



POLICY MANUAL

V. 12

Last updated: September 2019



Policies and procedures provide a guide for meeting EVERY-ONE's organisations objectives and describe the steps to take when delivering EVERY-ONE's services. They ensure consistency in practice and help to maintain service quality. They also safeguard employees and volunteers.

Policies set down expectations and will be supported by procedures which outline the steps for their delivery. Using policies and procedures as part of the Partnership will help ensure that there is consistency in practice and reinforce expectations.

Many of the policies contained in this manual are in place in anticipation of need (e.g. Child Protection Policies); others will be in response to need as it arises (e.g. a policy on a government strategy). EVERY-ONE will constantly reassess its activities, responsibilities and the external environment in this regard.

List of Policies & Procedures in this Document

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1. POLICY VERSION CONTROL

All policies must be approved by the Board.

1. Retention of Policy document versions must be as follows:
 - a. All Policy documents relating to Safeguarding - for a period of 10 years from date of approval.
 - b. All Policy documents relating to Complaints – for a period of 6 years.
2. A copy of the latest version of this Policy Manual is to be made available to all staff and volunteers within the office.
3. A copy of the latest version of this Policy Manual is to be made available to all staff and volunteers at their induction.

Version	Author	Position	Approvals	Date	Signature
V. 01	Peta Hill	Chief Executive	EVERY-ONE Board	November 2013	 (Heidi De Wolf - Chair)
V. 02	Vicky Thomson	Chief Executive	EVERY-ONE Board	January 2016	 (Heidi De Wolf - Chair)
V. 03	Vicky Thomson	Chief Executive	EVERY-ONE Board	September 2016	 (Heidi De Wolf - Chair)
V. 04	Vicky Thomson	Chief Executive	EVERY-ONE Board	September 2016	 (Heidi De Wolf - Chair)
V. 05	Vicky Thomson	Chief Executive	EVERY-ONE Board	January 2017	 (Heidi De Wolf - Chair)



V. 06	Vicky Thomson	Chief Executive	EVERY-ONE Board	May 2017	 (Heidi De Wolf - Chair)
V. 07	Vicky Thomson	Chief Executive	EVERY-ONE Board	July 2017	 (Heidi De Wolf - Chair)
V. 08	Vicky Thomson	Chief Executive	EVERY-ONE Board	September 2017	 (Heidi De Wolf - Chair)
V. 09	Vicky Thomson	Chief Executive	EVERY-ONE Board	November 2017	 (Heidi De Wolf - Chair)
V. 10	Vicky Thomson	Chief Executive	Every-One Board	November 2018	Guy Dewsbury - Chair
V. 11	Vicky Thomson	Chief Executive	Every-One Board	December 2018	Guy Dewsbury - Chair
V.12	Vicky Thomson	Chief Executive	Every-One Board	September 2019	Guy Dewsbury - Chair



2. ABSENCE AND ILL-HEALTH

This policy applies to any absence that is a result of sickness or injury. It does not include holiday, maternity leave, parental leave, time off for public duties, compassionate leave or time off for dependents.

Where an employee has been absent or is reasonably expected to be absent for more than 21 consecutive calendar days EVERY-ONE will seek consent from the employee to request a medical opinion from their GP in the form of a report. EVERY-ONE reserves the right to seek independent medical opinions and the employee may be required to attend an appointment with a medical consultant/s appointed by EVERY-ONE. All costs will be paid by EVERY-ONE. Reports requested by EVERY-ONE will be used to support the employee through their absence and manage the return to work process.

Suspension from work

EVERY-ONE reserves the right to suspend an employee from work for health and safety reasons, in this event the usual sickness absence arrangements will apply.

Disability

Where an employee is considered to be disabled and the reasons for their attendance problems are due to the disability EVERY-ONE will support them.

EVERY-ONE can only address issues of absence resulting from an employee's disability if their disability is known. Employees are encouraged to make their Manager aware of any disability they have if it affects their level of attendance. In the event of any concerns about their attendance the Manager will then be able to make decisions at the early stages of the problem with full knowledge of the facts.

