



Minimum Practice Framework for services
being provided by organisations within the
non-statutory sector

OCTOBER 2011

Contents

	<u>Introduction</u>	<u>Page number</u>
1	Overarching standards	3 - 5
2	Health & Wellbeing	6 - 9
3	Truth, Justice and Acknowledgement	10 - 14
4	Social Support	15 - 20
5	Personal and Professional Development	21
6	Governance	22 - 23
Appendices		
A	Membership of Standards Working Group	24
B	Guidance on Levels of Governance	25
C	List of Consultees	26

Introduction

In August 2009, the Office of the First Minister and deputy First Minister issued a consultation paper on the development of a new service for Victims and Survivors. In December 2009, OFMDFM published a strategy outlining a new Service which would be independent of Government with regard to its day-to-day operations and would replace a number of existing funding streams in the sector both for individuals and groups/organisations.

Work is progressing within OFMDFM to establish a new Service for Victims and Survivors that will provide support to individual victims and survivors and also to groups/organisations that provide services within the sector. There is a ministerial commitment that the new Service will be operational by 1 April 2012.

OFMDFM's aim is to establish a service that will listen to and be responsive to the needs of victims and survivors. Support will be provided to victims and survivors based on an individual assessment which will identify and agree need.

The following key principles will apply to the new service:

- Better co-ordination of funding;
- More efficient use of resources;
- Sustainability;
- To make use of and improve upon good practice in the sector;
- To obtain better information on outputs;
- To collate information on individual needs; and
- Better evaluation of service provided.

An important element of this work is the identification and agreement of a minimum practice framework for the Sector. OFMDFM sought the assistance and co-operation of the Commission for Victims and Survivors in this regard.

The Commission, in turn, established a Working Group comprised of individuals from across Northern Ireland with a particular skills base, experience and expertise. The names and short biographies of the Working Group are listed in Appendix A.

The Working Group met on four occasions between August 2011 and October 2011, to draft a minimum practice framework for services to be provided in the community and voluntary sector under the new system with the Chair of the Working Group meeting Commission staff regularly during this period to review progress.

The Group recognised the importance of its work and took great care to ensure that existing good practice in the sector, built up over many years of assiduous hard work and fine-tuned by experience and practice, was recognised and enshrined in the framework document.

The Group compiled a draft document which proposed a minimum practice framework in relation to the following five areas:

- Health and Wellbeing – Complementary Therapies, Counselling and Psychotherapies
- Truth, Justice and Acknowledgement - Remembrance, Storytelling, Support for Truth Recovery and Justice, Cultural Diversity and Advocacy
- Social Support – Befriending, Social Activity, Confidence Building and Pastoral Care
- Personal and Professional Development - Education, Training and Personal Development
- Governance

Four of the areas identified above were areas of need within the Commission's own Comprehensive Needs Assessment (CNA) Phase I report and reflected the guidance given to the Commission by the Office of the First Minister and Deputy First Minister for the compilation of standards for the proposed new service. The definitions of the terms used throughout this document can be found in the relevant chapters of the CNA report.

Governance practice was also addressed within this framework.

The Working Group also recognised that this was an important document to get right as it would identify the areas of service provision, together with the minimum practice framework that would need to be met, in order for groups to access public funds from the new Victims Service.

The Group believed that it was essential to consult the sector and the draft document was subject to a brief consultation period within the constraints of the timescale established by OFMDFM. Three public consultation meetings were held:

- Tuesday 6 September 2011 – Coleraine
- Thursday 8 September 2011 – Dungannon
- Wednesday 14 September 2011 – Belfast

Consultees were also afforded the opportunity to submit their comments and observations in writing to the Commission. The Working Group then considered the issues that were raised and re-drafted some of the standards and principles to reflect the views of those who contributed to the consultation. The revised document was then shared (electronically) with those who had previously attended the consultation meetings and also with those who had provided written responses.

Although this framework outlines minimum practice and standards, it is acknowledged that many services are currently delivered at a level above this minimum. The minimum standards are exactly that – the minimum level required in order to qualify for funding from the Victims and Survivors Service for service provision.

The Working Group is committed to working further with the Commission on the issues and will produce an optimum practice framework for the sector over the coming months at the request of OFMDFM.

