

## **Lone Working Policy and Procedures**

### **Purpose**

Families Together Suffolk (Families Together) recognises the risk of lone working and has developed this policy to ensure the safety of all staff, workers, volunteers and trustees when working alone in the community or within its offices. The aim of this policy is to clarify the roles and responsibilities of Families Together, its staff and volunteers, in order to fulfil its legal obligations and to take action to minimise the risks of lone working. The policy also aims to increase staff awareness of safety issues related to lone working and to ensure that all lone working is assessed in a systematic and consistent manner.

### **Scope**

This policy is applicable to all members of staff, volunteers and trustees who are based in the community and/or in the office and should be read in conjunction with Families Together's Health and Safety Policy. Any reference to 'lone workers', 'member of staff' or 'employees' hereafter includes employees, workers, volunteers and trustees.

### **Definition of Lone Workers**

For the purpose of this policy Lone Workers are defined as anyone who works alone, whether they are within a Families Together site or delivering a service out in the community and as set out below:

Those working at their main place of work where:

- Only one person is, at a given time, working on the premises
- People work separately from each other, e.g. in different locations
- People are working outside normal office hours (with prior permission from line manager) e.g., working in the evening, during weekends and bank holidays.
- Those working away from their fixed base where:
  - One employee is visiting another agency's premises or meeting venue
  - One employee is making a home visit to an individual
  - One employee is attending an external meeting

### **Policy Statement**

Families Together recognises that some members of staff are required to work by themselves in the community without close or direct supervision, sometimes in isolated work areas or during out of office hours. The organisation acknowledges that these workers and volunteers are potentially at risk and that these risks must be minimised as far as reasonably practicable.

Families Together has a duty of care to advise and assess the risk for all workers under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. As such standard procedures have been developed and set out within this policy, and these should be followed and adhered to at all times, prior to or when working alone.

It is important that all staff are aware of the definition of a Lone Worker (see Section 3 above) as they may find themselves, or those under their direct supervision, falling within the definition of a Lone Worker irregularly or infrequently and need to be able to recognise this situation and act appropriately to mitigate the risks.

## **Responsibilities**

### **Senior Management**

The Trustees and Senior Management team have overall responsibility for Health and Safety for all employees, workers, volunteers and trustees and for ensuring mechanisms are in place for the overall implementation, monitoring and revision of the policy.

The Management also have a responsibility to ensure that all employees are able to implement the aims and objectives of the policy and that certain arrangements exist for the provision of safety systems and procedures.

The Management are also responsible for reviewing and updating the policy and procedures following recommendations from line managers and for obtaining approval for an updated Lone Worker Policy from the Board of Trustees.

### **Line Managers**

It is the responsibility of line managers to ensure:

- The Lone Worker Policy is brought to the attention of all new members of staff in their inductions and reiterated to staff under their supervision through team meetings and 1:1s;
- That their staff attend training events on health and safety, lone working and risk management as appropriate;
- That staff are aware of their own responsibilities with regards to lone working;
- A risk assessment is undertaken by telephone by each community-working employee before they attend a new client.
- Systems are put in place to ensure staff who work alone are safe;
- All lone work activities are identified and recorded on Outlook or other local arrangements where applicable;
- All assessment and safety measures identified are recorded;
- All incidents relating to lone working are reported and recorded in line with Families Together's Incident Reporting Procedures;
- An investigation is carried out regarding any incident involving a lone worker and recommendations made to prevent a reoccurrence; and
- If a risk cannot be made safe two workers must carry out the task, or if not practical to do so the service should be withdrawn

### **Individuals' Responsibilities:**

All lone workers have a responsibility to:

- Read and comply with the Lone Worker Policy and follow safe working procedures as set out in the policy;

- Attend any relevant training at the request of their line manager;
- Follow procedures introduced for Lone Workers including notifications to their Line Manager
- Ensure they inform their line manager of each off-site visit and record full address and postcode details of the location of these in the Outlook calendar and Charity log, together with a client's or contact's telephone number or other local arrangement where applicable;
- Undertake telephone or site based risk assessments prior to making any off-site visits and be involved in the process of identifying safety measures;
- Avoid situations with significant risk, as far as is possible and take care of their own and other people's safety;
- Report any incidents as soon as possible in line with Families Together incident reporting procedures;
- Ensure their line manager approves any hours worked outside of their standard working hours or the core business hours of the organisation before they are lone worked.

