Page **1** of **18**

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| **DOCUMENT TITLE:** | **Volunteer Protocol** |
| **CATEGORY:** | Governance and Quality |
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| **OWNED BY:** | AOM Central |
| **RELATED DOCUMENTS:** | Equality, Corporate StandardsDelphi training and development Policy |

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| **OUR PRINCIPLES:** | With passion and excellence, Delphi makes adifference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom. |
| **OUR VALUES:** | We all commit to and care about: going one step further with our clients; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

**Volunteer Protocol**

**Clean In**

The conditions that need to be in place, or the things that need to be done BEFORE the process can run effectively

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| Volunteers are valued | Delphi Medical recognise the benefits of having a diverse community of staff and volunteers who value one another and recognise the different contributions they can make toachieving Delphi’s aims and visions.The relationship between Delphi and its volunteer workers is entirely voluntary and does not imply any contract, local agreements will be made through supervision. Volunteers will agree a time commitment to volunteer as a minimum with supervisor. Our Volunteer Policy ensures that this particular group of workers are not disadvantaged by this position. Delphi promotes equality of opportunity for all, aiming to meet the different needs of different groups whilst still promoting shared values.The processes are reviewed regularly to ensure the practice remains as fair and effective as possible.Volunteers are treated fairly and consistency, providing the ability to refer to robust procedures and guidelines whenever required. |
| Volunteers have purpose | Volunteers are a valued part of the team and contribute to service outcomes.Volunteers work with their supervisor to shape their role, development and areas of learning. |











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|  | Volunteers can work like staff with lead areas and set tasks specific to the role they are volunteering in. Volunteers are expected to support our aims and objectives and be a representative of Delphi MedicalVolunteers will respect client confidentiality and when there are concerns or people known to them they will discuss with line manager to ensure all parties are kept safe.Volunteers are expected to adhere to any other codes of conduct which are relevant to their placement area. |
| Staff and volunteers are qualified to perform their roles | The organisations expected standards of conduct and all applicable standards of practice are outlined and agreed prior to all volunteer placements commencing.The service manager and/ or volunteer lead will ensure staff understand the role of the volunteer.Volunteers have access to staff training and are able to discuss CPD via supervision sessions.The volunteer lead will work with volunteers to ensure the roles they are taking on are within their skill set.Where staff are buddying or leading a volunteer, they will be able to access supervisor training.Volunteer leads are supported in their role through supervisionA record of volunteers is stored locally with emergency contacts and hours volunteering. |



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| Staff understand the volunteer process | All staff will read the training and development policyAll staff will have an understanding of volunteer roles, be introduced to new volunteers.Staff are aware of the roles volunteers can support it and identify future opportunities volunteers can support in.Where appropriate and asked to staff will buddy with volunteers to support. |

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| **Clean Through**The things that need to be done DURING the process so that is runs without friction |
| Recruitment, advertise, interview | Delphi seeks to recruit volunteers from a diverse range of backgrounds that reflects the local community.All volunteers undergo the standard Delphi recruitment process; however, assistance will be provided where possible. Checks such as references, identity, vetting for certain settings, Disclosure and Barring Service checks, and the right to work, remain in place without exception.Hr will support in the recruitment process including adverts, JDS and security checks where necessary.Where required Risk assessments are completed to support volunteers in their roles. |
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| Expenses | Delphi Medical value all Delphi representatives and seeks to ensure that there are no barriers to volunteer involvements. Out-of-pocket expenses, where authorised, will be reimbursed. In order to claim expenses, an expenses form should be completed and submitted via Delphi process with line managers support. |
| Induction and training | Volunteers of Delphi Medical can expect to receive the same level of induction, training, supervision and support, as any other Delphi employee.Each volunteer will be assigned a main point of contact who will provide support throughout the volunteer placement.There will be an induction prepared and delivered by the main point of contact. This will include:* The role of the volunteer
* A list of all staff members and volunteers within their working area
* A structure diagram outlining the management of the company
* Copies of all relevant policies
* Explanation of all essential procedures (i.e. timekeeping, rota etc.)