Authorised Absence

An employee's absence from work due to illness or injury is considered to be authorised where their Manager has been informed of the absence in accordance with Absence Notification Procedures or in advance of an expected absence as in the case of dental, ante-natal or medical appointments.

Unauthorised absence may be treated as a disciplinary matter and dealt with according to EVERY-ONE Disciplinary procedure.

CVSF Sick Pay

Where an employee is incapable of working due to sickness or injury they may be eligible to receive EVERY-ONE Sick Pay to cover the period of absence. Sick Pay is not an automatic right and may not be paid where the employee is not compliant with Absence and Ill Health Policies, this includes Statutory Sick Pay.



Absence Notification Procedure

If an employee is unable to attend work for any reason, other than one previously authorised by their Manager, the following procedure must be adopted for reporting absence. Failure to comply without good reason will render employees ineligible for Sick Pay.

Informing another team member instead of your Manager is not considered to be compliant with Absence Notification Procedures unless specifically authorised by the Manager.

If the employee is incapable of telephoning personally, they should ask a representative to call on their behalf. Normally, the employee should call their Manager personally by 9am on the first day of absence

Contact with the employee

1. The Manager should maintain reasonable contact on a regular basis with the employee to show concern, and offer any reasonable assistance, especially where the absence is for more than one week.
2. If the employee, due to the seriousness of the illness, is unable to talk to the Manager, the Manager should keep in contact by arrangement with a close family member.

Employee Notification Process:

Day of Absence	Action
Day 1	<ul style="list-style-type: none">• Call your manager no later than 9 am.• State the reason for the absence and give an indication of how long you expect to be absent.
Day 3	<ul style="list-style-type: none">• Call your Manager to give an update of your progress and state how long you think you are likely to be away.
Day 8	<ul style="list-style-type: none">• You must obtain a medical certificate from your doctor to include the past 7 days (including weekends) and send it without delay to your Manager.• Call your Manager to update them.• On your return you will be given your original medical certificate, a copy will be retained for EVERY-ONE records.
8 Days plus	<ul style="list-style-type: none">• Keep your Manager informed of your state of health at the beginning of each new working week of absence.• Send in medical certificates to cover periods of absence due to sickness or injury.



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| | <ul style="list-style-type: none">• When you are aware of an anticipated return date inform your Manager as soon as practicable. |
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Absence Self Certification and Return to Work Interviews

Employees will be required to complete absence self-certification forms and will be required to attend a meeting with their Manager following every period of absence. The purpose of the meeting is to:

- Welcome the employee back to work
- Establish the reasons for absence and ensure that the employee is able to return to work safely, subject to the individuals' right to keep the nature of the illness confidential
- Where appropriate, jointly agree necessary actions to reduce the likelihood of the same situation recurring

Short Term Sickness Absence

Where patterns of absence occur, which raise concerns regarding the frequency of absence, an informal interview with the employee will be arranged. Where an employee has four or more absences in any 12 month rolling period a meeting with the Line Manager will be arranged. The purpose of the meeting will be to:

- Review the employees sickness record and identify any patterns
- Establish the reason for absences and any link with the work environment or domestic issues
- Advise the employee of the concern about the amount/frequency of absence. The impact of potential lost business should also be raised
- Suggest the employee visits their GP to discuss the persistent absence. It is likely these are all self-certificated

The discussion will be recorded, and the employee advised that unless attendance improves, then disciplinary action will be taken.



3. BULLYING AND HARASSMENT

We believe that every individual has the right to be treated fairly and with dignity and respect. This belief is linked to our Equality Opportunities Policy, our Disciplinary and Grievance Procedures, our Staff Safety Policy and our Whistle-blowing Policy. Furthermore, it can be seen as complementary to our Adult Abuse Policy particularly in relation to our service users.

The categories or characteristics of employees covered protected are detailed in the Equality Act 2010. We recognise our liability for discriminatory behaviour. Individual employees may also be held personally liable for discriminatory behaviour.

