



**The Commission for  
Victims & Survivors**

# **Standards for Services Provided to Victims and Survivors**

**21 November 2016**

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## Foreword

In October 2011 the Commission published a Minimum Practice Framework as a guide to organisations providing services in the victims sector in order to identify the standards expected. This was in line with the Commission's statutory duty to keep under review the adequacy and effectiveness of services provided for victims and survivors. As part of this review process the Commission has worked on refreshing these standards in order to bring them up-to-date and reflect changes to service delivery within the sector.

Benchmarking and continuously building the quality of the services provided to victims and survivors is a central goal of the Commission. Service deliverers have been to the fore in developing a model of support that is victim-centred and holistic and this approach has enabled an empathy and understanding of the impact of the Conflict/Troubles on victims and survivors.

In a society still being impacted by the legacy of the past, whether as a result of trauma, periods of violence or through political processes, many individuals require service provision that is nuanced to the needs of victims and survivors of conflict-related incidents. Where possible these Standards aim to reflect this unique situation. It is, therefore, essential that organisations delivering services to individuals affected by conflict-related incidents are fully engaged in developing and implementing the standards which will benchmark quality for the delivery of these services, by both voluntary and statutory sector providers.

The standards outlined here have been developed by a working group comprised of volunteers from the Victims and Survivors Practitioners Working Group, Victims and Survivors Service (VSS) staff, officials from the Executive Office and Commission staff. The working group has put a lot of effort over the last year into developing these standards and the Commission is very appreciative of their very important contribution. In addition, the sector engaged positively and constructively with the consultation process in attending the workshops and submitting 20 written responses to the eight week consultation process. The Commission has considered all this feedback in producing the final document. These standards will now apply to all

organisations providing services to victims and survivors and in particular those funded by the VSS.

However, this is not the end of the process. Standards by their nature will continue to evolve and change. The Commission, therefore, will be implementing two additional steps in relation to Standards. The first will be to establish a new working group to take this process forward periodically. The Consultation has identified a number of areas that require further consideration and discussion. The Commission proposes to convene a new Standards Working Group to consider and examine these areas further. Secondly, the Commission will be working on converting these standards to an online tool that will be easily accessible.

The development of this important area of work is a further illustration of the commitment of the sector to deliver a robust and effective service of care and support to those most in need within our society. The Commission is committed to collaborative working with the sector to ensure that we all 'get it right' for victims and survivors and I look forward to evolving and progressing this standards document with you in the future.

**Judith Thompson**  
**Commissioner**  
**21 November 2016**

## Context

### The Need for a Victim-Led Approach

It is recognised that many years of violence has created a society where much work needs to be done to deal with the legacy of the past. This is no more clearly manifest than in meeting the needs of victims and survivors; those whose lives have been disproportionately affected by conflict-related incidents.

The impact of the Troubles on Northern Ireland society cannot be underestimated:

- 3,720 conflict-related deaths between 1966 and 2006<sup>1</sup>;
- 40,000 injured<sup>2</sup>;
- 213,000 experiencing significant mental health problems<sup>3</sup>.

Behind each statistic are individuals; many impacted through bereavement, physical and/or psychological injury or by providing care for a loved one.

Northern Ireland's unique circumstances have been recognised by Government, voluntary and community-based organisations and evidenced by numerous academic studies.

The Strategy for Victims and Survivors 2009-2019 acknowledges the uniqueness of the context for delivering services to victims and survivors by recognising:

- The pain and suffering which has occurred;
- The long-term impact of violence on victims and survivors;
- That victims and survivors are individuals and therefore there is no single approach which will suit everyone;
- The need for victims and survivors to be invited to play a part in building a more peaceful future, but that as people who have suffered most they should

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<sup>1</sup> McKitterick et al (2007) *Lost Lives*, Edinburgh: Mainstream Publishing.

<sup>2</sup> Smyth et al (1999) *The Cost of the Troubles Study – Final Report*: p.37.

<sup>3</sup> CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, Belfast: CVSNI.

- feel safe, should be treated with dignity and should move at their own pace;
- The valuable work carried out by victims and survivors groups over the years.<sup>4</sup>

Service deliverers have been to the fore in developing a model of support that is victim-centred, victim-led and holistic. This approach has enabled an empathy and understanding of the impact of the conflict/Troubles on victims and survivors. In 2015, the Victims and Survivors Forum identified five principles that should be taken into consideration when delivering effective services and these are:

- Co-design and collaboration;
- Victim centred;
- Independent and impartial;
- Inclusivity; and
- Fit for purpose.

With society still being impacted by the legacy of the past, whether as a result of trauma, periods of violence or through political processes, many individuals require service provision that is nuanced to victims and survivors of conflict-related incidents.

It is essential that organisations delivering services to individuals affected by conflict-related incidents ensure that support is victim-centred and mindful of the unique nature of violence inflicted upon society in Northern Ireland. Where possible these standards aim to reflect this unique situation.

### **The Public Health Agency (PHA) quality standards for services promoting mental and emotional wellbeing and suicide prevention**

Since its formation in 2008 the Commission for Victims and Survivors has consistently emphasised the need to address the mental health legacy of the Troubles on victims and survivors and the wider society in Northern Ireland. The Commission's research has documented the extent of the enduring impact of the complex psychological and physical impact of conflict related trauma on individuals and families and the

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<sup>4</sup> Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, Belfast: The Stationery Office, p.2-3.

communities that experienced the worst effects of the Troubles. This was identified as the number one need to be addressed for victims and survivors in the Commission's Comprehensive Needs Assessment in 2012.

The Minister of Health's announcement in September 2015 to establish a world leading Mental Trauma Service provides an unprecedented opportunity to create a high quality regional trauma service for victims and survivors and the wider population. At the heart of this proposed model is the partnership between statutory mental health services and VSS funded organisations. This collaborative, cross sectoral partnership arrangement presents the opportunity to provide the required resources, expertise and capacity to effectively address the mental and physical health legacy of the Troubles. The Commission acknowledges the hard work and dedication of the many practitioners based within the VSS funded service providers and within our health service who continue to provide essential support to individuals and families.

The Public Health Agency has developed a set of standards for services promoting mental and emotional wellbeing and suicide prevention. These standards have been developed over the last few years and where relevant the Commission and the Working Group have used these standards and built upon them in producing this document.

**The PHA standards can be downloaded in full from:**

<http://bit.ly/MHstandards>



# 1. Overarching Requirements

The Commission for Victims and Survivors has set overarching standards for those delivering services to victims and survivors. There are a number of standards which apply throughout all the areas identified within this document. These areas can be recognised as essential requirements that should be core to any service delivery to victims and survivors.

The overarching standards are as follows:

## **Legal**

It is the responsibility of the organisation to ensure that they comply with all legal obligations in areas such as protection of vulnerable adults and children, employment, health and safety, disclosure of criminal offences, professional accountability, confidentiality including Data Protection requirements, charities and any other relevant legislation. It is important to note that, since the previous standards were published in 2011, there is now a legal requirement for all charities to apply to register with the Charity Commission for Northern Ireland and to meet charity law requirements. For more information see [www.charitycommissionni.org.uk](http://www.charitycommissionni.org.uk)

## **Letters of Offer/Contracts**

When contracting with funders, groups must ensure that all obligations are met in relation to monitoring and evaluation and communications. Organisations in receipt of Victim Support Programme funding from the Victims and Survivors Service should refer to their letter of offer and the operations manual for specific compliance requirements.

## **Background Checks**

Organisations are required by law to consider the suitability of staff and volunteers for certain positions and to ensure that they are not barred from working with vulnerable groups. It is essential organisations ensure that the appropriate level of AccessNI disclosure for each activity has been completed, particularly where volunteers/staff are working with vulnerable adults, people with learning disabilities

or children. It is the responsibility of the organisation to establish with AccessNI the appropriate level of check is made for each activity and to ensure that evidence of the checks have been made and is appropriately retained. References must also be sought and checked.

### **Safeguarding**

Organisations are required to have a safeguarding policy supported by robust procedures, specifically relating to adults and children. The safeguarding policy should be supported by other organisational policies and procedures aimed at promoting safe and healthy working practices. The Commission would specifically highlight the need for organisations to have a designated safeguarding officer. Organisations have a responsibility to provide effective management for staff and volunteers through supervision, support and training in order to effectively deal with safeguarding issues and risks including self-harm. Criteria 3 on Organisational Practice and Service Delivery specifically addresses these issues. Additionally, the Safeguarding Board or local Health and Social Care Trust can provide guidance and advice.

