



# Volunteer Handbook



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# **SECTION 1**

## **INTRODUCTION/BACKGROUND**

## Introduction

We are delighted to welcome you to Engaging Communities (ECS) and would like to thank you for choosing to become a volunteer to support our work. Our volunteers are central to everything we do and we could not do it without you.

This Volunteer Handbook is designed to provide you with information about our organisation, the work that we do and the volunteer roles we offer. It also sets out the roles and responsibilities of the organisation, the ECS Board, staff and volunteers and a summary of our policies and procedures which are there to support and protect you.

This Volunteer Handbook is designed to provide you with information that will help you to undertake the various volunteer roles so please take the time to read it. If you have any suggestions for additions to the Volunteer Handbook or need clarity on any of the information contained in it, then please do let us know.

## Background

ECS is a Community Interest Company (CIC) that brings public engagement, consultation and consumer advice services together to create evidence and insight that can be used to improve services, particularly around health and social care. It is community led and works with local organisations through a mix of staff and volunteers. It is a hub where information is brought together which enables us to see the bigger picture in a way that has not been possible before.

We want everyone to benefit from the best possible health and social care services which will lead to better health and wellbeing. As part of this we see voluntary action as a positive force for social change. Our combined effort will mean all individuals and communities should have a voice which can influence access to and experience of health, social care, wider public services and tackle inequality, discrimination and disadvantage through effective consultation, collaboration, insight and evidence gathering.

We want to encourage people to feel more confident to voice their opinions so that service commissioners and providers can use their resources in the most efficient and effective way possible and find new and innovative ways to secure better quality services.

## Our Mission, Vision and Values

- We want to be the voice of the public for public services across all of the areas we cover
- To support the voice of the community and offer an effective way for people to be involved in the services that provide for their health and social care needs

- To enable better decisions to be made by health and social care organisations based on the experiences and views of people and the collection and analysis of data
- To involve people in ways that are efficient and effective

## Our Charter

- **Confidentiality**  
We will use feedback on an anonymous basis only unless told differently
- **Respect**  
We will treat everyone who contacts us with respect and courtesy
- **Feedback**  
We will let you know what we have done with your feedback and any changes made as a consequence
- **Transparency**  
All reports will be published openly
- **Impact**  
Healthwatch powers will be used to influence how health and social care services are planned and delivered

ECS currently holds the contracts for the delivery of Healthwatch across Halton; Leicester/Leicestershire; Sandwell; Solihull; Staffordshire; Stoke-on-Trent; Warrington; Walsall; and Wolverhampton as well as advocacy services in Halton; Telford & Wrekin; Warrington and Wolverhampton.

## Healthwatch England

There are 152 Local Healthwatch organisations across England and this network is backed by Healthwatch England the national patient champion for health and social care. Backed by legislation, Healthwatch England has significant statutory powers to ensure the voice of the patient is strengthened and heard by those who commission, deliver and regulate health and social care services.

## Healthwatch England Vision, Mission and Values

### Vision

We are working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

## **Mission**

We are the patient champion for health and social care. We achieve this by:

- Listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with the Healthwatch network to influence service improvement and to empower local people

## **Values**

All of our work is informed by our values:

- **Inclusive**
  - We start with people first
  - We work for children, young people and adults
  - We cover all health and social care services
  - We work for everyone, not just those who shout the loudest
- **Influential**
  - We set the agenda and make change happen
  - We are responsive. We take what we learn and translate it into action
  - We are innovative and creative. We know that we can't fix things by sticking to the status quo
  - We work with the network of local Healthwatch to make an impact both locally and nationally
- **Independent**
  - We are independent and act on behalf of all patients
  - We listen to patients and speak loudly on their behalf
  - We challenge those in power to design and deliver better health and social care services
  - We like to highlight what works well but are not afraid to point out when things have gone wrong
- **Credible**
  - We value knowledge
  - We seek out data and intelligence to challenge assumptions with facts
  - We celebrate and share good practice in health and social care
  - We hold ourselves to the highest standards

- **Collaborative**

- We keep the debate positive and we get things done
- We work in partnership with the public, health and social care sectors and the voluntary and community sector
- We learn from people's experiences and from specialists and experts. We build on what is already known and collaborate in developing and sharing new insights.



## Local Healthwatch

Healthwatch acts as an independent voice of local people, about the quality of health and social care services. It is our job to argue for the patient interest for all those who use health and social care services.

The main responsibilities of all local Healthwatch organisations is summarised below. We refer to these as the 7 Pillars of Healthwatch:

### 1. Gathering views and understanding the experiences of all who use services, their carers and the wider community

Local Healthwatch will:

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care
- Seek the community's views about the current provision of health and social care (including use of high-quality research) and use this to identify the need for changes or additions to services
- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle
- Make reports and recommendations about how services could or should be improved

### 2. Making people's views known, including those from excluded and underrepresented communities

Local Healthwatch will:

- Communicate the local community's views to health and social care commissioners in a credible and accessible fashion
- Represent local people's views through membership of the Health and Wellbeing Board

### 3. Promote and enable the involvement of people in the commissioning and provision of local Health and Social Care services and how they are monitored

Local Healthwatch will:

- Give input to new or proposed services
- Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say
- Exercise their Enter and View powers judiciously by working collaboratively with other inspection regimes
- Act as a critical friend to commissioners and providers of services to help bring about improvements

4. Recommend investigation or special review of provider services, either via Healthwatch England, or directly to the Care Quality Commission (CQC)

Local Healthwatch will:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence

5. Providing non-clinical advice, signposting and information to all service users about access to services and support in making informed choices

Local Healthwatch will:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them
- Establish and maintain a database of existing local networks and support systems

6. Through its annual report, making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national Volunteer on behalf of the Secretary of State and of Parliament

Local Healthwatch will:

- Ensure local intelligence gathering systems complement those established by Healthwatch England.

# SECTION 2

## WHO'S WHO

## Who's Who

Local Healthwatch contracts as detailed on page 6 are delivered by ECS, a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximize our impact on engagement with the shared ethos to:

- Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.
- Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of cross area data.
- Involve people in ways that are both efficient and effective.

## ECS Board

ECS is governed by the ECS Board which holds ultimate accountability for the delivery of its contracts and services. The Board has a wider range of responsibilities including:

- Set and refresh the vision and strategy for ECS
- Overall responsibility for the company, its finances, staff, volunteers, business plan and future development
- Public accountability for the delivery of ECS contracts
- Responsible for performance management of the company
- Championing the voice of the public in the delivery of public services
- Spokespeople for the company, responsible for communications strategies and stakeholder engagement
- Ensures ECS is an exemplar of best practice, promoting the ECS model at a regional and national level.

The ECS Board is led by our Chair, and supported by Non-Executive Directors, whose details can be located on the ECS website.

## Healthwatch Advisory Board

The ECS Board is supported by the Healthwatch Advisory Board (HAB) for each of the Healthwatch contracts it delivers. The remit of the HAB is to support the ECS Board to ensure good governance in delivery of each Healthwatch service and ensure a robust voice in the community.

The specific remit of the Healthwatch Advisory Board is set out below:

- Decide on Healthwatch priorities and Healthwatch activity such as Enter and View programme informed by public feedback and consultation
- Advise the Healthwatch representative to the Health and Wellbeing Board
- Receive reports on community engagement and communications activity, and decide future plans

- Consult on locally based income generation work to ensure there are no unmanageable conflict of interests
- Steer and sign off the production of the Healthwatch Annual Report and any Healthwatch response to consultations
- Represent local Healthwatch in public engagement and strategic level meetings
- Act as spokespeople for Healthwatch agreeing press releases as appropriate
- Follow up on Healthwatch reports to ensure impact.

Current members of the Healthwatch Advisory Board can be located on the Healthwatch website for each area.

The HAB is supported by the ECS Chair who oversees the management of each Healthwatch and the ECS Corporate Services Team provides the secretariat services to each HAB. The Healthwatch websites have dedicated areas for their Healthwatch Advisory Board and volunteers which will include agendas, minutes, action sheets, reports and recommendations as well as opportunities for people to get involved in work groups and projects to support our Healthwatch programme.

The quarterly Healthwatch e-bulletin will feature updates from the Healthwatch Advisory Board and seek input and involvement from our volunteers and wider communities.

To inform the development and decision-making process for each of the Healthwatch priorities, using a variety of mechanisms to gain feedback on health and social care services including paper and on-line surveys, feedback from engagement events, activities and drop-in sessions, telephone calls, themes from advocacy service, feedback centre and interactive voting at Healthwatch Annual Conference. This provides a sound evidence base for the development of our project work. The Healthwatch Advisory Board exercises a governance function and makes sure that Healthwatch adheres to the core principles of confidentiality, respect, feedback, transparency and influence.

## **The Staff Team**

The staff team for each local Healthwatch can be found on the relevant Healthwatch website and gives details of the specific roles, responsibilities and contact details. All our staff work across the full range of ECS services and includes dedicated support for our valued volunteers.

As a team we continue to improve and build our knowledge, skills and expertise and support our staff and volunteers with a range of training and development opportunities.

# SECTION 3

## OUR VOLUNTEERS

## Volunteer Support and Training

As an organisation we are committed to supporting our volunteers and aim to promote, support and develop quality volunteering opportunities. This will involve linking volunteers to high quality opportunities in the wider community. We also want to develop good practice in offering training, development and management opportunities where possible and appropriate. Volunteers bring skills, experience and expertise that complement the skills of our staff.

We want to establish and maintain arrangements that provide satisfying opportunities for volunteers and channels of communication which give volunteers an opportunity to input into decisions which will affect them.

The values which underpin the approach to volunteer support are intended to apply in both group and individual arrangements and are:

- Support is a two-way process designed to support and enable volunteers to meet the needs of their role and develop beyond it. As a two-way process the organisation expects this to be an ongoing two-way dialogue to secure ownership and ensure opportunities for improvement are identified and acted upon.
- That it is a positive process which recognises achievements. It also means that constructive criticism should be provided if necessary.
- A climate of shared learning and understanding should form the basis for meetings and discussions.
- That interactions should ensure that volunteers' health, safety and welfare are protected and managed.

There is an intention to have an annual 'debrief' with individual volunteers to include a review of training courses attended as well as any requirement for additional training to foster their development. The 'debrief' will enable volunteers to feedback their views on the experience of volunteering and for them to raise any issues or areas of concern.

New volunteers will have opportunities to shadow and buddy with more experienced colleagues and support from our dedicated Community Outreach Leads and Engagement and Information Leads.

We believe that providing high quality training is one way that we can show our volunteers how much we value their contributions. These training sessions not only provide new skills and outlooks, but also give them the opportunity to learn more about us as an organisation and to network with staff and other volunteers.

Our current training programme for all volunteers includes:

- Induction Training including Equality and Diversity

For Authorised Representatives

- Enter and View Training
- Safeguarding
- Data Protection

An annual audit of training and development needs will also be undertaken by the Engagement and Information Lead as part of the annual review process. A training and development schedule will then be produced to ensure their training needs are met and they are able to carry out their volunteer role(s) effectively.

The focus for all training and development is that it should be relevant and appropriate to the volunteer's role. Evaluation of all training and development sessions is undertaken on completion to ensure that the volunteer's needs have been met and to inform our continuous improvement and quality assurance mechanisms.

A record of all training and development sessions attended by volunteers is maintained by the Engagement and Information Lead and volunteers are provided with certificates for training and development sessions completed.

Healthwatch will provide references for volunteers if required for other volunteer roles or job applications and offers an exit interview for volunteers who no longer wish to continue their involvement with us.

## **Volunteer Roles**

There are various volunteer roles available across each Healthwatch and these are listed below. However, Healthwatch is committed to support individuals in gaining experience to fulfil their needs now and in the future by adapting the roles to suit individual needs if reasonably practicable.

- **Healthwatch Enter and View Representative**

This role includes visiting health and social care premises to hear and see how the service user experiences the services. As part of a small team you will collect the views of patients/residents, staff, carers and relatives at the point of service delivery. A report is collated ensuring that all feedback is evidence based.

- **Research and Engagement**

This role includes engaging with people in your local area and encouraging them to become participants of Healthwatch. To support the staff team at events and local drop-ins by manning display stands and promoting the work of Healthwatch. Be the eyes and ears of the local community and bring to the attention of the staff team issues of concern. Contribute to the quality and improvement initiatives of commissioners and providers including annual quality accounts. To make new contacts in local communities or communities of interest. To collect information about health and social care services using surveys and focus groups.

- **Events and Promotions**

This role includes promoting the role of Healthwatch, its events and projects to local people and/or people with a common service need/interest. To tell people about Healthwatch and encourage them to be involved. To assist the Healthwatch staff team to distribute promotional materials and information about local services.



- **Administrative Volunteer**

This role involves supporting the Healthwatch team with the busy office, carrying out tasks including answering the telephone and taking enquiries, filing, photocopying, data entry and research information. This is a wide-ranging administrative role and is very varied.

- **Volunteer Advocate** (Available where the local Healthwatch provides Advocacy Services)

The role may include attending meetings with clients, taking notes and helping clients write complaint letters. Listening to the concern and issues of clients. Providing information about choices and options. Helping clients prepare for meetings and attend with them to provide support. Making telephone calls and deal with incoming telephone enquiries. Keeping an up to date record of each client's case. Developing effective working relationships with colleagues, professionals and local services.

Volunteers also make up the **Healthwatch Advisory Board (HAB)** as outlined previously.

The recruitment process for all volunteer roles is shown at Appendix 1. Our volunteers are required to provide details of 2 referees for the purpose of taking up references and to undergo a Disclosure and Barring Service (DBS) check for some roles, e.g. Authorised Representatives. The DBS policy can be found at Appendix 2. Some of our volunteer roles are also subject to additional training, details of which are explained to potential volunteers during the recruitment interview stage and have additional policies including the Enter and View Policy at Appendix 3 and Safeguarding Policy at Appendix 4.

Volunteer roles do not have a specified or fixed commitment of time or activity attached to them and volunteers can decline our requests to support activities if they do not wish to undertake them at that time or if they feel they have not received the appropriate training and support to undertake the activity effectively. Volunteers can contact the Engagement and Information Lead who will work with them to identify any additional training and/or support needs to ensure that volunteers feel confident to undertake the role and they will make the appropriate arrangements.

A Volunteer Agreement is produced for each volunteer role which is signed by the volunteer and the Engagement and Information Lead. The Volunteer Agreement is included in the Handbook as Appendix 5. Once the Volunteer Agreement has been completed and signed, the volunteer will be issued with their photo ID badge. All volunteers must be willing to have their photograph taken for the purposes of their ID badge.

## **Equality and Diversity**

ECS is committed to equality and diversity and to offering equality of opportunity to volunteers from different backgrounds. All volunteers are recruited through a fair and equal process and are expected to value and support the principles of equality and diversity in their role with ECS.

This Volunteer Handbook contains a copy of ECS Equality and Diversity Policy which applies to all staff and volunteers. Volunteers are expected to read, agree and apply the policy when undertaking their duties. If volunteers require any of the literature, leaflets, policies etc in another format, contact should be made with the Engagement and Information Lead who will make these available in appropriate formats, where possible. The policy is included at Appendix 6.

## Code of conduct

All volunteers are expected to adhere to the Code of conduct at all times as set out in this Handbook.

When volunteers do not meet the appropriate standards, it is essential to ensure that action is taken which is fair, proportionate and appropriate and the Code of Conduct is set out in Appendix 13.

The standards of behaviour expected from volunteers aims to:

- Ensure the safe and effective operation of local services
- Ensure that volunteers are supported in gaining awareness of their rights and obligations
- Ensure that any standard of conduct action is taken fairly and is consistently applied
- Promote and maintain standards of conduct and commitment to public service values

### 1. Principles

Local Healthwatch are required to reflect the broad range of views and backgrounds of the population and as such all Healthwatch volunteers need to abide by the principles of:

Valuing any contribution an individual can make to local Healthwatch

- Respecting other people's opinions and beliefs
- Treating other people with dignity

And the seven principles of Public Life (Nolan Principles)

- **Selflessness:** Healthwatch volunteers should take decisions solely in terms of the public interest. They should not do so to gain financial or other benefits for themselves, their family or their friends.
- **Integrity:** Healthwatch volunteers should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in performance of Healthwatch duties.
- **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, Healthwatch volunteers should make the choice on merit.
- **Accountability:** Healthwatch volunteers are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate.
- **Openness:** Healthwatch volunteers should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when wider public interest clearly demands it.
- **Honesty:** Healthwatch volunteers have a duty to declare any private interest relating to their participation and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Healthwatch volunteers should promote and support these principles by leadership and example.

## 2. Standards

Local Healthwatch aims to promote a positive and effective environment which reflects the values of Healthwatch and fosters a spirit of teamwork and collaboration. Healthwatch volunteers' behaviour should always be above reproach or criticism.

**All Healthwatch volunteers are required to treat everyone with courtesy and respect at all times in order to establish and maintain effective professional relationships and are bound to:**

- Abide by the ECS Volunteer Handbook and all associated policies and procedures including any subsequent amendments or additions
- **Not** act in any way that explicitly or implicitly discriminates against anyone on the grounds of race, gender, sexual orientation, religion, age or disability
- **Not** act in any way that is bullying, harassing or intimidating
- **Not** act in any way that would bring Healthwatch into disrepute or damage its reputation
- Ensure that the Health and Safety Policy is adhered to and that their actions do not put other people at risk
- Never disclose confidential information
- Be punctual and reliable
- Never speak to, or disclose information to the press without the express authority of the Engaging Communities Board/Healthwatch Advisory Board
- Never claim to represent the views of Healthwatch without authorisation to do so
- Declare any relevant conflict of interest (in line with the Conflict of Interest Policy)
- Not accept gifts from commissioners or providers of health and social care services
- Act in the best interests of Healthwatch when making decisions
- Agree to an enhanced DBS check if acting as an Authorised Representative

## 3. Healthwatch Volunteer Organisations

Healthwatch volunteers who are representing an organisation are bound to:

- **Not** present their personal views as those of their organisation or group
- Collect opinions from within their organisation or group to be fed into appropriate local Healthwatch activities and discussions
- Declare any conflicts of interest as soon as possible

## 4. Conduct at Meetings

All Healthwatch volunteers should conduct themselves appropriately when attending Healthwatch meetings or as a representative of Healthwatch when attending external meetings. All Healthwatch volunteers are expected to:

- Listen attentively and respect others' views
- Not interrupt other speakers
- Use plain language
- Make contributions clear, concise, factual and to the point
- Strive for consensus
- Bring conflict into the open with a view to problem solving - solutions require discussions and teamwork

- Not converse with neighbours whilst others are speaking
- Start from the premise of understanding other people's points of view
- Not dominate discussions
- Provide feedback to Healthwatch when acting as a representative at meetings

Any Healthwatch volunteer failing to abide by the Code of Conduct at meetings may be asked to leave the meeting by the Chair of the group. If any complaint is received about a volunteer's behaviour during a meeting this would be dealt with under the Code of Conduct as set out in Appendix 13.

## **Confidentiality**

Confidential information will not be disclosed, divulged or made accessible where it belongs to or is obtained through ECS or Healthwatch activities. This includes relatives, friends, business associates or others unless there is legitimate need to share the information and where ECS has authorised disclosure. Confidential information shall be used solely for the purpose of performing authorised duties but does not prevent disclosure where required by law. Good judgement and care at all times is needed to avoid unauthorised or improper disclosure.

We will process, store and destroy notes about any individual (employees, volunteers or clients) in accordance with our Data Protection Policy. Conversations in public places should be limited to matters which are not sensitive or confidential and care should be taken to avoid inadvertent disclosure e.g. use of a phone in a large office or leaving confidential papers on view. Volunteers are responsible for maintaining the confidentiality of privileged information to which they are exposed while undertaking their volunteering role(s). This may include information about clients, partners, staff or fellow volunteers, ECS, or the general public. All such information should be treated in confidence and not disclosed outside the organisation. The only exception to this would be if a volunteer is privy to information which leads them to believe there is a real risk to themselves or someone else. In this instance they are advised to share the information with the management of the local Healthwatch or another senior staff member at ECS.