We will not tolerate bullying or harassment in any way, and will take active measures to deal with any incidents, whether during and out of work time, on or off our premises. Our intolerance to bullying and harassment extends across Trustees, staff, volunteers, visitors and stakeholders.

We are responsible for making sure that everyone can enjoy an open, comfortable and welcoming environment. If you believe that an individual is being bullied, it is your responsibility to raise the matter with either the Chief Executive or the Chairman – your anonymity will be respected. At all times, the confidentiality of the individuals involved is assured. No member of staff, whether paid or volunteer, no Trustee nor any service user should feel that they will suffer repercussions if they bring a charge of bullying to the notice of either the Line Manager or the Chairman of the Board

Bullying or harassment occurs when someone engages in unwanted conduct which has the purpose or effect of violating someone else's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. It is not the **intention** of the perpetrator which defines whether a particular type of conduct is bullying or harassment but the **effect** it has on the recipient.

Harassment is behaviour which is unwelcome, unreasonable or offensive to the recipient. It is defined by the effect this behaviour has on the harassed employee, not by the intentions of the harasser. It may be the result of a single act or repeated inappropriate behaviour.

We expect all employees, particularly those who exercise management responsibilities, to eliminate harassment and to ensure that appropriate action is taken when necessary. In particular they should:

- Endeavour to correct standards of conduct or behaviour which might be interpreted as offensive.
- Take effective action to end the harassing behaviour as soon as it is identified.
- Provide a supportive framework for employees who complain about harassment.

Bullying and harassment are both considered to be at the very least misconduct, and in some cases gross misconduct, and the terms of the disciplinary procedure will be applied in all cases. Dismissal will occur if gross misconduct is found.



Process

Staff

Any reported incidents of harassment or bullying will be promptly investigated. In the event of a bullying or harassment incident the member of staff should contact their Line Manager as soon as possible.

If the harassment or bullying incident involves the Line Manager/Chair, then the initial meeting should be with 2 appropriate members of the Board.

The Line manager will investigate this by gathering evidence independently, considering if the incident could be reasonably considered to cause offence.

Within 10 working days, the Line Manager will take some/ all of the following appropriate actions:

Informal Disciplinary Procedures

- Informal discussion with both parties to achieve greater understanding and an agreement that the behaviour will cease.
- In order to resolve the issue, in this instance, further support may be available from a Manager, employee representative or a counsellor.

Formal Disciplinary Procedures

If an informal approach does not resolve the issue/ is not appropriate then formal disciplinary procedures will be followed.

In cases which appear to involve serious misconduct, it may be necessary to instigate a short period of suspension of the alleged harasser, whilst the case is considered further

Where an employee wishes to lodge a formal complaint, the Chair/Manager will investigate. The investigation will be in accordance with the disciplinary procedures. At all stages the alleged victim has the right to protection from further bullying or harassment or contact if necessary.

At all stages during the investigation, both the complainant and the alleged harasser will be afforded the right of representation by either a trade union representative or work colleague.

In serious cases it may be appropriate to suspend an employee from duty pending the outcome of the investigation. Any suspension will be in accordance with the disciplinary policy.

Confidentiality

At all stages during the process confidentiality will be maintained as far as is compatible with thorough investigations and effective handling of each case.



False or Malicious Allegations

Should the results of the investigation conclude that the complainant has made false and malicious allegations, the manager will consider what level of disciplinary actions should be taken.

Harassment by Third Parties

In the event that an employee feels that he/she is being harassed by either a stake holder or an employee from another company, employees are encouraged to report such incidents.

Any such complaint will be investigated.

During the course of the investigation, the investigator will seek to interview all parties prior to formulating recommendations.

In exceptional circumstances, where harassment by a client has been identified, we may exclude the person from services.



4. CARER AND VOLUNTEER ENGAGEMENT POLICY

EVERY-ONE is committed to ensuring that the local community is fully involved in influencing decision-making regarding its services, and priorities engaging carers to drive forwards the carer's agenda in Lincolnshire.

