



PART IV

Developing standards for working with those affected by the troubles in Northern Ireland

This document was produced as a result of a seminar day held in November 1999. Representatives from statutory, community and voluntary groups working with victims/survivors of the NI Conflict came together to discuss the issue of ethical considerations and developing standards for their work.

The following document highlights some of the issues raised. However, it is not a definite set of standards for works with victims/survivors

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Background

In November 1999, a one-day workshop was organised. The idea for this seminar on standards of work, came about as a result of NIVT's, CRC's and VLU's discussions with both community and statutory organisations that were working with those affected by the Troubles in Northern Ireland. There was recognition that there was a lot of good practice, however, a lot of this work was not documented and therefore newer groups were having to "reinvent the wheel". It was felt it would be useful therefore to begin a process of discussion around developing core standards, focusing on the ethical considerations and developing work in the area of victims/survivors of the Northern Ireland troubles and to acknowledge the good practice already established.

As a result of this one-day workshop the following document has been produced. This document is in no way a definitive set of standards for work in this area. It points to the ethos and practices that should underpin all work with victims and survivors regardless of whether it is in the statutory, voluntary or funding sectors. It gives a basis for discussion from which particular standards or codes of practice could be developed for these areas.

We would hope that ongoing research and development will lead to clearer sets of standards for all our work. We would like to thank all those who took part in the steering group which organised the event, those who participated in the workshop and everyone who helped with the compilation and editing of this report.

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Introduction

There has, in recent years, been a growing recognition of some of the problems faced by those affected by the troubles in Northern Ireland. Indeed, since the cease-fires, it has been evident that there is an increased willingness by those affected to come forward for help.

In light of this, it has also become evident that clear guidance would be helpful to ensure that vulnerable people who might seek help receive the best possible service. Funders, too, are keen to be re-assured that those working in this field do so responsibly, so that they can have confidence in allocating resources to the many services (some long-standing, some very new) which have arisen to address the needs of victims/survivors.

It was in this context that a seminar, co-sponsored by the VLU, NIVT and CRC was held on 25 November 1999 to look at how standards for working in this area might be developed. Those who attended represented a wide range of interests in the area of victim support, and in the professional counselling/therapeutic field.

This document, which has emerged as a result of the discussions and workshops on that day, is designed to be a resource which groups can use for guidance when developing standards and codes specific to their organisations.

It must be recognised there are risks in undertaking this work and it should be acknowledged that it is not always either easy or safe. However, a key message which came out of the seminar was, that if groups are working with vulnerable people, it is important that they recognise the need to try to support those people to move beyond victimisation and to affirm their own natural ability to cope.

There are now many groups providing for people who have experienced trauma as a result of the troubles. It is important to be able to define the differences in what is available, and to give due respect to the role which each may play in an individual's recovery. This guide looks at the core values that should underlie each service and at some of the key processes involved, such as referral and the need to provide adequate supervision and support for workers in this area.

This Guide covers:

- the need for standards;
- the range of services that have emerged to help those affected by the Troubles;
- the core values that should underpin each service;
- the key processes which services should attend to (e.g. referral, supervision)

Why have standards?

It is generally accepted that there is a need to have core standards for all those in the statutory, voluntary and community sectors that are dealing with traumatised individuals. Without such standards, there can develop a sense of mistrust in the healing process, which can diminish the potential for individuals to feel helped. Standards, appropriate to the service being provided, are essential. They should not be seen as optional.

Standards:

- help provide a consistency of approach and a secure framework within which to work;
- set a pattern of acceptable methods of working;
- help establish boundaries within which to build trust;
- protect the individual seeking help as well as those providing it;
- help to ensure that vulnerable people are dealt with respectfully;
- help to demystify service provision so that individuals are empowered by being informed and the potential to be equal partners in their care is maximised;
- help the individual to manage expectations; and
- are a very important tool for monitoring and evaluation, helping to ensure that those delivering services are both responsible and accountable.

Whilst it is clear that there are many advantages in having clear standards in place it is also true that there may be variations in emphasis in different areas of service provision.