All volunteers are expected to sign a confidentiality agreement and to be aware of data protection requirements. The Data Protection Policy is attached at Appendix 7.

The Volunteer Agreement includes a requirement to confirm that volunteers have read, understood and will comply with the Data Protection Policy.

## **Conflict of Interest**

Any conflict of interest or potential conflict should be declared both in terms of completing the appropriate forms in Appendix 11 and making the appropriate declaration at meetings. This may result in needing to withdraw from the decision-making in order to prevent being seen as biased or perceived to be influenced by their 'interest'.

## **Anti-Bribery Policy**

Any gifts or hospitality received as a consequence of your involvement in Healthwatch should be declared by completing the register held by the ECS Corporate Services Manager, as per Appendix 14.

## Health, Safety and Wellbeing

The health and wellbeing of all ECS staff and volunteers is taken very seriously. Everyone is encouraged to raise any matters of concern so that appropriate action can be taken. The Health and Safety Policy is included in this Handbook at Appendix 12. This is intended to ensure everyone stays safe irrespective of where they are undertaking activities on behalf of ECS/Healthwatch, so volunteers are advised to bear these guidelines in mind at all times. A range of insurances are in place to cover activities that the company provides. A risk assessment has been completed for the existing volunteer roles and this is available at Appendix 8.

Anyone who identifies a need for any sort of risk assessment should advise the Engagement and Information Lead.

ECS takes its duty of care and responsibility very seriously. This means that all reasonable steps will be taken to avoid carelessly causing personal injury or damage to property. Volunteers are expected to have a reasonable understanding of the circumstances they might encounter whilst undertaking their volunteer role(s) and to avoid behaving in an inappropriate way and ensuring that reasonable care should be taken at all times. Eliminating every risk is practically impossible but adequate training is key both to protect individuals and the organisation and any known or potential risks should be brought to the attention of the Engagement and Information Lead so that mitigating action can be taken.

The Engagement and Information Lead will check that there is good understanding about what the task is, what can and cannot be undertaken and that the volunteer is competent if working with any equipment. This will be done at the time of volunteer briefings in respect of their particular roles and the activities being undertaken.

## Disclosure and Barring Service Checks (DBS)

It is a legal requirement for anyone applying to work with children or vulnerable adults to register with the Disclosure and Barring Service (DBS) and includes volunteers. ECS is bound to check that anyone working with these groups of people is registered with the DBS. If this is required it will be clearly stated, and checks will not be made where there is no need. Having a criminal record is not an automatic barrier to volunteering as only relevant convictions will be taken into account.

A DBS check provides information about criminal activity. It helps organisations determine whether someone is suitable to work as a member of staff or volunteer for that organisation. It is one part of a wider volunteer safeguarding process and careful consideration is given to whether a check is necessary or whether other safeguarding measures provide adequate protection. DBS checks are not used simply as a 'just in case' box ticking exercise. Standard checks reveal information relating to spent and unspent convictions, cautions, reprimands and final warnings from the National Police Computer. Enhanced checks reveal the same information as standard checks but also check against information held by local police forces. When specified an enhanced check can be used to ensure it does not conflict with the lists of people who are barred.

The procedure for assessment of DBS checks can be found at Appendix 9 and 9a.

## State Benefits and Allowances

Volunteers may continue to receive benefits and allowances such as job seekers allowance. Allowances will be made to ensure anyone receiving these allowances can attend meetings at their Job Centre Plus office as necessary. There is no specific limit to the number of volunteering hours, but Job Centre staff may wish to be satisfied that they have committed enough time to be actively seeking employment and as a consequence question availability.

Full time voluntary workers who receive subsistence allowances will not generally receive benefits. Further information is available via the weblink below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/264508/dwp1023.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264508/dwp1023.pdf)

## Expenses

Volunteers are reimbursed for their reasonable out of pocket expenses incurred whilst carrying out authorised activities and duties of their volunteer role(s).

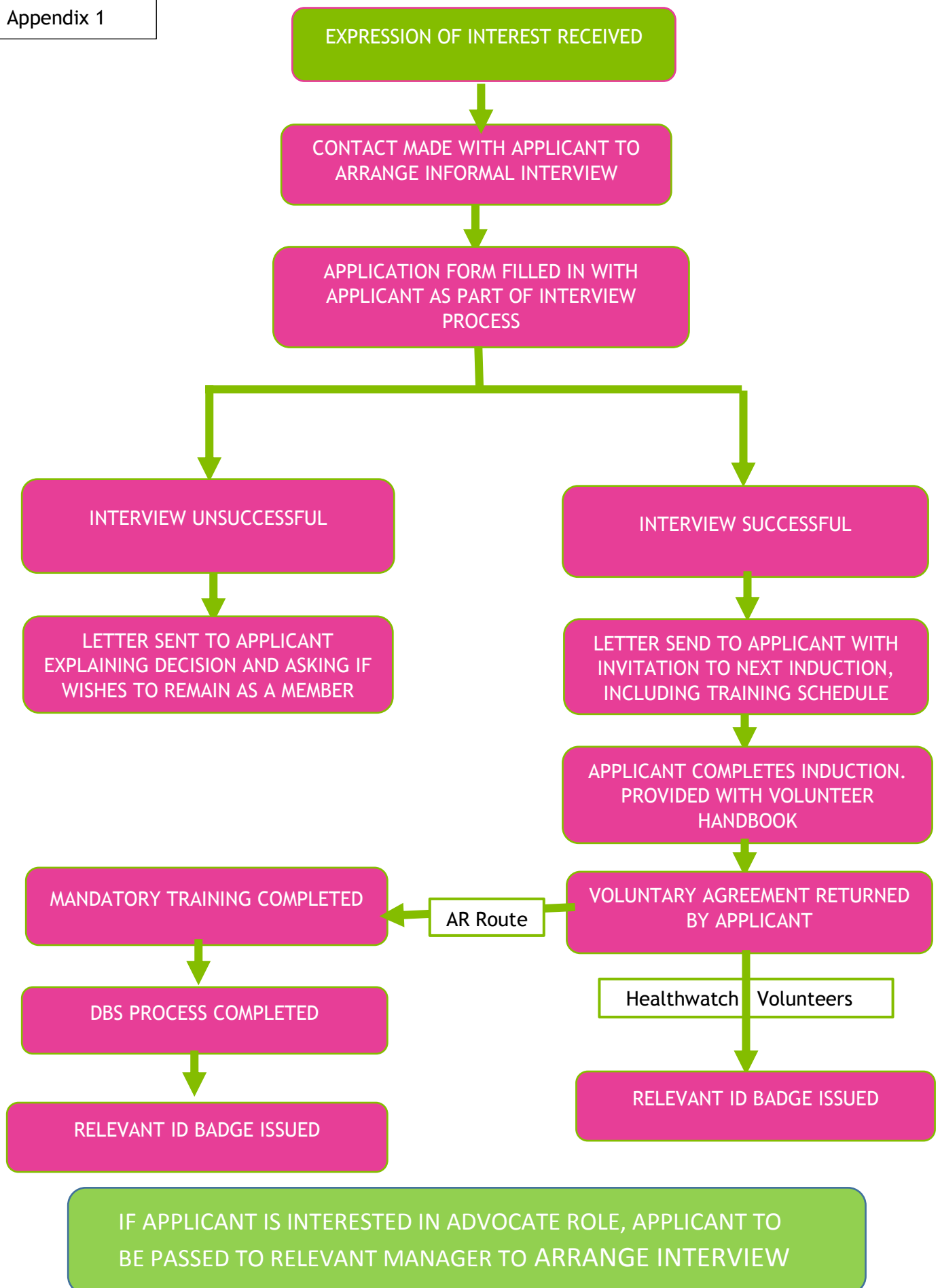
Expense claim forms are available from the Engagement and Information Lead and should be submitted on a monthly basis. However, if required a volunteer can submit a claim shortly after an out of pocket expense has been incurred, this can be forwarded to the Finance Department for processing on the next payrun. An expense claim form should be completed for each month detailing travel and other expenses together with original receipts. Volunteers should provide detailed records of journeys including mileage, time date and purpose of the journey.

If a car is needed to undertake duties volunteers should advise their insurers accordingly (business insurance must be part of the policy). Expenses will not be reimbursed if claims have already been made through another organisation. The cost of fines or penalties incurred whilst on ECS business will not be reimbursed.

The Expenses Policy and expense claim form are available at Appendix 10.

# SECTION 4

## APPENDICES





## Disclosure and Barring Service (DBS) Policy

### Introduction

This document is a statement of the Disclosure and Barring Service (DBS), previously known as Criminal Records Bureau (CRB) policy of Engaging Communities (ECS). The policy covers all employees, volunteers and associates for whom a Disclosure and Barring Service (DBS) Check will be required, as appropriate for their role.

### Policy Statement

A DBS check is a document containing information held by the police and government departments, which gives details of a person's criminal record including convictions, cautions, reprimands, final warnings or other non-conviction information.

Disclosures are provided by the DBS, an executive agency of the Home Office. ECS makes use of the DBS service (umbrella organisation) as part of the recruitment process to assess a candidate's suitability for posts involving contact with children and/or vulnerable adults. This Disclosure service may also be used to check existing members of ECS, where this is considered to be relevant and appropriate by the organisation.

### The Rehabilitation of Offenders Act 1974

#### Spent and Unspent Conviction

The Rehabilitation of Offenders Act 1974 was introduced to prevent people being discriminated against in their employment because of an offence committed in their past. For employers, this means that people whose convictions are "spent" should be treated as rehabilitated and as if their conviction had never taken place.

However, there are certain sentences excluded from rehabilitation under Act which are never considered "spent". These are:

- A sentence of life imprisonment
- A sentence of preventive detention
- A sentence of imprisonment, youth custody or corrective training for a term exceeding 30 months

#### Excluded Jobs and Professions

There is also a list of excluded jobs and professions under the Rehabilitation of Offenders Act 1974 which means that for certain types of employment it is lawful to reject a person for employment on the grounds of a spent conviction. When making an application for one of the excluded job categories, job applicants are obliged to disclose all convictions, whether or not they are spent.

The relevant excluded job categories include:

- Medical practitioner, nurse, midwife
- Medical laboratory technician
- Radiographer, occupational therapist, physiotherapist
- Health services personnel
- Posts involving schooling or other dealings with young people/vulnerable adults

#### **Declaring Previous Unspent (and Spent) Convictions at the Point of Application for a Post at ECS**

Applicants for all posts at ECS are required to disclose previous unspent and spent convictions. Where an individual has disclosed a conviction in his or her application for a post at ECS or a conviction is revealed through a disclosure, a discussion will take place with the applicant on how under the Rehabilitation of Offenders Act 1974 it is lawful for ECS to reject a person for employment on the grounds of a spent conviction when applying for one of the excluded job categories as shown above.

#### **Validity/Expiry of Disclosure Information**

The Disclosure Certificate is valid for the date of issue only, as it represents information available to the DBS on that date only.

As an organisation using the Disclosure & Barring Service to help assess the suitability of applicants for positions of trust, ECS complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of disclosures and disclosure information. It also complies fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.

ECS undertakes to renew DBS checks at least every 3 years.

This document is a statement of the relevant law where appropriate together with the Company's policies on the subject. The Company reserves the right to amend any non-statutory parts of this policy.

This document was current as at 02/10/2019. New Employment legislation and case law means that this document will become out of date and will need reviewing and amending, preferably every 12 months.



# Enter and View Policy

Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village  
Dyson Way  
Staffordshire Technology Park  
Stafford ST18 0TW



## **1 Introduction**

## **2 Enter and View Policy**

- 2.1 Role of local Healthwatch
- 2.2 What is Enter and View
- 2.3 Where can Enter and View be carried out?
- 2.4 Health and Social care providers do not have a duty to allow entry if:

## **3 Who can carry out Enter and View? Authorised Representatives**

## **4 Carrying out Enter and View**

- 4.1 Enter and View activity can be authorised in relation to three activity strands:
- 4.2 Selecting services/providers for Enter and View activity
- 4.3 Criteria for deciding which type of visit to arrange
- 4.4 Notice given to providers of Enter and View Visits
- 4.5 Arriving at the service/provider to commence the Enter and View visit
- 4.6 At the end of the Enter and View visit
- 4.7 Unfavourable circumstances arising during a visit
- 4.8 Escalation of an immediate concern
- 4.9 Documenting the visit
- 4.10 Provider refuses access

## **5 Complaints about Authorised Representatives**

References

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# 1 Introduction

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## Purpose of this document

- 1.1 This policy describes the arrangements for Healthwatch Authorised Representatives to enter and view premises providing health and adult social care services within Healthwatch provided by ECS for the purpose of observing services, the users' experience of care and service delivery. The Authorised Representatives will observe and assess the nature and quality of services and service delivery, obtain the views of people using those services, validate evidence already collected and gather information from staff, service users and carers and, in some cases, make recommendations about how those standards might be improved.
- 1.2 This document has been adapted from one produced by Healthwatch England, with guidance from the Care Quality Commission's (CQC) legal team.

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## 2 Enter and View Policy

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### 2.1 Role of local Healthwatch

- 2.1.1 There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

### 2.2 What is Enter and View?

- 2.2.1 An Enter and View visit is an opportunity for Healthwatch to look at how services could improve by listening to the views of the people that use them, within criteria set out in the legislation.
- 2.2.2 There are two pieces of legislation which place a duty on health and social care providers to allow a representative of Healthwatch to carry out Enter and View;
  - The Local Government and Public Involvement in Health Act 2007<sup>i</sup> (this talks about how each local authority must contract a Healthwatch service in its area

to enable people to monitor the standard of local health and social care services and how they could or ought to be improved)

- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013<sup>ii</sup>.

2.2.3 In 2014 the Department of Health Review carried out a review of the organisations which have powers of entry (including Healthwatch). This review states that there remains a duty on providers of health and social care to allow a representative of local Healthwatch to enter certain premises and observe activities. There are criteria that Healthwatch must meet in order to exercise the power of entry, which include the consent of the provider.

2.2.4 Enter and View is an activity Healthwatch can carry out, but not a statutory function, which means Healthwatch can choose if, when, how and where it is used, depending on their local priorities.

2.2.5 Healthwatch may carry out Enter and View to contribute to activities in their statutory functions.

2.2.6 Enter and View allows Healthwatch to:

- To go into health and social care premises to hear and see how people experience the service.
- To collect the views of people using the service at the point of delivery.
- To collect the views of carers and relatives of people using the service.
- To observe the nature and quality of services.
- To collate evidence-based feedback, based on what people have told them on the day.
- To report to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners.
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

## 2.3 Where can Enter and View be carried out?

2.3.1 The legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded and delivered, which covers:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services such as community pharmacists

- Premises which have been contracted by Local Authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres.

## **2.4 Health and Social care providers do not have a duty to allow entry if:**

- 2.4.1 The visit compromises either the effective provision of a service or the privacy or dignity of any person.
- 2.4.2 Where the part(s) of premises are used solely as accommodation for employees where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed).
- 2.4.3 If, in the opinion of the provider of the service being visited, the Authorised Representative, in seeking to 'Enter and View' its premises, is not acting reasonably and proportionately.
- 2.4.4 If the Authorised Representative does not provide evidence that he or she is authorised.
- 2.4.5 If the premises where the care is being provided is a person's own home, e.g. privately funded assisted living facilities. This does not mean that an Authorised Representative cannot enter when invited by residents - it just means that there is no duty to allow local Healthwatch to enter.
- 2.4.6 Where the premises are non-communal parts of care homes, e.g. a resident's bedroom. If a resident asks an Authorised Representative to come into their bedroom by invitation perhaps to see some defect like worn out carpet or to speak confidentially, the local Healthwatch needs to agree to this providing they feel comfortable they are operating within their own safeguarding policies and procedures, and the situation has been risk assessed. Visits into non-communal areas e.g. a resident's bedroom in a care home, must not be undertaken unaccompanied and there must be a minimum of 2 people present at all times.
- 2.4.7 If there are no people receiving publicly funded services being provided on the premises.
- 2.4.8 The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

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### 3 Who can carry out Enter and View? Authorised Representatives

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- 3.1 Healthwatch recruits volunteers for Enter and View activities. They must successfully pass a recruitment process and undertake a range of mandatory training modules to become Authorised Representatives. Officers of Healthwatch may also undertake the mandatory training modules to become approved Enter and View representatives.
- 3.2 Only Authorised Representatives and approved officers can conduct a visit and then only for the purpose of carrying out the activities of Healthwatch
- 3.3 All local Healthwatch are required under the legislation to comply with and publish a procedure for making decisions about who may be an Authorised Representative and keeping it up to date<sup>iii</sup>.
- 3.4 All local Healthwatch are required under legislation to provide each Authorised Representative with written evidence of that individual's authorisation, along with a photo ID badge solely for the purpose of Enter and View activities<sup>iv</sup> and listed on the Healthwatch webpage for verification.
- 3.5 All Healthwatch Authorised Representatives are required under the legislation to undergo a check by the disclosure and barring service (DBS) before they can lead or take part in an enter and view visit.



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## 4 Carrying out Enter and View

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### 4.1 Enter and View activity can be authorised in relation to three activity strands:

- To contribute to a wider local Healthwatch programme of work.
- In response to concerns and intelligence.
- At a request of CQC, Commissioner, Provider or Local Authority.

### 4.2 Selecting services/providers for Enter and View activity

- 4.2.1 All services or providers who are considered for Enter and View activity will be considered against the Healthwatch protocol for selecting Enter and View visits.
- 4.2.2 The protocol will be completed by the Lead Enter and View Officer or Lead Advisory Board member for Enter and View. The Healthwatch Manager/Chief Officer will assess the recommendation and give final approval if appropriate.

### 4.3 Criteria for deciding which type of visit to arrange

**Enter and View visits may be announced, semi-announced or unannounced.**

- 4.3.1 An announced visit may be selected where it contributes to a larger ongoing piece of work. It may be where the provider is generally rated as good (for example by the Care Quality Commission) and where Healthwatch would like to observe and record good practice, it can also be where the provider has not been inspected for some time or where on the last CQC inspection or Healthwatch Enter and View there were areas recommended for improvement. Other circumstances may be where the service is not twenty-four hourly in one location, in which case Healthwatch would need to arrange the visit in advance to be able to observe and report.
- 4.3.2 A semi-announced visit may be selected where there may be concerns raised regarding the service or the service has received less than good ratings and observation is required on an “as usual” basis, but where Healthwatch would prefer the service to have an understanding of the Enter and View process.
- 4.3.3 An unannounced visit may be selected where more serious concerns have been raised and Healthwatch does not want to alert the provider that they will be visiting. Unannounced visits will only be considered in response to a concern highlighted by the community, commissioner or CQC; when sufficient and robust

evidence exists, such as reports of dirty premises; following publication of statistics showing high infection rates etc.

## **4.4 Notice given to providers of Enter and View Visits**

### **4.4.1 Announced visits**

- The service provider will be contacted at least 10 working days before a visit is planned.
- It will be explained to the provider/service why it has been chosen for an Enter and View visit as per 4.3 of the Healthwatch policy concerning announced visits.
- The purpose of Enter and View will be explained.
- They will be advised on how the visit will be carried out.
- The provider will be asked to identify any information that would help inform the planning for the visit.
- A mutually convenient date will then be arranged for the visit.
- A confirmation email (or letter in the event of no email address) will be sent at least 5 working days in advance of the planned visit, giving details of the date, time, and length of visit, specific service/premises/areas to be entered and viewed, and the names of the Authorised Representatives attending. An information pack will be attached to the email, containing a copy of the policy, A4 flyers that may be displayed in the service giving an overview of Enter and View and an information sheet setting out what will happen during the visit
- It will identify any practical arrangements e.g. if a disabled parking space or other reasonable adjustments are required to facilitate the visit.