### **Insurance**

Organisations and individual practitioners must ensure that they have acquired the appropriate relevant indemnity insurance as necessary (for example: professional and public liability, employee liability etc.).

### **Professional Standards/Guidelines**

Where other professionals are engaged by organisations to deliver or provide services (for example: psychiatric nurses, clinical psychologists, physiotherapists, occupational therapists, social workers etc.), they must adhere to the regulations of their regulatory/registered body or association. National Institute for Health and Care Excellence guidelines should be considered where they exist for a particular condition.

## 2. Organisational Standards

### Criteria 1: Management and Organisational Governance

Standard	What this means	What this might mean in practice	Linked Standards	
<b>Criteria 1 Management and Organisational Governance</b>				
<b>C1.1</b>	<p>The management committee / board ensure that the organisation operates to clear governance requirements.</p>	<p>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.</p> <p>In a charity, the management committee/board members are the charity trustees.</p>	<ul style="list-style-type: none"> <li>- Adopted Constitution / Memorandum of Association which is signed and dated.</li> <li>- List of Committee / board members, their role and whether they serve as an individual or organisational member.</li> <li>- Evidence of awareness of clearly defined roles and responsibilities.</li> <li>- Evidence of an effective and comprehensive induction programme for committee / board members.</li> <li>- Clear records of meetings including decisions taken, actions agreed, trustees in attendance, evidence of quorum being met.</li> </ul>	

			<ul style="list-style-type: none"> <li>- Process for and evidence of the management committee / board monitoring organisational activity and ensuring contractual obligations are met.</li> <li>- Evidence of clear financial accountability.</li> </ul>	
<b>C1.2</b>	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.	<ul style="list-style-type: none"> <li>- Relevant risk management policies, procedures and protocols.</li> <li>- Evidence of risk assessment being carried out.</li> <li>- Relevant personnel can describe risk management processes and practices.</li> </ul>	
<b>C1.3</b>	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.		
<b>C1.4</b>	Existing and new legislation and guidance which might impact upon the	Managers and staff are aware of and review relevant legislation and guidance including how it	<ul style="list-style-type: none"> <li>- Evidence of attendance and</li> </ul>	<b>C2.4</b>

	service is complied with.	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.	successful completion of relevant training and / or policies / procedures / protocols covered in staff induction.	
<b>C.1.5</b>	Contractual obligations are complied with.	Service providers must ensure that they comply with all <b>terms and conditions</b> contained within Service Delivery Contracts.	<ul style="list-style-type: none"> <li>- Evidence of monitoring returns completed and returned in a timely / accurate manner.</li> <li>- Funders are notified at the earliest opportunity where there is a possibility that contractual obligations may not be met.</li> </ul>	
<b>C.1.6</b>	Effective systems for accountability and audit of finances are in place and adhered to.	<p>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.</p> <p>Note that legislation may apply to the format and content of accounts. For example, registered charities must submit their accounts and reports to the Charity Commission for Northern Ireland on an annual basis in accordance with accounting and reporting regulations for charities.</p>	<ul style="list-style-type: none"> <li>- Copies of financial reports and annual report.</li> <li>- Relevant policies, procedures and protocols that support best practice.</li> <li>- Relevant personnel has detailed knowledge of financial processes and procedures.</li> <li>- Evidence of financial monitoring returns completed and returned in a timely / accurate manner.</li> </ul>	

## Criteria 2: Employment and Volunteering Structures

Standard	What this means	What this might mean in practice	Linked Standards	
<b>Criteria 2</b>	<b>Employment and Volunteering Structures</b>			
<b>C2.1</b>	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.	<ul style="list-style-type: none"> <li>- Relevant policies and protocols in place e.g. recruitment and selection policy.</li> <li>- Code of conduct / handbook and evidence of how it has been implemented.</li> <li>- Defined job / volunteering roles.</li> <li>- Access NI (Where appropriate).</li> </ul>	C3.1
<b>C2.2</b>	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.	<ul style="list-style-type: none"> <li>- Evidence that all Volunteer Now standards have been applied and are being adhered to.</li> </ul> <p>(<a href="http://www.volunteernow.co.uk/fs/doc/publications/investing-in-volunteers-quality-standard-for-organisations-that-involve-volunteers.pdf">http://www.volunteernow.co.uk/fs/doc/publications/investing-in-volunteers-quality-standard-for-organisations-that-involve-volunteers.pdf</a>)</p>	
<b>C2.3</b>	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 <u>and is separate from clinical supervision.</u>	<ul style="list-style-type: none"> <li>- Evidence of a relevant induction having been completed.</li> <li>- Line-management / support and supervision structures and policies in place for all staff / volunteers.</li> </ul>	C2.2 C2.4

		<p>Supervision, support and guidance should be both planned and reactionary to ensure it “responds to needs of [relevant personnel] who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons” (NICE PH22).</p> <p>All staff should have clear line-management and supervision arrangements in place and be in line with professional requirements where appropriate.</p> <p>All Volunteers should have clear support and supervision arrangements in place.</p>		
<b>C2.4</b>	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 and be able to demonstrate Continuous Personal Development (CPD).	<ul style="list-style-type: none"> <li>- Evidence of appropriately trained personnel</li> <li>- Evidence of attendance and successful completion of relevant training.</li> <li>- Personal development and training plans</li> </ul>	<p>C2.1</p> <p>C2.3</p> <p>C3.7</p>

## Criteria 3: Organisational Practice and Service Delivery

Standard	What this means	What this might mean in practice	Linked Standards	
<b>Criteria 3</b>	<b>Organisational Practice and Service Delivery</b>			
<b>C3.1</b>	<p>Equality and diversity is actively promoted.</p>	<p>The organisation is fully committed to fair and equal treatment of everyone who comes into contact with their representatives and / or services and of those employed by the organisation.</p> <p>Services provided are in line with Human Rights Act 1998 and Section 75 of the Northern Ireland Order (1998).</p>	<ul style="list-style-type: none"> <li>- Copies of relevant policies and procedures in place.</li> <li>- Evidence of how policies and procedures have been implemented.</li> <li>- Relevant personnel and service users are aware of how to make a complaint.</li> </ul>	<p>C2.1 C2.4</p>
<b>C3.2</b>	<p>Higher risk groups are actively targeted and services promoted accordingly.</p>	<p>Providers actively promote their services / programmes to ensure they reach out to marginalised, disadvantaged &amp; 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.</p>	<ul style="list-style-type: none"> <li>- Evidence that services and programmes have been targeted at / delivered / offered to marginalised, disadvantaged &amp; higher-risk groups where need has been identified.</li> <li>- Evidence that behaviours and /or practice has been challenged and managed e.g. complaints procedure / supervision meetings.</li> <li>- Clear feedback / complaints procedure.</li> </ul>	
<b>C3.3</b>	<p>Accurate and appropriate records relevant to service provision are maintained.</p>		<ul style="list-style-type: none"> <li>- Policy on record keeping in place (which meets all terms and conditions of funding contracts).</li> <li>- Relevant personnel are able to describe relevant procedures / protocols.</li> <li>- Information on service users should be recorded systematically.</li> </ul>	



			<ul style="list-style-type: none"> <li>- Documentation regarding service users, staff and volunteers is updated, maintained and stored in accordance with legislative and contractual requirements.</li> </ul>	
<b>C3.4</b>	The organisation promotes respect and protects the confidentiality of service users at all times.		<ul style="list-style-type: none"> <li>- Confidentiality and information sharing policies and protocols in place and available for inspection.</li> <li>- Evidence of relevant personnel being updated on changes.</li> <li>- Evidence of active communication where the individual concerned knowingly indicates consent.</li> </ul>	C3.3
<b>C3.5</b>	The organisation works to ensure that the welfare and protection of children and vulnerable adults in its care is paramount.	All providers should have a policy and protocol in place on disclosure. Any issue of disclosure on child protection (or other vulnerability issues) must be raised with the appropriate child protection and other authorities in line with legislation and the Information Commissioners Offices.	<ul style="list-style-type: none"> <li>- Copies of relevant policies and protocols in place and covered in staff induction.</li> <li>- Evidence of attendance and successful completion of relevant training.</li> </ul>	C2.4
<b>C3.6</b>	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.	<ul style="list-style-type: none"> <li>- Relevant risk management policies, procedures and protocols.</li> <li>- Evidence of risk assessment being carried out.</li> <li>- Relevant personnel can describe risk management</li> </ul>	C3.8