As a starting point to developing core standards some of the key areas that need to be addressed are:

- confidentiality
- accessibility
- inclusiveness
- equality of opportunity
- empowerment
- accountability
- partnership
- competence

Each agency will want, if they have not already, to develop its own standards alongside a statement of the core values underpinning their service. Groups also need to be aware of the legislation which may affect their work, such as that in respect of fair employment and disability, as well as the Children's Order and the Northern Ireland Act and so on.

All groups should develop policies and procedures on areas such as recruitment, health and safety, confidentiality, equal opportunities and child protection and, when developing this work, should contact their own legal advisor and source training for staff from relevant agencies, e.g. The Children's Law Centre, NI Human Rights Commission, The Equality Commission and local Health Trusts.

A number of resources are available to help agencies to develop policies and procedures that embody the service standards they have set. These include umbrella organisations, such as the Volunteer Development Agency and the Northern Ireland Council for Voluntary Action, the Rural Community Network who can advise on constitution, charity law requirements of Trustees, financial and organisational systems.

Many believe that much could be achieved by the statutory and voluntary sectors learning to work in partnership, for example, in the areas of training and supervision, so that there could be greater flexibility in the delivery of services. There would be tremendous value in each agency being able to access accurate information about other services. Each of the four Health Boards have Trauma Advisory Panels which are in the process of developing a database of services which exist for victims/survivors. Anyone wanting access to this information should contact the Trauma Advisory Panels directly. Their contact details are listed in Appendix [A].

NB: The DHSS is currently conducting a review of standards of counselling with a view to making recommendations. It is anticipated that the report will be completed in early 2001. In the meantime, if anyone has any queries about this work they should contact the project leader, John Park at the following address:

Mr John Park
Social Services Inspectorate
DHSS, Castle Buildings
Stormont Estate
BELFAST BT4 3ST

Defining the range of services

The following services are mostly available through the voluntary sector however many statutory providers also offer a range of these services.

What do we mean by services?

An extensive range of services is currently in existence for those affected by the troubles. Some of these may be summarised as follows:

A. Direct Services

- Befriending
- Counselling
- Psychotherapeutic Services
- Advice and Information
- Support Groups/Self-help groups/group therapy
- Youth Work
- Respite Care
- Story Telling
- Complementary Therapies

Befriending

This broadly involves matching a befriender, often a volunteer who may have had similar experience, with the person being helped. The process may include visiting people in their homes.

Befriending should be:

- confidential
- empowering
- inclusive
- practical
- a partnership

From an organisation's point of view, it is important that appropriate procedures are in place right from the start of the process for the recruitment of befrienders. In the initial stages, care should be taken to effectively interview potential befrienders in order to identify the best possible candidates.

Agencies also have an obligation to provide basic training for their befriending staff and to establish proper guidelines to support them and the work they are doing. This includes addressing confidentiality and time limitations. Befrienders can easily be over-worked and care should be taken to monitor the number of hours they work each week. It is also vital to provide proper supervision for befrienders, and to look out for signs that they might be actually working out their own needs with the individuals they are supporting.

Befrienders themselves need to be able to acknowledge their own limitations and be prepared to refer people on to other agencies when more specific forms of help are required. Confidentiality is crucial. It is essential, too, that both the befriender and the individual are clear about their respective roles, so that the befriender avoids becoming too directive or 'taking over'. The befriender should be aware of the need to establish boundaries with the individual and to be conscious of the danger of creating dependency, when the actual goal is empowerment.

The befriender's role is largely a listening one, and they are often the point of contact through which other needs are identified. The befriender can be an important shoulder to lean on - a source of support, who can provide information as well as practical help, if required, such as going to the shops or accompanying someone to a parent's night at a school.

Counselling

Many groups, from the statutory, voluntary and independent sectors offer counselling as part of their range of services. For example, it may be combined with a befriending service or linked with other treatments such as rehabilitation. There is, however, a general reluctance to come forward for counselling amongst those affected by the Troubles. Counselling is one of the 'talking therapies' and as such will necessarily involve talking about what is painful. People may feel it is better not to expose themselves to the distress that could be reawakened through counselling and this must be appreciated.

Individuals may initially look for help with specific physical problems such as those following an injury, but later reveal other additional issues, sometimes of a mental health nature such as depression or anxiety that may require medical intervention or counselling.