### **4.4.2 Semi-announced visits**

- Semi-announced visits are arranged in a similar way, but with a letter and information pack, containing a copy of the policy and an information sheet, sent electronically (unless no email available) setting out what will happen during the visit sent prior to the visit indicating that the service has been selected for an Enter & View visit giving an indication of the period of time that the visit may take place, but without giving a specific date.
- It can also be arranged, if appropriate, for the service to receive an Enter & View Authorised Representative (AR) visit, where the Enter and View AR may visit the service to advise the service about Enter and View as a follow up to the letter and information that has previously been sent to the provider. For semi-announced visits it is not a requirement to hand over an information pack containing a copy of the policy, A4 flyers that may be displayed in the service

giving an overview of Enter and View and an information sheet setting out what will happen during the visit as the information has previously been sent.

#### **4.4.3 Unannounced visits**

**Unannounced visits will not take the place of any other approaches that could produce the information Healthwatch is seeking.**

- The power to Enter and View does allow Healthwatch to make unannounced visits, if they can demonstrate that they are proportionate and reasonable.
- Upon arrival at the service or premises the Lead Authorised Representative must:
  - Explain the purpose for the unannounced visit to the duty manager
  - Hand over a copy of the Healthwatch policy and an information sheet setting out what will happen during the visit
  - Hand over a number of A5 flyers that can be distributed to residents/people using the service giving an overview of Enter and View.

### **4.5 Arriving at the service/provider to commence the Enter and View visit**

4.5.1 When the Authorised Representatives arrive at the service/provider they will:

- ask to see the duty manager/owner
- they will confirm they are visiting from Healthwatch
- they will show their Identification Badge and letter of authority
- they will give the duty manager/provider an information pack if the visit is an unannounced one as per 4.4 of the Healthwatch Policy
- they will sign in the visitors book setting out the nature of the visit
- they will ask duty manager/provider to either give them a tour of the communal areas or to assign a member of staff to undertake this

### **4.6 At the end of the Enter and View visit**

- 4.6.1 The Authorised Representatives will ask if they may use a private room to have a short conversation about the visit and to finalise their notes.
- 4.6.2 The duty manager/owner will be offered a short resume of any observations and interim conclusions the Authorised Representatives may have though these will only be indicative until the report is sent to the service/provider for comment and response.
- 4.6.3 If the Authorised Representatives have any immediate concerns these will be shared with the duty manager/owner also.

## **4.7 Untoward circumstances arising during a visit**

- 4.7.1 If during the course of a visit an Authorised Representative witnesses (or is informed of) anything illegal or that constitutes a safeguarding concern of either vulnerable adults or children or which jeopardises any other aspect of patient safety or care, he or she must bring this to the notice of the senior manager on duty/owner and the Enter and View Lead/HW Manager/Chief Officer.
- 4.7.2 The Enter and View Lead/HW Manager/Chief Officer may also decide to make a safeguarding referral to the local Safeguarding Adults or Children's Board and report their concerns.
- 4.7.3 If the issue of concern appears to involve the senior manager or the management team or the owner, then he or she should advise the Enter and View lead/Manager/Chief Officer for Healthwatch who will contact the local Safeguarding Adults or Children's Board and report their concerns.
- 4.7.4 If the issue is presenting an immediate current serious risk to health of the person or they are being abused the Authorised Representatives may also call the emergency services: ambulance and or police. Then they will notify the Enter and View lead/HW Manager/Chief Officer who will contact the local Safeguarding Adults or Children's Board and report their concerns.

## **4.8 Escalation of an immediate concern**

- 4.8.1 In the event of an immediate concern as well as acting on any point in 4.7 Healthwatch may also escalate the issue to Healthwatch England or directly to the Care Quality Commission. The commissioners of the service will also be informed as well as the local CCG, Local Authority and acute trust where appropriate.

## **4.9 Documenting the visit**

- 4.9.1 Following every visit, the nominated Authorised Representative will prepare a report outlining their findings and if applicable offer recommendations for change and service improvement.
- 4.9.2 The first draft of the report must be sent to the Healthwatch Enter and View Lead within 15 working days of the visit, or as arranged with the Enter and View Lead, so that assistance can be given with editing and presentation, if necessary.
- 4.9.3 After consulting the Healthwatch Enter and View Lead, the draft report will be forwarded within 5 working days to the service provider with an invitation to highlight any factual inaccuracies and to respond to its comments and any recommendations within 10 working days.
- 4.9.4 In the event the provider provides comments they will be entered at the appropriate place in the report. If a factual inaccuracy is sent the Authorised Representatives who visited will decide whether to accept this and amend the report accordingly. If they don't accept them it must be highlighted to the

Healthwatch Manager/Chief Officer who will advise on how to proceed, most likely citing the provider comments re the factual inaccuracy in the comments section and noting why we do not agree.

- 4.9.5 The provider may also be invited to meet the Authorised Representatives and Enter and View Lead to discuss any recommendations and to explain the action it intends to make to implement them (or reasons why not).
- 4.9.6 If the provider fails to respond to the report after a reminder and no later than 15 working days it will be deemed that the provider has no comment to make.
- 4.9.7 Healthwatch will then produce a final report and this will be sent to:
- The service provider
  - The Local Authority
  - The Care Quality Commission
  - Healthwatch England
  - The final report will also be posted on to the local Healthwatch website

### **Provider refuses access**

- 4.9.8 If the Authorised Representatives are unreasonably denied access, the Enter and View Lead at Healthwatch will arrange to formally meet with the owner/relevant manager or senior responsible officer of the service.
- 4.9.9 If this meeting is not held within two weeks from the date of the visit the failure to co-operate will be escalated and discussed with the relevant commissioner. The local CCG, Acute Trust, Local Authority and Care Quality Commission will be informed as deemed appropriate.

## **4.10 Complaints about Authorised Representatives**

- 4.10.1 If a service provider considers the conduct of an Authorised Representative to be unacceptable it has the right to terminate the visit prematurely (see circumstances in which a visit can be refused or terminated, above).
- 4.10.2 The service provider must substantiate the complaint in writing to the Enter and View lead at Healthwatch within 10 working days so that an investigation can be arranged.
- 4.10.3 If the Enter and View Lead accepts that there has been a breach of the Code of Conduct he/she will ensure that a full investigation is undertaken.
- 4.10.4 The outcome of the investigation will be reported to the service provider who lodged the complaint and to the Healthwatch Manager/Chief Officer in line with the organisations complaints policy. It will be the responsibility of the

Healthwatch Manager/Chief Officer to ensure that appropriate actions are taken with the individual or team concerned.



## References

- <sup>i</sup> Local Government and Public Involvement in Health Act 2007 Section 221. Available from: <http://www.legislation.gov.uk/ukpga/2007/28/section/221>
- <sup>ii</sup> The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 Available from: <http://www.legislation.gov.uk/uksi/2013/351/contents/made>
- <sup>iii</sup> ECS Healthwatch Authorised Representative Recruitment Procedure. See Appendix 1
- <sup>iv</sup> Example of an Engaging Communities Healthwatch Authorised Representative ID badge



## Appendix 4

## Safeguarding Children and Young People Policy

### Introduction

This is the Policy of ECS (the Company) regarding Safeguarding Children and Young People. The details are below. This policy is not part of your employment contract and it is not legally binding except where it is a statement of the law. You must be aware of and apply this policy and procedure; failure to do so may result in disciplinary action being taken against you. You should consult your manager if there is anything that is not clear, or you are unsure about any aspect of this policy.

### Policy Statement

ECS works with children and families as part of its activities. These include providing advocacy, social research and delivering local Healthwatch services.

The purpose of this policy statement is:

- to protect children and young people who receive ECS's services. This includes the children of adults who use our services
- to provide parents, staff and volunteers with the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of ECS, including senior managers and the board of Non- Executive Directors, paid staff, volunteers, sessional workers, agency staff and students.

### Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from [nspcc.org.uk/child protection](https://nspcc.org.uk/child-protection).

### We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

We recognise that:

- the welfare of the child is paramount
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

## **We will seek to keep children and young people safe by:**

- valuing, listening to and respecting them
- appointing a nominated child protection/safeguarding lead, a deputy child protection/safeguarding lead and a lead board member for safeguarding
- developing child protection and safeguarding policies and procedures which reflect best practice
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- developing and implementing an effective online safety policy and related procedures
- sharing information about child protection and safeguarding best practice with children, their families, staff and volunteers via leaflets, posters, group work and one-to-one discussions
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- implementing a code of conduct for staff and volunteers
- using our procedures to manage any allegations against staff and volunteers appropriately
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- recording and storing information professionally and securely.

## **ECS commitment to safeguarding children and young people**

- This organisation believes that children must be protected from harm at all times.
- We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
- We want children who use or have contact with this organisation to enjoy what we have to offer in safety.
- We want parents and carers who use or attend our organisation to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
- This document has regard to the statutory guidance [Working Together 2018](#).
- If we discover or suspect a child is suffering harm, we will notify the Local Authorities referral team or the Police in order that they can be protected if necessary.
- We will review our safeguarding children policy and procedures on a regular basis to make sure they are still relevant and effective.



## **1. Safeguarding and Promoting the Welfare of Children**

The definition for safeguarding and promoting the welfare of children in [Working Together 2018](#) is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Where there is a safeguarding issue, ECS will work in accordance with the principles outlined in the Local Authorities Safeguarding Children Board Inter-agency policies and procedures to ensure that:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded.
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation, their individual ability and any special needs.
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances.
- Parents will be advised about the ECS Safeguarding Policy and a copy will be made available upon request.
- If a child is at risk of significant harm, there is a duty on the organisation to share information with the Local Authority where the child is located and/ or the Children's Social Care (CSC) teams. On occasion, this may be both CSC services as the child may live in one authority and attend an organisation in another, however the referral should always be made to the local authority in which the child resides. This will be explained to the child or family member and appropriate reassurance given.
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned (and/or those with parental responsibility) **unless** the disclosure of confidential personal information is necessary in order to protect a child or promote their welfare. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict "need to know" basis.
- Professionals should be mindful of the effects of outside intervention upon children, upon family life and the impact and implications of what they say and do, however this should not override the safety and welfare of the child.
- Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free. Unavoidable technical and professional terminology should be explained in simple term.
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation.

## 2. Making referrals

Where there are safeguarding concerns about a child, consultation must take place with the Designated Safeguarding Lead- Elizabeth Learoyd (or Deputy Safeguarding Lead- Simon Fogell) who will be the most appropriate person to initiate any referral. A written record of concerns should be made and recorded on the Client Record Management system (CRM). If following consultation, it is agreed that a referral needs to be made, this must be done immediately, and within 24 hours of the incident. The Safeguarding lead will confirm which local authority area the referral needs to be made.

## 3. Safeguarding Children policy and procedure for ECS

1. There will be a named person for safeguarding who will be responsible for dealing with any concerns about the safety and welfare of children. This person is Elizabeth Learoyd. (Deputy- Simon Fogell). For further details of their role please see **Appendix B**.
2. All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to children or vulnerable adults (**See Appendix C**). Those staff and volunteers who are involved in regulated activity with children, young people and adults will be checked through the [Disclosure and Barring Service](#) (DBS)<sup>1</sup>.
3. All staff and volunteers will receive an induction and basic training in line with [Working Together 2018](#) and the respective Safeguarding Children Board training strategies. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously.
4. We will endeavour to make this organisation a safe and caring place for children to be by having a code of conduct for staff and users. This will be given to all staff and users and they will be expected to comply with it. See **Appendix C**.
5. Any information given to users about activities of the organisation will include information about the safeguarding children policy and procedure. Parents and carers of any children using supervised activities for children will be given specific information about the child protection policy and procedure. See **Appendix D**.
6. There will be a complaints procedure, see **Appendix E**

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<sup>1</sup> The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)

## **Appendix A**

### **Categories of Abuse**

#### **Recognising the Signs and Symptoms of Abuse**

It is important in this section to provide definitions of abuse and the organisation should advise that all staff need to familiarise themselves with these definitions. It is also important in this section that you reflect your organisations commitment to ensuring that all workers have a basic awareness of child abuse and how you will ensure this happens i.e. through training.

[Working Together to Safeguard Children 2018](#) defines the main categories of child abuse, which is also used for the purposes of drawing up child protection plans for children at risk of harm. The categories are as follows:

#### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

## **Signs and Symptoms of Abuse**

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

<b>PHYSICAL SIGNS OF ABUSE</b>	<ul style="list-style-type: none"><li>• Bruise marks consistent with either straps or slaps</li><li>• Undue fear of adults - Fear of going home to parents or carers</li><li>• Aggression towards others</li><li>• Unexplained injuries or burns - particularly if they are recurrent and especially in non-mobile babies</li><li>• Any injuries not consistent with the explanation given for them</li><li>• Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc</li><li>• Reluctance to change for, or participate in games or swimming</li><li>• Bruises, bites, burns, fractures etc which do not have an accidental/satisfactory explanation</li><li>• Cuts/scratches/substance abuse</li><li>• Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning</li><li>• Fabricated illness -see SSCB website for the procedure including signs and symptoms</li></ul>
<b>NEGLECT</b>	<ul style="list-style-type: none"><li>• Exposure to danger/lack of supervision</li><li>• Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.</li><li>• Injuries that have not received medical attention</li><li>• Inadequate/inappropriate clothing</li><li>• Constant hunger</li><li>• Poor standards of hygiene</li><li>• Untreated illnesses</li><li>• Persistent lack of attention, warmth or praise</li></ul>

<p><b>EMOTIONAL SIGNS OF ABUSE</b></p>	<ul style="list-style-type: none"> <li>• Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/ aggression, extreme anxiety</li> <li>• Nervousness, frozen watchfulness</li> <li>• Obsessions or phobias</li> <li>• Sudden under-achievement or lack of concentration</li> <li>• Inappropriate relationships with peers and/or adults</li> <li>• Attention-seeking behaviour</li> <li>• Persistent tiredness</li> <li>• Running away/stealing/lying</li> <li>• Humiliating, taunting or threatening a child whether in front of others or alone.</li> <li>• Persistent lack of attention, warmth or praise.</li> <li>• Shouting/yelling at a child</li> <li>• Radicalisation - use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.</li> </ul>
<p><b>INDICATORS OF POSSIBLE SEXUAL ABUSE</b></p>	<ul style="list-style-type: none"> <li>• Language and drawing inappropriate for age.</li> <li>• Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour</li> <li>• Regularly engages in age inappropriate sexual play</li> <li>• Sexual knowledge inappropriate for their age</li> <li>• Wariness on being approached</li> <li>• Soreness in the genital area or unexplained rashes or marks in the genital areas</li> <li>• Pain on urination</li> <li>• Difficulty in walking or sitting</li> <li>• Stained or bloody underclothes</li> <li>• Recurrent tummy pains or headaches</li> <li>• Bruises on inner thigh or buttock.</li> <li>• Any allegations made by a child concerning sexual abuse</li> <li>• Sexual activity through words, play or drawing</li> <li>• Child who is sexually provocative or seductive with adults</li> <li>• Inappropriate bed-sharing arrangements at home</li> <li>• Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations</li> <li>• Eating disorders - anorexia, bulimia</li> <li>• Unaccounted sources of money</li> <li>• Telling you about being asked to 'keep a secret' or dropping hints or clues about abuse.</li> </ul>
<p><b>Remember- Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors- if in doubt check it out. The most important factor is a report by the child</b></p>	

## **APPENDIX B**

### **DESIGNATED SAFEGUARDING LEAD (DSL)**

- This organisation will have a dedicated person to take responsibility for safeguarding matters including allegations about a person who works with children.
- The Designated Safeguarding Lead (DSL) for ECS is Elizabeth Learoyd and Deputy DSL is Simon Fogell

Working together 2018 sets out the roles and responsibilities of the designated safeguarding lead. These are;

- To develop a culture of listening to children and taking account of their wishes and feelings.
- To support other professionals to recognise and respond to the needs of children including rescue from possible abuse or neglect.
- To promote safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a Disclosure and Barring Service (DBS) check.
- To ensure that staff have the appropriate level of supervision and support, including undertaking safeguarding training
- To ensure that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported when they do.
- To act as a source of advice on all safeguarding matters and seek further advice and guidance from local statutory agencies as and when required.
- Ensure that a record is kept of any concerns about a child or person working with them and of any conversation or referrals to statutory agencies.
- And to conduct regular audit activity to ensure the organisation is working in line with current practice **See Appendix F.**

## **APPENDIX C**

### **GUIDANCE FOR STAFF AND VOLUNTEERS**

Working together 2018 explains that everyone has a responsibility to promote the welfare and safety of children, therefore it is the responsibility of ECS to develop and nurture a culture that supports this approach.

Please read this guidance carefully. It will tell you what you need to know to safeguard children.

All staff and volunteers are expected to follow this guidance.

- The Designated Safeguarding Lead (DSL) for ECS is Elizabeth Learoyd and Deputy DSL is Simon Fogell. If you have any queries around the safety and welfare of any child, please contact them.
- Please attend any training and multi-agency meetings that you are invited to.
- All staff and volunteers must inform the DSL if they are: -
  - Charged with a criminal offence involving a child, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
  - Investigated by any authority due to concerns that you may have had involvement in causing harm to a child.
  - Diagnosed with any medical condition that may affect your ability to carry out your role with children safely<sup>2</sup>, for example psychotic illness.
- Make sure you know what to do if a child tells you or you suspect that they are being harmed.

#### **Key points are:**

##### **X DO NOT**

- Carry out your own investigation
- Put words in any child's mouth by asking direct questions such as "Did your Dad do it?"
- Feel that you must inform parents/carers if you think it may put the child at risk of further harm or cause them to be silenced.
- Ignore your worry
- Ask the child to sign what you have recorded or to repeat it to another member of staff
- Take photographs of any injury
- Delete information/ photographs from a computer/ memory stick/ mobile phone or any other electronic device
- Make promises to the child.

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<sup>2</sup> Further guidance for Early Years providers is contained within the EYFS 2014 Section 3 The Safeguarding and Welfare Requirements, pg 20: 3.19 – Staff taking medication/ other substances

✓ **DO**

- Ask open-ended questions to clarify your concern e.g. “What happened to your arm?”
- Listen to the child / your gut feelings
- Take action.

**Action to Take:**

1. If a child has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent/ carer has arrived to collect a child and is unfit to care for them, or a child left alone at home) dial 999 and request assistance from the ambulance service and/or police. If you know or suspect the child has come to harm through the actions of another make sure that the professional you hand the child over to understands this and take their name and record it. It will generally be appropriate to inform the child’s parent/ carers what has happened once the child is safe with an appropriate professional.
2. If it seems that a child has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to the service for the area where they live.
3. If the concern is long term rather than immediate, for example a child who is often dirty, smelly or who has disruptive behaviour, you should discuss this with the DSL who will decide whether it meets the threshold for making a referral.
4. If you are unable to do so beforehand, inform the DSL as soon as you can that you have had to make an immediate referral. Ensure this is recorded.

**Code of Conduct for Staff and volunteers**

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it and as such places them in a position of trust. The points below only provide a few examples of appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts. Further detailed guidance can be found in the following document: [Joint SCB Guidance for Safer Working Practice for Adults who Work with Children and Young People. October 2014](#)

Best practice as advised by both Safeguarding Children Boards would be to use this information to compliment and therefore strengthen any existing documents you have within your organisation.

1. Always remember that while you are caring for other people’s children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement such as smacking or hitting.
3. Do not smoke in front of any child or young person.
4. Do not use unprescribed drugs or be under the influence of alcohol.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.