It will also be examining if any skills gap exists within groups in meeting the minimum levels and advise the Commission accordingly. Then, collectively, we will examine what is required for the sector to move to the optimum level so that together we can work towards delivering the best services possible for victims and survivors in the coming months.

I would like to put on record my appreciation and that of my colleagues on the Working Group to the staff from the Commission's Secretariat who were assigned to this specific task and worked alongside us very closely to get to this particular stage when we are ready to submit this document to you for your consideration and then to OFMDFM. We are very appreciative of the support, encouragement, and assistance of Adrian McNamee, Neil Foster, Gary Mullan and Laura Kennedy in this challenging undertaking.

Finally a word of thanks to my colleagues on the Working Group for their valued and valuable contribution to the development of these minimum practice guidelines which completes Phase 1 of its' work.

**Seán Coll
Chair**

October 2011

1. Overarching standards

There are a number of standards which apply throughout all the areas identified within this document and these include Legal Requirements, Background Checks and Insurance Indemnity Cover.

1.1. Minimum Standards

1. Legal Requirements

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, charities and any other relevant legislation.

2. Background Checks

Groups are required by law to consider the suitability of volunteers/staff for certain positions and to ensure that they are not barred from working with vulnerable groups. In order to comply with this requirement, Enhanced Disclosure AccessNI checks must be completed, particularly where volunteers/staff are working with vulnerable adults, people with learning disabilities or children. References must also be sought and checked.

3. Insurance

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

4. Professional Standards/Guidelines

Where other professions are engaged by organisations/groups to deliver or provide services (for example; psychiatric nurses, clinical psychologists, social workers etc), they must adhere to the regulations of their regulatory/registered body or association.

NICE guidelines should be considered where they exist for a particular condition.

1.2. Governance

Practitioners working within groups or as individuals must adhere to policies and procedures regarding corporate governance. A minimum practice framework for these is detailed within the Governance section of this document.

Appendix B provides detailed guidelines for voluntary and community groups/organisations in relation to suggested levels of governance required. These should be considered in proportion to the level of services being provided.

2. Health & Wellbeing

The conflict in Northern Ireland embedded a legacy of psychological trauma, physical injury and mental ill-health as a consequence of decades of violence, bereavement, intimidation and displacement.

Services currently delivered by victims groups represent an important source of support to improving health and well-being. This includes the provision of services such as Complementary Therapies, Counselling and Psychotherapies which are routinely provided by voluntary and community groups to victims and survivors.

2.1. Complementary Therapies

Complementary therapies include holistic and wellbeing treatments. Current research indicates that these types of treatment are delivered to victims and survivors by a number of groups within the voluntary and community sector. For example, the therapies/treatments may include; acupuncture, chiropractic, osteopathy, homeopathy, reflexology, aromatherapy and massage. This list is not exhaustive. In order to provide a consistent approach for the delivery of these therapies and treatments by groups making application to the Victims Service for funding, the following standards must be adhered to:

2.2. Minimum Standards

- | |
|---|
| <ol style="list-style-type: none">1. Practitioners must be a member of a relevant professional body.2. Practitioners should be subject to regular supervision in the context of which continuing professional development should be addressed. |
|---|

2.3. Counselling

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 groups within the voluntary and community sector provide counselling services to victims and survivors utilising a range of counselling approaches. Also noted are varying needs which may require specialist counselling such as for children, vulnerable adults or families. In order to ensure a consistent approach for the delivery of counselling services the following standards must be adhered to:

2.4. Minimum Standards

Practitioners must have;

1. At least 300 supervised practice hours (including hours accumulated during training and within 2 years of completing a formal course in counselling)
2. Be accredited with one of the following professional bodies;
 - British Association for Counselling and Psychotherapy
 - Irish Association for Counselling and Psychotherapy
 - United Kingdom Counsel for Psychotherapy
 - British Psychological Society
 - British Association of Psychotherapists
 - British Association Behavioural and Cognitive Psychotherapies
 - Psychological Society of Ireland
3. Or be eligible for accreditation with one of the bodies above (to be achieved by April 2014 or within a 2 year period of course completion)

2.5. Psychotherapies

Throughout the past decade, 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 and Humanistic Therapy.¹

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. The following standards must be adhered to in the delivery of psychotherapies:

¹ These were the four main schools of psychotherapy that were outlined within the DHSSPS document, 'A Strategy for the Development of Psychological Therapy Services' June, 2010.