			<p>processes and practices.</p> <ul style="list-style-type: none"> <li>- Evidence of referrals / sign posting to other relevant services.</li> </ul>	
<b>C3.7</b>	<p>The organisation has in place processes to identify and respond to serious adverse incidents should they occur.</p>	<p>Providers follow the procedures for the identification, reporting, reviewing and responding to Serious Adverse Incidents (SAI) as outlined in HSC protocol for the management of SAIs, April 2010.</p> <p>Providers notify funders and relevant bodies at the earliest opportunity of the incident and of the action taken.</p> <p>Serious incidents may also need to be reported to relevant regulators, for example, where a serious incident occurs within a charity this must be reported to the Charity Commission for Northern Ireland.</p> <p>Providers ensure that their staff have the appropriate level of knowledge/skill to recognize the risk of self-harm and respond appropriately.</p>	<ul style="list-style-type: none"> <li>- Evidence that the procedures and requirements outlined within the HSC protocol for the management of SAIs, April 2010 have been adhered to. (<a href="http://www.hscboard.hscni.net/publications/Policies/102%20Procedure%20for%20the%20reporting%20and%20followup%20of%20Serious%20Adverse%20Incidents-%20Oct2013.pdf">http://www.hscboard.hscni.net/publications/Policies/102%20Procedure for the reportin g and followup of Serious Adverse Incidents- Oct2013.pdf</a>)</li> <li>- All practitioners / staff must be informed of these protocols and have an understanding of their application.</li> <li>- Evidence that the relevant sections of NICE Clinical Guidance 16 <a href="https://www.nice.org.uk/guidance/cg16">https://www.nice.org.uk/guidance/cg16</a> and 133 <a href="https://www.nice.org.uk/guidance/indevelopment/gid-cgwaver82">https://www.nice.org.uk/guidance/indevelopment/gid-cgwaver82</a> has been applied and adhered to relating to the issues of self-harm as outlined in Criteria 7 of the PHA Standards document.</li> </ul>	
<b>C3.8</b>	<p>The organisation has in place processes to ensure that where appropriate, service users benefit from signposting and</p>	<p>To ensure that service users receive the service that is most appropriate for their needs providers recognise the limits of their service and refer and/ or signpost where appropriate.</p>	<ul style="list-style-type: none"> <li>- Copies of relevant policies and protocols in place and covered in staff induction.</li> <li>- Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols being applied.</li> </ul>	<p>C2.4</p> <p>C3.3</p> <p>C3.4</p> <p>C3.5</p>

	<p>referrals to other appropriate agencies or organisations.</p>	<p>Relevant personnel should be aware of other providers / support agencies / helplines and be confident in signposting and making referrals to them in a manner that is relevant, timely and appropriate.</p> <p>Where appropriate and to develop knowledge and relationships with other providers, relevant personnel should avail of relevant opportunities to participate in multi-disciplinary and interagency opportunities for working together.</p>	<ul style="list-style-type: none"> <li>- Relevant personnel are aware of other relevant local services.</li> <li>- Evidence of referrals / signposting that have been made to helplines, substance misuse interventions and other services.</li> <li>- Case studies / feedback from service users / partners / other agencies.</li> <li>- Record of referrals made and received.</li> </ul>	
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## Criteria 4: Training Standards

Standard	What this means	What this might mean in practice	Linked Standards	
Criteria 4 Training Standards				
<b>C4.1</b>	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.	<ul style="list-style-type: none"> <li>- Providers can describe how the provision of training / specific training programmes support organisational objectives.</li> </ul>	C1.1
<b>C4.2</b>	The provision of training activities is considered when assessing the organisation against Organisational Standards and other relevant standards.	All criteria set out within the Organisational standards applies to all relevant services within the organisation.  It is essential therefore that each relevant service is considered when assessing the organisation against Organisational standards.	<ul style="list-style-type: none"> <li>- Evidence that Organisation Standards have been applied to the training service.</li> <li>- Evidence that other relevant standards have been applied to the training service.</li> </ul>	C1.1 – C4.13
<b>C4.3</b>	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.	<ul style="list-style-type: none"> <li>- Established management processes support the consistent quality assured planning, delivery, evaluation and assessment of training and training programmes.</li> <li>- Evidence that the required number of courses delivered is adhered to.</li> <li>- Evidence that the recommended course duration is adhered to.</li> <li>- Trainer and participants confirm that the relevant course content and course materials are</li> </ul>	C1.4 C4.3

			<p>adhered to (<i>e.g. through evaluation</i>).</p> <ul style="list-style-type: none"> <li>- Evidence that relevant participant levels are adhered to.</li> <li>- Evidence that relevant participant demographics are adhered to e.g. minimum age etc.</li> </ul>	
<b>C4.4</b>	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.	<ul style="list-style-type: none"> <li>- Evidence of Training Needs Analysis (TNA) being carried out.</li> <li>- Evidence of results of TNA influencing training plans / programmes and training courses.</li> </ul>	
<b>C4.5</b>	Training programmes are fully described and communicated with prospective learners.		<ul style="list-style-type: none"> <li>- Copies of training programmes and information that has been shared with prospective learners.</li> <li>- Evidence that training programmes and information is communicated to prospective learners in a way that meets their needs.</li> <li>- Evidence that training programmes and information is communicated to prospective learners in a way that meets course requirements.</li> <li>- Details of how training programmes are communicated.</li> </ul>	<b>C4.6</b>

<b>C4.6</b>	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.	<ul style="list-style-type: none"> <li>- Training content and materials reflects up to date research.</li> <li>- Training content and materials are reviewed in line with evolving understanding and research.</li> </ul>	
<b>C4.7</b>	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.	<ul style="list-style-type: none"> <li>- Risk assessments are carried out on facilities and equipment.</li> <li>- Relevant policies and procedure in place (Risk Assessment / Health &amp; Safety / robust arrangements for managing fire safety etc.)</li> <li>- Providers ensure facilities and equipment meet the needs and specific requirements of the learner group.</li> </ul>	C3.1 C4.5

<p><b>C4.8</b></p>	<p>Trainers are aware of professional boundaries and remain professional in the facilitation of training to ensure a safe learning environment.</p>	<p>Trainers are aware of the impact that their personal experiences and the personal experiences of participants can have on training.</p> <p>Trainers can manage their personal experiences in the training environment and take responsibility for self- disclosure.</p> <p>Personal disclosures of learners is not encouraged in large groups or within environments that <b>cannot</b> support that disclosure.</p>	<ul style="list-style-type: none"> <li>- Trainers' attendance at relevant training e.g. professional boundaries.</li> <li>- Training incidents reports outlining issues arisen and actions taken.</li> </ul>	<p>C2.4 C3.4 C3.5 C3.6 C3.7 C4.5 C4.13</p>
<p><b>C4.9</b></p>	<p>Persons delivering training have sufficient subject matter knowledge and skills in training delivery.</p>	<p>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.</p>		<p>C2.1 C2.2</p>

<b>C4.10</b>	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.	<ul style="list-style-type: none"> <li>- Evaluation, feedback and monitoring methodologies that capture relevant data and information and which begin at the outset of the training process;</li> </ul>	
<b>C4.11</b>	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.	<ul style="list-style-type: none"> <li>- Evidence that the role, responsibilities, requirements, purpose and aims of the individual and the training are clearly communicated to them.</li> <li>- Appropriate support for the individual available should it be required.</li> <li>- Evidence that the individuals' right to withdraw at any time has been communicated to them.</li> </ul>	



<b>C4.12</b>	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.	<ul style="list-style-type: none"> <li>- Evidence of attendance and successful completion of relevant training and / or policies / procedures / protocols being applied.</li> <li>- Staff are able to describe relevant procedures / protocols.</li> <li>- Relevant personnel are aware of other relevant local services.</li> </ul>	C2.4 C3.3 C3.4 C3.5
<b>C4.13</b>	Service providers and relevant personnel demonstrate an active commitment to self- care.	<p>Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involves individuals being mindful of their own health, self and happiness.</p> <p>The ethos of self-care is twofold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual.</p>	<ul style="list-style-type: none"> <li>- Evidence that service providers promote and practice self-care.</li> <li>- Relevant personnel take work breaks, holiday entitlement etc.</li> <li>- Support and supervision records.</li> <li>- Staff handbook.</li> </ul>	C2.3 C4.9

### 3. Health and Wellbeing Standards

#### Criteria 5: 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”<sup>5</sup>. 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.