7. Do not give your personal contact details / personal website details to children, parents and carers (exempt childminders)
8. Do not use internet or web-based communication channels to send personal messages to/ befriend children.
9. The use of mobile phones or any other devices to take images of children must be carefully managed. In some settings/ agencies, it may be necessary to take photographs of children in order to evidence progression in terms of their development, particularly with very young children and those with disabilities. Attention must be paid to the way in which the photographs are used and stored, whether this is on a mobile phone or other device. Mobile phones or any other devices **must not** be used to take images of children's injuries. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents/carers (and the child) should always be sought. For further advice and guidance on the use of social networking sites/ mobile phones/ computers/ cameras, please visit [www.ceop.police.uk](http://www.ceop.police.uk)
10. Generally, you should not give children presents or personal items. The exceptions to this would be a custom such as buying children a small birthday token or leaving present or help to a family in need such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and be agreed with the named person for child protection and the child or young person's parent. Similarly, do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.
11. You should not invite a child to your home or arrange to see them outside the set activity times.(exempt childminders) Should the need arise to invite a child into your home then a discussion with a senior manager must be conducted in order to ensure this is the most appropriate action.
12. You should not engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
13. Exercise caution about being alone with a child. In situations where this may be needed (for example where a child wants to speak in private) think about ways of making this seem less secret for example by telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.
14. Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
15. Do talk explicitly to children about their right to be kept safe from harm.
16. Do listen to children and take every opportunity to raise their self-esteem.
17. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from children and be consistent in enforcing it.
18. If you have to speak to a child about their behaviour remember you are challenging 'what they did' not 'who they are'.
19. Do make sure you have read the Safeguarding children procedure and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.

20. Do seek advice and support from your colleagues, activity leaders or supervisors and your DSL.

## **APPENDIX D**

### **Information for Parents**

We want ECS to be a safe place for children. We have a safeguarding children policy and procedure. You can ask for a full copy of this. Below is a brief summary of the key points.

We aim to keep children safe by:

- Having a Designated Safeguarding Lead (DSL) for ECS is Elizabeth Learoyd and Deputy DSL is Simon Fogell. They can be contacted on 01785 887809
- Please contact them if you have any safeguarding concerns about any child or the behaviour of anyone working in the organisation
- Ensuring all staff and volunteers are properly checked and vetted.
- Making proper arrangements for all activities.
- Having a code of conduct for staff/volunteers and making sure that all staff and volunteers know what to do if they have concerns about a child.
- Following National Guidance and Local Safeguarding Children Board policies and procedures and particularly do this by reporting any serious concerns to Staffordshire's First Response (FR)/ Stoke-on-Trent's Advice and Referral Team (ART) or the Police as appropriate.

We would ask you to support us in keeping children safe by:

- Following the code of conduct and treating people with respect
- Supervising your child at all times where appropriate and to provide basic details about your child and make sure that we can contact you if there is an emergency.
- Talking to the DSL if you have concerns about any child using the organisation or the behaviour of any adult in the organisation.

## **APPENDIX E**

### **Complaints Policy and Procedure**

For the purpose of this policy and procedure, it is important to make a distinction between what is a complaint and what is an allegation against a person working with children.

#### **What is a complaint?**

A complaint is defined as an oral or written expression of dissatisfaction or concern you may have about *facilities or services* provided by ECS for example, issues around fees, opening times, policies and procedures, staff ratios, food and drink or outings.

This does **NOT** include:

- harassment and bullying
- disciplinary or misconduct procedures
- concerns about a child in relation to safeguarding
- allegations against a person who works with children<sup>3</sup>

These issues are covered by separate procedures, but if in doubt please speak to your manager, who will advise you on which procedure to follow.

#### **The complaints procedure**

It is understood that there may be times when individuals feel unhappy with the service they are receiving. It is hoped that in such situations, the parties concerned will feel able to discuss any concerns or issues that they may have with the relevant person within the organisation concerned.

If individuals feel unable to discuss their concerns directly or that after such discussion, the matter remains unresolved then the individual may want to put their complaint in writing, addressing it to either the Executive Directors or Chair of the ECS Board.

Once a complaint has been received, either verbally or in writing the following process should be followed:

Using a separate complaints record, the named person responsible for dealing with complaints should record the following

- The name of the person making the complaint.
- The nature of the complaint.
- The date and time of the complaint.
- Action taken in response to the complaint including the date on which this was completed.
- The outcome of the investigation e.g. measures taken to improve the service.
- Details of information and findings given to the person making the complaint.
- If the complaint was made in writing, the named person for dealing with complaints should respond, in writing within 28 days. A copy of this response should be kept on file.

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<sup>3</sup> In the case of early years providers – please refer to the Early Years Foundation Stage 2014, Section 3: The Safeguarding and Welfare Requirements. If concerns are raised around the behaviour of a person who works with children, then the LADO should be contacted for further advice.

- A summary of the complaint made will be kept on file to provide, on request, to the individual and also for regulatory bodies such as Ofsted. This summary will not include the name of the person making the complaint.
- Records should be kept for a minimum of 3 years.

If, during an investigation of a complaint, there is evidence that a person in a position of trust may have harmed a child, committed a criminal offence against a child, or behaved towards a child in a way that indicates they could pose a risk to children, then a referral must be made to the LADO as highlighted above.

Other matters which indicate there may have been a criminal offence committed may need to be referred to the local police station, for example theft of property.

## **Appendix F**

### **Allegations against a person who works with children**

Any situation in which an allegation or concern arises about the conduct of a person who 'works' with children should be managed using the Staffordshire or Stoke-on-Trent Safeguarding Children Board inter-agency policy and procedure for dealing with allegations against a person who works with children.

Specifically, the question should be asked as to whether the allegation or concern possibly meets any one of the following thresholds:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against, or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

If any of these situations apply, then it is **not** a complaint but an allegation/ concern and therefore it must be referred by the senior manager to the Local Authority Designated Officer (LADO) within 24 hours of the allegation being made.

### **Further guidance can be found using the following links:**

- Stoke: [D01 Managing allegations against staff and volunteers working with children and young people \(LADO\)](#)
- Staffordshire: [Section 4A Allegations of Abuse against a Person who Works with Children](#)

## **Appendix G**

### **All round checklist**

Here is a basic checklist of the main safeguards to have in place. You may have other essential safeguards specific to your group or activity. You can add them in the space below. Think about the safeguarding issues that might come up because of the types of children and young people you have contact with, or the types of activities they are involved in. Furthermore, think about how you would use this information to evidence your efforts in keeping children and young people safe. How do your policies link and feed into each other? Is there a 'golden thread' running throughout your organisation that underpins safeguarding?

Does your group have?	Yes	No	Action needed and when?	Date action completed and how?
A safeguarding children policy and a procedure that includes what to do if there are concerns about a child's welfare. How often are these updated?	x			30 April 2019. Reviewed annually. Next review date April 2020.
A named person for dealing with concerns or allegations of abuse and step-by-step guidance on what action to take who is level 2 trained.	x			30 April 2019 Liz Learoyd
A rigorous recruitment and selection process for paid staff and volunteers who work with children.	x			See staff handbook
A written code of behaviour which outlines good practice when working with children.	x			See staff handbook
A training plan and regular opportunities for all those in contact with children to learn about safeguarding children.	x			Ongoing training for staff provided at regular intervals throughout the year

### **Relevant Legislation and Guidance:**

All staff have an obligation to read and familiarise themselves with the following guidance documents and legislation:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

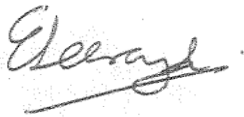
<http://www.staffsscb.org.uk/Professionals/Key-Safeguarding/Managing-Allegations/Working-Together-to-Safeguard-Children-2015.pdf>

<http://www.staffsscb.org.uk/Latest-News/Briefings/Documents/SSCB-Briefing-12a-Joint-Staffordshire-and-Stoke-on-Trent-LSCB-What-practitioners-should-know-about-Working-Together-2013.doc>

<http://www.staffsscb.org.uk/Latest-News/Briefings/Documents/SSCB-Briefing-12b-Joint-Staffordshire-and-Stoke-on-Trent-LSCB-Analysis-Report-on-the-new-Working-Together-to-Safeguard-Children-2013.doc>

Policy Reviewed: April 2019

Policy Review: April 2020

A handwritten signature in black ink, appearing to read 'Elleayd'.

Signed:

Date: 29 April 2019



This document is a statement of the relevant law where appropriate together with the Company's policies on the subject. The Company reserves the right to amend any non-statutory parts of this policy.

**Appendix 4****Safeguarding Adults Policy****1.1 Introduction**

This is the Policy of ECS (the Company) regarding Safeguarding Adults. The details are below. This policy is not part of your employment contract and it is not legally binding except where it is a statement of the law. You must be aware of and apply this policy and procedure; failure to do so may result in disciplinary action being taken against you. You should consult your manager if there is anything that is not clear, or you are unsure about any aspect of this policy.

**1.1.1 Policy Statement**

It is important that all staff, including paid workers and volunteers at ECS Company are clear about how they and the organisation should respond if there are concerns about the safety and wellbeing of adults, therefore it is imperative all staff and volunteers have up to date knowledge and awareness of safeguarding issues.

**1.1.2 Compliance with Safeguarding Policy**

The Safeguarding policy must be adhered to by all staff and volunteers.

All policies will be provided to individuals as part of the induction process and will be reviewed in refresher training sessions at intervals throughout the year. Policies that are highlighted to staff as part of the induction process include Safeguarding, Data Protection and Confidentiality, Equality and Diversity, Whistleblowing and Health and Safety.

The Company conducts a robust recruitment process to ensure the safety of service users and adults and children at risk. The recruitment process for staff and volunteer includes:

- Completion of the application form and supporting statement
- A formal interview
- An DBS check (if required for the role being conducted)
- Obtaining two independent references
- Comprehensive induction training
- Probationary period (usually 6 months- for staff only, not volunteers) and a review of performance
- Regular supervision

All staff and volunteers will receive Safeguarding Adults training which will be repeated at least once every three years. The safeguarding policy and procedure will be reviewed annually, which will include a refresher update being provided to each staff member and volunteer.

Service managers will be responsible for ensuring compliance with Local Authority Safeguarding policies and procedures within their geographical area.

The Designated Safeguarding Lead for the Company is the Executive Director (Operations). The Deputy Safeguarding Lead is the Executive Director (Corporate). Each Service Manager will lead on safeguarding in their locality, reporting to the Executive Director (Operations).

**1.1.3 The Care Act**

The Care Act was a major step forward in safeguarding adults who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

Sections 42 to 47 of the Care Act set out the legal duties and responsibilities in relation to adult safeguarding.

The legal framework for the Care Act 2015 is supported by Care and Support Statutory Guidance which provides information and guidance about how the Care Act should operate in practice. The

guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs for care and support and carers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

This policy and procedure provide an overarching framework to ensure a proportionate, timely and professional approach is taken, and that adult safeguarding is co-ordinated across all relevant agencies and organisations. This is essential for the prevention of harm and abuse.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect wherever possible.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.

In order to achieve these aims it is essential that everyone is clear about their roles and responsibilities regarding this safeguarding policy and procedure. This includes an expectation to report in a timely way any concerns or suspicions that an adult is at risk of being, or is, being abused. Where abuse or neglect takes place, it needs to be dealt with promptly and effectively, and in ways which are proportionate to the concern, ensuring that the adult stays in as much control of the decision-making as possible.

#### **1.1.4 Statutory safeguarding principles**

The Care Act safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The framework for statutory adult safeguarding, set out within the Care Act states that local authorities are required to:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or ensure others do so, when they believe that an adult is subject to, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.
- Establish a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS (specifically the local Clinical Commissioning Groups) with the power to include other relevant bodies.
- Arrange, where appropriate, for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- Cooperate with each of its relevant partners in order to protect adults who are

experiencing, or at risk of, abuse or neglect.

## **Promoting wellbeing**

Professionals should always promote the adult's wellbeing as part of safeguarding arrangements. People have many aspects to their lives and being safe may be only one of the things which are important to them. Professionals should work with each adult to establish what being safe means to them and how that can best be achieved.

### **1.1.5 Making Safeguarding Personal**

Making Safeguarding Personal (MSP) is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them to identify the outcomes they want, with the aim of enabling them to resolve their circumstances and support their recovery. Making Safeguarding Personal is also about collecting information about the extent to which this shift has a positive impact on people's lives.

People are individuals with a variety of different preferences, histories, circumstances and lifestyles. Safeguarding arrangements must not prescribe a process to be followed whenever a concern is raised, but rather Making Safeguarding Personal emphasises the importance of a person-centred approach, adopting the principle of 'no decision about me without me'. Personalised care and support are for everyone, but some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and, where needed, access to advocacy support.

### **1.1.6 Key principles informing this policy**

Six key principles underpin all adult safeguarding work.

- 1) Empowerment-inclusion and respect for the adult always
- 2) Protection- Support and representation for those in greatest need
- 3) Prevention- helping to reduce the risks
- 4) Proportionality- Using the least intrusive response appropriate to the risk presented
- 5) Partnerships- Working in partnership with other agencies and services
- 6) Accountability- Being open and transparent with partner agencies

## **2.1 ECS Safeguarding Adults Procedures**

All organisations working with adults who are, or may be at risk of, abuse and neglect, must aim to ensure that adults in their care remain safeguarded from harm. This should underpin every activity through effective safeguarding adults work.

The Care Act states that local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support.

'Wellbeing' is a broad concept, and it is described as relating to the following areas:

- Personal dignity (including treatment of the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over their day-to-day life.
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal.
- Suitability of accommodation.

- The individual's contribution to society.

The wellbeing principle should apply to all agencies involved in safeguarding adults.

## **2.2 Recognising and Reporting Abuse and Neglect**

### **2.2.1 Introduction**

This section sets out the signs of abuse and neglect, the contexts in which this takes place, and details the process for raising safeguarding concerns.

Everyone is responsible for preventing abuse by raising any concerns they have - it really is 'Everyone's Business'.

No-one should have to live with abuse or neglect. It is always wrong, whatever the circumstances. Don't assume that someone else is doing something about the situation.

Abuse and neglect could be prevented if concerns are identified and raised as early as possible. It is important that everyone knows what to look for, and who they can go to for advice and support.

Changes in someone's physical or emotional state, or injuries that cannot be explained, may be a sign of abuse.

### **2.2.2 Who may be at risk of abuse or neglect?**

Under the Care Act 2014, specific adult safeguarding duties apply to any adult (18 years or over) who:

- has care and support needs and,
- is experiencing, or is at risk of, abuse or neglect and,
- is unable to protect themselves because of their care and support needs.

Local authorities also have safeguarding responsibilities for carers and a general duty to promote the wellbeing of the wider population in the communities they serve.

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

An adult with care and support needs may be:

- a person with a physical disability, a learning difficulty or a sensory impairment,
- someone with mental health needs, including dementia or a personality disorder,
- a person with a long-term health condition,
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list. In its definition of who should receive a safeguarding response, the legislation could also include people who are victims of sexual exploitation, domestic abuse and modern slavery. These are all largely criminal matters, and safeguarding duties would not be an alternative to police involvement and would only be applicable where an adult is not able to protect themselves due to their care and support needs.

Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether someone can make specific decisions for themselves at specific times. There may be times when an adult has care and support needs and is unable to protect themselves for a short, temporary period - for example, if they were significantly unwell due to an infection.

The wellbeing of people who live and sleep on the street may need to be considered under a safeguarding response. Homelessness may be a consequence of health problems and is very

commonly a cause of worsening health. Many people who 'sleep rough' may have significant needs in relation to physical health, mental health and substance misuse. Amongst the population of people who sleep rough there are significantly higher prevalence rates of organic and functional mental illness, substance use, acquired brain injury, autistic spectrum conditions and learning difficulties, and some communicable diseases. Any of these conditions can contribute to behaviours which result in self-neglect.

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health,
- becoming disabled,
- frailty,
- not having support networks,
- inappropriate accommodation,
- financial circumstances or,
- being socially isolated.

Abuse can happen anywhere, for example:

- at home,
- in a care home, hospital or day service,
- at work or college, or,
- in a public place or in the community.

Abuse can be caused by anyone, for example:

- a partner, carer, relative, child, neighbour or friend,
- a health, social-care or other worker, whether they are paid or a volunteer,
- a stranger, or,
- an adult with care and support needs.

Family and friends as carers may be involved in situations which require a safeguarding response, for example:

- A carer may witness or speak up about abuse or neglect.
- A carer may experience intentional or unintentional harm from the adult they are trying to support, or from professionals and organisations they are in contact with.
- A carer may intentionally, or unintentionally, harm or neglect the adult they support on their own or with others.

Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both of them. In these situations, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.

Below is a list of types of abuse. This list is not exhaustive.

**Physical** - being pushed, shaken, pinched, hit, held down, locked in a room, restrained inappropriately, or knowingly giving an adult too much or not enough medication.

**Sexual** - an adult being made to take part in sexual activity when they do not, or cannot, consent to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a position of power or authority.

**Financial** misusing or stealing an adult's money or belongings, fraud, postal or internet scams tricking adults out of money, or pressuring an adult into making decisions about their financial affairs, including decisions involving wills and property.

**Neglect** - not meeting an adult's physical, medical or emotional needs, either deliberately, or by failing to understand these. It includes ignoring an adult's needs, or not providing them with essential things to meet their needs, such as medication, food, water, shelter and warmth.

**Self-neglect** - being unable, or unwilling, to care for their own essential needs, including their health or surroundings (for example, their home may be infested by rats or very unclean, or there may be a fire risk due to their obsessive hoarding).

**Psychological or emotional** - being shouted at, ridiculed or bullied, threatened, humiliated, blamed for something they haven't done, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.

**Discriminatory** forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime'.

**Modern slavery** - an adult being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused or treated badly by others.

**Domestic violence** - psychological, physical, sexual, financial or emotional abuse by someone who is a family member or is, or has been, in a close relationship with the adult being abused. This may be a one-off incident or a pattern of incidents or threats, violence, controlling or coercive behaviour. It also includes so called 'honour' based violence, being forced to marry or undergo genital mutilation.

**Organisational neglect** and providing poor care in a care setting such as a hospital or care home, or in an adult's own home. This may be a one-off incident, repeated incidents or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes and practices in an organisation.

### 2.2.3 Scenarios in which abuse might take place

Controlling or coercive behaviour is a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Section 76 of the Serious Crime Act 2015 has created an offence in relation to coercive control within domestic abuse and sets out the importance of recognising the harm and cumulative impact on the victim caused by these patterns of behaviour.

**Stalking and Harassment:** Stalking refers to unwanted, persistent or obsessive attention by an individual or group towards another person causing fear, anxiety, emotional or psychological distress to the victim. Harassment can include repeated attempts to impose unwanted communications and contact upon a victim in a manner which causes fear or distress to the victim. Stalking and harassment behaviours may include nuisance telephone calls, sending excessive emails, regularly sending gifts, following the person or spying on them and making death threats. The Protection from Harassment Act 1997 makes stalking a specific offence.

**Hate Crime** is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Such incidents may constitute a criminal offence.

**Cuckooing** is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way, and the level of coercion and control involved with

cuckooing often leaves the victims with little choice but to cooperate with the perpetrators.

**County Lines** is the police term for groups who are supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It can involve child criminal exploitation and using adults who are vulnerable to move drugs and money. Groups establish a base in the market location, typically by taking over the homes of local adults by force or coercion in a practice referred to as ‘cuckooing’. The Home Office County Lines guidance describes County Lines as a major, cross-cutting issue involving drugs, violence, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle this activity involves the police, the National Crime Agency, a wide range of government departments, local government agencies, voluntary and community organisations and groups. County Lines activity and the associated violence, drug dealing, and exploitation have a devastating impact on young people, adults at risk of exploitation and local communities.

**‘Honour’-based violence** is a crime or incident which may have been committed to protect or defend the perceived ‘honour’ of the family and / or community. Women are predominantly (but not exclusively) the victims and the violence are often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.

**Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties’ consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning disabilities and people lacking capacity.

**Female genital mutilation (FGM)** involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is first born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of abuse and violence against women and girls. In England and Wales, the practice is illegal under the Female Genital Mutilation Act 2003.

**Sexual Exploitation** involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. Those exploiting the adult have power over them such as by virtue of their age, gender, physical strength, and economic or other resources. There is a distinct inequality in the relationship.

**Extremism by Radicalisation:** Prevent is a key part of the government’s counterterrorism strategy. Its aim is to stop people becoming terrorists, or supporting terrorism, including preventing the exploitation of susceptible people who are at risk of being drawn into violent extremism by radicalisation.