Volunteers of all types have an integral role to play in promoting the Partnerships and contributing to their work in developing and improving support for Lincolnshire's carers, in accordance with the Partnership's ethos of 'by carers, for carers'.

Who is a Volunteer?

Volunteers may be described as individuals who put their experience, knowledge and skills at the disposal of an organisation, free of charge, with the primary aim of helping the organisation to achieve its service objectives and, or with the primary aim of bringing some benefit to the local community. In this sense, volunteers are to be distinguished from students, other work placements and secondees, where the primary aim is usually for the student or secondee to obtain certain work experience or to carry out work or research in certain areas.

The Purpose of this Policy

This policy outlines EVERY-ONE principles, practices and procedures that will be followed in the recruitment, management and control of volunteers. It aims to:

- Provide a framework for all EVERY-ONE staff when considering involving volunteering in their work.
- Provide a foundation on which our involvement of volunteers will be based.
- Give a cohesive and consistent approach to ensure that volunteers are fully supported during their volunteering role and help ensure fairness and consistency when involving a diverse group of people;

Why Appoint Volunteers?

There are many benefits to EVERY-ONE in involving volunteers:

- Volunteers bring a different perspective to our work; often one that reflects the diverse views of the local community and the needs of unpaid carers in particular.
- Volunteers are integral in helping to improve and develop services available to carers.
- Volunteering empowers volunteers and carers to actively influence decision making and service provision.
- By providing opportunities for skills development within our local community.



- Volunteering can be a valuable pathway to employment or training opportunities for those taking part.
- Volunteering can provide opportunities to meet like-minded people.
- Volunteering can provide an opportunity to be involved with something interesting, absorbing and rewarding.
- Volunteering can improve general health and wellbeing.

What opportunities can EVERY-ONE offer volunteers?

There is a wide range of volunteering opportunities the Council can offer, such as:

- Involvement in the development, implementation and monitoring of carer's services
- Attendance at local, regional or national events on behalf of EVERY-ONE
- Assisting with delivery of community projects
- Proof-reading newsletters and carer's literature
- Website/ newsletter content management
- Leading and contributing to consultation initiatives and working groups
- Selection of staff members

Commitments to Carers

EVERY-ONE recognises that due to the nature of the caring role and the responsibilities this carries with it, carers may not be able to attend regular meetings, travel long distances, and may be required to cancel attendance at events/ meetings at short notice if their caring role taking precedence over any volunteering commitment.

EVERY-ONE undertakes that carers can always be involved at whatever level they wish, and that there is a 'no wrong' policy for carers involved with the Partnerships. EVERY-ONE values any and all contributions by carers, no matter how large or small that contribution may be.

Raising Awareness of Volunteering Opportunities

EVERY-ONE will endeavour to promote volunteering and local opportunities by:

- Raising awareness of volunteering opportunities through its core activities.
- Displaying posters in appropriate premises throughout Lincolnshire.
- Use word of mouth.
- Establishing links with strategic and operational partners.
- Using relevant publications, County News, broadcast media, Council and own website to promote local volunteering opportunities.
- Issuing pro-active press releases to local community groups and the media.
- Actively encouraging diversity by targeting those from hard to reach groups and vulnerable groups such as NEET, Teenage Parents and ethnic minority groups.



Recruitment Procedures

Step One

Should a staff member wish to appoint a volunteer, a completed Volunteer Role Description Form (Appendix 2) must be approved by the Project Manager, before submitting to the Volunteer Coordinator outlining:

- Tasks,
- Responsibilities,
- Reporting lines,
- Terms and Conditions, including duration, hours, expenses, insurance, etc., relating to the appointment.
- Role specification, outlining the relevant experience, skills, knowledge, abilities and equal opportunities awareness necessary to carry out the role effectively.