2.6. Minimum Standards

1. Practitioners must have completed full post graduate Psychotherapy training to National Qualifications Framework (NQF) / Qualifications & Credit Framework (QCF) / Framework for Higher Education Qualifications (FHEQ) Level 7
2. Practitioners should be subject to regular supervision.
3. Practitioners must be fully registered members and be accredited with one of the following professional bodies.
 - Association of Child Psychotherapists
 - Association of Systemic and Family Therapists
 - British Association Behavioural and Cognitive Psychotherapies
 - British Association for Counselling and Psychotherapy
 - British Association of Psychotherapists
 - British Psychological Society
 - Health Professions Council
 - Irish Association for Counselling and Psychotherapy
 - Irish Council of Psychotherapy
 - Psychological Society of Ireland
 - UK Council for Psychotherapy
 - United Kingdom Association for Counselling and Psychotherapy

3. Truth, Justice and Acknowledgement

The issues of truth, justice and acknowledgement 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.

3.1. Remembrance, Storytelling and Support for truth recovery and justice

In acknowledging both the importance and sensitivity of remembrance, storytelling and support for truth recovery, practitioners should take cognisance of the following principles;

3.2. Principles

1. Efforts are taken to minimise harm and risk of harm for those who participate in and facilitate services and activities, while recognising that this may not always be possible.
2. Services and activities are driven by the needs of the victims/survivors participating.
3. Services and activities encourage a constructive and respectful way of dealing with the past in order to build for the future.
4. The services and activities must ensure free and informed consent by:
 - a) the disclosure to participants of information about the risks, statutory obligations, consequences and benefits;
 - b) being transparent about the process and how, when, where and by whom the story will be used;
 - c) the understanding by participants of the information above; and
 - d) the voluntary acceptance of the risks and benefits should be sought.
5. Services and activities should ensure practical and emotional safety are considered; that participants are treated with dignity, respect and privacy and should include strategies that enable individuals to access further support, if required.

3.3. Advocacy Services

Advocacy covers a broad spectrum of services carried out by individuals and groups. Advocacy services are offered and delivered by a number of groups who assist victims and survivors with their day to day needs by advocating on their behalf in a number of different areas.

Within the victims and survivors sector advocacy services are predominantly delivered within the areas of truth and justice, mental health and welfare support. Therefore, this minimum practice framework considers the required minimum principles in each of these areas and proposes the following:

3.4. Advocacy for Truth, Justice and Acknowledgement

The following principles must be adhered to:

3.5. Principles

1. Advocacy puts the people who use it first
 - a) Advocacy is directed by the needs, interests, views and wishes of the people who use it
 - b) Advocacy helps people to have control over their lives and to be fully involved in decisions which affect them
 - c) Advocacy tries to make sure that people's rights are protected
 - d) Advocacy values the people who use it and always treats people with dignity and respect
2. Advocacy is accountable
 - a) Advocacy is accountable to the people who use it
 - b) Advocacy is accountable under the law
 - c) Advocacy is effectively managed
3. Advocacy is as free as it can be from conflicts of interest
 - a) Advocacy outcomes should not be directed by the service provider
 - b) Advocacy looks out for and minimises conflicts of interest
4. Advocacy is accessible
 - a) Advocacy reaches out to the widest possible range of people, regardless of ability or life circumstance

3.6. Advocacy for Mental Health

The Department of Health, Social Services and Public Safety (DHSSPS) has produced "A draft Policy for Developing Advocacy Services – A Guide for Commissioners." This document reflects the growing recognition of the value of advocacy services both in terms of protecting the human rights of the most vulnerable in society and tackling inequalities in health and social care.

The document identifies Advocacy Service Delivery Principles and the Commission would propose that where advocacy support is provided or funded by the Service in relation to mental health that these principles and standards should apply as a minimum standard. (As these principles and standards are still at the consultation phase they are still liable to change as part of that process).