The outcomes of good counselling should be empowering, enabling the person to feel relieved of some of the psychological and emotional pain they have been carrying (often alone and unsupported) and facilitated to move on in their lives. Counselling is a much mis-used term and there is, undoubtedly, a need to educate the public about what counselling is and the different types available. It should be carried out by appropriately trained and supervised individuals, and should be:

- confidential
- contractually clear
- empowering
- transparent

Counselling as a treatment can take a variety of forms, but is usually carried out on a one-to-one basis, with the counsellor contracting to meet with the client on their own for a number of sessions. Confidentiality is respected, within the

limitations imposed by legislation on situations of risk and criminal offences. A range of counselling methods can be used, and these usually reflect the counsellor's training and theoretical background (e.g. Rogerian person-centred approach; a humanistic approach such as gestalt, transactional analysis; problem-solving approaches which may use solution focused techniques, or cognitive behavioural techniques).

All approaches have in common an emphasis on relieving distress through a helping relationship, the client and their needs as central to the counselling process. As such the counselling should be 'transparent' with the counsellor able to describe to the client what it will involve and the essential elements of the counselling process, what to expect and the approach used. This demystifies the experience and assists client empowerment.

Certain conditions must be fulfilled in order that the client, the counsellor and the organisation are protected. These are embodied in the codes of practice and ethics established by professional counselling bodies such as BAC, IACT, UKCP and ACC. In those situations where clinical responsibility and accountability is also being held by other services and professionals (GP, Psychiatrist) the counsellor may need to work in conjunction with other treatments. Counsellors should always make clear their professional status, i.e. if in training, if working towards accreditation, if accredited/registered.

Psychotherapeutic Services

There is considerable debate as to the difference between psychotherapy and counselling and many would view them as being on a continuum, with more serious and intractable problems being the remit of psychotherapy. Certainly many of the skills used to help people with their problems and through distressing experiences are common to both counselling and psychotherapy. Psychotherapists however will require knowledge and experience of working with mental health difficulties. As with counselling there are a number of models, and the four major approaches listed in the NHS Review of Psychotherapy are cognitive-behavioral, humanistic, systemic family therapy, and psychoanalytic / psychodynamic psychotherapy. Psychotherapy services are available both through the NHS and from a number of private institutes and individuals in private practice. The United Kingdom Council for Psychotherapy can be consulted for a list of registered psychotherapists in current practice.

A note on PTSD

Post Traumatic Stress Disorder is a formal psychiatric diagnosis, and for it to be given to any patient several criteria must be met. A full description is found in ICD 10 (the International Classification of Diseases) and DSM-IV (Diagnostic and Statistical Manual) but in brief the criteria include the actual experience of a traumatic event where 'the person's response involved intense fear, helplessness or horror.' Additionally a number of symptoms must be present and these include

(a) the re-experiencing of the traumatic event, (b) persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, persistent symptoms of increased arousal. The symptoms must also be present for more than one month and be causing clinically significant distress or impairment in a person's normal ability to function and cope. It is important to remember that PTSD, while a recognized illness, has within its diagnostic criteria a range of normal reactions and responses to acute stress. The critical feature as to whether a person actually suffers PTSD has to do with the duration of symptoms and the intensity of the distress experienced.

Advice/Information

This is often an important first step in the help received by individuals from a range of organisations. Advice can, for example, be provided, on legal matters, financial assistance, and on practical needs, such as aids and appliances that might be required for those with disabilities. The advice may be in written form e.g. leaflets, or provided through a telephone helpline, a drop-in facility, or by appointment system. Many of the Health and Social Services Boards and Trusts have compiled directories of services available at local level.

Advice and information should be:

- accurate
- up-to-date
- appropriate
- relevant
- unbiased

People will often wish to receive advice in a private setting. Referral procedures should be clear and care should be taken to ensure that the advice is given in an appropriately private and confidential setting. Any written information in the form of leaflets or explanatory notes should be easily available, comprehensive, well-targeted, and available in different forms so that it is accessible to those with, for example, visual impairment, learning or literacy difficulties.