This induction meeting, along with this policy and the polices named within, will form the agreement put in place with the volunteer. The notes from this meeting are to be signed and stored via a supervision log.Each volunteer will receive information about health and safety as part of their induction programme. Volunteers are expected to familiarise themselves with the Delphi MedicalHealth and Safety policy, and the rules within their particular area of work. |

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| Volunteers are valued team members | Volunteers where suitable attend team meetings.Volunteers are provided with resources and uniform.Volunteers support making a real difference and achieving service outcomes. |
| Supervision | Volunteers will have supervision on a one-to- one basis every 6-8 weeks, where possible, and will be invited to team meetings to promote integration with the wider team.Supervision is recorded through the ‘step further framework’ |
| Audits take place | Corporate Services, in conjunction with the Service Manager, must complete regular (announced and unannounced) audits, in line with Delphi’s audit schedule.The outcome of audits must be discussed at supervision, team, and management meetings. This will be checked by the Senior Leadership Team. |
| Cases of best practice are shared and discussed. | Best practice examples must be discussed at the monthly Managers Meeting and cascaded to all staff via the team meeting.Discussions must be facilitated and encouraged by the management team. |
| Leadership support | Delphi Company lead holds ultimate responsibility for the volunteer policy being delivered. |

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|  | The service manager in each Delphi services is accountable for delivering the volunteer placements and ensuring the protocol is used, in some services this will be led by a lead role. |
| The Senior Leadership Team is advised of issues/ concerns. | Delphi Medical’s Managing Director holds ultimate responsibility for ensuring that this policy is fully implemented. Each manager is accountable for delivering the equality commitments in their areas of responsibility. The Human Resources department also has specific responsibilities for supporting and guiding the implementation of this policy. |

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| **Clean Out**The conditions that must apply AFTER the process is finished, for us to deliver the required outcomes |
| Volunteers champion for our services and client group. |
| Volunteers working with clients will receive client feedback via the feedback process. |
| Volunteers support client outcomes and data is submitted via monthly reporting. |
| Volunteers are supported and empowered to consider paid roles in Delphi, Calico or wider services. |
| Volunteers influence the service delivery, have their views heard. |
| Volunteers feel valued members of the service in a collaborative approach. |
| Volunteers are supported to develop their continued professional development. |

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| **Appendix 1** |



DBS Disclosure Risk Assessment.docx

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| **Appendix 2** |

SPARK Volunteer\* Risk Assessment (\*includes Peer Mentors and Students)

**For all Volunteers**

This form must be completed during induction for **all** volunteers to enable them to commence their placement safely and prior to the return of their DBS disclosure certificate.

Working in regulated activity requires SPARK by law to evidence we have taken every reasonable step to ensure the integrity and safety of those involved with service delivery. Completion of this document allows SPARK to discuss in depth all that the individual has disclosed, enabling us to make a defensible, informed subjective decision.

The document must be signed off by the Service Manager (SM) and a copy kept in

the volunteer’s local personal file.

It will also be used to assess if SPARK require to provide the volunteer with any additional support during their volunteering placement. We want to ensure the placement is a positive experience for our volunteers.

The volunteer risks their placement being terminated if they have not disclosed an offence which then is shown on their DBS certificate.

# Until the DBS has been returned volunteers:

* Cannot work alone with service users either in the community or in a building base;
* Cannot access confidential information through a database or paper files whilst working alone;
* Can contribute to meetings, team working and supervision structures.

# This process must be carried out:

* In conjunction with a review of the convictions declared on the disclosure form;
* Face-to-face meeting(s) in a confidential environment;
* Prior to the new volunteer starting their placement;
* In an open manner, any causes for concern discussed within the meeting.

An explanation must be provided and noted to all Yes answers.

This full process **must** be completed in every situation when recruiting volunteers. This applies to **all** cases. SM sign off is required before the volunteer commences their volunteer placement.

The following questions are related to health and collects specific role-related information, and relevant health information about a volunteer. This information is then assessed to determine if any reasonable adjustments, support or auxiliary aids may be required to accommodate any health condition, disability or impairment which the volunteer has declared.

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| **Questions for volunteer** | **Y/N** | **Comments Volunteer** | **Support required - Recruiting Manager** |
| 1. Do you suffer from any medical condition, you feel you would need support with whilst volunteering? |  |  |  |
| 2. Are there any adjustments or support you feel would be required to allow you to undertake your voluntary role without impacting on your medical condition? |  |  |  |
| 3. Are you currently receiving any treatment or investigations for any condition you feel you may need support with whilst volunteering? |  |  |  |
| 4. Do you require any medical support with regard to a respiratory condition? |  |  |  |
| 5. Do you need any specific aids or adaptations to assist you whilst volunteering whether or not you have a disability, including any hearing or visual aids? |  |  |  |
| 6. Do you have any allergies? |  |  |  |