3.7. Principles

1. Clarity of purpose
 - a) The advocacy service has clearly stated aims and objectives that communicate to users and other relevant stakeholders the scope and limitations of the service.
2. Independence
 - a) The advocacy service is as free from conflict of interest as possible both in design and operation, and actively seeks to reduce conflicting interests.
3. Putting People First
 - a) The advocacy service is directed by the needs, interests, views and wishes of the people who use it to enable them to have control over their lives and to be fully involved in decisions which affect them.
 - b) The advocacy service values the people who use it and always treats people with dignity and respect.
 - c) Advocates ensure that information concerning the people they advocate for is shared with these individuals and is used for assessing the service.
 - d) Advocates represent the views of the individual whether they agree with them or not.
4. Empowerment and Enablement
 - a) The advocacy service supports self-advocacy and empowerment through its work.
 - b) Where an individual lacks capacity, ethical guidelines are used to inform decisions about advocacy activities.
 - c) The advocacy service ensures that people who want to can influence and be involved in the running and management of the service.

5. Accessibility
 - a) The advocacy service reaches out to the widest possible range of people, regardless of ability or life circumstances and actively seeks out those that are most vulnerable or at risk of being excluded
 - b) The advocacy service aims to ensure that its premises, policies, procedures and publicity materials promote access for the whole community.
6. Supporting advocates
 - a) The advocacy service provider ensures that advocates, paid and volunteers, are prepared, trained and supported in their role and provided with opportunities to develop their skills and experience linked to the aims and objectives of the service.
7. Accountability
 - a) The advocacy service is accountable to the people who use it and operates within the law.
 - b) The advocacy service is effectively managed and has in place systems for the effective monitoring and evaluation of its work.

3.8. Advocacy for Welfare Support

Welfare Support provided to individuals within the victims and survivors sector is an integral part of many voluntary and community groups support activities. It is also recognised that the statutory sector is responsible for the provision of welfare benefits to individuals.

However, research has identified that many individuals require assistance with welfare matters and this advice and support is provided through the voluntary and community sector. In addition to the principles cited under Advocacy for Truth, Justice and Acknowledgement in Section 3.5 above, and in order to provide a consistent approach in the delivery of welfare support, the following principles must be adhered to:

3.9. Principles

1. Staff to be trained in facilitation and delivery of welfare advice as appropriate to the requirements of the organisation. This may include welfare benefits advice and also an awareness of other areas of advice relevant to the victims/survivors sector.
2. Staff should be able to advocate on behalf of clients in a variety of ways including by phone, in writing or representation.
3. Organisations involved in welfare advice should maintain professional standards be a member of an appropriate regional membership organisation and comply with the criteria of that organisation.
4. Providers of advice and information should have adequate insurance.
5. Policies, procedures and protocols in place to enable appropriate referrals to be made to and from the statutory and voluntary sector.
6. Staff should be in receipt of the most up to date information and developments in welfare advice from relevant sources/agencies, have access to support and ongoing training.
7. The service should be free, accessible, impartial and confidential.
8. Accurate records of the provision of advice should be kept.
9. Where social policy issues arise in the provision of welfare advice which is relevant to the victims/survivors sector active steps should be taken to raise these issues at a wider level to facilitate change.

4. Social Support

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. The Phase I CNA Report found that there remains a need for support services such as Befriending, Social Activity and Confidence Building to be sustained.

4.1. Befriending

A Befriending service is;

1. A service for people who would benefit from supportive friendship based relationship or contact with trusted persons
2. A service that is provided by befrienders working or volunteering with an organisation that is providing a befriending service
3. A service which is intended to help in one or more of the following ways;
 - a) To prevent or alleviate isolation
 - b) To promote self esteem and confidence
 - c) To support and help a person whilst they recover from an illness or distress
 - d) To help a person cope with ongoing or deteriorating circumstances
4. A service where befrienders provide support through companionship, engagement in social or recreational activities or assistance with social tasks.²

² "Contributing to Well Being; Standards for Listening Ear and Befriending Services: Fermanagh, Omagh and Strabane L.S.P's and Sperrin Lakeland Trust", February 2006, Part 3, page 11

4.2. Minimum Standards

Befrienders (individuals)

All those who wish to become befrienders must complete an appropriate accredited training programme which must include the following keys areas of training:

1. Defining befriending;
2. Building relationships;
3. Listening and communicating;
4. Boundaries and confidentiality;
5. Attitudes and values;
6. Endings; and
7. Support for befrienders.

