified operational framework; - Group members aware of feedback mechanisms / complaints procedures relating to the operation of the group. - The role and purpose of key personnel within the support group are clearly defined.	C1.1 C1.2 C10.1 S10A.1

	Standard	What this means	What this might mean in practice	Linked standards
		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.		
S10A.2	Support groups have a clearly defined meeting format which is articulated to current and potential group members.	Support group meetings can take a number of formats including both structured/formal, unstructured/informal groups, psycho-education model etc.	- Evidence of a clearly defined format. - Evidence that this has been communicated with group members. - Evidence that feedback mechanisms / complaints procedures are in place and clearly articulated to members.	C10.8

Subsection 10A		**Bereavement Support Groups**		

Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**	
	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. This may include: - 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;	- Processes are in place and communicated to members for managing situations where the defined format is not adhered to.	

Standard		What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**		
		- Other activities which form part of the session etc.		
S10A.3	Support groups develop and operate to a defined Code of Ethics.	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. 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.	- Copy of Code of Ethics. - Records of review. - Members confirm that the group operates with the guidelines contained within the Code of Ethics. - Procedures are in place for managing situations where the defined Code of Ethics is not adhered to. - Evidence that feedback mechanisms / complaints procedures are in place and clearly articulated to members. - Members confirm the Code of Ethics is read out at meetings.	

Standard		What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**		
		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. The Code of Ethics should be read out at the beginning of meetings with copies distributed to new or prospective members.		
S10A.4	Ongoing risk assessment to ensure joining, continuation in and of the group is of benefit to members.	There are a number of potential risks 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.	- Pre-attendance assessment. - Ongoing risk assessment. - Evidence of referral / signposting to other organisations / services. - Relevant policies, processes and protocols in place, adhered to and regularly reviewed.	C3.6 S10A.5

Standard		What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**		
		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.		
S10A.5	Support groups are appropriately and safely facilitated.	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: - Effectively manage the group in a safe manner; - Support individuals when required; - Refer / signpost as appropriate. - Adhere to the 'do not harm' principle	- Evidence of an appropriate number of adequately trained facilitators / co-facilitators with relevant experience. - Copy of role description. - Evidence of facilitator / co-facilitator knowledge and experience which reflects defined role description(s). - Clear protocols, policies and procedures in place to address risk. - Evidence of assessment and ongoing risk assessment carried out.	C2.1 C2.2 C2.4 C3.8 C10A.1 C10A.4

	Standard	What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**		
		- Appropriately address any issues which arise; - Assess and manage risk. 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.	- Evidence of signposting and referral to other relevant services / organisations;	
S10A.6	Facilitators and co-facilitators are appropriately supported.	Support and supervision is available to facilitators and co-facilitators to ensure safe working practices. The type and level and support and supervision should be defined and included within the role description(s).	- Evidence that levels of support and supervision required are defined and included within role description(s). - Evidence of appropriate levels and types of support and supervision are taking place.	C2.2 S10A.1
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	- Details of meetings space.	

Standard		What this means	What this might mean in practice	Linked standards
Subsection 10A		**Bereavement Support Groups**		
		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.	- Evidence that members are consulted regularly on issues relating to the group e.g. format, structure, operation, Code of Ethics etc. - Evidence that members are informed in advance of any review / evaluation. - Evidence of relevant outcome measures in place. - Evidence that feedback is received, analysed and relevant action taken.	S10A.1 C4.3

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.
DoH	Department of Health
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.

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