**Abuse by children:** If a child or children is / are causing harm to an adult, this should be dealt with under the safeguarding adults’ policy and procedures but will also need to involve the local authority Children’s Services.

## 2.2.4 Raising a safeguarding concern

Anybody can raise a safeguarding concern for themselves or for another person.



## What is a safeguarding concern?

A 'safeguarding concern' is when any person has a reasonable cause to believe that:

- an adult has needs for care and support and,
- may be experiencing, or is at risk of abuse or neglect and,
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

If based on the presenting information available, it appears that these stages are met then a safeguarding concern should always be raised with the local authority. In an emergency, the emergency services should be contacted.

Whenever there is information which indicates that an adult may be, or is, at risk of experiencing abuse, neglect or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised, such as the Care Quality Commission or the police.

Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the adult regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the adult.

## Remember!

- You may not be the only person who has noticed or experienced the abuse or neglect.
- There could be lots of people who have 'low-level' concerns about the same thing but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
- Abuse and neglect do not just appear from nowhere. Sharing information before something becomes abuse or neglect is important - do not think you are making a fuss about nothing!

## Raising a Safeguarding Concern

Immediate actions to be considered by the person raising the concern:

- Make an evaluation of any risks and take steps to ensure that the adult or others are not in immediate danger. Ensure that other people are also not in danger.
- If a crime is in progress, or life is at risk, dial emergency services on 999.
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation.
- Safeguard any potential evidence. Do not tamper with, clean up or move any potential evidence if a crime is suspected. Expert advice may be needed from the police.
- If you believe a crime has been committed, contact the police and then contact Adult Social Care.
- Contact Children's Services if a child or young person is also at risk.
- If you are a member of staff, inform your manager, unless your manager is implicated, then talk to an Executive Director.
- Record any information received and all actions taken.

## Good practice guidance to disclosure

Talk with the adult as soon as possible unless this would put them, others or you at risk.

- Speak in a private and safe place.
- Accept what the adult is saying without judgement.
- Don't 'interview' the adult - just gather information to establish the basic facts. This will

help when you inform Adult Social Care or the police. Ask the adult what they would like to happen.

- Never promise the adult that you'll keep what they tell you confidential; explain who you will tell and why.
- If there are grounds to override an adult's consent to share information, explain what these are.
- Explain to the adult how they will be involved and kept informed.
- Provide information and advice on keeping safe and the safeguarding process.
- Keep an accurate record of your conversations, and actions or decisions taken by you and others.

### 2.2.5 Reporting an adult safeguarding concern to the local authority

ECS provides services in different local authority areas. It is important to report your safeguarding concern to your local authority as follows:

#### **Halton**

Halton Safeguarding Adults Board: 0151 907 8306. Emergency Duty Team for concerns during the evening/weekends/bank holidays 0345050 0148 <http://adult.haltonsafeguarding.co.uk/what-is-abuse/>

#### **Leicester**

Leicester Safeguarding Adults Board: Telephone: 0116 305 0004

<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/>

#### **Leicestershire**

Leicestershire Safeguarding Adults Board: Telephone: 0116 305 0004 (Monday to Thursday, 8.30am to 5pm, Friday 8.30am to 4.30pm)

Email: [adultsandcommunitiescsc@leics.gov.uk](mailto:adultsandcommunitiescsc@leics.gov.uk)

<https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-of-an-adult>

#### **Sandwell**

Sandwell Safeguarding Adults Board: Contact Sandwell Enquiry Team on 0121 569 2266 between 9 am till 5.30 pm Monday to Thursday, and 9am till 5pm on Friday. You can also email [SSAB@sandwell.gov.uk](mailto:SSAB@sandwell.gov.uk) Sandwell Enquiry Team, PO Box 15825, OLDBURY, B69 9EL. Call: 0121 569 2266 Fax 0121 569 5789

After 5.30pm Monday - Thursday, 5pm Friday and all-day Saturdays and Sundays ring the Emergency Duty Team (EDT) on 0121 569 2355

#### **Solihull**

Solihull Safeguarding Adults Board: 0121 704 8007 [ccadults@solihull.gov.uk](mailto:ccadults@solihull.gov.uk)

<https://ssab.org.uk/report-abuse.php>

#### **Staffordshire**

Staffordshire Safeguarding Adults Board: Telephone: 0345 604 2719 Monday to Thursday 8:30am to 5pm, Fridays 8:30am to 4:30pm, excluding Bank Holidays. 0345 604 2886 at any other time

<https://www.ssaspb.org.uk/Reporting-Abuse/Reporting-Abuse.aspx>

#### **Stoke-on-Trent**

Stoke-on-Trent Safeguarding Adults Board: Telephone: 0800 561 0015 at any time

<https://www.ssaspb.org.uk/Reporting-Abuse/Reporting-Abuse.aspx>

### **Telford and Wrekin**

Telford and Wrekin Safeguarding Adults Board:

[http://www.telfordsafeguardingadultsboard.org/sab/info/1/home/3/how\\_to\\_report\\_adult\\_abuse](http://www.telfordsafeguardingadultsboard.org/sab/info/1/home/3/how_to_report_adult_abuse)

Family Connect on 01952 385385 (Monday to Friday from 9am - 5pm)

Emergency Duty Team on 01952 676500 (Monday to Sunday after 5pm)

West Mercia Police on 0300 333 3000 or 101

### **Walsall**

Walsall Safeguarding Adults Board: 01922 655678

<http://www.walsallsocialcareworkforce.co.uk/test/270>

### **Warrington**

Warrington Safeguarding Board: Adult Social Care First Response Team on 01925 443322, Outside of office hours ring (01925) 444400 <https://www.warrington.gov.uk/info/201189/warrington-safeguarding-adults-board-wsab/215/warrington-safeguarding-adults-board-wsab>

### **Wolverhampton**

Wolverhampton Safeguarding Board: Monday to Thursday 8:30am to 5pm, Friday 8:30am to 4:30pm (01902) 551199. For emergencies out of hours (01902) 552999

<https://www.wolverhamptonsafeguarding.org.uk/index.php/concerned-about-a-child-or-adult>

## **2.2.5 Consent and empowerment of the adult when raising a safeguarding concern**

A Making Safeguarding Personal approach is about ensuring adults have their right to make decisions about their own lives. As a general principle, no action should be taken for, or on behalf of, any adult without first obtaining their consent.

If the adult is not the person raising the safeguarding concern, wherever possible every effort should be made to seek their views and agreement regarding this, unless doing so is likely to increase the risk to the adult or put others at risk.

Adults who may be at risk of, or who are, experiencing abuse and neglect, may often feel disempowered by the abuse, and acting without involving them or seeking their consent will often disempower them further.

Empowering adults in this situation involves a proactive approach to seeking consent and maximising the person's involvement in decisions about their care, safety and protection, and this includes decisions regarding whether to raise a safeguarding concern.

All interventions must consider the mental capacity of the adult to make informed choices and specifically the adult's ability:

- To understand the implications of their situation and to take action themselves (or with support) to prevent abuse.
- To participate to the fullest extent possible in decision-making about safeguarding interventions.

### **Having a conversation with the adult**

Wherever possible there should be a conversation with the adult at the earliest opportunity to establish their views including:

- Whether they see the issue as a cause for concern or not.
- What they want to happen, if anything, including any actions they may or may not want to take themselves.

Things to consider:

- Always speak to the adult in a private place where they are likely to feel safe and inform them about the concerns.
- Use open questions e.g. 'tell, explain, describe' to gain an understanding of the situation, the adult's wishes, what actions may need to be taken, including raising a safeguarding concern. Do not ask leading questions or begin to make enquiries inappropriately.
- If something has happened, get the adult's views on what has happened and what they want done about it.
- Give the adult information about advice, support and different options that may be available to them in an accessible format, and about the safeguarding adults' procedures and how these could help to make them safer, and about responsibilities of people working with adults to share information where there may be concerns of abuse or neglect.
- Support the adult to ask questions about issues of confidentiality.
- Consider any advocacy support needs.
- Explain what will happen next, and how they will be kept informed and supported.

### 2.2.6 Balancing individual choice and risk

An adult's right to make choices about their own safety must be balanced with the rights of others to be safe. Information must only be shared on a 'need to know basis' when it is in the interests of the adult. If it is not possible to have obtained informed consent and other adults are at risk of abuse or neglect, it may be necessary to override the requirement to share information.

The individual / practitioner will have to assess whether providing the information will be necessary and consider the risk of not sharing the information.

In these situations, the adult must always be:

- Advised about what information will be shared, with whom and the reasons for this.
- Advised that their views and wishes will be respected as far as possible by the local authority or other agencies in relation to any response they may have a duty to make.
- Provided with relevant information regarding what happens when a local authority is advised of a safeguarding concern.

It is not possible, nor arguably desirable, to eliminate risk. Empowerment in safeguarding involves risk management that is based on understanding the autonomy of the adult and how they view the risks they face. There may be risks the adult welcomes because they enhance their quality of life, risks the adult is prepared to tolerate and risks they want to eliminate.

If the adult has capacity to make an informed decision that they do not want the information to be shared, and there is no indication that they may be experiencing undue influence, then the adult's wishes would be respected. However, there are circumstances in which an adult's consent may be overridden, including:

- If the adult is at significant risk of serious harm.
- If there is a risk to others.
- If a criminal offence has taken place.
- Where action is needed in the public interest, such as where a member of staff is in a position of trust.

### 2.2.7 Adults who lack capacity to make relevant decisions

The Mental Capacity Act 2005 was designed to protect and restore power to those vulnerable

people who lack capacity.

Where an adult is unable to make a specific decision for themselves, the Act sets out a clear process that must be followed before a decision can be made on the adult's behalf.

Where an adult is found to lack capacity to make a specific decision any action taken must be taken in their best interests.

Professionals and other staff need to understand and always work in-line with the Mental Capacity Act 2005.

If the adult lacks capacity to make decisions about the incident and their ability to maintain their safety and they do not want a safeguarding concern to be raised, and / or other action to be taken, professionals have a duty to act in their best interests in accordance with the Mental Capacity Act 2005.

Adults who are thought to lack capacity to make a specific decision need to be provided with all practicable support to enable them to make their own decision before it can be concluded that they lack capacity regarding the decision and a best interests process is entered into. This may be achieved in a variety of ways such as the help of a family member or friend (if they are not the person thought to be the cause of risk), an advocate or Independent Mental Capacity Advocate, an interpreter or other communication assistance or aids.

### **2.2.8 Where a crime may have been committed**

If it is suspected that a crime may have been committed, there should always be a conversation with the adult regarding whether they wish the police to be involved.

If the adult does not want the police to be involved, this does not override a practitioner's responsibility to share information regarding a potential or actual offence with them.

Such situations should always be approached sensitively. The adult should be advised that the police will be contacted and assured that the police will be informed that the adult does not wish to pursue this matter or speak to the police. It is for the police to determine if they feel it is necessary for them to speak to the adult, or if there is further action they may need to take.

### **3.1 What happens next?**

When the local authority receives a safeguarding concern, they will check to see if they already have any other information that would help determine how best to support the adult and address any immediate risks. This will also take account of the adult's wishes and what they want to happen, as far as this is known.

Under Section 42 of the Care Act, the safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

These are referred to as the 'three key tests'. If these tests are met the local authority has a legal duty to make enquiries or cause others to do so.

If the presenting information is unclear proportionate fact finding should be undertaken to support decision making and determine if the three key tests are met or not.

Enquiries will always be undertaken using the six principles outlined in the Care Act and using a Making Safeguarding Personal approach.

In undertaking an enquiry, the local authority will seek relevant information, including talking with the adult who might be at risk as well as to the person who raised the concern. The local

authority will always consult with the adult unless there is a significant reason not to do this, for example if talking to them at this point might put them at further risk.

It is important to note that concerns that do not meet the threshold for the Section 42 duty to make enquiries may be resolved through other actions, for example an assessment of care and support needs, or passing information onto another service or agency.

The person who raised the safeguarding concern should always be informed by the local authority that it has been received and where appropriate notified as to the outcome of how the concern is being progressed. Adult Social Care can be contacted directly for further information on specific safeguarding concerns, in accordance with information sharing protocols.

If, once a concern has been raised you do not feel that there are sufficient steps being taken to safeguard a person's wellbeing, you should raise this with the Executive Director (operations) who will escalate this directly with the organisation concerned through their internal procedures and if necessary, raise a formal concern/ complaint.

### **3.1.1 Communicating Safeguarding Policies**

A key element in an effective safeguarding policy is the communication of attitudes, priorities, rules and procedures to ensure there is a common understanding of the issues, and that information is fed back where there is cause for concern or suggestions on how to improve policies.

All employees and volunteers are required to read the Safeguarding Policy as part of their first week's induction and to participate in Safeguarding Adults training, refresher courses and updates during team meetings. Service Managers have responsibility to ensure staff are fully aware and updated about changes in policies and procedures.

It is essential that Service Managers work to develop excellent working relationships with key safeguarding professionals within their locality.

Service Managers need to;

- Attend local Safeguarding Partnership Boards (where permitted).
- Develop good working relationships with Local Safeguarding Managers, Safeguarding Partnership/ Board Chair, Director of Adult Social Care and Children's Service, where possible.
- Understand the Local Authority protocols including their local thresholds.
- Identify instances where you or your team have led to escalate safeguarding issues at work with Local Safeguarding Partnership/Board to reflect on their practice and protocol.

The Adult Safeguarding policy is available on our website for clients, their families and carers to access. Clients without internet access will be sent a copy of the policy, upon request.

### **3.1.2 Escalation Procedure**

Service Managers should ensure that staff are aware of how to contact them, or a colleague at a management level, in an emergency, during the working day, including ways of interrupting meetings.

If the Service Manager is unavailable, the concern should be escalated by the member of staff in possession of the information up through the escalation procedure to an Executive Director.

Any decision to take further action will be made by the relevant Manager or escalated to the Senior Management Team.

### **3.1.3 Confidentiality**

- Adult protection raises issues of confidentiality which should be clearly understood by all. Staff and volunteers have a professional responsibility to share relevant information about the

protection of adults with other professionals, particularly investigative agencies and adult social services.

- Clear boundaries of confidentiality will be communicated to all.
- All personal information regarding a vulnerable adult will be kept confidential.
- All written records will be kept in a secure area for a specific time as identified in data protection guidelines.
- Records will only record details required in the initial contact form.
- If an adult confides in a member of staff or volunteer and requests that the information is not disclosed, it is important that the member of staff tells the adult sensitively that he/she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- Within that context the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
- Where possible, consent should be obtained from the adult before sharing personal information with third parties.
- In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.
- Where a disclosure has been made staff should let the adult know the position regarding their role and what action they will have to take as a result.
- Staff should assure the adult that they will keep them informed of any action to be taken and why.
- The adult's involvement in the process of sharing information should be fully considered and their wishes and feelings considered.

#### **3.1.4 Procedure for breaching confidentiality outside of normal office hours**

Staff should alert their Service Manager on their mobile out of hour's telephone if they have an out of hours safeguarding concern. A list of out of hour's emergency telephone numbers will be provided to all staff for this purpose.

#### **3.1.5 Whistleblowing**

A staff member concerned about safeguarding issues should always report to their line manager. If they do not feel that the manager is following correct procedures, or if they feel there are safeguarding concerns within the organisation, then they must refer to the Whistleblowing policy.

Staff have a responsibility to raise issues or concerns in relation to the Company's services and services provided by other organisations. All potential alerts should be escalated in line with this policy.

#### **3.1.6 Recording Information**

- Record the information being given.
- Try to record the information verbatim.
- Record the information at the time of the conversation, or as soon as possible afterwards.
- Record the information objectively. However, do identify where you have been subjective, or where you have interpreted information, particularly if the person has difficulty communicating clearly.
- All information recorded must be entered on to the CRM database, as a soon as possible as a case-file note.
- All action taken, including escalating to a manager, must also be recorded on the CRM.

#### **3.1.7 Managing your feelings**

Hearing accounts of abuse can be distressing and difficult to deal with. Even when you have listened supportively and empathically to the person concerned and have followed all the guidelines in the Safeguarding Policy, you may still be left feeling helpless, anxious or upset. It is

important that you know you can get support for yourself by talking to your manager who will be able to support you in accessing organisations or individuals who could provide support to you if you think that would be helpful.

The Company operates an employee assistance line which can be accessed confidentially, details of which are supplied to all staff members upon joining the Company.

#### 4.1 KEY POINTS

- You must not keep information to yourself.
- You should discuss any concerns with your Service Manager, or an Executive Director as described in the escalation procedure.
- It is not the job of individual staff to assess if harm is taking place.
- Other agencies have a statutory responsibility to investigate allegations of adult abuse.
- Our role may be to provide information, where appropriate, to any criminal or Safeguarding investigation.
- You cannot be wrong by raising a concern.

##### 4.1.1 Relevant Legislation

Human Rights Act 1998 - gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

Mental Capacity Act 2005 - covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Public Interest Disclosure Act 1998 (PIDA) - created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

Safeguarding Vulnerable Groups Act 2006 - was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. The Independent Safeguarding Authority was established as a result of this Act.

Care Act 2014 - The Act gives local authorities a duty to carry out a needs assessment in order to determine whether an adult has needs for care and support. The assessment must be carried out with involvement from the adult and their carer or someone else they nominate.

##### 4.1.2 ANNUAL REVIEW

The Company will provide a trend analysis so that providers learn from safeguarding incidents which have happened within their own service. The Company will consider the Safeguarding Adults Board annual report for their area and the consequent actions for the service to prevent common causes of abuse, so that providers learn from the safeguarding incidents across all services within their area.

**Policy Reviewed: April 2019**

**Next Review: April 2020**

Signed: 

Date: 29 April 2019





## Volunteer Agreement

This agreement describes the arrangement between ECS and

.....

Thank you and welcome to ECS. We appreciate your commitment to volunteer with us. You will be contributing to our work in giving the people a voice to help shape the delivery of local health and social care services. We will at all times strive to make your time with us enjoyable, interesting and to use your time effectively.

### Part One: The Organisation

As a volunteer, there are several volunteer roles available to you. For the purposes of this Volunteer Agreement, you have agreed to undertake the following roles:

- |  |                          |
|--|--------------------------|
| Events & promotions                    | <input type="checkbox"/> |
| Enter & View Authorised Representative | <input type="checkbox"/> |
| Administrative Volunteer               | <input type="checkbox"/> |
| Research & Engagement                  | <input type="checkbox"/> |
| Volunteer Advocate                     | <input type="checkbox"/> |

This/these volunteering role(s) is designed to raise awareness of Healthwatch and the work that we do to try and improve health and social care services. It is also to help us collect feedback from the public about experience their using these services.

ECS commits to:

### Induction and Training

To provide a thorough induction on the work of Healthwatch, its staff, your volunteering role and the training you need to meet the responsibilities of your role.

### Supervision, Support and Flexibility

To explain the standards, we expect for our services and to encourage and support you to achieve and maintain them;

To provide a named person who will meet with you as and when needed to discuss your volunteering and any successes and problems;

To do our best to help you develop your volunteering role with us.

### **Expenses**

To reimburse you for any out of pocket expenses whilst you are carrying out your role as a volunteer (please see Expense Policy).

### **Health and Safety**

To provide adequate training and feedback in support of our Health and Safety Policy, a copy of which is provided.

### **Insurance**

To provide adequate insurance cover for volunteers whilst carrying out their volunteering roles which have been approved and authorised by us.

### **Equal opportunities**

To ensure that all volunteers are dealt with in accordance with our Equality and Diversity Policy.

### **Problems**

To try to resolve fairly any problems, complaints and difficulties you may have while you volunteer with us.

In the event of an unresolved problem, to offer the opportunity to discuss the issues in accordance with the procedures set out in the Code of Conduct.

## **Part Two: The Volunteer**

We expect you:

To help Healthwatch act as the voice of the local community, to talk to local people about the quality of health and social care in their area and commit to supporting Healthwatch to improve services.