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| 7. Do you have any issues distinguishing colours? |  |  |  |
| 8. Do you have or are you currently being investigated for a learning difficulty, i.e. dyslexia, dyspraxia, ADHD? |  |  |  |
| 9. Do you feel you require any adjustments or support in relation to a learning difficulty to enable you to undertake your voluntary role? |  |  |  |
| 10.Are you taking any medication which makes you drowsy, dizzy or has any other side effects? |  |  |  |
| 11.Do you suffer from a frequent health condition more than 2-3 times a year which may require additional support whilst volunteering? |  |  |  |
| 12.Do you suffer from any condition that causes you to lose consciousness, blackouts, epilepsy or any condition that would pose a safety risk to either yourself, colleagues or service users? |  |  |  |
| 13.Do you feel you require any adjustments or support in relation to a neurology condition to enable you to undertake your voluntary role? |  |  |  |
| 14.Do you presently suffer from any psychological condition including depression, anxiety, panic attacks or other stress relatedillnesses, requiring medication or other forms of treatment? |  |  |  |
| 15.Do you feel you require any adjustments or support in relation to a psychological condition to enable you to undertake your voluntary role? |  |  |  |

Signed Potential Volunteer: ……………………………...... Printed Name:........................................

Dated ………………………

Signed Recruiting Manager:…………………………………………...... Printed Name:………………………….........

Dated .........................

The following questions are related to criminal convictions and collects specific role- related information about a post, and relevant criminal convictions about a prospective volunteer. This information is then assessed by determining whether a volunteer can start their placement without a current up-to-date DBS disclosure certificate.

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| Questions for volunteer | Y/N | Comments - Volunteer | Comments - Recruiting Manager |
| 1. Do you have any convictions? If no go to Q5 |  |  |  |
| 2. What is (are) the offence(s)? Cross reference with the disclosure form |  |  |  |
| 3. Provide dates starting with the most recent offence. |  |  |  |
| 4. Please explain the context of the conviction? |  |  |  |
| 5. Have you ever received a police caution, reprimand or final warning? |  |  |  |
| 6. Have you been charged with any offence that has not been processed yet? |  |  |  |
| 7. Are there any current police investigations against you? |  |  |  |
| 8. Have you been investigated by the police that has resulted in a caution or conviction? |  |  |  |
| 9. Are you subject to any Police investigations outside of the UK? |  |  |  |

Signed Potential Volunteer: ……………………………...... Printed Name:.............................................

Dated ………………………………

Signed Recruiting Manager:…………………………………………...... Printed Name:………………………….........

Dated ..............................................

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| **VOLUNTER RISK ASSESSMENT FORM** |
| **INSTRUCTIONS** |
| 1 | All relevant sections should be completed and the form signed by the Manager completing this Assessment and the potentialemployee. |
| 2 | A copy of the completed form(s) needs to be kept on the local file and a copy sent to HR. |
| 3 | Service Manager must sign this form off before final decision can be made about confirming placement start date for allvolunteers. |
| 4 | The potential volunteer must be informed if they have not disclosed an offence, caution, conviction or outstanding criminal issue under investigation or awaiting a court hearing that is then subsequently indicated on their disclosure certificate, theyare at high risk of their placement being terminated. |
| **DETAILS** |
|  | Project Name/Code |  |  |
|  | Name of potential volunteer |  |
|  | Location of placement activity under assessment |  |
|  | Name of person conducting risk assessment |  |
|  | **Date of Risk Assessment** |  |
| **WHAT IS THE ROLE / ACTIVITY UNDER RISK ASSESSMENT** |
| Briefly describe the work activity or task:(Append copy of Role Description and Person Specification) |

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| **PRE-DBS RISK ASSESSMENT FORM (contd.)** |
| 1. | What is the offence / types of offence |  |
| 2. | When was the last offence |  |
| 3. | What was the trigger for the offence(s) |  |
| 4. | What actions / support mechanisms has the person put in place to reduce likelihood of re-offending |  |
| 5. | What is the impact if the person re-offends to the Service User |  |
| 6. | What is the impact if the person re-offends to staff and Project |  |
| 7. | What is the impact if the person re-offends to the organisation (i.e. how might this be perceived by commissioners and stakeholders) |  |
| 8. | What is the likelihood of re-offending |  |
| 9. | What control measures need to be put in place to reduce the likelihood |  |
| 10. | What will the person do to reduce the likelihood of re- offending |  |
| 11. | What will the organisation do to support the person in the workplace |  |