Step Two

Interested parties will be required to complete a Volunteer Application Form

Step Three

The prospective volunteer will be contacted by a member of the EVERY-ONE staff to explain the opportunity available. An informal discussion will take place regarding the requirements of the role and how to get involved.

Step Four

Prior to commencement of the volunteering role, each successful volunteer shall be allocated to a particular employee who will supervise and support the individual throughout their volunteering placement. The supervisor's responsibilities will include ensuring the volunteer receives the following:

- A volunteer's Induction and Recruitment Checklist
- A Volunteer's Handbook
- Volunteer Role Description
- Positive feedback on the volunteer's contribution
- Adequate office accommodation if appropriate and all equipment necessary for them to perform their tasks effectively
- A risk assessment appropriate to their role

Safeguarding

All supervisors must ensure that volunteers are aware of, and have access to the EVERY-ONE Safeguarding Policy. DBS disclosures will be carried out on any volunteer



who, in the course of their appointment, will have substantial, unsupervised access to children and young people under the age of 16 and vulnerable adults on a regular basis.

N.B. a vulnerable adult refers to any person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation which may be occasioned by actions or inactions of other people (“Who Decides” Lord Chancellor’s Department 1997)

Health and Safety

The Volunteer will have access and adhere to the EVERY-ONE Health and Safety Policy and Procedures, including accident report forms and Incident Procedures.

Confidentiality and Data Protection

EVERY-ONE will expect the volunteer to maintain strict confidentiality at all times, and to sign a confidentiality undertaking to this effect.

Supervision and Support

It is important that volunteers are properly supported and supervised in their work, ensuring that the level of supervision given matches the nature of the job and the experience of the volunteer. All volunteers should have a nominated supervisor, someone they can have regular access to if problems arise or when help and support is needed.

Equal Opportunities

Volunteer placements will be open to individuals irrespective of race, nationality, gender, disability, sexuality, age, belief or culture. In addition, the Volunteer Role Description Form must set out the equal opportunity dimension and any specific equality requirements of the role.

Expenses

Volunteers will be entitled to travel expenses, and subsistence allowance in accordance with the EVERY-ONE Expenses Policy. Supervisors will be responsible for reimbursing all volunteer expenses through their service’s budget and ensuring that the volunteers complete a Volunteer Expenses Form and return with all receipts.

Insurance



Volunteers appointed to EVERY-ONE will be covered under EVERY-ONEs employers, public liability and professional indemnity insurance where appropriate.

Use of Own Vehicle

Volunteers should be informed of the need to notify their insurance company if they intend to use their car for volunteer activities and must ensure that their policy is extended to cover business use. They will also be required to produce a current driving license and evidence of car insurance if appropriate.

Absence / Illness

If they are unable to attend, or expect to be late, it is important that volunteers inform their Supervisor as soon as possible and certainly within one hour of their expected time of arrival.



5. CLIENT FEEDBACK POLICY

Introduction

We believe that obtaining opinions and experience of the service that the users of EVERY-ONE have received is an important means of evaluating our performance and the quality of our services. It is a practical way of involving carers in the running of the service and enabling them to influence the planning and development of future services. It helps us to maintain high quality, responsive services, which genuinely meet their needs. It also demonstrates to funders and others the value of our services. Encouraging people to give honest comments also furthers our aim of empowering and valuing carers.

Methods of obtaining feedback

Service user feedback is obtained by the following means:

1. Feedback Questionnaires
2. Unsolicited Comments
3. Complaints
4. Event Networking Forums
5. All Engagement Opportunities
6. Annual Survey

General

Carers sometimes send “thank you” letters or provide other unsolicited feedback. On occasion, they may make suggestions, comments or raise issues verbally with staff and they should be encouraged to put any comments or suggestions in writing. This, together with other unsolicited feedback, is collated in the central Feedback folder and used to feed into the planning process as above.

Complaints

Our Complaints Procedure is another source of feedback. If the person wishes to make a formal complaint, the Complaints Procedure should be followed.