Standard	What this means	What this might mean in practice	Linked Standards	
<b>Criteria 5 Complementary Therapies Standards</b>				
<b>C5.1</b>	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
<b>C5.2</b>	The provision of complementary therapies is considered when assessing the organisation against Organisational Standards and other relevant standards.	All criteria set out within the Organisational Standards applies to all relevant services within the organisation.  It is essential therefore that each relevant service is considered when assessing the organisation against Organisational Standards.	- Evidence that Organisational Standards have been applied to complementary services.	C1.1- C4.1 3

<sup>5</sup> Rethink Mental Illness 2011 Complementary Therapies Factsheet

<b>C5.3</b>	Practitioners must be registered with a relevant professional body.	All therapists must practice and adhere to the standards set out within their relevant professional bodies most recent Code of Conduct and Professional Practice and ethics. For example, the Complementary and Natural Healthcare Council (CNHC) / Federation of Holistic Therapists (FHT) or a European or International Equivalent.	<ul style="list-style-type: none"> <li>- Copy of valid registration certificate displayed.</li> </ul>	Link to client feedback
<b>C5.4</b>	Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence.	<p>This is the minimum qualification and experience that practitioners providing the service must have prior to beginning work on the contracted service.</p> <p>Qualifications should be in line with their relevant professional body and National Occupational Standards (<a href="https://skillsforhealth.org.uk">https://skillsforhealth.org.uk</a>)</p> <p>Specific services may require enhanced qualifications and experience as outlined in individual contracts.</p> <p>Practitioners only carry out treatment/therapies for which they have received proper training and are duly qualified to perform</p>	<ul style="list-style-type: none"> <li>- Evidence of appropriately trained personnel.</li> <li>- Evidence of relevant qualifications.</li> <li>- Evidence of attendance and successful completion of relevant training.</li> <li>- Continued Personal Development and training plans.</li> <li>- Records of therapies provided.</li> </ul>	C2.4

<b>C5.5</b>	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 <b>prior</b> to treatment, in line with guidance from the Relevant Professional Body  Practitioners should use the MYMOP assessment tool for monitoring and evaluation as outlined in the VSS operational manual.	- Copy of consultation form signed by both the therapist and service user.	C2.4 C3.1 C3.2 C3.3 C3.4 C3.5 C3.6 C3.7
<b>C5.6</b>	Service users are informed about the therapy, what it entails and its purpose.	It is important that individuals are given information to ensure they can make an informed choice regarding therapy	- Copy of information provided to service users. - Service users confirm that this has occurred.	C3.1
<b>C5.7</b>	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 <b>and</b> have agreed to the therapy.	- Copies of completed consent forms.	C3.1 C3.3 C3.4

<b>C5.8</b>	Practitioners are aware of risk factors relating to client groups and are competent in responding to risks should they be identified.	At times client risk may escalate, therefore it is essential that all relevant personnel involved in client care have the skills, knowledge and competency to identify and respond appropriately to any risks that arise and can effectively in line with organisations risk management protocols and to make referrals to a relevant professional.		C2.4 C3.8
<b>C5.9</b>	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.		

## Criteria 6: Counselling Standards

The Victims and Survivors sector has received funding to deliver services that are intended to address the underlying psychological impact of the conflict. There are a range of psychotherapies including the four main schools of psychotherapy; Psychoanalytic Dynamic Therapy, Cognitive Behavioural Therapy (CBT), Family and Systemic Therapy, Integrative Therapy and Humanistic Therapy.

Psychotherapies could be considered as therapy intervention which is effective for individuals with specific psychological problems that have developed over a number of years. Also noted are varying needs which may require specialist therapies such as for children, vulnerable adults or families.

It is recognised that counselling is beneficial for many people to help come to terms with past and current traumatic events. Many participants recognise that counselling may help reduce their reliance on negative coping strategies such as alcohol and drug dependency. A number of organisations within the voluntary and community sector provide counselling services to victims and survivors utilising a range of counselling approaches.

Standard		What this means	What this might mean in practice	Linked Standards
<b>Criteria 6</b>		<b>Counselling Standards</b>		
<b>C6.1</b>	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
<b>C6.2</b>	Counselling personnel have a Level 4 Diploma or Foundation Degree in counselling	This is the minimum qualification and experience that counsellors providing the service must have prior to beginning work on the contracted	- Evidence of appropriately trained personnel. - Evidence of attendance and successful completion of relevant training. - Personal development and	C2.4

	including clinically supervised practice hours and professional and personal liability insurance.	service.  Specific services may require enhanced qualifications and experience as outlined in individual contracts.	training plans. - Evidence of regular clinical supervision by [an] appropriately qualified supervisor - Evidence of professional and personal indemnity insurance	
<b>C6.3</b>	Counselling personnel are registered with BACP / IACP or equivalent relevant professional body or working towards registration (see 6.4 below).  Registered personnel should have a minimum of 300 hours supervised practice with 2 years post qualification experience.	Registration with a relevant professional body provides assurances that individuals have achieved a substantial level of experience and training which is approved by their member organization.	- Evidence of accreditation and ongoing registration. - Evidence of appropriately trained personnel.	C2.4
<b>C6.4</b>	Unregistered Counselling personnel should have a time framed action plan in place to work towards accreditation, registration and 300 hours supervised practice within 2 years of commencement of employment.	Unregistered counsellors should work towards registration which must be achieved within the timeframe specified within the contract. For example, counselling personnel should be in at least the second or third year of their training from a recognised awarding body, for example Ulster University or CPCAB (minimum 300 hours tutor contact time- at	- Personal development plans. - Copy of time framed action plan.	C2.4 C3.7

		least one year full time or two years part time), be a member of BACP/IACP (student or higher) or equivalent professional body and be undertaking a supervised clinical placement.		
<b>C6.5</b>	Counselling personnel are in receipt of appropriate clinical supervision in line with the requirements of their professional body.		Evidence of appropriately trained and qualified supervisor in the generic skills of supervision.  Evidence of supervision attendance in line with requirements of professional body.	



## Criteria 7: Life Coaching

Life coaching is a practice that helps people identify and achieve personal goals. It aims to support and assist the individual identify and reach goals using a variety of tools and techniques.

Life coaching can help individuals move forward with an increased positive mental attitude, and enhanced levels of determination to create a better present and a more positive future for themselves, family and those around them. It centres around core issues, positive thinking, changes in attitude and positive behavioural change.

Life coaching uses a wellness-focused approach to support people affected by the legacy of the conflict. A structured framework builds self-care, responsibility and self-management into each session. The sessions ultimately seek to help the individual develop positive patterns in life, build resilience, tap into existing strengths and rediscover purpose in life.

Standard		What this means	What this might look like in practice	Linked Standard
<b>Criteria 7</b>		<b>Life Coaching</b>		
<b>C7.1</b>	The provision of life coaching services is in line with the providers' constitution and strategic direction.	The provision of life coaching 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 life coaching services support organisational objectives.	C1.1
<b>C7.2</b>	The provision of life coaching services is considered when assessing the organisation against Section 4	All criteria set out within the Section 4 applies to all relevant services within the organisation. It is essential therefore that each relevant service is considered when assessing the organisation against Section 4.	Evidence that Organisational Standards have been applied to life coaching services.	C1.1 – C4.13

	and other relevant standards.			
<b>C7.3</b>	Life coaching practitioner's should have a recognised coaching qualification (minimum 150 hours post-coaching training) and have a minimum of 150 hours post qualifying experience (or 75 hours if you are a qualified counsellor).	This is the minimum qualification and experience that personnel providing the service must have prior to beginning work on the contracted service.	Evidence of appropriately trained personnel.	C2.4
<b>C7.4</b>	Practitioners must be a member of a relevant professional body (for example: Association for Coaching, ICS, European Mentoring and Coaching Council or BACP Coaching Division).	A relevant professional body provides assurances that individuals have achieved a substantial level of experience and training which is approved by their member organisation.	Evidence of membership with a relevant professional body.	C2.4

<b>C7.5</b>	Personnel have experience of working with the organisations primary target group(s).	<p>Personnel should remain up to date with best practice guidance within their field.</p> <p>Organisations should recognise their limitation in relation to specific issues/target groups and refer/ signpost as appropriate.</p>	<p>Evidence of appropriately trained and experienced personnel.</p> <p>Evidence of individual and organisational continuing professional development in relation to the target group/organisational focus.</p>	C2.4 C3.7
<b>C7.6</b>	All clients requesting life coaching are responded to within a timely manner.	Response times will vary depending on the service provided. Providers must ensure that clients are responded to within the timeframes as detailed in any service delivery contracts held.	<p>Evidence that target times, as specified within individual service delivery contracts have been achieved.</p> <p>Providers have a contingency plan in place for clients where specified timeframes cannot be met.</p>	C1.1 C1.2 C1.3 C1.4 C2.3 C3.1
<b>C7.7</b>	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.”	Evidence of appropriate levels of supervision which is in line with the requirements of the relevant professional body.	
<b>C7.8</b>	Service providers and relevant personnel demonstrate an active	Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing.	Evidence that service providers promote and practice self-care.	

	commitment to self-care.			
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## **4. Advocacy Standards**

The provision of advocacy support in the victims sector in Northern Ireland encompasses issues of truth, justice and acknowledgement as well as welfare and mental health advocacy. In developing a set of standards in this area the Commission and the working group has attempted to produce a generic set of standards that apply equally to each of these areas, but take cognisance of the uniqueness of advocacy in the truth, justice and acknowledgement area.