# Risk grading matrix tool

The classification of risk can be scored using a simple risk matrix tool. All Pre-DBS situations as described in this document will be graded in order to determine the actions to be taken at a local, regional and organisational level. The grading of the risk is determined by two factors:

The actual consequence, outcome or severity of re-offending occurring The probability or likelihood of re-offending occurring

Both of these factors can be assigned a numerical scoring ranging 1-5. A description of the numerical scoring is illustrated in table 1

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| --- | --- | --- | --- | --- | --- |
| Severity of impact if re-offending occurred | None (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Likelihood of re-offending | Rare (1) | Unlikely (2) | Possible (3) | Likely (4) | Very likely (5) |

# Determining Risk Grading

Once the consequence and likelihood of the risk of re-offending has been identified the grade of risk to service users, staff, project and organisation must be determined utilising the risk quantification matrix below:

|  |  |
| --- | --- |
|  | CONSEQUENCE SCORE |
| LIKELIHOOD SCORE | 1Insignificant | 2Minor | 3Moderate | 4Major | 5Catastrophic |
| 1 - Rare | 1 | 2 | 3 | 4 | 5 |
| 2 - Unlikely | 2 | 4 | 6 | 8 | 10 |
| 3 - Possible | 3 | 6 | 9 | 12 | 15 |
| 4 - Likely | 4 | 8 | 12 | 16 | 20 |
| 5 – Very likely | 5 | 10 | 15 | 20 | 25 |

**Consequence x Likelihood = Risk score**

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| --- | --- |
| 1 - 3 | Low |
| 4 - 8 | Moderate |
| 9 - 14 | Significant |
| 15 - 25 | High |

Risk grading should be completed following completion of the Risk assessment action plan.

If required Risk grading should be completed again in consultation with the Service Manager following completion of Enhanced Risk Action Plan.

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| **RISK ACTION PLAN & CONTROL MEASURES** |
| **What are the risks?** | **Who might be harmed and how?** | **What control measures are already in place?** | **Does anything else needed to be done to manage /****reduce the risk?** | **Action by who?** | **Action by when?** | **Action discharged Y / N** |
| ***e.g. Lone working with vulnerable service users by un-checked DBS volunteer*** | ***Service user – physical, psychological, sexual*** | ***Volunteer will always be accompanied by another member of staff when seeing service users in both 1-1 and group work settings*** | ***Regular supervision and check-ins******Observation and feedback by colleagues******Involve person with support they need to be******in place*** | ***Line Manager and potential volunteer*** | ***Immediate and on-going (if start date agreed)*** | ***Upon receipt of satisfactory DBS form*** |
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Signed Potential Volunteer: ……………………………...... Printed Name:.............................................

Dated ………………………………

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| **ENHANCED RISK ACTION PLAN & CONTROL MEASURES (if required)** |
| **The Line Manager / Service Manager should complete this step if the Risk Assessment indicates that additional control measures are needed to reduce HIGH, SIGNIFICANT or MODERATE risks to an acceptable or LOW level** |
| **Identify further actions needed to reduce the residual risk to an acceptable or LOW level** | **Individual responsible for completion of action** | **Date for completion of action** | **Sign off and date when complete** |
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Signed Potential Volunteer: ……………………………...... Printed Name:.............................................

Dated ………………………………

Signed Recruiting Manager: …………………………………………...... Printed Name: Dated

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| **AUTHORISATION FOR COMMENCEMENT OF VOLUNTEER PLACEMENT** |
| Risk grading score |  | Service Manager Recommended Decision |
| following action plan |  |
|  | Agree Decline Further action required |
| Risk grading score |  |  |
| following enhanced |  |
| action plan (if required) |  |
| Service Manager Name: |  | Signature of Service Manager:Date: | Contact number: |
|  |  |  |  |
| I am satisfied that the volunteer can commence their placement in the role indicatedaccordance with the information provided | **Y/N** | I am satisfied that the risks will be adequately controlled and the volunteer can commence their volunteer placement in the role indicated | **Y/N** |
| A further risk assessment must be undertaken and action plan developed for my consideration | **Y/N** |  |  |
| Agree Decline Further action required ***State what further action required or Reason for Decline approval*** |

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|  |
| Service Manager Name: | Signature of Service Manager:Date: | Contact number: |

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| **REVIEW OF RISK ASSESSMENT AND CONTROL MEASURES** |
| To be discussed in conjunction with supervision notes: |
| Supervisor’s signature:Date: | Volunteer signatureDate: |