Befrienders must adhere to policies and procedures regarding administration, training, refresher training and external supervision in line with any future capacity building programme provided by the Service.

Co-ordinators for the befriending service must undertake an appropriate accredited training course. In addition to the initial accredited training for 'befrienders' further accredited training must be completed into the following areas:

1. Introduction to befriending;
2. Policies and procedures;
3. Management and support of befrienders; and
4. Supervision.

Co-ordinators should avail of updated training in respect of any new policies or where it becomes evident that refresher training is required. Co-ordinators should also review their training in relation to any future capacity building programme provided by the Victims Service.

Organisations providing Befriending services should adhere to the following standards:

1. *"Contributing to Well Being; standards for Counselling, Listening Ear, and Befriending Services: Fermanagh, Omagh and Strabane L.S.P's and Sperrin Lakeland Trust"*; and
2. *"The Gift of Time"* Service standards as endorsed by the Community Relations Council
 1. Have clear organisational arrangements
 2. Define who is supported by the service
 3. Define the needs of those to be supported by the service
 4. Define how befrienders can be of help
 5. Define what befrienders should not do
 6. Define when (days and times) service should be provided
 7. Define where should service be provided
 8. Define how organisation will provide the service if demand is greater than befrienders can meet

9. Define records that will be made with contact of service users and where they will be kept
10. Define arrangements in place when a user has a need that requires referral to other related services.
11. Befrienders should;
 - Know what is expected of them
 - Have clearly specified lines of support
 - Are trained for the duties they are required to undertake
 - Are effectively supervised
 - Have safe working conditions
 - Are insured
 - Know their rights and responsibilities if something goes wrong
 - Are paid reasonable expenses where appropriate
 - Are not subjected to actions or decisions that unfairly discriminate against them
12. Define how organisations will recruit
13. Define what qualities are required
14. Define what training will be provided
15. Define guidance provided for befrienders
16. Define, if appropriate, how to match befrienders with service users
17. Define how befrienders will be supported
18. Ensure suitable insurance is in place to cover service users, and befrienders and the organisation
19. Define if befrienders will be paid to cover expenses
20. Handling difficulties
 - Complaints by service users
 - Complaints befrienders
 - Dealing with breaches of guidance by befrienders
 - Dealing with risks
21. Define how the organisation will determine how well it is doing
22. Define how service users access the service
23. Define how the organisation determines how the service user should receive the service they have requested or been referred to.
24. Define if the service user will have to pay for the services
25. Define how service users will receive information about the service

And “The Gift of Time” Service standards as endorsed by the Community Relations Council:

1. Ongoing training and supervision for befrienders and coordinators.
2. Procurement of external supervisors - through advertised tendering process.
3. Procurement of befriending and coordinating training is through advertised tendering process.

4.3. Listening Ear

A listening ear service is defined as;

1. A service for people who would benefit from being able to share concerns and explore options and solutions confidentially with trusted persons.
2. A service that is provided by listeners working or volunteering with an organisation that is providing a listening ear service.
3. A service which is intended to assist by providing a trusted opportunity for confidential, informal and solution-focused conversations about needs and concerns identified by the person who is seeking support.
4. A service that is provided through telephone or face to face contact.³

4.4. Minimum Standards

Organisations providing Listening Ear services should adhere to the following standards:

1. Organisations providing listening ear services should adhere to the following standards; Standards that should be followed are outlined in *“Contributing to Well Being; Standards for Counselling, Listening Ear and Befriending Services: Fermanagh, Omagh and Strabane L.S.P’s and Sperrin Lakeland Trust”*; February 2006.
2. Have clear organisational arrangements
3. Define who is supported by the service
4. Define the needs of those to be supported by the service
5. Define how listeners can be of help
6. Define what listeners should not do
7. Define when (days and times) service should be provided
8. Define where should service be provided
9. Define how organisation will provide the service if demand is greater than listeners can meet
10. Define records that will be made with contact of service users and where they will be kept
11. Define arrangements in place when a user has a need that requires referral to other related services.
12. Listeners should;
 - Know what is expected of them
 - Have clearly specified lines of support
 - Are trained for the duties they are required to undertake
 - Are effectively supervised
 - Have safe working conditions