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 the charity shop or eBay Hub

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

#### **Procedure**

There are two stages to the risk assessment process:

Stage 1: Identifying risks

Stage 2: Assessing any risk/s identified

The risk assessment procedure involves firstly identifying any potential risks by using the Risk Assessment Checklist or standards sheet (see appendices). Where risks are identified a risk assessment will be carried out and recorded. The risk assessment will be completed by the worker and reviewed by the senior manager who should be kept informed of any changes to the situation.

Extra control measures:

- Check that lone workers have no medical conditions which could increase the risks of lone working. 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 and staff 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.

### **When a risk is identified**

Where a risk is identified, the individual should report this directly to their line manager and the following control measures should be discussed and implemented if deemed necessary. It is important to be clear about the basic ideas underpinning the notion of risk. Risk relates to a negative event (i.e. violence, self-harm/suicide or self-neglect) and covers a number of aspects:

- What exactly is the risk – or risks – to be prevented?
- How severe will the outcome be if it does occur?
- How likely is it that the event will occur?

When a risk/s is identified it is important to get as much information as possible about the risk/s so a more detailed risk assessment can be carried out using the Risk Assessment Form. Collecting more information from the referrer, service users and/or carer/s about the risks identified should be the first step. If this provides additional and relevant information, it should then be discussed directly with the line manager to review and agree on next steps with the following control measures to be discussed and implemented if deemed necessary:

- Visit takes place with at least one other individual (for home risk assessments or one off visits)
- Risk assessment information shared with all persons who may also be at risk
- Visit postponed until further risks are assessed

- Visit postponed / cancelled and referred on to an external agency or statutory body

Risk Assessments should be carried out wherever possible over the phone. However, in cases where the risk/s identified are unpredictable, variable or unclear such as when a service user has a mental health problem which may produce violent or aggressive behaviours, a telephone risk assessment may not be appropriate and it may be necessary to carry out a home visit to obtain a more detailed assessment of the risk/s identified and how any control measures can be effectively applied. In these cases, the risk assessment process involves working with the service user to help characterise and estimate each aspect of the risk/s highlighted. Information about the service user's history of violence, self-harm or self-neglect, their relationships and any recent losses or problems, employment and any recent difficulties, housing issues, their family and the support that's available and more general social contacts could all be relevant. It is also relevant to assess how a service user is feeling, thinking and perceiving others not just how they are behaving. Efforts should be made to ascertain the service user's own views about their trigger factors, early warning signs of disturbed/violent behaviour and other vulnerabilities, and the management of these.

Any risk assessment that requires a home visit must be authorised by a member of the senior management team and involve at least one other individual to be present at all times during the visit. The outcome of the risk assessment must be discussed with a member of the senior management team before any service is put in place.

Any referrer should be made aware that any referrals received where a risk/s is identified would be subject to the Families Together Suffolk risk assessment process and any provision of service would be subject to satisfactory completion of this process.

Internally Families Together Charity Log or any equivalent databases (subsequently referred to as 'the databases') must be updated to reflect that a risk assessment has been highlighted. Currently the databases are the main control points for highlighting risks to other service areas and internal staff. Details should be added onto the databases on the risk tabs associated with each client and should include information relating to the date, the member of staff's name and details of the risks highlighted. If there is insufficient space staff should make reference in this tab to the location of a scanned electronic copy of the actual risk assessment (or paper copy if no electronic copy is available). Risk assessment information on the databases should be reviewed prior to community or home-based visits. This is also necessary for repeat visits to ensure that any additional information that has been added since the member of staff last visited is reviewed.

It is imperative that the employee documents the date and time of the visit and updates their Outlook calendar and Charity log entries to ensure that they are easily contactable and their line manager knows where they are (see 6.3 below re monitoring staff movements).

If at any point a member of staff feels uncomfortable about undertaking a visit or if any potential risks are identified individuals should discuss this with their line manager.

### **Monitoring staff and volunteer movements**

To ensure that the organisation is always aware of staff, workers and volunteer's whereabouts, local reporting systems should be put in place for each individual attending an appointment. All employees are required to update their calendars and/or Charitylog where applicable with all appointments ensuring the records also state the location and date/time of any visits or events they will be attending away from their standard place of work. Full addresses, postcodes and contact telephone numbers must also be recorded for each visit. For employees and volunteers who work out of office hours, either in the evenings or weekends, there must be an agreed local protocol in place for informing line managers of their whereabouts which is specific to the service and line manager

### **Buddying**

Where possible, employees should be teamed with a nominated person (or 'buddy') within their team/at their office or work location for them to contact before and after the lone working visit. This will ensure, for example, if an employee is attending an off-site visit they are able to advise their buddy of the appointment/visit/event they are attending and what time they would expect to return to their work location/office/home. The employee would then let their buddy know when they have returned safely. Notification could take the form of a brief phone call or mobile phone text to confirm that they have returned from their visit. If no contact has been made after a few hours of the end of the visit and contact cannot be made with the individual, the buddy would be responsible for raising the alarm to the senior manager for safeguarding. Within office hours (Monday to Friday 9-4:30) the alarm can be raised to the line manager applicable to the individual. Outside of office hours the alarm should be raised to the local police. In some circumstances such as where the lone worker is returning home rather than to their office base, a family member or friend may be nominated as their buddy under this policy.