The provision of advice and information is very often the "door-opener" to people seeking help. It should be delivered in an impartial and helpful way. Being able to work effectively in this area requires the ability to listen and connect with other agencies and to know when it is appropriate to refer someone on. It is important that people are made to feel valued, and that their enquiry is responded to with sensitivity. If their problem requires the intervention of another agency this should be done in consultation with them and with their permission. Care should be taken to ensure that they are properly introduced to the other service. An organisation should never finish their contact with an individual without knowing that they are being adequately and appropriately dealt with.

Support Groups/Self-help groups/Group therapy

Sometimes individuals find that the support of a group of people who have experienced similar issues to themselves can be an immense comfort, and a place where they can explore their own needs and emotions. Any group brought together in this way must be facilitated by skilled, experienced group workers, who receive proper supervision for this work. Groups can be based around themes, such as bereavement, suicide and the loss of a child. However, they may also simply be a collection of like-minded individuals wishing to receive support from each other, or a group of people who have undergone a training programme together and wish to continue their personal development.

Youth Work

Many organisations undertake specific programmes of support for young people, generally aged from about 5 to 24 years. Both one-to-one and group activities can be useful in building the confidence of young people and, by creating a safe environment, a range of issues can be addressed, always working at the pace of the young people involved. Parental consent should be sought for all activities particularly those outside the groups centre or normal remit of work.

Groups using employees or volunteers to work with young people should ensure that they have a Child Protection Policy and clear procedures for those who work within their organisation, e.g. those working directly with young people, supervisors, management and Trustees/Executive Committee. Advice on this area and pre-employment vetting for work with children and young people is provided by the Volunteer Development Agency (Annsgate House, 70 Ann Street, Belfast).

Respite Care

Some groups try to offer "time out" for both victims and carers in the form of holiday schemes or home-visiting to provide relief for carers. Guidance for standards can be attained from your local Health Trust.

Story telling

Many organisations offer "story telling" as part of a range of services. This involves providing a safe space to tell or hear stories, often using the creative arts as tools to bring the process to life including writing (poetry, journals). Facilitators are trained to be aware of the vulnerability this work may evoke and to manage story-telling productively and sensitively.

Any organisation wishing to publish, or make public their members' stories must receive written permission from the author/storyteller.

Complementary Therapies

These are used by a wide range of groups and agencies and may supplement other areas of therapy and support. Examples include reflexology, massage, aromatherapy, art therapy, music therapy, drama therapy, reiki, and play. Creative work with adults often includes complementary therapies

Complementary Therapies should be:

- carried out by properly-trained and accredited individuals;
- negotiated with the individual regarding level of bodily contact;
- carried out in a safe, private, comfortable environment.

Complementary therapies may supplement other forms of therapy. There is a need to be aware of the boundaries and limitations as traumatised people may "open up" to complementary therapists. Complementary therapists require a very different kind of training - often, for example, in relation to working on the body.

B. Indirect Services

- Advocacy
- Fundraising
- Community Development and Capacity Building
- Lobbying
- Public Education

Advocacy

Some organisations provide professional support to an individual in order to help them access appropriate help, or challenge the level of service from statutory organisations. An advocate may for example, accompany a person to court, act on their behalf at a tribunal, liase on their behalf with government officials, solicitors or with organisations such as the Compensation Agency.

Advocacy should be:

- Supportive
- Non-directive
- Empowering
- Impartial

Funding

Some groups fund-raise to provide small grants for their members and also give advice on accessing other sources of funding, such as the Northern Ireland Memorial Fund and DHSS grants. A number of statutory and voluntary agencies also provide funding, advice and information for groups doing work in the area of victim support.

Funding should be:

- Equitable
- Transparent
- Relevant
- Accountable

Community Development and Capacity Building

Community Development work is about empowering local communities to address their own needs and improve the standard of living for individuals and communities. It is often aimed at becoming self-sustaining and income-generating. Community Development and "capacity building" can take the form of advice to groups on community development and on how to build the capacity of their members. It can involve working with new or developing groups and with special interest groups, such as women's groups and those from ethnic communities.

Community Development should be:

- Inclusive
- Developing
- Empowering
- Consultative

Lobbying

Many groups lobby government and other relevant agencies in respect of a range of issues of concern to their members. Individuals can often be empowered through a process of involvement in lobbying to feel they have a voice on issues of particular concern to them.