³ *“Contributing to Well Being; Standards for Listening Ear and Befriending Service: Fermanagh, Omagh and Strabane L.S.P’s and Sperrin Lakeland Trust”*, , February 2006, Part 3, page 11

- Are insured
- Know their rights and responsibilities if something goes wrong
- Are paid reasonable expenses where appropriate
- Are not subjected to actions or decisions that unfairly discriminate against them

13. Define how organisations will recruit

14. Define what qualities are required

15. Define what training will be provided

16. Define guidance provided for listeners

17. Define, if appropriate, how to match listeners with service users

18. Define how listeners will be supported

19. Ensure suitable insurance is in place to cover service users, listeners and the organisation

20. Define if listeners will be paid to cover expenses

21. Handling difficulties

- Complaints by service users
- Complaints by listeners
- Dealing with breaches of guidance by listeners
- Dealing with risks

22. Define how the organisation will determine how well it is doing

23. Define how service users access the service

24. Define how the organisation determines how the service user should receive the service they have requested or been referred to.

25. Define if the service user will have to pay for the services

26. Define how service users will receive information about the service

4.5. 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 conflict. An example of this form of network support would be a support group that meets on a regular basis to share experiences and share support to each other.

Another example would be a group that meets to develop networks of support with individuals from outside their organisation.

4.6. Minimum Standards

1. Services and activities are driven by the needs of participants
2. Social activity and support networks should promote wellbeing for participants.
3. Services and activities should ensure practical and emotional safety is considered; that participants are treated with dignity, respect and privacy and should include pathways that enable individuals to access further support, if required.

4.7. Personal Development

For the purposes of this minimum practice framework; personal development is defined as an individual's needs in relation services that identify, build and develop skills; builds abilities and aptitudes; builds and develops confidence or self esteem; allows people to explore their creativity; enables recovery; allows people to work as an individual or within a social or group setting; and allows for personal growth, self care and personal competence

4.8. Minimum Principles

1. Those delivering services in personal development must be appropriately qualified or have the necessary experience.
2. Determining who is appropriately qualified or has the necessary experience will be at the discretion of the organisation specific to their requirements.

4.9. Pastoral Care

Pastoral care is the 'ministry of care' and is provided by pastors, chaplains and other religious or faith leaders to members of their church or congregation, or to persons of all faiths and none within institutional settings. This can range anywhere from home visitation to formal counselling provided by those who are qualified to offer counselling services. Pastoral care is also a term applied where people offer help and caring to others in their church or wider community. Pastoral care in this sense can be applied to listening, supporting, encouraging and befriending.

4.10. Minimum Principles

1. Pastoral care activities funded by the Service must adhere to the appropriate standards or principles as outlined within this minimum practice framework, and also take cognisance of "Journey Towards Healing; A faith-based resource on trauma" issued by OFMDFM

4.11. Telephone Helplines – Minimum Principles

1. Organisations providing a telephone helpline service should adhere to standards as provided by The Helplines Association. The Helplines Standard defines and accredits best practice in helpline work.

5. Professional Development

It is acknowledged that victims and survivors have very specific needs in relation to professional development in the areas of education, training and employment. Evidence points to positive health and well being benefits, as well as positive economic benefits for those individuals who have engaged with personal and professional development services to date.

5.1. Education, Training and Employment

For the purposes of the minimum practice framework personal and professional development is defined as an individual's needs in relation to three areas, namely, education, training and employment. In terms of providing services to meet these needs, current provision would include examples such as;

Education – includes the provision of advice, guidance and information in relation to the availability of courses, academic advice and the provision of academic courses, funding, examination advice and guidance and assistance with enrolment forms in order to advance progression along the chosen educational path;

Training – includes the provision of advice, guidance and information on a host of training courses, for example business and self employment training, computer skills, trades and skills, access to and the provision of courses in order to facilitate progress in the chosen career or facilitate the return to work; and

Employment – includes the provision of information, advice and guidance in relation to careers advice, identifying skills, abilities and aptitudes, job searches, interview techniques, CV production, pursuing an active career, provision of information on employers, sign posting to professional bodies and assistance in completing employment application forms in order to facilitate employment progress.