### **The uniqueness of truth, justice and acknowledgement advocacy services in Northern Ireland**

Truth, justice and acknowledgement advocacy services can present a number of complex and significant challenges for all sections of society in Northern Ireland. The importance that truth, justice and acknowledgement has for both individuals and groups who have been directly affected by the conflict has been acknowledged, as has the need to deal with the past in a sensitive way in order to allow victims and survivors to progress.

In the Commission's 2012 Comprehensive Needs Assessment it was noted that, *“For victims and survivors of the Troubles, Truth, Justice and Acknowledgement are intense matters concerning their personal experience of violation, loss and indignity. This is a fundamental Area of Need for victims and the most contentious. It concerns the victim's sense of place in society that can seem eager to get back to normality. It concerns the victim's relationship with those who hurt them in ways that were brutal and deep. For ageing victims and survivors, especially, these are urgent matters that do not allow for the luxury of time. Truth, Justice and Acknowledgement are important to the health and integrity of our whole society and its future.”*

Providing advocacy services in this sector requires unique experience and skills and the nature of advocacy support for truth, justice and acknowledgement means that

services cannot be precisely prescribed or planned. For example, the length of an advocacy partnership varies greatly according to a number of factors, including: the individual's needs and preferences; complexity of the case; access to information; capacity of the advocacy service and capacity of statutory bodies. An advocacy partnership might involve a one-off meeting or may span multiple meetings over a number of years. Linked cases add a further layer of complexity and may involve multiple families, processes and organisations. There is a strong emphasis on the importance of trust and confidence within the advocacy partnership and this is often developed over a long period of time.

A small number of groups are currently funded to provide advocacy services to victims and survivors in Northern Ireland. A number of these groups have developed sophisticated and highly professional practice of providing advocacy services to victims and survivors and have developed unique expertise in the areas of transitional justice and human rights. These groups have been to the fore in developing a model of support that is victim centred and holistic. There is also a need to be trauma aware and trauma informed when providing services in this sector.

Minimum standards support organisations and their funders to ensure services that are fit for purpose and of high quality. They are also important in helping people who access services to have a clear understanding of what to expect. The Advocacy Network Northern Ireland (ANNI) has also produced a Code of Practice for Independent Advocates in 2014.

It is expected that over the next few years the demand for advocacy services will increase if political representatives agree a way forward on the Legacy issues. It is expected that advocates will be central in engagements with historical investigations and information recovery processes, for example, in terms of navigating complex legal situations and a changing landscape. Therefore, there is a need to provide a more comprehensive practice framework for advocates supporting victims and survivors. The aim is to ensure that service providers operate in a clear and

responsible way, adhering to a series of shared principles and standards and being able to evidence it.

## Welfare and Mental Health Advocacy

Equally, with the increase in welfare reforms and the development of a Mental Trauma Service, the demand for advocacy services in these areas is also likely to increase in the next few years from victims and survivors. Thus, the standards below have been written in such a way as to be inclusive of all these area under one set of standards for advocacy services. It is, however, acknowledged that these may require revising when specialised advocacy services become more established.

The Commission, therefore, proposes the following Standards for Advocacy Services in Northern Ireland:

### Criteria 8: Advocacy Standards

Standard	What this means	What this might look like in practice	Linked Standards
<b>C8.1</b> The provision of advocacy services is in line with the providers' constitution and strategic direction.	The provision of advocacy 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 advocacy services support organisational objectives.	C1.1
<b>C8.2</b> Advocacy personnel have a Level 3 Certificate in Independent Advocacy or working towards qualification (as	Qualifications may include Open College Network (OCN) advocacy courses, such as Level 3 Certificate in Independent Advocacy with Adults and Level 3 Certificate in Independent Advocacy with Adults (with	<ul style="list-style-type: none"> <li>- Evidence of appropriately trained personnel.</li> <li>- Evidence of relevant qualifications.</li> <li>- Evidence of attendance and successful</li> </ul>	C2.4

<p>set out in 8.3 below)</p>	<p>Advocacy Management Unit) for those in a position that includes managing advocates.</p> <p>For those delivering welfare advocacy services, advocates should complete either the Citizen's Advice Bureau WRAP course or similar standard offered by the Law Centre or Advice NI.</p> <p>For those delivering mental health advocacy services, advocates should complete Mental Health First Aid and Assist training.</p>	<p>completion of relevant training.</p> <ul style="list-style-type: none"> <li>- Continued Personal Development and training plans.</li> </ul>	
<p><b>C8.3</b> Unqualified Advocates should have a time framed action plan in place to work towards the qualification (or equivalent) accreditation within 2 years of commencement of employment.</p>	<p>Personal development and training plans are in place;</p> <p>Experienced staff who do not have formal qualifications should be offered the opportunity to have their experience accredited.</p>	<ul style="list-style-type: none"> <li>- Evidence of Core Induction Training;</li> <li>- Staff can describe how they are involved in identifying their needs and appropriate learning and development.</li> <li>- Copy of time framed action plan.</li> </ul>	
<p><b>C8.4</b> The Advocate is aware of risk factors relating to client groups and are competent in responding to risks should they be identified.</p>	<p>At times client risk may escalate, therefore it is essential that all relevant personnel involved in client care have the skills, knowledge and competency to identify and respond appropriately to any risks that arise and can effectively in line with organisations risk management protocols</p>		



	and to make referrals to a relevant professional.		
<b>Principle 1. Advocacy puts the people who use it first</b>			
<b>Standard</b>	<b>What this means</b>	<b>What this might look like in practice</b>	<b>Linked Standards</b>
<b>C8.5</b> Advocacy services are directed by the needs, interests, views and wishes of the people who use the services	<p>The organisation must be able to demonstrate that:</p> <p>It makes sure that advocates and their partners are clear about the role of the advocate and that sufficient time is taken to explain the service to new users</p> <p>The minimum of necessary bureaucracy is used</p> <p>It makes sure that advocates are recruited who can communicate with a range of people from different backgrounds and have completed relevant communication training. It has clear ways of managing the progress of advocacy relationships</p> <p>The advocates can demonstrate that they, and where possible, their partner are clear on the role of the advocate and that they represent the wishes and views of their partner, not their own interests or those of others.</p>	<p>Defined job/volunteering roles are in place</p> <p>Recruitment policies and procedures indicate and apply selection criteria for suitability for the role of advocate for truth and justice</p> <p>All who provide, use or refer to the service are clear on what the project delivers, how it delivers and the criteria used to assess suitability for the service.</p>	<p>C1.1</p> <p>C1.2</p> <p>C1.3</p> <p>C.1.4</p> <p>C.2.3</p> <p>C3.1</p>
<b>C8.6</b> Advocacy services help	The organisation must be able to demonstrate:	There are clear are criteria and processes	<p>C 3.1</p> <p>C 3.2</p> <p>C 3.3</p>