To perform your volunteering role to the best of your ability.

To follow the organisation's procedures and standards, including health and safety and equal opportunities, in relation to its staff, volunteers and clients.

To maintain the confidential information of the organisation and its clients.

To act in accordance with the Code of Conduct.

To confirm that you have read, understand and will comply with the Data Protection Policy.

To be inclusive and non-judgmental of others.

To meet the commitments and standards that have been mutually agreed to and to give reasonable notice so that other arrangements can be made when this is not possible.

To meet agreed time commitments and to give as much notice as possible if you are unable to fulfil your volunteering commitments.

To provide references as agreed who may be contacted, and to agree to a DBS check to be carried out where necessary.

To ensure that you feel safe when travelling in various weather conditions and the surroundings are safe for the volunteering activity.

To ensure when you are travelling to activities, your vehicle is roadworthy and legal to drive.

To take regular breaks when participating in any tasks in the community and consider current guidance around seating position and posture when using IT equipment in the office.

**You should inform your insurance company that you use your car for volunteering purposes to travel to and from activities. Most insurance companies agree to cover car journeys at no extra charge, but you will need to check. Your car WILL NOT be covered by ECS Public Liability Insurance.**

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party.

Neither of us intend any employment relationship to be created either now or at any time in the future.

Date: ..... / ..... / 20.....

Signed by Healthwatch Manager/Chief Officer .....

Signed by Volunteer .....

Local Healthwatch .....

**Appendix 6****Equality and Diversity Policy****Introduction**

We are an equal opportunities employer. We are committed to equality of opportunity and to providing a service and following practices which are free from unfair and unlawful discrimination. The aim of this policy is to ensure that no applicant or member of staff receives less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, or is disadvantaged by conditions or requirements which cannot be shown to be relevant to performance. It seeks also to ensure that no person is victimised or subjected to any form of bullying or harassment.

We value people as individuals with diverse opinions, cultures, lifestyles and circumstances. All employees are covered by this policy and it applies to all areas of employment including recruitment, selection, training, deployment, career development, and promotion. These areas are monitored, and policies and practices are amended if necessary, to ensure that no unfair or unlawful discrimination, intentional, unintentional, direct or indirect, overt or latent exists.

The Corporate Service Manager has particular responsibility for implementing and monitoring the Equality and Diversity policy and, as part of this process, all personnel policies and procedures are administered with the objective of promoting equality of opportunity and eliminating unfair or unlawful discrimination.

All employees, workers or self-employed contractors whether part time, full time or temporary, will be treated fairly and with respect. Selection for employment, promotion, training, or any other benefit will be on the basis of aptitude and ability. All employees will be helped and encouraged to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the efficiency of the Company.

Equality of opportunity, valuing diversity and compliance with the law is to the benefit of all individuals in our Company as it seeks to develop the skills and abilities of its people. While specific responsibility for eliminating discrimination and providing equality of opportunity lies with managers and supervisors, individuals at all levels have a responsibility to treat others with dignity and respect. The personal commitment of every employee to this policy and application of its principles are essential to eliminate discrimination and provide equality throughout the Company.

**Our Commitment as an Employer**

The Company is committed to:

- creating an environment in which individual differences and the contributions of our staff are recognised and valued
- every employee, worker or self-employed contractor is entitled to a working environment that promotes dignity and respect to all. No form of intimidation, bullying or harassment will be tolerated
- providing training, development and progression opportunities to all staff
- understanding equality in the workplace is good management practice and makes sound business sense
- reviewing all our employment practices and procedures to ensure fairness

**Our Commitment as a Service Provider**

The Company is committed to:

- providing services to which all clients are entitled regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, offending past, caring responsibilities or social class
- making sure our services are delivered equally and meet the diverse needs of our service users and clients by assessing and meeting the diverse needs of our clients
- fully supporting this policy by senior management and ensuring agreement has been reached with employee representatives
- monitoring and reviewing this policy annually
- having clear procedures that enable our clients, candidates for jobs and employees to raise a grievance or make a complaint if they feel they have been unfairly treated
- treating breaches of our equality and diversity policy as misconduct which could lead to disciplinary proceedings.

## Equal Opportunity Policy Statements

### Age - We will:

- ensure that people of all ages are treated with respect and dignity
- ensure that people of working age are given equal access to our employment, training, development and promotion opportunities and
- challenge discriminatory assumptions about younger and older people.

### Disability - We will:

- provide any reasonable adjustments to ensure disabled people have access to our services and employment opportunities
- challenge discriminatory assumptions about disabled people and
- seek to continue to improve access to information by ensuring availability of loop systems, braille facilities, alternative formatting and sign language interpretation.

### Race - We will:

- challenge racism wherever it occurs
- respond swiftly and sensitively to racist incidents and
- actively promote race equality in the Company.

### Sex - We will:

- challenge discriminatory assumptions about women and men
- take positive action to redress the negative effects of discrimination against women and men
- offer equal access for women and men to representation, services, employment, training and pay and encourage other organisations to do the same and

### Gender reassignment - We will:

- provide support to prevent discrimination against transsexual people who have or who are about to undergo gender reassignment.

### Sexual Orientation - We will:

- ensure that we take account of the needs of lesbians, gay men and bisexuals and
- promote positive images of lesbians, gay men and bisexuals.

### Religion or Belief - We will:

- ensure that employees' religion or beliefs and related observances are respected and accommodated wherever possible and
- respect people's beliefs where the expression of those beliefs does not impinge on the legitimate rights of others.

### Pregnancy or Maternity - We will:

- ensure that people are treated with respect and dignity and that a positive image is promoted regardless of pregnancy or maternity
- challenge discriminatory assumptions about the pregnancy or maternity of our employees and
- ensure that no individual is disadvantaged and that we take account of the needs of our employees' pregnancy or maternity.

### Marriage or Civil Partnership - We will:

- ensure that people are treated with respect and dignity and that a positive image is promoted regardless of marriage or civil partnership;
- challenge discriminatory assumptions about the marriage or civil partnership of our employees and
- ensure that no individual is disadvantaged and that we take account the needs of our employees' marriage or civil partnership.

### Ex-Offenders

We will prevent discrimination against our employees regardless of their offending background (except where there is a known risk to children or vulnerable adults).

### Equal Pay

We will ensure that all employees, male or female, have the right to the same contractual pay and benefits for carrying out the same work, work rated as equivalent work or work of equal value (except where TUPE applies).

**Appendix 7****Data Protection Policy (GDPR Compliant)****Aim and Scope of Policy**

This policy applies to the processing of personal data in manual and electronic records kept by the Company in connection with its human resources function as described below. It also covers the Company's response to any data breach and other rights under the General Data Protection Regulation.

This policy applies to the personal data of job applicants, existing and former employees, apprentices, volunteers, placement students, workers and self-employed contractors. These are referred to in this policy as relevant individuals.

"Personal data" is information that relates to an identifiable person who can be directly or indirectly identified from that information, for example, a person's name, identification number, location, online identifier. It can also include pseudonymised data.

"Special categories of personal data" is data which relates to an individual's health, sex life, sexual orientation, race, ethnic origin, political opinion, religion, and trade union membership. It also includes genetic and biometric data (where used for ID purposes).

"Criminal offence data" is data which relates to an individual's criminal convictions and offences.

"Data processing" is any operation or set of operations which is performed on personal data or on sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction.

The Company makes a commitment to ensuring that personal data, including special categories of personal data and criminal offence data (where appropriate) is processed in line with GDPR and domestic laws and all its employees conduct themselves in line with this, and other related, policies. Where third parties process data on behalf of the Company, the Company will ensure that the third party takes such measures in order to maintain the Company's commitment to protecting data. In line with GDPR, the Company understands that it will be accountable for the processing, management and regulation, and storage and retention of all personal data held in the form of manual records and on computers.

**Types of Data Held**

Personal data is kept in personnel files or within the Company's HR systems. The following types of data may be held by the Company, as appropriate, on relevant individuals:

- name, address, phone numbers - for individual and next of kin
- CVs and other information gathered during recruitment
- references from former employers
- National Insurance numbers
- job title, job descriptions and pay grades
- conduct issues such as letters of concern, disciplinary proceedings
- holiday records
- internal performance information
- medical or health information
- sickness absence records
- tax codes
- terms and conditions of employment
- training details.

Relevant individuals should refer to the Company's privacy notice for more information on the reasons for its processing activities, the lawful bases it relies on for the processing and data retention periods.

**Data Protection Principles**

All personal data obtained and held by the Company will:

- be processed fairly, lawfully and in a transparent manner

- be collected for specific, explicit, and legitimate purposes
- be adequate, relevant and limited to what is necessary for the purposes of processing
- be kept accurate and up to date. Every reasonable effort will be made to ensure that inaccurate data is rectified or erased without delay
- not be kept for longer than is necessary for its given purpose
- be processed in a manner that ensures appropriate security of personal data including protection against unauthorised or unlawful processing, accidental loss, destruction or damage by using appropriate technical or organisation measures
- comply with the relevant GDPR procedures for international transferring of personal data.

In addition, personal data will be processed in recognition of an individuals' data protection rights, as follows:

- the right to be informed
- the right of access
- the right for any inaccuracies to be corrected (rectification)
- the right to have information deleted (erasure)
- the right to restrict the processing of the data
- the right to portability
- the right to object to the inclusion of any information
- the right to regulate any automated decision-making and profiling of personal data.

### Procedures

The Company has taken the following steps to protect the personal data of relevant individuals, which it holds or to which it has access:

- it appoints or employs employees with specific responsibilities for:
  - a. the processing and controlling of data
  - b. the comprehensive reviewing and auditing of its data protection systems and procedures
  - c. overseeing the effectiveness and integrity of all the data that must be protected.

There are clear lines of responsibility and accountability for these different roles.

- it provides information to its employees on their data protection rights, how it uses their personal data, and how it protects it. The information includes the actions relevant individuals can take if they think that their data has been compromised in any way
- it provides its employees with information and training to make them aware of the importance of protecting personal data, to teach them how to do this, and to understand how to treat information confidentially
- it can account for all personal data it holds, where it comes from, who it is shared with and also who it might be shared with
- it carries out risk assessments as part of its reviewing activities to identify any vulnerabilities in its personal data handling and processing, and to take measures to reduce the risks of mishandling and potential breaches of data security. The procedure includes an assessment of the impact of both use and potential misuse of personal data in and by the Company
- it recognises the importance of seeking individuals' consent for obtaining, recording, using, sharing, storing and retaining their personal data, and regularly reviews its procedures for doing so, including the audit trails that are needed and are followed for all consent decisions. The Company understands that consent must be freely given, specific, informed and unambiguous. The Company will seek consent on a specific and individual basis where appropriate. Full information will be given regarding the activities about which consent is sought. Relevant individuals have the absolute and unimpeded right to withdraw that consent at any time
- it has the appropriate mechanisms for detecting, reporting and investigating suspected or actual personal data breaches, including security breaches. It is aware of its duty to report significant breaches that cause significant harm to the affected individuals to the Information Commissioner, and is aware of the possible consequences
- it is aware of the implications international transfer of personal data internationally.



### Access to Data

Relevant individuals have a right to be informed whether the Company processes personal data relating to them and to access the data that the Company holds about them. Requests for access to this data will be dealt with under the following summary guidelines:

- a form on which to make a subject access request is available from the Corporate Service Manager. The request should be made to Simon Fogell
- the Company will not charge for the supply of data unless the request is manifestly unfounded, excessive or repetitive, or unless a request is made for duplicate copies to be provided to parties other than the employee making the request
- the Company will respond to a request without delay. Access to data will be provided, subject to legally permitted exemptions, within one month as a maximum. This may be extended by a further two months where requests are complex or numerous.

Relevant individuals must inform the Company immediately if they believe that the data is inaccurate, either as a result of a subject access request or otherwise. The Company will take immediate steps to rectify the information.

### Data Disclosures

The Company may be required to disclose certain data/information to any person. The circumstances leading to such disclosures include:

- any employee benefits operated by third parties
- disabled individuals - whether any reasonable adjustments are required to assist them at work
- individuals' health data - to comply with health and safety or occupational health obligations towards the employee
- for Statutory Sick Pay purposes
- HR management and administration - to consider how an individual's health affects his or her ability to do their job
- HR Consultants employed by the company to advise on all aspects of HR issues such as conduct, grievance, harassment and TUPE as few examples but are not exhaustive
- the smooth operation of any employee insurance policies or pension plans.

These kinds of disclosures will only be made when strictly necessary for the purpose.

### Data Security

The Company adopts procedures designed to maintain the security of data when it is stored and transported.

In addition, employees must:

- ensure that all files or written information of a confidential nature are stored in a secure manner and are only accessed by people who have a need and a right to access them
- ensure that all files or written information of a confidential nature are not left where they can be read by unauthorised people
- check regularly on the accuracy of data being entered into computers
- always use the passwords provided to access the computer system and not abuse them by passing them on to people who should not have them
- use computer screen blanking to ensure that personal data is not left on screen when not in use.

Personal data relating to employees should not be kept or transported on laptops, USB sticks, or similar devices, unless authorised by an Executive Director. Where personal data is recorded on any such device it should be protected by:

- ensuring that data is recorded on such devices only where absolutely necessary
- using an encrypted system – a folder should be created to store the files that need extra protection and all files created or moved to this folder should be automatically encrypted
- ensuring that laptops or USB drives are not left lying around where they can be stolen.

Failure to follow the Company's rules on data security may be dealt with via the Company's disciplinary procedure. Appropriate sanctions include dismissal with or without notice dependent on the severity of the failure.

### International Data Transfers

The Company does not transfer personal data to any recipients outside of the EEA.

### Breach Notification

Where a data breach is likely to result in a risk to the rights and freedoms of individuals, it will be reported to the Information Commissioner within 72 hours of the Company becoming aware of it and may be reported in more than one instalment.

Individuals will be informed directly in the event that the breach is likely to result in a high risk to the rights and freedoms of that individual.

If the breach is sufficient to warrant notification to the public, the Company will do so without undue delay.

### Training

New employees must read and understand the policies on data protection as part of their induction.

All employees receive training covering basic information about confidentiality, data protection and the actions to take upon identifying a potential data breach.

The nominated data controller/auditors/protection officers for the Company are trained appropriately in their roles under the GDPR.

All employees who need to use the computer system are trained to protect individuals' private data, to ensure data security, and to understand the consequences to them as individuals and the Company of any potential lapses and breaches of the Company's policies and procedures.

### Records

The Company keeps records of its processing activities including the purpose for the processing and retention periods in its HR Data Record. These records will be kept up to date so that they reflect current processing activities.

### Data Protection Officer

The Company's Data Protection Officer is Simon Fogell who can be contacted at the ECS Corporate Office.

**Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village, Dyson Way  
Staffordshire Technology Park, Stafford ST18 0TW**

**Volunteer Risk Assessment**

HEALTH and SAFETY is really quite simple. The principal objective being; regardless of how complex a situation may be, will any of my actions result in injury or harm to me or to others.

Risk is everywhere. Every action we take, from crossing the road to trying something for the first time, is a calculated risk.

*Risk describes the uncertainty surrounding events and their outcomes that may have a significant effect, either positive or negative, on:*

- *Operational performance*
- *Achievement of aims and objectives*
- *Meeting expectations of stakeholders.*

(Adapted from the Charity Commission's guidelines)

The process of risk assessment is designed to enable you to control and minimise risk and its impact. No activity is risk free and even with good planning it may be impossible to eliminate the risks from any activity. However, if something does go wrong, good risk management should help to minimise the impact of the event. The following risk assessments are produced in order to safeguard and protect our volunteers.

**How do we keep it manageable?**

---

Unfortunately, it becomes very easy to see risks in every activity which can make us fearful of engaging volunteers in any capacity. However, the process of risk assessment helps to identify the really significant risks which should be given particular attention and provides a framework for identifying appropriate actions that should be taken to reduce risks. Implementing this process is in itself a significant step in reducing the overall level of risk.

While managing risk is very important it is equally important that the measures used do not place unnecessary or impractical regulations on volunteers preventing them from carrying out their roles fully. It is also important that the process of risk assessment does not become excessive or onerous for the organisation. Organisations commencing the risk management process should remember that the rule of thumb is "*reasonable measures, reasonably applied*". If at any stage any individual is unsure about a given situation, they should report it to a senior member of staff.

## Hospital and Nursing Home based activity. (Enter and View).

It should always be remembered Residents and Patients may be frail and have complex medical problems. Team members should make no assumptions even when they may know the staff, residents or patients.

Hazard	Risk	Action Reducing or Eliminating Risk	Comments
When arriving at the home or hospital there is restricted visiting due to an outbreak of air-borne viral problems	Acquiring health issues and/or infection	Speak with manager of home Abandon visit and notify office Do not personally rearrange visit	
When arriving at the home or hospital, considerable sanitary malodours are noticed.	Acquiring health issue or infection	Speak with manager of home Consider abandoning visit and notify office Do not personally rearrange visit	
On arrival at the home or hospital and on gaining entry - avoid touching surfaces	Acquiring or spreading infection	Wash hands thoroughly Use anti-bacterial hand gel at the beginning during and end of the visit	
Outbreak of fire or another major incident during the visit	Fatality, burns, smoke inhalation or other injury	Homes and hospitals should have systems in place to deal with major incidents <ul style="list-style-type: none"> <li>- Do not assist unless specifically instructed to do so</li> <li>- Do not put yourself at personal risk</li> <li>- Follow evacuation signs and safety instructions</li> <li>- Check on arrival if a fire test is expected</li> </ul>	
Toilets, wet rooms and the like	Acquiring infection	Avoid touching any sanitary ware and if you do so wash your hands thoroughly and/or use sanitising gel.	
Patient bedrooms	Risk of accusation or reputational damage	Do not enter an individual's room on your own and never without a specific invitation.	
Kitchens and other food preparation area	Acquiring infection	Kitchen and non-patient areas are not part of the HW role if you are taken in such areas; <ul style="list-style-type: none"> <li>- Avoid touching any services</li> <li>- Do not handle any equipment</li> </ul>	
Steps stairs and ramps	Injury from trips and falls	Wherever possible ensure area is well lit and use handrails. Wear appropriate footwear	
Residents or patients using wheelchairs and in hoists	Physical contact and injury	Allow sufficient space Avoid contact	
Assisting residents or patients following falls	Injury to resident or patient or self	Do not assist Call for Assistance	
Moving residents when requested by residents to seating from wheelchairs or to wheelchairs	Injury to resident or patient or self	Do not assist Call for Assistance	

Assisting residents or patients with drink and food even if resident is known to Authorised Representative.	Injury to resident or patient or self Risk of choking or swallowing incidents Risk of Accusation/ reputational damage	Do not assist Call for Assistance	
Trailing wires or worn carpets	Trips and falls	Be vigilant and observant Notify manager of any issues	
Personal use of toilets	Possible contamination and infection	Adopt good hygiene and wash hands thoroughly. Use hand gel where available	
Walking in garden or paved areas	Slips, trips and falls Cuts and minor injuries	Avoid wet and slippery areas i.e. wet grass, mossy paths, uneven steps or walkways and unstable handrails.	
One or more Authorised Representatives fail to attend.	Failure to attend could be due to a broad range of reasons.	ARs should not enter a home or hospital alone and should call the office for advice immediately. If necessary, the visit will be aborted.	
Experiencing a distressing incident	Emotional distress Anxiety	If appropriate withdraw from the situation Contact the office where support can be facilitated.	