5.2. Minimum standards

1. Those providing professional development services should be appropriately qualified within the National Qualifications Framework (NQF) / Qualifications & Credit Framework (QCF) / Framework for Higher Education Qualifications (FHEQ)
2. In determining who is appropriately qualified, this will be at the discretion of the organisation specific to their requirements.
3. Appropriate documentation of proof of qualifications should be provided
4. Education/training/courses should provide qualification within the NQF/QCF/FHEQ frameworks.

6. Governance

Governance is about ensuring that your organisation runs effectively and follows good practice.

6.1. Minimum standards

1. Management committee/board

- a) The appropriate policies and procedures for the management committee/board leadership must be in place with the acknowledgement of responsibilities and accountabilities. Induction packs would be useful to enable trustees to perform their duties and promote the interests of the group in line with good practice.
- b) Members of the management committee/board must not benefit from their position beyond what is allowed by their governing document and the law and only when it is in the interest of the organisation.
- c) The Management committee/board should ensure that they have appropriate insurances and comply with relevant requirements. This will be dependent on the size of the group and the services being provided. For example, employers' liability insurance, premises insurance, social support holiday insurance, business cover within car insurance policies for befriending visits etc.

2. Legal Requirements

- a) Organisations handling personal information about individuals have a number of legal obligations to protect that information under the Data Protection Act 1998. Therefore, organisations must have appropriate policies and procedures in place in relation to their responsibilities and obligations to data protection.
- b) Appropriate Enhanced Disclosure background checks through AccessNI must be completed.

3. Staff

- a) Appropriate policies and procedures for the management of staff/volunteers (where applicable) must be in place. This should include their contract of employment, terms and conditions of employment and relevant codes of practice etc.

4. Outsourced Contracts

- a) Appropriate policies and procedures must be in place for the contractual management of outsourced service providers, for example a Service Level Agreement or contractual arrangement following a competitive procurement exercise (where applicable). This will ensure value for money and optimum service provision may be achieved. For some mental health and well being services this will ensure adherence to professional body requirements (for example BACP, IACP etc). For other services i.e. book keeping and payroll services; the management committee remains accountable for all financial matters.

5. Financial

- a) Financial policies and procedures must be in place with clear allocation of roles/responsibilities.
- b) Fixed assets register to be maintained (where applicable).
- c) Regular formal management of finances/accounts must be undertaken with management committee/board and in accordance with the group's constitution/governing document.
- d) Policies and procedure to be in place in relation to the procurement and ordering of goods and services.

6. Risk Management

- a) Risk management policies and procedures should be managed in proportion to those services being delivered. A risk management register should be maintained.

Members of the Working Group

1. Joan Clements - Development Officer with Community Relations Council whose duties include the development of and overseeing the befriending service
2. Seán Coll - Community Victim Support Officer with the Western Health and Social Care Trust based in Enniskillen since September 2000 and chaired the Working Group
3. Mary Corry - Manager/Trauma Counsellor (IACP accredited) based in the Trauma Resource, Belfast Health and Social Care Trust.
4. John Foster - Clinical Services Manager Carecall, Northern Ireland Association for Mental Health.
5. Sheena Funston - Co-ordinator of the Western Health and Social Care Trust Trauma Advisory Panel since January 2000
6. Arlene Healey - Manager/Consultant Family Therapist in the Family Trauma Centre, Belfast.
7. Michaela Mackin - Director of the Funding and Development (Victims and Survivors Programme) at the Community Relations Council
8. Jean McMinn - Teaching Fellow at the School of Education, Queen's University Belfast and is a Senior Accredited Counsellor and Psychotherapist with BACP
9. Brenda Tighe - Senior Accredited Counsellor/Psychotherapist and Clinical Supervisor with BACP and IACP. She works within her Private Practice Counselling/Psychotherapy and Clinical Supervision in the Voluntary and Community Sector.
10. Kate Turner - Director of Healing Through Remembering, a Community-based Organisation.