Lobbying should be:

- Strategic
- Relevant
- Part of a process
- Inclusive
- Empowering

Public Education

Heightening the awareness of the public to the issues of those who have been affected by the troubles in Northern Ireland is an important role for many groups. People often feel forgotten and marginalised and it is important that their experiences are understood by the wider public in order to create awareness of these peoples' experiences and its relevance in Northern Ireland's society.

Public Education should be:

- Accurate

- Consultative
- Targeted

C. Quality Assurance

- Training/Supervision
- Research

Training/Supervision

Some victim support organisations and other agencies co-ordinate and run training courses for their members. Some also engage in outreach by providing training, advice, support and supervision to other groups working in this area.

Training and Supervision should be:

- carried out by suitably experienced individuals
- contractually clear

Research

Some organisations carry out research into the needs of victims and ways of addressing those needs. Others use monitoring and auditing to assess rates of referral, type of work undertaken, outcomes of work to inform follow up. Action research has also been carried out into victims' individual stories and community stories for the purpose of archiving and display.

Research should be:

- accurate
- up to date
- sensitive
- with written consent

Core values to consider when working with victims of the Troubles

Core values set the parameters within which services are provided and make the work safe. It is important always to focus on need. Those working with victims should take care to remain aware that an individual's vulnerability may be heightened by the trauma(s) they have experienced, and of the automatic power difference which exists between the client and therapist or the worker and group members.

The worker/counsellor should be aware of their own limitations and, indeed, of their own needs. They must engage in continued personal evaluation and be mindful of their own "baggage" and prejudices, careful not to push their own belief system on to the individual.

Supervision is important for the protection of both the worker/counsellor and the individual. Staff should be supervised and managed by people who are adequately trained and service-providers should be able to show evidence that their staff are working towards accreditation.

Core values include:

Empowerment - empowerment of the individual should always be the underpinning goal;

Respect - it is essential that the worker/counsellor appreciates the need to accept and respect the individual's interpretation of their needs and does not make assumptions about the answers or outcome;

Recognition of cultural differences - services should take account of the cultural context, and use clear language;

Confidentiality - no-one can guarantee absolute confidentiality however, when carrying out any work in this area the boundaries need to be clear, and confidentiality negotiated, between the worker and the individual. The worker/counsellor needs to be conscious of contractual considerations, such as the meaning of confidentiality and the need to take account of legal considerations in respect of, for example, the recording of information. It is not possible to give blanket confidentiality as there are certain instances where absolute confidentiality cannot be guaranteed, such as in relation to issues around child protection, risks of significant harm (as in suicide) and the Emergency Provisions Act.

Quality of Information - there is a need to provide clear information so that the individual can make informed choices;

Appropriate Referral - in the case of referring to another agency, the worker/

counsellor should be knowledgeable about the services being provided before making a referral. The reasons for referral and what the individual's expectations should be must be adequately covered. Referring people on should always be negotiated with the individual;

Collaboration - services should be flexible, collaborative and co-operative across a range of providers, both statutory and voluntary sector should be cognisant that work needs to be evidenced based.

Cost Effectiveness - there is a need to use proven methods of intervention so that resources are not squandered and a need to be aware of the broad financial considerations in this work. Those involved must consider the balance between the energy expended on fund-raising, as opposed to service delivery. There is also a need to be mindful of the dangers of the competitive process, which pitches agencies against one another. There is a danger that an individual will be seen to represent income for an agency and that, consequently, there is less incentive to refer on even when it is in the individual's best interests.

Referral

There are many questions around the meaning of the term "referral". For example, should there be an ending for the individual with one group, and a new beginning with another group; or should there be a sense of progression with the worker/therapist retaining some form of ongoing involvement? Whatever the circumstances, it is essential that the individual be clear about what to expect.

How are referrals carried out?

The circumstances around a referral should be clearly set out, via personal contact if at all possible, and all relevant parties should be involved.