## Office and Home-Based Activity (Promotions and Communications)

Hazards	Who might be harmed and how	Actions Taken	Comments
Slips and trips	Volunteers and visitors may be injured if they trip over objects or slip on spillages	<ul style="list-style-type: none"> <li>Good housekeeping</li> <li>Well-lit areas</li> <li>No trailing cables</li> <li>Work areas kept clear</li> <li>Deliveries stored immediately</li> <li>Frequent office cleaning</li> </ul>	
Manual handling	Volunteers risk injuries or back pain from handling heavy or bulky objects.	<ul style="list-style-type: none"> <li>Trolley used for heavy items</li> <li>High shelves for light objects only</li> </ul>	
Display Screen Equipment	Volunteers risk posture problems and pain/discomfort from improper use or poorly designed workstations. Headaches or sore eyes can occur if poor lighting.	<ul style="list-style-type: none"> <li>Workplace assessments undertaken</li> <li>Reassessments undertaken as necessary</li> <li>Workstation set up to ensure good posture and avoid glare</li> <li>Work planned to include change of activities</li> <li>Lighting and temperature suitably controlled.</li> <li>Noise levels kept to a minimum</li> <li>Eye tests can be provided if required</li> </ul>	
Electrical	Volunteers could be at risk of shocks or burns from faulty equipment.	<ul style="list-style-type: none"> <li>Appliances PAT tested on a regular basis</li> <li>Staff report faulty equipment</li> <li>Defective equipment replaced</li> <li>No home appliances brought into the office</li> </ul>	
Fire	Volunteers and visitors may be harmed by fire	<ul style="list-style-type: none"> <li>Fire procedure in place</li> <li>Fire warden in place</li> </ul>	

		<ul style="list-style-type: none"> <li>• Volunteers aware of procedure</li> <li>• Firefighting equipment tested annually</li> <li>• Signing in and out procedures adhered to.</li> </ul>	
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### Exhibition stands - indoor and outdoor shows (Community Engagement)

Hazards	Who might be harmed and how	Actions Taken	Comments
Slips and trips	Volunteers and visitors may be injured if they trip over objects or slip on spillages	<ul style="list-style-type: none"> <li>• Good housekeeping</li> <li>• Well-lit areas</li> <li>• No trailing cables</li> <li>• Work areas kept clear</li> <li>• Care in wet or uneven outdoor areas</li> </ul>	
Manual handling	Volunteers risk injuries or back pain from handling heavy or bulky objects.	<ul style="list-style-type: none"> <li>• Trolley used for heavy items</li> <li>• Two people to carry heavy objects i.e. Gazebo and always under supervision of a staff member</li> </ul>	
Electrical	Volunteers could be at risk of shocks or burns from faulty equipment.	<ul style="list-style-type: none"> <li>• Appliances PAT tested on a regular basis</li> <li>• Report faulty equipment</li> <li>• Defective equipment replaced</li> <li>• Ensure extension cables are fully rolled out</li> </ul>	
Fire	Volunteers and visitors may be harmed by fire	<ul style="list-style-type: none"> <li>• Volunteers aware of procedure</li> </ul>	
Dehydration or heat effects	Take care when supporting exhibitions at shows and fetes - as outdoor events are held mainly over the summer there is a risk to volunteers.	<ul style="list-style-type: none"> <li>• Take regular food and drinks which can be claimed for</li> <li>• Wear a hat or prevent being in direct sunlight for prolonged periods</li> <li>• Use sunscreen as appropriate</li> </ul>	
Giving advice whilst talking to people	Reputational risk, accusation or complaints	<ul style="list-style-type: none"> <li>• Avoid giving personal advice</li> <li>• Provide signposting</li> <li>• If in doubt document the enquiry and say you will get back to them.</li> </ul>	
Lone working	Risk of abuse, or attack.	Avoid lone working wherever possible Park in well-lit areas at night Arrange with the office to have access to an emergency contact number and let the staff know when you are home	

Authorisation name: ..... Date; ...../...../.....

Authorisation signature: ..... Date; ...../...../.....

Revision: Final

Review Date..... Signature.....

These risk assessments are issued in respect of the health and safety of all parties. Volunteers must read and understand them before engaging in any activity for Healthwatch. If at any point a volunteer feels that an activity is placing them at risk, they should withdraw from the situation and inform a member of the staff team. If a volunteer requires further explanation or an alternative format, please do not hesitate to ask a member of the engagement team.

Issued to: ..... Date: ...../...../.....

Received and read by: ..... Date: ...../...../.....

## Procedure for the Recruitment of Volunteers with a Criminal Record

### 1. Introduction

This procedure relates to individuals who apply to volunteer on behalf of ECS and Healthwatch and should be read in conjunction with the ECS Disclosure and Barring Service (DBS) Policy.

### 2. Background

The code of practice published under section 122 of the police act 1997 advises that it is a requirement that all registered bodies must treat DBS applicants who have a criminal record fairly and not discriminate automatically because of a conviction or other information revealed.

On 29 May 2013 legislation came into force that allows certain old and minor cautions and convictions to no longer be subject to disclosure.

- All cautions and convictions for specified serious violent and sexual offences, and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults will remain subject to disclosure. In addition, all convictions resulting in a custodial sentence, whether suspended or not, will remain subject to disclosure, as will all convictions where an individual has more than one conviction recorded.
- The only circumstances in which an employer may not legally recruit a person with a certain type of offending history, is where the offending history has led to the individual being barred from regulated activity with either children, adults or both.

### 3. Procedure for appointing a volunteer with a criminal conviction

- ECS is required to undertake a DBS check on volunteers if they are recruited to carry out volunteering activity on behalf of ECS or Healthwatch in the following roles: Enter and View, Advocacy and some research roles.
- In the event of a volunteer disclosing a conviction that is unspent, a risk assessment should be undertaken by the Healthwatch Manager/Chief Officer to assess the volunteer's suitability for the role. This should be undertaken in conjunction with the volunteer.
- Once all the relevant information has been gathered with the applicant, risks should be identified, and an assessment of whether any appropriate safeguards can be put in place to minimise the risks should be identified.
- The risk assessment should be documented and signed and used to inform the decision-making process. Once this is complete a discussion should be held with a member of the HAB or the Healthwatch Manager/Chief Officer for a decision as to whether to appoint the applicant to a volunteer role. The decision should be based upon the information contained in the risk assessment and any other relevant information presented, e.g. references.
- The risk assessment should be kept on the applicants file, stored securely and should not be disclosed to any persons other than those who need to know.
- The risk assessment should be reviewed at agreed regular intervals.



## Disclosure and Barring Service Volunteer Risk Assessment

<b>Name of applicant:</b>		
<b>Post Applied for:</b>		
<b>Level of Disclosure Applied for:</b>	Enhanced	Standard
<b>Date of Commencement:</b>		
<b>Name of Assessor:</b>		

Question	Yes/No	Please provide details
Has the applicant declared any criminal convictions, cautions, reprimands, final warnings or bind overs in the UK or any other country, or are they under police investigation?		
Is this a single offence or has there been more than one offence?		
Has any police intelligence been disclosed at HW Manager/Chief Officer discretion which causes concern (if applicable)		

Nature of conviction(s) or police intelligence disclosed (Continue on separate sheet if necessary)	
Offence(s): Date of conviction: Sentence received:	
Age at time of offence(s)	
Length of time since conviction(s)	

**Section B - To be completed by the HW Manager/Chief Officer and Individual during risk assessment meeting**

Question	Please provide details	
What were the circumstances surrounding the offence(s)?		
Attitude to the offence(s)		
Efforts made to not reoffend?		
Question	Yes/No	Please provide details
Have the individual's circumstances changed since the offence(s)? If so, how?		
Are offence(s) relevant to the position?		
Is the applicant taking part in a specific remedial/ action programme?		
Does the nature of the role present any opportunities for the volunteer to re-offend in the place of work?		
Does the role involve regular one-to one /unsupervised contact vulnerable people?		
Does the role involve direct contact with the public?		
Does the role involve direct responsibility for finance or items of value?		
Does the role involve a significant level of trust i.e. caring for people?		
Is the volunteer barred from working in Regulated Activity? (if applicable)		
Were suitable references obtained and ID checked? (If references gave cause for concern, please state details)		

Question	Please provide details
What level of supervision does the role receive?	

Enter below any further questions you may feel are relevant to the post in respect of consideration of criminal convictions if necessary:

Question	Please provide details

HW Manager/Chief Officer

Date:

Signed:

Print Name:

**Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village, Dyson Way  
Staffordshire Technology Park, Stafford ST18 0TW**

**Volunteer Expenses**

All volunteers will be reimbursed for out-of-pocket expenses incurred in the course of undertaking authorised work on behalf of Healthwatch. Engaging Communities will not reimburse expenses for those individuals who already claim through their work organisation.

**Healthwatch participants can only claim for actual costs such as:**

- Travel and other related expenses towards attendance at meetings as arranged by the Healthwatch/ECS.
- Activities in direct relation to Healthwatch, such as training, conferences and events as authorised by the Healthwatch Advisory Board/ECS.
- Travelling and other related expenses towards attendance at public meetings as a Healthwatch representative as authorised by the Healthwatch Advisory Board/ECS.
- Caring responsibilities.
- Childcare responsibilities.
- Subsistence - up to a value of £5.00 for work undertaken on behalf of ECS/Healthwatch.

**Cars and motorcycles**

- Healthwatch volunteers will use their own personal car or motorcycle for Healthwatch business.
- Healthwatch volunteers must have valid motor insurance that covers business insurance.
- Healthwatch participants must have a valid driving licence, road fund licence and MOT if appropriate.
- Healthwatch will not cover the cost of fines or penalties incurred by Healthwatch volunteers whilst undertaking Healthwatch activities.
- Healthwatch will not cover the cost of damages to private car or motorcycles, which should be covered by the volunteers own insurance and breakdown cover.
- Healthwatch volunteers on authorised Healthwatch business will be reimbursed expenses in accordance with the Inland Revenue's approved mileage rates.

	<u>First 10,000 miles</u>	<u>Each mile over 10,000</u>
Car	0.45p/mile	0.25p/mile
Motorcycle	0.24p/mile	0.24p/mile
Bicycle	0.20p/mile	0.20p/mile
For each passenger	0.05p/mile	0.05p/mile

## **Bus**

- Healthwatch participants who use public buses will be reimbursed for the cost of the fare in full.
- Healthwatch participants who require assistance of a carer to accompany them will be reimbursed for the cost of the fare in full.

## **Train**

- Healthwatch participants who use the train will claim the cost of the fare in full.
- Healthwatch participants who require the assistance of a carer to accompany them will claim the cost of the fare in full.
- Healthwatch participants will be reimbursed for standard class tickets only. Where possible travel should be off peak and booked in advance.

## **Taxi**

- The use of taxis must be discussed with the Healthwatch Support Team in advance.

## **Parking**

- Healthwatch participants using their own personal private car or motorcycle for Healthwatch activities can claim the cost of car parking tickets in full.

## **Carer and childcare expenses**

- Expenses will only be paid for reasonable and necessarily incurred costs which must be approved by the Healthwatch Support Team in advance.
- A participant cannot claim for care that is: provided by a member of their household; provided by a person who is under 16; or already provided by or paid for by another organisation.

## **Claiming expenses**

- Claims should be submitted to the Healthwatch Support Team on the appropriate claim form and with all relevant original receipts.
- Claims for expenses incurred whilst undertaking authorised Healthwatch representation or activities, must be supported by a feedback report in respect of the outcomes of the meeting, the relevance of Healthwatch business and any further consultation with Healthwatch members or the public that is required. Submission of claims for expenses without the required supporting feedback report will be returned to the claimant for completion. A feedback report template is available for representatives to use and this will be supplied when authorisation for their representation of the Healthwatch has been approved.
- Claims must be submitted by the end of the month following the month in which the expense(s) were incurred.
- Payments will be paid by BACS and the relevant form (available from the Healthwatch Support Team) must be completed and returned prior to expense claims being submitted.

**VOLUNTEER EXPENSE FORM**

<b>NAME</b>	
<b>DATE</b>	
<b>HOME ADDRESS</b>	

DATE	JOURNEY FROM	JOURNEY TO	MILEAGE	SUBSISTANCE EXPENSES (PARKING/FOOD ETC)	TRAIN TRAVEL	OTHER	DESCRIPTION
<b>Total</b>					<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>
<b>Mileage Amount Due</b>							<b>£0.00</b>

I certify that: This claim states the expenses I have incurred carrying out my role as a volunteer.

The vehicle used is licensed, covered by a valid MOT certificate, and is insured for business purposes.

I hold a valid driving licence during the period of this claim.

**ADMINISTRATION CHECKING**

Signed

Dated

SIGNATURE

DATE

HEALTHWATCH MANAGER'S SIGNATURE

DATE

**THIS FORM MUST BE SIGNED BY A MANAGER BEFORE PAYMENT CAN BE MADE**

**Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village, Dyson Way  
Staffordshire Technology Park, Stafford ST18 0TW**

**DECLARATION AND CONFLICT OF INTERESTS  
GUIDANCE FOR VOLUNTEERS AND AUTHORISED REPRESENTATIVES**

## **1 Introduction**

Healthwatch is a network of people, organisations and groups from across the local area that wants to make health and social care services better. People who become volunteers and Authorised Representatives will have an interest in health and social care and may have a specialist interest; this is essential for the success of Healthwatch.

## **2 Declaration of Interests**

Healthwatch volunteers and Authorised Representatives should not use their association with it to gain media or public attention in order to advance their personal, business or party-political interests. They must ensure that they declare all interests where they may have a financial interest in a decision or activity of Healthwatch, or any personal or business interest that might lead others to conclude that their decision about the work of Healthwatch has been influenced by it:

For example, if the partner of a Healthwatch volunteer or Authorised Representative is an Accident and Emergency (A&E) doctor and A&E services are being reviewed, it would not be considered appropriate for the participant to influence the outcome of the review or the recommendations and would be excluded from Enter and View visits for that hospital.

Healthwatch volunteers and Authorised Representatives should not accept gifts or hospitality from a third party which might reasonably be seen to compromise their personal judgement or integrity.

Guidance relating to relevant interests to be declared include the following (not an exhaustive list):

- Paid employment, directorship or partnerships if they relate to health or social care companies or organisations or public bodies
- Paid consultancies or advisory positions if they relate to health or social care companies or organisations or public bodies
- Paid commissioned work for a health or social care company or organisation or related activity or speaking engagements which do not form part of official duties
- Positions held as an officeholder or trustee within:
  - A voluntary or not-for-profit organisation
  - A public body
  - A pressure group or trade union relating to health or social care
- Membership or fellowship of a body within health or social care other than Healthwatch
- The employment or other financial interest of a partner or close relative which could reasonably be regarded as relevant to Healthwatch, for example relating to a health or social care company or organisation or public body

- Other support received from a healthcare company or organisation; for example: sponsorship such as grants, bursaries, fellowships or awards.
- If a Healthwatch volunteer or Authorised representative has a formal complaint or is in the process of taking legal action against a health or social care organisation and Healthwatch is reviewing that particular part of the service;
- Any other relevant interests, for example, depending upon their significance, other trusteeships, unpaid functions, membership of voluntary organisations, and the non-financial interest of a partner or close relative.

### **3 Register of Interests**

All volunteers and Authorised representatives of Healthwatch will be asked to complete a Declaration of Interests Form, the copy of this will be kept by Healthwatch. The information held will be reviewed on an annual basis. However, an amendment may be made immediately should a participant's circumstances change.

All information held will be kept in compliance with the Data Protection Act, Freedom of Information Act, Equal Opportunities Act, and Human Rights Act, ECS Healthwatch legislation and any Codes and Policies issued with respect to that legislation.

### **4 Who should make a Declaration of Conflict of Interests?**

All, Healthwatch volunteers and Authorised Representatives should act and be seen to act with the highest standards. They have a personal responsibility to make a Declaration of Conflict of Interests where they may have a financial or other interest in a decision or activity of Healthwatch.

### **5 Failure to Declare an Interest**

If a volunteer or Authorised Representative has failed to register/declare an interest, they will be asked to provide a written explanation of the reasons why. ECS may decide that either:

- no action other than ensuring the register of interests is up to date is required
- to suspend or terminate an individual's role.

### **6 Conclusion**

Volunteers and Authorised Representatives of Healthwatch are operating in the public domain, representing people, local groups and organisations. It is important that they conduct themselves in a proper manner which will stand up to public scrutiny. By following the guidance in this document on the declaration of interests that could possibly conflict with their role in Healthwatch, participants will be able to meet the standards expected of them.

If there is any uncertainty as to whether an interest should be declared, volunteers and Authorised Representatives are asked to err on the side of caution and declare the interest.

This document should be read alongside:

- The Enter and View policy
- Code of Conduct for Volunteers and Authorised representatives.



## DECLARATION OF INTERESTS FOR HEALTHWATCH VOLUNTEERS

<b>Name</b>			
<b>Role</b>	<b>Volunteer/Authorised Representative</b>		
<b>Contact Number</b>			
<b>Date:</b>	<b>Nature of interest</b>	<b>Area of Healthwatch work affected</b>	
<b>Signed</b>		<b>Date</b>	

**Appendix 12****Health and Safety Policy****Purpose**

The policy, read in line with the Company's health and safety policy statement, outlines the responsibilities in relation to health and safety.

**Employer Responsibilities**

Chair of the ECS Board is the designated person with overall responsibility for ensuring our compliance with Health and Safety legislation. They will ensure that:

- our Health and Safety policy documentation and Health and Safety Management System are implemented, monitored, developed, communicated effectively, reviewed and amended as required
- a health and safety plan of continuous improvement is created, and progress monitored
- staff understand the allocated responsibilities for health and safety defined in this policy
- suitable and sufficient funds, people, materials and equipment are provided to meet all health and safety requirements
- adequate insurance cover is provided and renewed
- competent persons are appointed to provide health and safety assistance and advice
- an adequate system of maintenance exists and operates to keep premises, plant and work equipment in a safe condition
- they communicate and consult with staff on health and safety issues
- an effective training programme is established to ensure staff are competent to carry out their work in a safe manner
- the monitoring activities required by this system are undertaken
- effective contingency plans are in place with a designated competent person in charge of the planning and control measures for situations involving imminent danger
- health and safety objectives are set, and their achievement is measured and reported in the annual report.

**Management Responsibilities**

Managers will ensure that in their areas of control:

- they actively lead the implementation of our Health and Safety Policy and Health and Safety Management System
- they supervise their staff to ensure that they work safely, providing increased supervision for new and young workers
- safe systems of work are developed and implemented
- risk assessments are completed, recorded and regularly reviewed covering all processes and activities where a risk to health and safety exists. The significant findings of these assessments are brought to the attention of staff who may be affected
- adequate resources are allocated to implement the safety policy and meet all safety requirements
- the health and safety plan of continuous improvement is progressed, and scheduled actions are completed on time and validated
- accidents, ill health and 'near miss' incidents at work are investigated, recorded and reported
- they communicate and consult with staff on health and safety issues
- they encourage staff to report hazards and raise health and safety concerns
- safety training for staff is identified, undertaken and recorded to ensure staff are competent to carry out their work in a safe manner

- issues concerning safety raised by anyone are thoroughly investigated and, when necessary, further effective controls implemented and communicated to staff
- welfare facilities are provided and maintained in a satisfactory state
- premises, plant and work equipment are maintained in a safe condition
- statutory examinations are planned, completed and recorded
- any safety issues that cannot be dealt with are referred to a senior manager for action
- safe systems of work are developed and implemented
- accidents, ill health and 'near miss' incidents at work are investigated, recorded and reported
- health and safety rules are followed by all
- the monitoring and checking activities required by this system are completed.

### Employee Responsibilities

All employees are responsible for acting in a safe manner whilst at work. By understanding their responsibilities and following our safety rules, they will help the Company comply with their legal duties and contributing to the safe running of our workplace.

All employees have the responsibility:

- to take reasonable care of our own safety
- to take reasonable care of the safety of others affected by what we do or fail to do
- not to interfere with or misuse, intentionally or recklessly, anything provided in the interests of safety
- to co-operate so that we as individuals and our organisation can fulfil our legal duties e.g. comply with our safety rules
- to set a good personal example in relation to health and safety.

First aid personnel have the responsibility to:

- administer First Aid in accordance with the current legislation and approved code of practice
- record all accidents that are reported to them in the Accident Book
- re-stock first aid boxes at regular intervals and when necessary.

Fire Marshals have the responsibility to carry out the duties for which they are trained when emergency evacuation of the workplace is required.

