

FAMILIES TOGETHER SUFFOLK (FAMILIES TOGETHER)

Lone Working Policy

There is no legal prohibition on working alone but all employers have a duty to consider whether it is safe for an employee to do so and assess the risks posed by such working.

Example lone working scenarios within Families Together:-

- Coordinator visiting prospective volunteer or family
- Staff travelling to appointments
- Sole worker in the office
- Working from home
- Volunteer visiting a family
- Group leader starting and ending a session on their own
- Lone working in charity shop

Lone workers should not be at more risk than other employees.

Extra control measures:

- Check that lone workers have no medical conditions which make them unsuitable for working alone. Seek medical advice if necessary. Consider both routine work and foreseeable emergencies which may impose additional physical and mental burdens on the individual. The Families Together medical questionnaire will be completed by volunteers and staff prior to their commencing work or volunteering (see appendix 1 for volunteers and appendix 2 & 3 for staff).
- Discuss with individual employees the risks to identify appropriate measures
- Avoidance whenever reasonably practicable
- Regular contact with the employer. Contact number to be available at all times. Where mobile signal is unreliable a landline number will be preferable.
- Enhanced reporting systems
- Planning of travel to minimise risk e.g. avoidance of travel in the dark, pre-planning routes, parking in well-lit areas
- Mobile phone- this should be checked for signal at the match visit and if not satisfactory a scheme mobile should be provided.
- Diarised appointments
- Access to first aid kit for treating minor injuries- volunteers will be encouraged to keep a first aid kit in their car and have access to first aid support and guidance.
- Emergency procedures, personal alarm
- Increased support and supervision
- Safety of equipment – procedures must be established to ensure effective reporting of defects checking and maintenance of equipment

- Following risk assessment procedures for lone working in the office building or charity shop.

Lone working volunteers

Check that lone workers have no medical conditions which make them vulnerable for working alone. Volunteers must be reassured that they will not be asked to visit families where it is known that there are circumstances which may compromise their own or the coordinator's safety. Volunteers will also be withdrawn from families where concerns for their safety develop.

Personal safety should be an essential element of each course of preparation. Volunteers may be in a potentially vulnerable position since they visit families on their own. They may also be vulnerable while on the journey to and from the family.

It is important that someone knows where and when each volunteer is visiting

The coordinator should always be aware of which volunteer is visiting which family. Volunteers must agree a visiting day and time with their family.

The coordinators must be informed and the information recorded on CLOG. Should this change for any reason then the coordinator must be informed immediately.

We provide volunteers with Families Together details to provide to their next of kin should the eventuality of an emergency occur to enable them to contact the organisation.

Initial visits to families

To ensure the overall safety of staff and volunteers, the Operations Manager, at the point of receiving the referrals, will make the decision whether the family is RAG rated as RED and for safety reasons will require two Family Support Coordinators to carry out the first initial visit.

If the self-referred family has NOT been verified by a third party then for staff's overall safety a risk assessment carried out by the Operations Manager will then determine whether two Family Support Coordinators need to carry out the initial visit.

It is important to get safety in perspective and not to worry volunteers. Each year in the UK over 5,000 volunteers visit families in their own homes. There have been very few recorded incidents of volunteers experiencing problems. Nonetheless, this should not prevent schemes from ensuring that all volunteers are aware of reasonable safety precautions to take.

Signed by Chair:	C. Read
Date:	August 2021
Review Date:	To be reviewed as circumstances or legislation requires

APPENDIX 1

FAMILIES TOGETHER HEALTH QUESTIONNAIRE FOR VOLUNTEERS

Name:	
--------------	--

Confidential

Thank you for volunteering with Families Together; we greatly value your involvement. In line with the Equality Act 2010 Families Together are obliged to carry out risk assessments in order to maintain the health and safety of all parties involved.

In order for us to make any reasonable adjustments necessary in order for you to successfully carry out your role would you please complete the following:

All information will be treated as strictly confidential.

Do you have any health condition that might affect your involvement with Families Together?

Are you at present receiving any medical treatment or attention that may affect your ability to volunteer in the future?

If you have a disability or any special needs please inform us of any adjustments that you would like us to make in order for you to comfortably carry out your role as a volunteer.

Signed by Volunteer:		Date:	
Signed by Operations Manager:		Date:	

APPENDIX 2

FAMILIES TOGETHER HEALTH QUESTIONNAIRE FOR STAFF

Strictly Confidential

Name:	
Position Applied For:	

Confidentiality

If you are offered a position with Families Together you will be asked to complete this questionnaire. Families Together is required to make assessments of the risks to which employees/volunteers may be exposed at work and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out the work. The Equality Act imposes an obligation on employers to make reasonable adjustments to enable a suitably qualified candidate to take up employment/volunteering opportunities. This information will be treated as strictly confidential.

1. Is there any condition in your own health that might affect your present or future work? Yes No
2. Are you at present receiving any medical treatment or attention that might affect your present or future employment? Yes No
3. Are you taking any drugs or medicines which may affect your employment? Yes No
4. How many sick days have you had in the past year?
5. Please provide details of reasons for your sickness absence over the last year?

6. Is there anything else in your history and/or circumstances which might affect your employment with us and /or your ability to perform the role for which you are applying? Yes No

7. Do you suffer from a disability? Yes No

If the answer is yes, please provide details of your disability and advise of any adjustments you would like us to make

8. Do you have special needs for which Familieis Together should make provision even if you do not consider yourself to suffer from a disability? Yes No

If the answer to any of the above questions is Yes, please give details below:

I hereby declare that all above answers are, to the best of my belief, true and complete and I have not withheld any information.

Signed:		Date:	
----------------	--	--------------	--

APPENDIX 3

STAFF HEALTH QUESTIONNAIRE UPDATE

Families Together Health Questionnaire update for Staff

Name:	
--------------	--

Confidential

In line with the Equality Act 2010 Families Together are obliged to carry out risk assessments in order to maintain the health and safety of all parties involved. In order for us to make any reasonable adjustments necessary in order for you to successfully carry out your role would you please complete the following:----

All information will be treated as strictly confidential.

- Do you have any health condition that might affect your involvement with Families Together?

- Are you at present receiving any medical treatment or attention that may affect your ability to carry out your role in the future?

- If you have a disability or any special needs please inform us of any adjustments that you would like us to make in order for you to comfortably carry out your role.

Signed:		Date:	
----------------	--	--------------	--