### **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 Family & Development 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 Family & Development Manager will then determine whether two Family Support Coordinators need to carry out the initial visit.

Where a risk has been identified before or during home visiting this will be recorded and the risk rag rated. Where a risk is red or high the senior manager will liaise with the employee to review whether the risk can be reduced to an acceptable level for the visits to take place.

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 organisations from ensuring that all volunteers are aware of reasonable safety precautions to take.

Signed by Chair:	C. Read
Date:	November 2024
Review Date:	To be reviewed November 2025

## APPENDIX 1

### FAMILIES TOGETHER HEALTH QUESTIONNAIRE FOR VOLUNTEERS

<b>Name:</b>	
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#### 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.

<b>Signed by Volunteer:</b>		<b>Date:</b>	
<b>Signed by Family &amp; Development Manager:</b>		<b>Date:</b>	



## APPENDIX 2

### FAMILIES TOGETHER HEALTH QUESTIONNAIRE FOR STAFF

#### Strictly Confidential

Name:	
Position Applied For:	

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#### 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.

<b>Signed:</b>		<b>Date:</b>	
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## APPENDIX 3

### STAFF HEALTH QUESTIONNAIRE UPDATE

#### Families Together Health Questionnaire update for Staff

<b>Name:</b>	
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#### **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.

<b>Signed:</b>		<b>Date:</b>	
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**Appendix 4 Service user visit risk assessment checklist**

Risk assessment should be carried out at the initial visit, reconsidered at review visits and when changes take place with a family. Once completed staff should decide what actions need to be taken. Consideration should also be given to how the risk assessment for a family is shared with the volunteer. On some occasions specific one off events will need separate, specific risk assessments, or [ROCAs](#) completed.

**Date:**                      **Family Number:**                      **Completed by:**

Area to consider	Comments	Actions
Home Environment: Cleanliness Equipment to be used Products to be used H&S – trailing wires etc.		
Who is expected to be in the home when FTS visiting takes place?		
Are any visitors likely to be present or arrive?		
What is the best way to communicate with the family?		
Does anyone in the household smoke?		
Are there any pets? If so, what are they and where are they kept?		

Area to consider	Comments	Actions
Is the home easy to find, with good access and well lit. Is it on a public transport route?		
Does any family member have problematic drug misuse? Or take medication?		
Does any family member have problematic alcohol misuse?		
Is any family member subject to domestic abuse or have they been in the past?		
Will the home visitor be looking after the children in the home? If so which child(ren) and where?		
How does the family engage with other agencies?		
Is there a possibility the FTS personnel would be threatened by a member of the family?		
What time of day would the family like a home visit?		

Area to consider	Comments	Actions
Will the FTS personnel be travelling with the family? If so how?		
Will the FTS personnel be taking children in their car? Does the family have car seats?		
Are there any behavioural issues with any family member?		
Which rooms will the FTS visitor be using?		
Is there anything we need to know about any family member?		
Have there been any changes since the last risk assessment?		
Any other potential risks		

If domestic abuse has been identified or suspected you may want to ask the following questions. Before doing so you should be sure that the victim:

- Has time
- Is safe to talk
- Is alone
- Knows where the perpetrator and children are
- Understands why you are going through a risk assessment

Area to consider	Comments	Actions
Is it safe for staff/ volunteers to visit the family in the home?		
Is it safe for staff/ volunteers to support the family in the home?		
Is the perpetrator likely to be in the home when the staff/ volunteer is due to visit?		
Does the perpetrator know about the Families Together support?		
Is it safe to leave documents and literature about FTS with the family?		
Is abuse taking place now or in the past?		
What is the nature of the abuse?		
Have the children been in the same room when the abuse takes place?		
Have the children been involved in the abuse?		

Area to consider	Comments	Actions
Have the children heard the abuse or seen injuries?		
Has the behaviour of the children changed?		
Is FTS support a safety issue for the family?		
Do you need to consider referring the family to children's social care? Is children's social care involved?		

**Risk Assessment update**

Date	Action

**Risk Assessment Shared With Volunteer**

**Signature**

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