### Responsibility for Health and Safety

Chair of the ECS Board is responsible for the health and safety in this organisation. However, everyone in the organisation has responsibilities in relation to health and safety, as set out in this policy.

### Responsibilities of the Employer

The employer is responsible for ensuring that the employee's health and safety is protected in all activities at work. In particular, the employer is responsible for the following:

- Safe Premises and Place of Work

The employer will ensure that the premises are safe, and that all hazards are removed where possible. If it is not possible to remove a hazard clear signage will be displayed advising employees and any other visitors to the premises of the nature of the hazard and the precautions that should be taken.

- Competent and Safe Fellow Employees

The employer will ensure that all employees receive the appropriate training so that they are competent in all their work duties. If any employee acts in a manner that is likely to put others in danger appropriate disciplinary action will be taken.

- A Safe System of Work

The employer will ensure that all processes of work are safe. If there are any hazards the employer will endeavour to remove them. If that is not possible appropriate signage will be displayed advising employees and any other visitors to the premises of the nature of the hazard and the precautions that should be taken.

### Responsibilities of the Employee

The employee is responsible for ensuring that his/her actions do not cause danger to themselves or to anyone else. The primary responsibilities of the employee include the following:

- Not to tamper with any equipment

Employees should not carry out any alterations to equipment which might compromise health and safety. Employees who do tamper with equipment are likely to face disciplinary action, which could include summary dismissal.

- Not to use any equipment without receiving appropriate training

No employee should use any equipment without having the appropriate training. The employee is responsible for attending any training that is arranged and completing any assessments that are required.

- To take reasonable care of their own health and safety

Employees are expected to act responsibly and to take care of their own health and safety. This includes wearing any necessary protective clothing and not acting in a dangerous manner. All employees must take care that their actions do not endanger any other employees or visitors to the company.

- To use equipment appropriately

Employees should use equipment for the purpose for which it is provided, and no other purpose. If any equipment is damaged or unfit for purpose in any way the employee is required to inform the employer immediately.

- To follow appropriate systems of work

All employees should follow the systems of work that have been specified by the employer. There should be no deviation from these systems without prior permission from the employer.

### Chemicals and Other Substances

All chemicals and other substances that are hazardous to health must be stored and used in accordance with the manufacturers' instructions. Such materials will have a COSHH (Control of Substances Hazardous to Health Regulations 2002) label on them, and the guidance on this label must be followed in full.

### Risk Assessments

All line managers are required to carry out regular risk assessments of the area and activities under their management. These risk assessments should be carried out annually at least, and some risk assessments will require more regular completion.

The risk assessments should be recorded in writing, with an agreed target date for any actions that have been identified.

If there are any risks that cannot be eliminated all employees working in that area must be made aware.

### Manual Handling

All employees who are involved in any lifting or carrying must attend training in relation to manual handling. This training must be renewed every two years. The line manager is responsible for ensuring that all employees requiring this training attend the training course at the appropriate time.

### Accidents

Although every effort will be made to ensure a safe environment it is accepted that accidents can occur.

If an accident does occur this must be reported immediately to the Corporate Services Manager. It must also be recorded in the accident book.

If any of the following occur, they must be reported to the Health and Safety Executive under the RIDDOR procedures (see [www.riddor.gov.uk](http://www.riddor.gov.uk)):

- Fatal accidents
- Major injuries
- Accidents resulting in a period of absence of more than seven days
- Injuries to the public where they have to be taken to hospital.

In addition, some work-related diseases and dangerous occurrences must be reported to the Health and Safety Executive.

Following any accident, the situation will be investigated to determine whether changes need to be made to equipment, training or systems to work so that a similar situation can be prevented in the future.

### Lone Working

The Company will ensure, so far as is reasonably practicable, that employees, volunteers and associates who are required to work alone or unsupervised are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by solitary working.

Solitary working exposes employees and others to certain hazards. The Company's objective is either to entirely remove the risks from these hazards or, where complete elimination is not possible, to reduce them to a minimal level.

Assessments of the risks of working alone carried out under the Management of Health and Safety at Work Regulations 1999 will confirm whether the work can be done safely by one unaccompanied person. This will include the identification of hazards from, for example, potential violent or aggressive behaviour, building conditions, dangerous animals; consideration will be given to:

- the remoteness or isolation of workplaces
- any problems of communication
- the possibility of interference, such as violence or criminal activity from other persons
- the nature of injury or damage to health and anticipated "worst case" scenario.

Employees must conduct a risk assessment checklist with their client at least 24 hours before any visit is due and provide a copy of the report to their line manager. If any risks or areas of concern are identified they should be discussed with their line manager before any visit takes place to see if actions need to be put in place.

Employees and others will be given all necessary information, instruction, training and supervision to enable them to recognise the hazards and appreciate the risks involved with working alone. Employees will be required to follow the safe working procedures as devised. Information will include the provision of first aid, communication procedures and awareness of emergency procedures. All employees are required to cooperate with these efforts to ensure safe working and to report any concerns to management.

### Alcohol and Drugs

The Company strongly discourages employees from drinking any alcohol or taking drugs prior to driving or reporting to work. Employees must not turn up for work under the influence of alcohol or drugs.

Employees must not drink alcohol or take drugs during working time. Working time is any time between when an employee reports for work and the time they finish work and includes lunchtimes. It includes any period of call out whilst on standby duty or overtime working.

If an employee is taking any medication including over the counter medication which may affect their work performance or the safety of themselves or others they should:

- check the possible side effects with their doctor or pharmacist and
- let their line manager know in confidence, who will, if necessary, make alternative arrangements for them.

If an employee thinks they have a problem and may be violating the policy as a result, the Company strongly encourages them to come forward and seek help. The Company will be sympathetic and ensure the employee gets the help and support they need which may include direction to external specialists. If an employee volunteers information to the Company that they have an alcohol or drug problem they will be treated with dignity at all times and any discussions will be in the strictest of confidence.

Whilst the Company will be sympathetic to employees who are experiencing difficulties with alcohol and drugs, it may be appropriate to implement a disciplinary or capability procedure as appropriate where conduct or performance is not satisfactory, which could result in termination of employment.

Criminal activity in the workplace involving drugs will, in every case, require the Company to alert the police.

### Smoking

The Company mandates that all workplaces are smoke-free, including Company cars and all enclosed workspaces. This also applies to e-cigarettes and vaping.

Failure to follow this standard may result in disciplinary action.

**Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village, Dyson Way  
Staffordshire Technology Park, Stafford ST18 0TW**

**Code of Conduct**

All Healthwatch volunteers and associates are expected at all times to follow this Code of Conduct to ensure acceptable standards of behaviour are maintained at work. Please refer to the appropriate policies and procedures for further details.

**ECS Healthwatch volunteers and associates should:**

- Comply with their terms and conditions in the volunteer or service agreement.
- Ensure that Health and Safety rules are adhered to at all times.
- Perform any reasonable requests relating to their function by an authorised person.
- Avoid behaviour or actions that would in any way jeopardise the safety or well-being of others.
- Respect others (colleagues and clients) by avoiding any critical, intimidating, or degrading comments (gossip) or behaviour, which has the intention of undermining the self-respect of an individual.
- Promote equality and diversity in the workplace.
- Be punctual and reliable.
- Treat others as they would wish to be treated themselves.

**Volunteers and associates should not:**

- Behave in a way that brings or may bring ECS/Healthwatch into disrepute.
- Use threatening, violent behaviour or bad language towards others including clients.
- Use behaviour, language, or non-verbal language that is discriminatory or offensive.
- Disclose confidential ECS/Healthwatch information.
- Smoke on ECS/Healthwatch premises.
- Take illegal drugs and/or alcohol on ECS/Healthwatch premises.
- Be incapable to work due to alcohol or illegal drugs.
- Remove ECS/Healthwatch property from the premises without permission.
- Cause loss, damage or injury to others through serious negligence.
- Behave fraudulently or dishonestly.
- Cause a serious breach of confidence.

This list is not exhaustive but highlights the standards of behaviour expected from ECS/Healthwatch staff and volunteers. If you have any questions regarding the Code of Conduct please contact your local Healthwatch Manager.

**Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village, Dyson Way  
Staffordshire Technology Park, Stafford ST18 0TW**

**Volunteering  
Our Policy for Resolving Problems and Concerns**

ECS delivers local Healthwatch contracts in a number of locations this document covers the ECS policy in resolving areas of concern and/or problems experienced by our volunteers.

Local Healthwatch organisations are dependent upon and greatly appreciate the time, enthusiasm and skills given by all our volunteers and we strive to ensure that volunteering with Healthwatch is a safe and rewarding experience for all.

However, while volunteering is by and large a positive experience for everyone involved, sometimes things can go wrong.

This policy explains what should happen if a problem arises.

**If you have a concern or complaint about your volunteering role with Healthwatch:**

**Stage 1**

In the first instance you should raise it with the local Healthwatch Manager/Chief Officer. If the issue requires discussion, they will arrange a time with you when you can speak privately with them about your concern.

In the circumstances where any concern or complaint is in respect of the Healthwatch Manager/Chief Officer the first point of contact should be the local Healthwatch Advisory Board via the ECS Corporate Services Manager.

**Stage 2**

If, after following the route above, you feel your concerns have not been resolved or properly listened to you should contact either the Chair of the local Healthwatch Advisory Board or the Board Member holding the responsibility for volunteering to arrange an appointment to discuss the issues in question.

**Stage 3**

If you are still not satisfied with the outcome, then you should put your concerns in writing to the Corporate Services Manager of ECS. The appeal will be investigated by ECS Board of Directors, or their nominees and their decision will be final.

**If we have a concern or complaint about your volunteering role with us:**

**Informal Stage**

In some instances, a minor issue of misconduct will be identified by Healthwatch Manager/Chief Officer as being most appropriately dealt with informally. They will discuss their concerns with



the volunteer and support and encourage them to address the identified concerns. If this does not address the issues raised, then we will move to the formal stage.

## **Formal Stage**

### **Stage 1**

In the first instance, the Healthwatch Manager/Chief Officer will inform you of the concern and invite you to a meeting to discuss it. Other members of the local Healthwatch team may also be invited to this meeting if thought helpful and you can also be accompanied by someone of your choice.

The aim of this meeting is to define and agree the concern and agree a plan to address it.

### **Stage 2**

If the concern is not resolved by this route then a meeting will be arranged with you and either, the Chair of the local Healthwatch Advisory Board, or the Board member holding the responsibility for volunteering. Again, you may be accompanied by a person of your choice. Depending on the nature of the concerns, further objectives may be set, or help offered. However, if we cannot find a mutually agreeable solution, we may end your volunteering role with us. In this case, you will have the opportunity to appeal.

### **Stage 3**

If you wish to appeal, you should write to the ECS Corporate Services Manager with the reasons for your appeal. The appeal will be investigated by ECS Board of Directors, or their nominees and their decision will be final.

## **Exceptions**

In certain serious cases volunteers may be asked to stop volunteering with immediate effect. This may occur, for example, if a volunteer is thought to be under the influence of drink or drugs or involved in an act of harassment, theft, or abusive or violent behaviour.

An investigation will then take place and you will be invited to a meeting with the local Healthwatch Manager/Chief Officer responsible for volunteering to discuss the concerns. You may be accompanied to this meeting by a person of your choice.

The result may be that the concern is not upheld, a plan is agreed with you that addresses the concern or your volunteering role with Healthwatch is ended.

If you are unhappy with the outcome, you may appeal the decision by writing to the ECS Corporate Services Manager as set out above. The appeal will be investigated by ECS Board of Directors, or their nominees and their decision will be final.

**Appendix 14****Anti-Bribery Policy****Definition**

Bribery is, in the conduct of the Company's business, the offering or accepting of any gift, loan, payment, reward or advantage for personal gain as an encouragement to do something which is dishonest, illegal or a breach of trust.

Bribery is a criminal offence. The Company prohibits any form of bribery. We require compliance, from everyone connected with our business, with the highest ethical standards and anti-bribery laws applicable. Integrity and transparency are of utmost importance to us and we have a zero-tolerance attitude towards corrupt activities of any kind, whether committed by Engaging Communities' employees or by third parties acting for or on behalf of Engaging Communities.

**Purpose**

The purpose of this policy is to convey to all employees and interested parties of Engaging Communities the rules of the Company in relation to our unequivocal stance towards the eradication of bribery and our commitment to ensuring that Engaging Communities conducts its business in a fair, professional and legal manner.

**Offences**

It is a criminal offence to:

- offer a bribe
- accept a bribe
- bribe a foreign official
- as a commercial organisation, to fail to prevent a bribe.

You should be aware that if you are found guilty by a court of committing bribery, you could face up to 10 years in prison and/or an unlimited fine. The Company could also face prosecution and be liable to pay a fine.

**Definitions of Bribery and Corruption**

Corruption is the misuse of office or power for private gain. Bribery is a form of corruption which means in the course of business:

Giving or receiving money, gifts, meals, entertainment or anything else of value. As an inducement to a person to do something which is dishonest or illegal.

**Scope**

This policy applies to all employees of Engaging Communities regardless of seniority or site. It also extends to anyone working for or on our behalf e.g. those engaged by us on a self-employed basis or an agency arrangement.

We will encourage the application of this policy where our business involves the use of third parties e.g. suppliers; contractors.

**Policy**

It is prohibited, directly or indirectly, to offer, give, request or accept any bribe i.e. gift, loan, payment, reward or advantage, either in cash or any other form of inducement, to or from any person or company in order to gain commercial, contractual or regulatory advantage for the Company, or in order to gain any personal advantage for an individual or anyone connected with the individual in a way that is unethical.

It is also prohibited to act in the above manner in order to influence an individual in his capacity as a foreign public official. You should not make a payment to a third party on behalf of a foreign public official.

If you are offered a bribe, or a bribe is solicited from you, you should not agree to it unless your immediate safety is in jeopardy. You should immediately contact your line manager, Executive Director or Chair of the Board as appropriate so that action can be taken if considered necessary. You may be asked to give a written account of events.

If you, as an employee or person working on our behalf, suspect that an act of bribery, or attempted bribery, has taken place, even if you are not personally involved, you are expected to report this to contact your line manager, Executive Director or Chair of the Board as appropriate. You may be asked to give a written account of events.

Appropriate checks will be made before engaging with suppliers or other third parties of any kind to reduce the risk of our business partners breaching our anti-bribery rules.

The Company will ensure that all its transactions, including any sponsorship or donations given to charity, are made transparently and legitimately.

Engaging Communities takes any actual or suspected breach of this policy extremely seriously and will carry out a thorough investigation should any instances arise.

We will uphold laws relating to bribery and will take disciplinary action against any employee, or other relevant action against persons working on our behalf or in connection with us, should we find that an act of bribery, or attempted bribery, has taken place. This action may result in your dismissal if you are an employee, or the cessation of our arrangement with you if you are self-employed, an agency worker, contractor etc.

Staff are reminded of the Company's Whistleblowing Policy which is available in the Employee Handbook.

### **Gifts and Hospitality**

We realise that the giving and receiving of gifts and hospitality where nothing is expected in return helps form positive relationships with third parties where it is proportionate and properly recorded.

Gifts include money; goods (flowers, vouchers, food, drink, event tickets when not used in a hosted business context); services or loans given or received as a mark of friendship or appreciation.

Hospitality includes entertaining; meals or event tickets (when used in a hosted business context) given or received to initiate or develop relations. Hospitality will become a gift if the host is not present.

Employees must not offer or give any gift or hospitality:

- which can be regarded as illegal or improper
- to any public employee/government official or representative/politician or parties
- which exceeds £20 in value, unless approved by an Executive Director

Employees may not accept any gift or hospitality if:

- exceeds £20 in value, unless approved by an Executive Director
- is in cash
- or a suggestion that a favour will be expected or implied.

No gift should be given, nor hospitality offered by an employee or anyone working on our behalf to any party in connection with our business without receiving prior written approval from an Executive Director. Similarly, no gift nor offer of hospitality should be accepted by

an employee or anyone working on our behalf without receiving prior written approval from an Executive Director.

A record will be made of every instance in which gifts or hospitality are given or received on 'Receipt of Gifts Form'.

#### Political Contributions

We as an organisation do not make donations, whether in cash or kind, in support of any political parties or candidates, as this can be perceived as an attempt to gain an improper business advantage.

#### Charitable Contributions

The organisation only makes charitable donations that are legal and ethical, and no donation must be made or offered on behalf of the organisation without prior approval of an Executive Director.

All Charitable contributions should be publicly disclosed.

As the law is constantly changing, this policy is subject to review and the Company reserves the right to amend this policy without prior notice.

## Volunteer Policy

### Background

Engaging Communities Staffordshire (ECS) currently holds the contracts for the delivery of Healthwatch across multiple Local Authority Areas.

This volunteer policy sets out the principles and practice by which we involve volunteers and is relevant to staff, volunteers, HAB members and ECS Board Members within the organisation. It aims to create a common understanding and to clarify roles and responsibilities to ensure the highest standards are maintained in relation to the management of volunteers.

ECS recognise volunteers as an integral part of the organisation. Their contribution supports our mission and strategic aims, and complements the role of paid staff. We aim to encourage and support volunteer involvement to ensure that volunteering benefits the organisation, its clients and the volunteers themselves.

The ECS Volunteer Handbook gives further details about the support and procedures in place for the recruitment and ongoing support provided to volunteers.

### ECS aims to offer volunteering opportunities that provide...

- **Good quality** opportunities for volunteers to play an active role in helping their community.
- **Varied** types of roles for volunteers, full details are set out in the Volunteer Handbook.
- **Inclusive** opportunities to encourage a diverse range of people to volunteer with us from all groups, communities and backgrounds irrespective of their protected characteristics.
- **Well structured** roles that give volunteers clear information about what is and is not expected of them.
- **Recognised** skills and experiences the volunteer has developed that they can use for future employment or volunteering opportunities or demonstrate self-development
- **Recognition and acknowledgement** of the contribution volunteers have made in their local communities and to ECS

### ECS is committed to providing:

- **Induction and training and development** - volunteers will have a core induction with training to equip them for their role; training to include safeguarding, data protection and valuing diversity and equality
- **Support and supervision** - volunteers will be offered support and supervision as appropriate and this is discussed during induction. Arrangements vary according to the volunteer and the role undertaken, and may include telephone support, group meetings or one to one reviews.
- **Health & Safety** - volunteers are treated the same as paid staff with regards to health and safety
- **Expenses** - are paid to volunteers in line with the policy set out in the Volunteer Handbook
- **Insurance** all volunteers are covered by ECS liability insurance policy whilst working on all contracts being delivered by ECS.

### Recruitment and selection

ECS is committed to offering a flexible range of opportunities and to encouraging a diversity of people to volunteer with us, including those from under-represented groups such as youth, people with a disability, older people and people from black and minority ethnic communities.

Equal opportunities principles will be adhered to in recruiting volunteers. Opportunities will be widely promoted, so as to attract interest from different sectors of the community. Positive action to target recruitment may be used where appropriate. ECS will utilise a number of different advertising media to attract volunteers.

ECS recognise that there are costs associated with volunteer involvement and will seek to ensure adequate financial and staffing resources are available for the development and support of volunteering.

### Expectations of Volunteers

ECS expects volunteers to carry out their activities as follows:

- **Code of conduct** - volunteers are expected to be reliable and honest and to adhere to the code of conduct as set out in the ECS Volunteer Handbook
- **Confidentiality** - all volunteers are expected to be aware of and comply with the Data Protection Act 2018/EU GDPR and to sign a confidentiality agreement
- **Respect** - to treat everyone with respect and courtesy, including respecting other people's opinion and beliefs
- **Equality and Diversity** – all volunteers are expected to promote equality of opportunity and respect diversity
- **Disclosure and Barring Checks (DBS)** - volunteers will be required to have a current standard or enhanced DBS check provided through ECS

### Complaints

If a volunteer is experiencing problems with the organisation, a staff member or another volunteer they are encouraged to raise these issues, if they feel able, with the local manager.

If the problem cannot be resolved they should raise a formal complaint using the ECS Complaints procedure.