Referrals can take different forms - it may be, for example, that a worker/therapist suggests a more appropriate agency, perhaps where the effect of the troubles is clearly secondary to some other trauma in an individual's life. There should, of course, be continuing contact while help is being accessed elsewhere, and, at all times, the client should be sure that they are being continually supported, and that the best services are being identified for them. If it is the case that, after referral, an individual will have to wait a long period of time before being seen, then it may be wise to consider what support will be required in the interim.

It can be difficult to identify, in the first instance, what is the best agency to provide help for an individual as a range of issues can become apparent further down the road. For that reason, "first contact" agencies need to have a very good idea of what is available. Constant re-referrals can, for example, add to the layers of trauma being experienced and reinforce the expectation that no one can help. It is also important to be aware that individuals and families can "approach" several services

at once without ever engaging in any specific service. It is, therefore, important for agencies to try to be aware of the involvement of other organisations in any particular case.

Consultation across agencies can also be valuable in enriching the organisations concerned and helping them individually to acquire new skills. There are also benefits in terms of mutual support.

Important considerations

It is important to be clear about who wants the referral - the individual or the worker/therapist. This may be a time when a supervisor should be consulted. It is crucial that the referral process is focussed on the individual and that careful preparations are carried out with them in order to establish what their needs are, how they perceive the intended service, and what their expectations are.

There is a need to consider how to effectively bridge the gap between clinical support agencies and community support groups with a view to helping the individual re-enter "real life". It may be necessary to negotiate the transfer back and forward across these various element

Referral and Emergency Planning

There may well be a case for establishing a special set of ethics for use in referrals in a crisis situation. In such crises, agencies need to be able to work together and share information on traumatised clients (all of whom may have confidentiality agreements with the different agencies).

Confidentiality

Confidentiality is an important aspect of referral and it is essential to obtain the permission of the individual before referring them on. Groups must be aware that information cannot be passed on without a great deal of thought and that, from the outset, groups need to think about how they record information and how they intend to negotiate handing it on, if and when it is appropriate to do so. Written documents can be subpoenaed by the Courts; it is important to be aware of this when recording information and to draw it to a client's attention.

Supervision and Support

General Guidance for Community and Voluntary Workers and Volunteers

We all bring our own background and culture to working with people who have suffered as a result of the troubles. It is, therefore, vital that we receive enough support and supervision to separate what are issues for us and what are issues for the people we work with, and to recognise how our own experiences and upbringing influence how we do this work. It is also vital that workers have a regular opportunity to review their work and look at their own personal and professional development needs.

There is a difference between support and supervision for workers. Supervision is a formalised regular meeting dedicated to ensuring staff are supported, ensuring their self-development and providing accountability to management. Support can be obtained in a variety of ways, inside and outside the organisation, and tends to be less formalised. Often, it takes the form of someone listening to the worker and offering support or just letting him or her sound off for a while.

Supervision can be provided by someone experienced within the organisation or by someone external to the organisation who has the relevant experience and skills to supervise (fees should be costed into projects). All posts merit regular supervision. For some, however, it is essential. It is important that organisations that have posts such as director, project worker, befriender, counsellor/therapist, youth worker (whether paid or voluntary) provide adequate supervision for their staff.

Both supervision and support are clearly vital functions and it is the responsibility of management, as the employer, to ensure that staff are appropriately provided for. It is widely accepted that staff need to receive greater recognition and accreditation for what they do and that it is important that they receive ongoing training and supervision so that their level of personal and professional development is appropriate to the level at which they are working.

(i) What is support and how do we get it?

Within an organisation people will often find their own way of seeking out and getting support for themselves and for their work. This may take the form of informal one to one discussions with someone they trust or regular team meetings with a group of people.

Workers may also form supportive relationships outside the organisation with, for example, other local workers, networks, organisations doing similar work, funders, trainers or support organisations. These informal support structures should be encouraged so long as they are seen to be supporting the worker in their work and enabling them to develop personally and professionally. Time to do this must be negotiated between the organisation and the worker.

It is, however, increasingly recognised in community and voluntary organisations that, in addition to management supervision and support, some workers need external support, i.e. regular support sessions with a person outside the organisation which are paid for by the organisation. This is commonly referred to as non-managerial supervision or role consultancy.