<p>people to have control over their lives and to be fully involved in decisions which affect them.</p>	<p>It makes sure that advocates understand their role in helping people make informed choices and decisions. It makes sure any person using advocacy, regardless of their communication needs, has an appropriate advocate matched to their needs</p> <p>It supports its advocates to find information for their partners.</p> <p>It has ways of checking whether advocacy helps people to influence the way decisions are made.</p> <p>The advocates can demonstrate that they try to help their partner get as much information as possible about available choices.</p> <p>They use different methods to explore choices and options, where appropriate.</p> <p>They try to make sure their partner understands the options and what might happen if they make those choices.</p> <p>They try to help their partner make informed decisions and choices.</p> <p>They help their partner try to influence the way decisions are made.</p>	<p>in place for assessing suitability for the service</p> <p>There is a process in place to ensure that the progress of the advocacy relationship is routinely monitored.</p> <p>Feedback is routinely sought from services users and used to inform monitoring</p> <p>Policy on accurate and appropriate records is in place and implemented to enable review</p> <p>There is a process in place to demonstrate that any conflict of interest is identified and addressed at the earliest possible opportunity</p>	
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<p><b>C8.7</b> Advocacy services have arrangements in place to make sure that people's rights are protected</p>	<p>The organisation must be able to demonstrate:</p> <p>Advocates receive appropriate training and information about relevant, up to date legislation and policy.</p> <p>It has ways of checking whether advocacy helps to protect and promote people's rights.</p> <p>The advocate must be able to demonstrate:</p> <p>They know about relevant legislation and policy and where to find out about it.</p> <p>They try to make sure their partner understands their rights.</p> <p>The organisation, its staff and volunteers are politically sensitive</p> <p>The mission statement assures service users that their rights will be protected</p>	<p>Personal development and training plans are in place; staff and volunteers can describe how they are involved in identifying their needs and appropriate learning and development.</p> <p>Evidence of Core Induction Training and appropriate qualifications: Qualifications may include Open College Network (OCN) advocacy courses, such as Level 3 (Independent Advocacy Management) and Level 4 (Understanding Advocacy in a Capacity Context).</p> <p>Evidence of training on different models of Advocacy</p> <p>Evidence that training is refreshed in line with best practice and legal requirements</p> <p>Staff/ volunteers can demonstrate an understanding of the context in which service users are seeking advocacy and can describe and how legislation and context impact on the service</p>	<p>C 1.4 C 2.4 C 3.1</p>
<p><b>C8.8</b> Advocacy services value the people who use the service and always ensures that</p>	<p>The organisation must be able to demonstrate:</p> <p>It has policies about treating everyone involved in the organisation with</p>	<p>Evidence of attendance and successful completion of relevant training and / or policies / procedures /</p>	<p>C 3.4 C 3.1</p>

<p>people are treated with dignity and respect.</p>	<p>respect and dignity and it makes sure that training is provided where needed.</p> <p>It shows the people who use the advocacy organisation in a positive and respectful way</p> <p>Practice is client led, flexible and allows time for reflection</p> <p>The advocate can show that their partner is given space and time to say what they think, can have their say in a number of ways and that the views of their partner are taken seriously and kept fully informed</p> <p>The service is offered in a safe environment and shows advocacy partners in a positive and respectful way.</p>	<p>protocols covered in staff induction e.g. equality and diversity, anti-racism, cultural awareness, sexual orientation and gender awareness.</p> <p>Feedback is routinely sought from services users and used to inform monitoring</p>	
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**Principle 2. Advocacy is accountable**

<b>Standard</b>	<b>What this means</b>	<b>What this might look like in practice</b>	<b>Linked Standards</b>
<p><b>C8.9</b> Advocacy services are accountable to the people who use the service</p>	<p>The organisation must be able to demonstrate:</p> <p>It makes sure that advocates receive appropriate training on their role.</p> <p>There is regular support and supervision or guidance for all advocates.</p> <p>It is aware of who uses advocacy and uses this information to identify</p>	<p>Personal development and training plans are in place; staff and volunteers can describe how they are involved in identifying their needs and appropriate learning and development</p> <p>Staff/volunteers can describe how managers lead and provide direction to enable the service to be delivered</p>	<p>C1.4</p> <p>C2.1</p>

	<p>gaps and inform development.</p> <p>It actively involves people who use the organisation in planning, managing, delivering and evaluating the service, wherever possible.</p> <p>It is open about the way it makes decisions and the work it is going to do and is able to support, staff, volunteers and service users in engaging with new challenges</p> <p>It has a simple, clear complaints policy and everyone involved with the organisation has been told about it.</p> <p>It is aware of and communicates constraints which cannot be influenced</p> <p>It makes sure that people using advocacy can say what they think about the support they get.</p> <p>It has an independent evaluation carried out at least every 3 years and the organisation can identify what outcomes can effectively be captured</p> <p>The advocates can demonstrate accountability to their partner and the advocacy organisation</p>	<p>A code of conduct and handbook is in place including complaints procedure, and evidence of how it has been implemented and explained to service users</p> <p>Evidence that service users have had an opportunity to feedback in a manner that is appropriate to their needs</p> <p>An independent evaluation is carried out every 3 years</p> <p>Evidence of completion of Safeguarding Adults at Risk Training</p> <p>Policy on accurate and appropriate records is in place and implemented to enable review</p>	
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	<p>Advocates can demonstrate that everyone they support knows how to make a complaint about the advocacy they receive and that when advocating for people who lack capacity or are not able to communicate clearly they work according to relevant legislation, and may need to consider the views of friends, family and others.</p>		
<p><b>C8.10</b> Advocacy services are accountable under the law.</p>	<p>The organisation must be able to demonstrate:</p> <p>Advocates receive appropriate training on relevant legislation and policy.</p> <p>Appropriate policies and procedures are in place to ensure that everyone is working within the law.</p> <p>It follows relevant legislation; that advocates always follow the law and do not assist their partner to break the law.</p>	<p>Personal development and training plans are in place; staff and volunteers can describe how they are involved in identifying their needs and appropriate learning and development</p>	<p>C 1.4 C 2.4</p>
<p><b>C8.11</b> Advocacy services must have in place effective management and governance arrangements</p>	<p>The organisation must be able to demonstrate:</p> <p>It tries to make sure it has enough resources to do its work properly.</p> <p>It seeks funding from a variety of sources.</p>	<p>Line management /support and supervision structures and policies are in place for all staff/volunteers</p> <p>Evidence of regular meetings and how decisions are made</p>	<p>C 1.1 C 2.4</p>

	<p>It has its own Constitution and management structure.</p> <p>It has relevant policies and procedures.</p> <p>It is accountable to its funders, providing reasonable information to them, bearing in mind confidentiality.</p> <p>It does not enter into any agreements that contradict the Principles and Standards for Advocacy and therefore compromise the ethos of the organisation.</p> <p>It has a clear way of prioritising requests for advocacy within resources</p> <p>It offers a choice of advocate, where possible.</p> <p>It has ways of finding out advocacy partners' views on the advocacy they receive.</p> <p>It tells advocates about everything in the Service Level Agreement, Funding Contract or Grant that they need to know for their role.</p> <p>Advocates are aware of and abide by the policies of the organisation and the Principles and Standards for Advocacy.</p>	<p>Evidence of service users influencing and shaping the quality of the service</p> <p>A code of conduct and handbook is in place including complaints procedure, and evidence of how it has been implemented</p>	
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<b>Principle 3. Advocacy is as free as it can be from conflicts of interest</b>			
<b>Standards</b>	<b>What this means</b>	<b>What this might look like in practice</b>	<b>Linked standards</b>
<b>C8.12</b> Advocacy cannot be controlled by a service provider.	<p>The organisation must be able to demonstrate:</p> <p>It has its own Constitution and independent management structure.</p> <p>It does not enter into any agreements which unduly direct, influence or restrict the work of the organisation.</p> <p>It has clear policies and procedures in place about the things that advocates do and what to do in situations where service providers may try to direct what advocates do.</p> <p>Appropriate preparation and training is provided for advocates.</p> <p>It has procedures for identifying and managing any conflict of interest.</p> <p>They are not full members of the Board of Directors or Management Committee of the advocacy organisation.</p>	<p>Adopted Constitution, Memorandum of Articles signed</p> <p>Evidence of management committee / board setting strategic direction.</p> <p>All who provide, use or refer to the service are clear on what the project delivers, how it delivers and the criteria used to assess suitability for the service.</p> <p>Evidence of attendance at relevant training.</p> <p>Evidence of active communication where the individual concerned knowingly indicates consent</p> <p>Line management /support and supervision are in place for all staff/volunteers</p>	<p>C1.1 C2.3 C3.4 C3.8</p>
<b>C8.13</b> Advocacy looks out for and minimises conflicts of interest.	<p>The organisation must be able to demonstrate:</p> <p>Everyone involved in the organisation receives training, support and supervision or guidance on the importance of</p>	<p>Managers, staff and volunteers can describe how the organisation is run / managed and demonstrate that consistent methods and processes for overseeing the</p>	<p>C2.3 C3.2 C3.3</p>