Ensuring the effectiveness of the procedure

All feedback is analysed to identify any trend and to feed into the annual review, policies and procedures and Business Plan. All information is disseminated to the Board via the Chief Executive Officer. This information may be used in Performance Monitoring

Information obtained from feedback may also be published anonymously in the Annual Report and in other publicity materials.

We aim to demonstrate that we are responsive to external views and opinions that comments are taken into consideration and acted upon wherever possible.



The effectiveness of this procedure will be kept under review, including issues such as: response rates from questionnaires, the usefulness of the feedback and its influence on the service development; and the cost of the methods used to obtain feedback.



6. COMPLAINTS POLICY & PROCEDURE

1. Introduction

Our commitment

EVERY-ONE are committed to providing high quality services and monitoring our own performance, taking any steps required to improve standards where necessary. We understand that occasionally things go wrong, and when they do, EVERY-ONE promises to respond, so that the problem will not rise again. We regard comments and complaints as an important source of information that will help us maintain and improve standards.

What is a complaint?

EVERY-ONE regards a complaint as:

“Any written or spoken expression of dissatisfaction about EVERY-ONE and its services, whether made formally or informally, after a clear explanation of the point at issue has been given.”

How do you go about complaining about us?

You can make a complaint to any member of our staff. You can make a complaint in the following ways:

in person
by phone
in writing (letter or email)

A complainant can choose to deal with the matter by correspondence or at meetings. A friend or advisor can accompany the complainant at any meetings.

We will:

treat the complaint seriously and in confidence, however it is made;
deal with it quickly, politely and, where appropriate, informally (for example by phone);
apologise when we have got things wrong;
explain our position or any action we take;
avoid jargon and get our facts right;
give explanations which are clear and easy to understand;
give you a contact phone number for enquiries;

If the complainant is still dissatisfied at this stage, EVERY-ONE will:

Tell you how to take your complaint further.

Ask for the complaint in writing

Acknowledge the complaint immediately, in writing

Investigate the complaint, and will send a written response to the complainant within ten working days

After the matter has been settled we may ask you how we can avoid similar problems in the future

2. Complaints Procedure

Complainants are given the following advice:

If complainants are unhappy about any aspect of EVERY-ONE they are advised to speak to the relevant staff member in the first instance.

The complaint may be referred to the Chair of the Board.

If the complainant is not satisfied with the response or wishes to raise the matter more formally, they are to be advised to write to or notify the Chief Executive

(If the complaint is about the Chief Executive, complainant advised to write to or notify the Chair.)

All complaints will be logged. A written acknowledgement will be sent within five working days.



The complaint will be investigated properly

A reply will be sent to the complainant within ten working days, setting out how the problem will be dealt with. If this is not possible, an interim response will be made informing the complainant of the action taken to date or being considered.

Complainant will be informed about progress every 15 working days.

If the complaint cannot be resolved, the Chief Executive will report the matter to the next EVERY-ONE Board meeting, which will decide on any further steps.

All complaints will be treated confidentially.

The complaints log will be monitored regularly and reviewed annually by EVERY-ONE Board members.

3. Dealing with habitual or vexatious complaints

Defining habitual or vexatious complaints

Complainants may be deemed to be habitual or vexatious when previous or current contact with them shows that two or more of the following criteria, where complainants:

Persist in pursuing a complaint where EVERY-ONE's Complaints Procedure has been implemented and exhausted

Persistently change the substance of a complaint, continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints)

Are repeatedly unwilling to accept documented evidence given as being factual or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts to help them specify their concerns, and/or where the concerns identified are not within the remit of EVERY-ONE to investigate.

Regularly focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. It is recognised that determining what a trivial matter is can be subjective and careful judgment will be used in applying this criteria.

Have threatened or used physical violence towards staff at any time - this will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be continued through written communication. All such incidences will be documented.

Have, in the course of addressing a registered complaint, had an excessive number of contacts with EVERY-ONE - placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact may be in person, by telephone, letter, e-mail or fax. Discretion will be used in determining the precise number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case.

Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with the complaint. Staffs recognise, however, that complainants may sometimes act out of character in times of stress, anxiety or distress and will make reasonable allowances for this. They will document all instances of harassment, abusive or verbally aggressive behaviour.

Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.

Make unreasonable demands on relationships and fail to accept that these may be unreasonable, for example, insist on responses to complaints or enquiries being provided more urgently than is reasonable or within the EVERY-ONE Complaints Procedure or normal recognised practice.

Handling habitual or vexatious complaints

Where complainants have been identified as habitual or vexatious, the EVERY-ONE Chief Executive will determine what action to take, in consultation with the EVERY-ONE Chair or Board of Directors as necessary. The complaint may be dealt with in one or more of the following ways:

In a letter, setting out the commitment and responsibilities for all parties involved if EVERY-ONE is to continue processing the complaint. If these terms are then breached, alternative action may follow



Decline contact with the complainant, either verbally or in writing, providing the same method of communication and contact person is maintained

Notify the complainant in writing that EVERY-ONE has responded fully to the points raised and has tried to resolve the complaint but that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will also be notified that the correspondence is at an end, advising the complainant that they are being treated as a persistent or vexatious complainant and as such EVERY-ONE does not intend to engage in further correspondence dealing with the complaint.

Inform the complainant that in extreme circumstances EVERY-ONE reserves the right to seek legal advice on unreasonable or vexatious complaints.

Temporarily suspend all contact with the complainant, in connection with the issues relating to the complaint being considered habitual and/or vexatious, while seeking legal advice.

Having decided what action to take, this will be communicated to the complainant with an explanation of why their complaint has been classified as habitual or vexatious, and copied to relevant parties (e.g. EVERY-ONE, staff, Board).

A record will be kept for future reference of the reasons why a complaint has been classified as habitual or vexatious. Statistical information on all EVERY-ONE complaints received will be presented regularly to the Board of Directors with details of complainants who are categorised as habitual and/or vexatious.

Withdrawing habitual or vexatious complaints status

Once a complainant has been determined to be habitual and/or vexatious, their status will be kept under review and monitored by the Chief Executive & Chair. If a complainant subsequently demonstrates a more reasonable approach for an appropriate period of time or if they submit a further complaint for which the normal Complaints Procedure would appear appropriate their status will be reviewed.

Document Retention and Record Keeping

All documents and records relating to complaints must be retained for a period of 3 years. In cases where complaints relate to or contain Safeguarding information, or the complaint is formal, then all relating documents and records must be retained for a period of 6 years.

All records must evidence the support provided to all those involved when a complaint is received, investigated and a decision is being reached.



7. CONFIDENTIALITY POLICY

1. General principles

EVERY-ONE recognises that colleagues (employees, volunteers, apprentices, directors & others who work within our organisation) gain information about individuals and organisations during the course of their work or activities. In most cases such information will not be stated as confidential and colleagues may have to exercise common sense and discretion in identifying whether information is expected to be confidential.

This policy aims to give guidance but if in doubt, seek advice from your line manager.

- 1.1 Information received by EVERY-ONE, as part of the services it provides, will be considered to be information for EVERY-ONE to share with colleagues and use to deliver its aims and objectives.
- 1.2 Colleagues should inform groups, organisations or individuals why they are requesting information and explain the purpose of storing and using this information. Colleagues should ask permission to keep and use this information
- 1.3 Colleagues are able to share information with their Line Manager in order to discuss issues and seek advice. Colleagues will not disclose to anyone, other than their line manager, any information considered sensitive, personal, financial or private without the knowledge or consent of the individual, or an officer, in the case of an organisation
- 1.4 Colleagues should avoid exchanging personal information or comments (gossip) about individuals with whom they have a professional relationship.
- 1.5 Colleagues should avoid talking about organisations or individuals in social settings.
- 1.6 There may be circumstance where colleagues would want to discuss difficult situations with each other to gain a wider perspective on how to approach a problem.
- 1.7 If colleagues receive information from individuals outside EVERY-ONE regarding the conduct of a colleague or group, then this should be dealt with sensitively. The appropriate colleague should tell the individual about the Complaint Procedure and advise them accordingly.
- 1.8 If employees are dissatisfied with the conduct of a colleague, and have sensitive information that could be evidenced through investigation, they should discuss it with the appropriate line manager under the Whistleblowing Procedure. Any allegation, which is found to be malicious, or ill-founded, will be dealt with by EVERY-ONE under the Disciplinary Procedure.