From the Commission for Victims and Survivors

1. Brendan McAllister, Commissioner
2. Bertha McDougall, Commissioner
3. Patricia MacBride, Commissioner
4. Secretariat: Adrian McNamee - Head of Policy, Research and Development
Neil Foster - Research Officer
Gary Mullan - Policy and Development Officer
Laura Kennedy - Forum Manager

Guidance on Levels of Governance

Inadequate Levels of Governance (0)	Adequate Levels of Governance (1)	Robust Levels of Governance (2)
Below Level Required	Minimum Level	Optimum Level
No formal record of meetings with record of decisions	Some evidence of group keeping minutes of committee meetings	Clear evidence of record keeping with minutes of committee meetings and reporting of decision-making
No child protection/vulnerable adult policies	Group recognises need for child protection/vulnerable adult policies and have requested funding for same	Group has Child Protection & Vulnerable Adult policy
Group activities proposed do not correspond with that of their constitution/governing document	Group activities correspond with that of the groups' constitution/governing document	Group activities correspond with the groups' constitution/governing document
No policies re financial record keeping. No separation of duties/allocation of roles in relation to mgt of finance	Evidence that group has clear separation of duties and allocation of roles/responsibilities in relation to management of finance/spend.	Policies and procedures re financial records/accounting for finances with clear separation of duties, clear allocation of roles/responsibilities and regular formal reporting with management committee in accordance with governing document
No procurement policy in place	Policy/Compliance in relation to the procurement/ordering of goods/services.	Procurement policy in place for the ordering of goods and services
No policy re contractual management of outsourced providers (where relevant to services provided by group)	No policy re contractual management of outsourced providers (note this may not be relevant to the services provided by group)	Policies re contractual management of outsourced providers of services ensuring professional body requirements are addressed e.g. BACP/IACP
No Data Protection Policy (where relevant – group may not use computer to hold information)	No Data Protection Policy (group may not use computer to hold their information) however group holds confidential information safe/secure place	Policies re: Data Protection/security of confidential and IT management
No policies in place for staff (where relevant) or volunteers. Proportionate to the services provided by the group	No policies in place for staff (may not be relevant) or volunteers. Proportionate to the services provided by group. Policies/procedures in place for volunteer befriending work and training/supervision (if undertaken)	Policies for staff/volunteers, including terms/conditions, contract of employment, induction handbooks, code of practice for volunteers, Access NI checks
No policies/procedures for Board/Mgt Committee	No policies/procedures for Board/Mgt Committee. Proportionate to the services provided by group	Policies and procedures for Board/Mgt Committee including induction pack, review of policies/governing documents
No risk assessment/risk management policies	No risk assessment/risk management policies. Proportionate to the services provided by group.	Risk Assessment/Management Policy and Review
No evidence of or production of a fixed assets register, where relevant	Evidence of and production of a fixed assets register, where relevant	Evidence of and production of a full detailed fixed assets register, where relevant, with review of same.

List of Consultees

Individuals and representatives from the following organisations/groups attended consultation events held by the Standards Working Group referred to in the Introduction, or responded in writing to the Commission in relation to the initial 'Draft Minimum Standards', document.

Aisling Centre, Enniskillen
Angel Potions, Portadown
Ashton Centre, Belfast
Belfast Cognitive Therapy Centre
British Association for Counselling and Psychotherapy
Centre for Health & Wellbeing, Belfast
Corpus Christi Services, Belfast
Community Relations Council
Derry Well Woman
Eastern Health & Social Care Trust Trauma Advisory Panel
Ely Centre, Enniskillen
Fair, Markethill
Families Moving On, Omagh
Haven, Belfast
Holy Trinity Centre, Belfast
Journey Towards Healing, Belfast
Lenadoon Counselling, Belfast
Dr. Oscar Daly, South Eastern Health and Social Care Trust.
New Life Counselling, Belfast
Northern Ireland Centre for Trauma and Transformation, Omagh
Northern Ireland Phoenix Project, Lisnaskea
Nova Trauma Support Service, Banbridge
Peace Factory Northern Ireland, Dungannon
Police Rehabilitation and Retraining Trust, Belfast
Queens University, Belfast
Raft, Armagh
React, Armagh
Regional Assessment Centre for Justice Sector Awards, Omagh
South Down Action for Healing Wounds, Rathfriland
South East Fermanagh Foundation, Lisnaskea
Survivors of Trauma, Belfast
Tara Centre, Omagh
TEAR, Rathfriland
The Wider Circle, Belfast
Threshold, Belfast
Wave Trauma Centre, Belfast
Western Health & Social Care Trust Trauma Advisory Panel
Wounded Police & Families Association, Newtownards