	<p>independence and reducing conflicts of interest.</p> <p>It has clear policies and procedures on relationships established by advocates and what happens when boundaries are not clear or are crossed.</p> <p>It has clear guidance, policies and procedures on how everyone involved in the organisation can declare a conflict of interest and how this will be managed.</p> <p>It has a clear policy for declaring conflicts of interest to funders and commissioners and other relevant parties.</p> <p>The advocates can demonstrate that they are aware of boundaries in all the relationships, are aware of anything that may compromise their role as an advocate, and always tell the organisation and their partner about any conflict of interest.</p>	<p>organisation are employed</p> <p>Line management /support and supervision are in place for all staff/volunteers</p> <p>The Handbook for staff and volunteers includes a section on addressing conflicts of interest</p> <p>Information on service users should be recorded systematically</p> <p>Evidence that behaviours and /or practice have been challenged and managed eg complaints procedure/supervision meetings Evidence of risk assessment being carried out</p>	
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**Principle 4. Advocacy is accessible**

<b>Standards</b>	<b>What this means</b>	<b>What this might look like in practice</b>	<b>Linked standards</b>
<b>C8.14</b> Advocacy services reach out to the widest possible range of people,	The organisation must be able to demonstrate:  Advocacy is free to the people who use it.	Copies of relevant policies and procedures are in place  Evidence of attendance and successful	C3.1

<p>regardless of ability or life circumstances.</p>	<p>It tries to reach people who could benefit from advocacy, including those who may find it difficult to access advocacy themselves.</p> <p>It presents the community of interest in a positive and respectful way.</p> <p>It makes meeting with an advocate as easy as possible and with minimum necessary bureaucracy</p> <p>It has an equal opportunities policy and everyone within the organisation has received training on it and abides by it.</p> <p>The advocate must be able to demonstrate:</p> <p>They work with policies relating to equal opportunities and anti-discriminatory practice.</p> <p>They do not discriminate against anyone who uses or may benefit from advocacy.</p> <p>They always show a positive view of advocacy and follow the Principles and Standards for Advocacy.</p>	<p>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.</p> <p>Relevant personnel can describe and give examples of legislation including how it impacts on the service</p>	
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## **5. Social Support/Resilience Standards**

There is a considerable proportion of the community who currently avail of support services as a result of the conflict in Northern Ireland. The vast majority of social support and respite services provided to victims and survivors are delivered primarily by the voluntary and community sector and funded through the Victim Support Programme. These services include storytelling, remembrance, befriending, social activity and confidence building. Resilient communities depend upon people knowing about and being able to access local activities and services. The VSP programme enables groups to provide information and activities that promote mental health awareness, make information available, promotes good local networks and provides accessibility of support.

The Commission and the Working Group have developed a set of standards in relation to these areas and these are outlined below.

### **Criteria 9: Storytelling and Remembrance**

Storytelling and narrative work is a form of remembering that is frequently used in Northern Ireland as a vehicle for dealing with the past. It is viewed as valuable and also as a potentially difficult emotional process. Many feel that it is important to record and/or share the stories of the experiences of the conflict as an historical resource and a way of enabling society to examine the wealth of meaning and learning connected to the Troubles. It is also frequently suggested that the person telling their story can experience a degree of healing, if they are listened to in an empathic way. Equally, it is recognised that recounting painful experiences of the past can 'reopen old wounds'. In addition, some express concern that, unless a wide range of accounts are recorded and archived, a singular, exclusive narrative of the conflict will become dominant over time. This is particularly important to address for people who feel their experience of the Troubles has been ignored.

Storytelling and narrative work is also a common tool in other international post conflict settings. There is little record of impact assessment of the role of storytelling

and narrative work or research on the necessary elements of processes which ensure the most benefit to both those involved and the wider society. As a widely used form of dealing with the past, however, it clearly is valued by society.

In acknowledging both the importance and sensitivity of remembrance and storytelling, the Commission recommends that practitioners should take cognisance of the following standards;

### Criteria 9: Storytelling

	Standard	What this means	What this might look like in practice	Links to PHA Standards
<b>C9.1</b>	The organisation can describe and communicate a clear rationale and purpose for the service.	All who provide, use or refer to the service are clear on what the project delivers, how it delivers and the criteria used to assess suitability for the service.	Clear aims and objectives and referrals are provided to all potential users or referral agents.	C1.1 C1.2
<b>C9.2</b>	An effective organisational and management structure is in place to support the service.	The project has a clear governance and management structure to ensure safe practice and accountability to service users and funders.  The project has clearly defined roles and responsibilities in respect of Board/ Committee, Paid co-ordinator and Volunteer Coordinator.		C1.1 C1.2 C1.3 C1.4 C2.3
<b>C9.3</b>	Competence of personnel is developed and maintained.	All employees are up to date with current policy		C1.4 C2.3 C2.4

		issues and best practice guidelines.		
<b>C9.4</b>	Clear processes are in place for the identification and referral which takes into account a participant's needs and suitability for the service.	There are clear referral criteria, guidance on suitability and referral processes in place.	Referral Forms should be used and evidence that sufficient time is taken with new service users who are invited to tell their story to ensure that they are aware of the effects this may have and that any additional support needs are available.  Referral forms completed which ensure that participants give their informed consent.	C3.2
<b>C9.5</b>	Participants are fully briefed and/or prepared for their involvement in the service and understand how relationships will proceed.	All participants are aware of what the service can and cannot deliver and are clear on the nature of the relationship and the boundaries of the relationship.	The remit of the service is defined including the relationship and the boundaries that define the nature of the relationship.	C3.4
<b>C9.6</b>	Appropriate arrangements in place to safeguard the involvement of participants in the service.	Important that all service users are safe and protected.	Those collecting the stories should have Safeguarding Adults At Risk Training.	C3.4 C3.5 C3.6
<b>C9.7</b>	Personnel are aware of risk factors relating to participant groups and are competent in responding to	Efforts are taken to minimise harm and risk of harm for those who participate in and facilitate services	Training and supervision given to those engaging in storytelling to ensure that they	

	<p>risks should they be identified.</p> <p>Services and activities should ensure practical and emotional safety are considered.</p>	<p>and activities, while recognising that this may not always be possible.</p> <p>If concerns emerge steps must be taken to protect participant's emotional mental and physical health and well-being.</p>	<p>understand what the potential risks might be.</p> <p>The voluntary acceptance of the risks and benefits should be sought.</p>	
<b>C9.8</b>	<p>The Organisation responsible for the storytelling collection should have a policy in place for dealing with disclosures made by participants.</p>	<p>The participants should be informed about all the risks, statutory obligations and consequences of disclosure.</p> <p>Individual participants should be informed of the repercussions of disclosing personal information.</p> <p>Participants must be made aware of any policies and actions that might need to be taken in the event of disclosures.</p>	<p>Leaflets or guidance material should be made available to explain the process to participants.</p>	<p>C2.1 C3.1 C3.4 C3.5 C3.7 C3.8</p>
<b>C9.9</b>	<p>Participants are treated with dignity, respect and privacy and should include strategies that enable individuals to access further support, if required.</p>		<p>Facilitators should be trained</p> <p>Venues should where possible be selected with safety and neutrality in mind.</p> <p>Facilitators must also be carefully</p>	

			selected based on the needs of participants.	
<b>C9.10</b>	Services and activities must ensure free and informed consent.	Transparency about the process and how, when, where and by whom the story will be used.	As a first principle maintain confidentiality unless permission given otherwise.	
<b>C9.11</b>	Recording of Stories	Transparency on methods of recording stories	Facilitators should be competent in use of equipment to record stories	
<b>C9.12</b>	Transcription and Editing of Personal Stories	Participants should be aware of who is involved in the transcription of stories within the project.  Participants should play an active role in how their personal story is edited	Facilitators must be aware of issues such as unconscious advocacy and ensure complete transparency in the transcription and editing of stories.	
<b>C9.13</b>	Organisations should have a policy in place for the archiving of stories	Participants should sign archive agreement to ensure they are fully aware of storage of their story	Facilitators should implement the Archive Agreement Policy when the storytelling project is completed	

## Criteria 14: Befriending

Befriending is defined as a service for people who would benefit from a supportive friendship-based relationship or contact with trusted persons. The service is intended to help in one or more of the following ways: to prevent or alleviate isolation; to promote self-esteem and confidence; to support and help a person whilst they recover from an illness or distress; and to help a person cope with ongoing or deteriorating circumstances. Befrienders can also provide support through companionship, engagement in social or recreational activities or assistance with social tasks.