This may be most necessary when:

- the project leader is isolated, e.g. is not working as part of a team and there are no workers in similar roles nearby;
- the nature of the work is particularly challenging, stressful and emotionally demanding;
- the management committee does not have the necessary skills, experience or confidence to supervise a member of staff in the detail of their work. While it is important that a level of internal supervision is provided and management committee members are empowered through training to take on this role in time, external support can help in the interim;
- there are issues relating to the workers role which cannot be dealt with in the internal support and supervision structure for any reason.

It is important to stress that external support does not take the place of support and supervision within the organisation. Management has an obligation to develop its ability to provide internal support and supervision. It is essential that external support does not undermine management's role as the employer or erode the responsibility of the management to supervise. It also should not lead to a situation where important issues are being dealt with outside the organisation and not brought to the attention of management.

External support can take the form of an individual with a support person or a group of three or four people involved in similar work with a support person, or a group of three or four peers giving support to each other with no support person.

The support person should be acceptable to both the worker and management and should have no direct involvement in any other role within the organisation.

The following qualities are essential:

- direct experience or knowledge about the person's work;
- experience in one to one and/or group support;
- experience of counselling and/or group work skills;
- knowledge of community/voluntary work and the setting up of particular services.

External support is usually totally confidential and does not report back to management or anyone else in the organisation about the sessions.

(ii) Other support needs

Management enables staff to work well by ensuring that support needs are met in

a number of different ways. Providing supervision and external support as appropriate are two ways. There are other ways including:

- induction
- staff meetings
- teambuilding
- planning and evaluation days
- training
- social events
- networking with other organisations and workers.

In general, staff will feel supported in an organisation where there is:

- openness to listening;
- discussion about difficulties without fear of recrimination;
- good communication between staff and management;
- an awareness by management of staff needs and concerns and vice versa;
- an atmosphere of encouragement, understanding, affirmation and challenge;
- and the ability to deal with conflict openly and without delay.

Supervision

(i) Supervision structures

It is important within an organisation that supervisors are identified for all workers and that everyone is clear about their role. In a small community project, for example, supervision may be structured in the following way:

- two committee members (preferably one community representative and one professional with supervisory experience) supervise the Project Leader.
- the Project leader supervises the Community Worker and Administrator.
- the Community Worker supervises a small team of scheme workers and volunteers.
- the Administrator supervises a small group of scheme workers and volunteers involved in the office work and maintenance of the building.

Management and staff should agree broad guidelines about:

- confidentiality
- records
- duration of sessions
- frequency of sessions, e.g. weekly, fortnightly, monthly
- dealing with difficulties
- feedback to management

(ii) The Elements of Supervision

The four vital elements of all supervision are:

- Planning,
- Evaluating,
- Enabling, and
- Supporting.

The role of the supervisor is to support the employee and to ensure the employee's accountability to the organisation by:

- monitoring, evaluating and approving the employee's performance
- giving specific feedback to the employee
- facilitating communication and mutual understanding
- discussing difficulties and sources of conflict
- helping the employee manage the workload
- identifying training needs
- planning and setting targets for the work

Members of voluntary management committees need to know what the purpose of supervision is, and to be briefed on what is expected of them as supervisors.

(iii) Requirements of a good supervisor

Note: Specific training is required for the supervision of counsellors/therapists.

Knowledge

- vision and values of the organisation
- future direction and strategic plan of the organisation
- work-plan, particularly how it relates to the individual worker
- organisational policies and procedures

Skills

- communication
- listening
- observation
- analysing
- planning
- evaluation
- ability to give constructive feedback

Personal Qualities

- openness
- level headedness
- objectivity
- assertiveness
- patience
- confidence

Supervision is not easy. It requires skill to provide support, advice, challenge and

vision. It is the responsibility of the management to ensure that those who are delegated to provide supervision in the organisation are trained.

(iv) Steps to effective supervision

(a) Trust

For supervision to work well it is important to establish a trusting relationship. This takes time and willingness on both sides.

(b) Regularity and Frequency

Supervision sessions are often the first thing to go when people are very busy. It is vital both supervisor and supervisee decide at the beginning how to avoid this and stick to it. Frequency of sessions should be negotiated by both and depends on the role and needs of the worker, as defined by the organisation.

(c) Contract

At the beginning of their relationship the supervisor and the supervisee will need to clarify together what they want to get out of their sessions and form a supervision contract covering: content, confidentiality, records, duration of sessions, frequency of sessions, dealing with difficulties, evaluation, feedback to management. Consideration should be given to fee.

(d) Preparation

Both the worker and supervisor should prepare for the session by reviewing the notes of the last sessions and preparing an update on progress of issues discussed. In addition the worker should list any new issues and a review of work progress since the last meeting. If there are two supervisors they must agree their approach and work together as a team. It is the responsibility of the supervisor to ensure there is a comfortable room for the meeting with no interruptions.

(e) The Session

Those present should structure the session with an agenda and the timing also agreed. They should then take an overview of how things are progressing generally for the worker. This leads to discussing specific issues, exploring options and agreeing actions and targets. Finally they should set the date and time of the next session.

(f) Recording the session

Recording the session ensures follow up. Usually the supervisor will take notes and pass a copy on to the worker a few days later. If the worker is happy with

these they will become the official record of the session and form the basis of some of the next session. These notes could include: date and time, issues which emerged, actions agreed, training needs identified, feedback to management, outstanding issues, items for future discussion.

(g) Follow Up

The effectiveness of a supervision session depends as much on the follow up as a session itself. It is important that both the supervisor and worker follow-up on what they agreed to do before the next session.

(h) Evaluating supervision

The supervision sessions should be evaluated in a structured way once a year. Questions to be asked in the evaluation might include: what have you got from supervision? How has it affected your work? What have you found difficult/helpful? What changes would you suggest?

Conclusion

What, then, are the key considerations when looking at developing standards for those working with people affected by the Troubles. To summarise, a broad set of guidelines might include:

1. Looking at all of your services and review existing standards with users, management, workers and volunteers.
2. Revisiting the core values for each of the services that you provide.
3. Consulting outside agencies in relation to legislation and codes of ethics.
4. Consulting/Networking with other similar groups in order to assess their experiences in setting standards for their work.
5. Reviewing support, supervision and training provision.
6. Reviewing referral procedures.
7. Reviewing how you monitor the standard of your work.
8. Producing written documentation about your code of ethics and standards for your work

Appendix A

Trauma Advisory Panels: Contact details

Northern Board
Department of Health & Social Services
Northern Board
County Hall
182 Galgorm Road
BALLYMENA
BT42 1QB

Mary B. Wilmont
Director of Social Services
028 25 662218

Eastern Board
Department of Health & Social Services
Eastern Board
Champion House
12-22 Linenhall Street
BELFAST
BT2 8BS

Alan Richardson
Assistant Director of Social Services
028 90 321313

Southern Board
Department of Health & Social Services
Southern Board
Tower Hill Hospital
ARMAGH
BT61 9DR

Tom Smith
Assistant Director of Social Services
028 37 410041

Western Board
Department of Health & Social Services
Western Board
15 Gransha Park
Clooney Road
LONDONDERRY
BT47 1TG

Sheena Funston
Project Worker,
Trauma Advisory Panel
028 71 860086

Appendix B

Professional Counselling Bodies: Contacts details

Counselling/Psychotherapy

Irish Association for Counselling and Therapy (IACT)
8 Cumberland Street
Dun Laoghaire
Co Dublin
Tel: 00 353 1 230 0061
Fax: 00 353 1 230 0064
e-mail: iact@irish-counselling.ie
web site: <http://www.irish-counselling.ie>

British Association for Counselling (BAC)
1 Regent Place
Rugby
Warks
CV21 2PJ
Tel: 01788 550899
Fax: 01788 562189
e-mail: bac@bac.co.uk
web site: <http://www.counselling.co.uk>

United Kingdom Council for Psychotherapy (UKCP)
167-169 Great Portland Street
London
WIN 5FB
Tel: 0171 436 3002
Fax: 0171 436 3013
e-mail: UKCP@Psychotherapy.org.uk
web site: <http://www.Psychotherapy.org.uk>

Association of Christian Counsellors
173a Wokingham Road
Reading
Berkshire
RG6 1LT
Tel: 0118 966 2207
Fax: 0118 926 9635
e-mail: office@acc-uk.org