	<b>Standard</b>	<b>What this means</b>	<b>What this might look like in practice</b>	<b>Links to PHA Standards</b>
<b>C10.1</b>	The organisation can describe and communicate a clear rationale and purpose for the service.	All who provide, use or refer to the service are clear on what the project delivers, how it delivers and the criteria used to assess suitability for the service.	Clear aims and objectives and referrals are provided to all potential users or referral agents.	C1.1 C1.2
<b>C10.2</b>	An effective organisational and management structure is in place to support the service.	<p>The project has a clear governance and management structure to ensure safe practice and accountability to service users and funders.</p> <p>The project has clearly defined roles and responsibilities in respect of Board/ Committee, Paid co-ordinator and Volunteer Coordinator.</p>	<p>There is a recruitment and selection process in place for potential Befrienders and coordinators.</p> <p>All befrienders are supervised by a coordinator. The coordinator has external supervision. The coordinator provides a befriending report at each board/committee meeting.</p>	C1.1 C1.2 C1.3 C1.4 C2.3



			Suitable insurance is in place to cover service users, Befrienders and the organisation.	
<b>C10.3</b>	Competence of personnel is developed and maintained.	All befrienders are up to date with current policy issues and best practice guidelines.	All befrienders and coordinators have an annual review where skills and training needs are assessed and appropriate training arranged for the individuals.	C1.4 C2.3 C2.4
<b>C10.4</b>	Clear processes are in place for the identification and referral which takes into account a client's needs and suitability for the service.	There are clear referral criteria, guidance on suitability and referral processes in place.	Referral forms completed which includes all the criteria requirements that ensure an objective assessment is made against the set criteria.  The coordinator visits and assesses the client and completes the client details form which identifies individual needs.	C3.2
<b>C10.5</b>	Service users are fully briefed and/or prepared for their involvement in the service and understand how relationships will proceed.	All befriendees are aware of what the service can and cannot deliver and are clear on the nature of the supportive relationship and the boundaries of the relationship.	The coordinator at the first visit outlines the remit of the befriending service including the befriending relationship and the boundaries that define the nature of the relationship,	C3.4

<b>C10.6</b>	<p>Appropriate arrangements in place to safeguard the involvement of participants in the service.</p>	<p>Important that all service users are safe and protected.</p>	<p>All befrienders will have monthly supervision with the coordinator.</p> <p>The coordinator will also keep contact with the befriender to ensure they are satisfied with the Befriending Service.</p> <p>All befrienders will have Safeguarding Adults At Risk Training</p>	<p>C3.4 C3.5 C3.6</p>
<b>C10.7</b>	<p>Befrienders receive comprehensive accredited training and preparation so that they can offer effective and safe support to service users.</p> <p>Coordinators receive comprehensive accredited training in addition to the initial accredited training for Befrienders.</p>	<p>It is important that befrienders are confident and competent in their role to ensure safe practice.</p> <p>The organisation can demonstrate that Coordinators are confident and competent in their role to ensure Befrienders are providing safe practice.</p>	<p>The accredited training programme should be comprehensive enough to ensure all aspects of the befriending relationship are covered.</p> <p>Training providers should ensure that there is a comprehensive range of training methods to make it suitable for a diverse group of volunteers with various degrees of ability and skill.</p> <p>The training programme should include all aspects of the role including</p>	

			<p>management and support of befrienders, administration, supervision and monitoring and evaluation.</p> <p>All befrienders will have Safeguarding Adults At Risk Training</p> <p>Arrangements should be in place and made available where advice can be sought if an issue of concern for service users arises.</p>	
<b>C10.8</b>	Clear and consistent process in place for matching service users with volunteer befrienders.	The befriender/befriendeed relationship is the core of the service, thus ensuring that the best possible match is made, is vital for the supportive relationship to develop.	<p>The coordinator when assessing the befriendeed will identify hobbies, interests etc. and will then identify from the current befrienders who would be best suited to develop the supportive relationship.</p> <p>Gender and age should be taken into account.</p> <p>The relationship is then monitored by the coordinator.</p>	C2.1
<b>C10.9</b>	Ongoing supervision, by a relevant qualified	The coordinators need specific support and information	The external supervisor should have a	C2.3

	Health and Social Care Professional.	<p>pertaining to mental health and older peoples issues/concerns.</p> <p>Safe practice and guidance to befrienders by co-ordinators is paramount.</p>	<p>relevant experience in clinical supervision such as Mental Health Nursing, Approved Social Worker or Clinical Psychologist to ensure co-ordinators are supported to address in a safe and appropriate manner, complex issues that arise.</p> <p>The external supervisor should also be competent in research, data monitoring and impact measurement.</p>	
<b>C10.10</b>	The progress of relationships are regularly and routinely monitored to determine whether they are functioning successfully and desired outcomes are being achieved.	It is important that the relationship is beneficial to the befriender and that the befriender is comfortable with the progress of the relationship.	<p>The relationships will be addressed through individual monthly supervision with the befriender where the befriending objectives are reviewed to measure the progress against targets. Contact sheets will assist with this task.</p> <p>The coordinator will also contact the befriender within 1 month, 3 months, 6 months and will</p>	

			also visit annually as part of the befrienders annual review.	
<b>C10.11</b>	The overall effectiveness of befriending as an intervention is evaluated through monitoring and impact measurement to improve service delivery, outcomes and service user expectations.	The outcomes, outputs and impact of the service should be monitored to ensure the effectiveness of the service and value for money.	<p>Monthly monitoring returns are recorded and returned to external supervisor on template provided.</p> <p>Databases are updated and sent to external supervisor bi-monthly.</p> <p>Case studies and personal profiles are recorded and personal feedback on progress in achieving goals is sought from all befriendees and from relatives or carers as appropriate.</p> <p>Annual report is completed on the service by the external supervisor.</p>	

## Criteria 11: Social Activity and Confidence Building

Social activity or networks of support have been identified as a key component in providing assistance to those affected by the Troubles. This network would include a support group that meets on a regular basis to share experiences and provide support to each other or a group that meets to develop networks of support with individuals from outside their organisation.

	Standard	What this means	What this might look like in practice	Links to PHA Standards
<b>C11.1</b>	Services and activities are driven by the needs of participants.	Activities should be effective, efficient and empowering to encourage social support.	<p>The organisation should access information about the types of support that might be of value to individuals with differing support needs</p> <p>The service should consult service users as to their needs and reviewing with users how the provision meets those needs.</p> <p>Feedback is regularly sought from service users and relatives/ carers as appropriate.</p> <p>Relatives/carers should be consulted if this seems appropriate in determining the service offer.</p>	

<b>C11.2</b>	Services and activities should ensure that participants are treated with dignity, respect and privacy.	<p>All groups should establish ground rules to ensure that participants are treated with respect and dignity and identify ways of dealing with conflict.</p> <p>Accessibility issues and needs should be fully considered and addressed.</p>	<p>All staff and volunteers have completed Safeguarding Adults at Risk Training and training in basic group dynamics.</p> <p>The environment in which the service is being carried out should be assessed for accessibility and provision of adaptive resources should be fully considered.</p> <p>Risk assessments should be carried out as appropriate taking account of factors (age, disability) which indicate need for additional carer support or adaptations.</p>	C2.1 C2.4 C3.1 C3.4
<b>C11.3</b>	Services and activities should ensure that the social activity environment is safe.	Health and safety requirements should be fully considered.	<p>Health and safety checks should be carried out within the environment.</p> <p>Ongoing attention should be paid to possible hazards.</p> <p>Up to date information should be provided on the health and safety policies and procedures for the activity environment.</p>	C1.2 C1.4 C3.6 C3.7

<b>C11.4</b>	Services should enable individuals to access further support, if required.	The project or organisation can recognise the limits of their service and refer and/ or signpost users to further services where appropriate.	Staff and volunteers need to be trained to identify where support is required and can be accessed for issues such as psychiatric conditions, alcohol and substance misuse or social issues.	C2.4 C3.3 C3.4 C3.5 C3.8
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### Members of the Working Group

At the April 2015 meeting of the Victims and Survivors Practitioners Working Group, facilitated by the Victims and Survivors Service, members highlighted that the 2011 Minimum Standards Framework required revision to reflect practice within the sector. As a result the Commission requested volunteers at the June 2015 meeting to assist with the first consultation exercise.

#### Practitioners

- Belfast Health and Social Care Trust;
- 2x Bridge of Hope (a department of Ashton Community Trust);
- Cruse Bereavement Care in Northern Ireland;
- East Belfast Community Counselling;
- Holy Trinity Counselling; and
- Lenadoon Counselling.

#### Victims and Survivors Service

- x2 staff; and
- x1 Board.

#### The Executive Office

- x2 staff.

#### Commission for Victims and Survivors

- Adrian McNamee; and
- Peter Mann.