- 1.9 Where there is a legal duty on EVERY-ONE to disclose information, the person that is affected will be informed that disclosure has or will be made.

2. Why information is held

- 2.1 Most information held by EVERY-ONE relates to Individuals or Stakeholders, members, employees, trustees, and volunteers.
- 2.2 Information is kept to enable EVERY-ONE colleagues to understand the needs of individuals or Stakeholders in order to deliver the most appropriate services.
- 2.3 Information about users may be kept for the purposes of monitoring our equal opportunities policy and also for reporting back to funders.

3. Access to information

- 3.1 Information is confidential to EVERY-ONE as an organisation and may be passed to colleagues, line managers or trustees to ensure the best quality service for users.
- 3.2 Where information is sensitive, i.e. it involves disputes or legal issues; it will be confidential to the employee dealing with the case and their line manager. Such information should be clearly labelled 'Confidential' and should state the names of the colleagues entitled to access the information and the name of the individual or group who may request access to the information.
- 3.3 Colleagues will not withhold information from their line manager unless it is purely personal to them and not business related.
- 3.4 Individuals/Partners or Stakeholders may see EVERY-ONE records which relate to them or their organisation. The request must be in writing to the Chief Executive giving 14 days' notice. The letter must be signed by the individual, or in the case of an organisation's records, by the Chair or Executive Officer or Manager.
- 3.5 Sensitive information as outlined in point 3.2 will only be made available to the person or organisation named on the file.
- 3.6 Employees may see all of their personal records by giving 14 days' notice in writing to the Chief Executive.
- 3.7 When photocopying or working on confidential documents, colleagues must ensure they are not seen by people in passing. This also applies to information on computer screens.



4. Storing information

- 4.1 General non-confidential information about organisations is kept in unlocked filing cabinets that are available to all EVERY-ONE colleagues.
- 4.2 Information about volunteers, interns and other individuals will be kept in filing cabinets by the colleague directly responsible. Colleagues must ensure line managers know how to gain access.
- 4.3 Employees' personal information will be kept in lockable filing cabinets by line managers and will be accessible to the Chief Executive
- 4.4 Files or filing cabinet drawers bearing confidential information should be labelled 'confidential'.
- 4.5 In an emergency situation, the Chief Executive may authorise access to files by other people.
- 4.6 Ensure confidential documentation or personal data is shredded before putting in the recycling bins.

5. Duty to disclose information

- 5.1 EVERY-ONE has a legal duty to disclose some information including:
 - 5.1.1 Child abuse will be reported to the Children's Services / Social Services Department
 - 5.1.2 Drug trafficking, money laundering, acts of terrorism or treason will be disclosed to the police.
- 5.2 In addition, colleagues believing an illegal act have taken place, or that a user is at risk of harming themselves or others, must report this to the Director who will report it to the appropriate authorities.
- 5.3 EVERY-ONE should inform the users of this disclosure.

6. Disclosures

- 6.1 EVERY-ONE complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information.
- 6.2 EVERY-ONE will request pre-employment Disclosure and Barring Service (DBS) checks for new employees and volunteers whose posts involve contact with vulnerable children or adults, as specified by the Disclosure Guidance.
- 6.3 EVERY-ONE will clearly state the need for, and level of, Disclosure on the recruitment advert.
- 6.4 Disclosure information is always kept separately from an applicant's personnel file in secure storage with access limited to those who are



entitled to see it as part of their duties. It is a criminal offence to pass this information to anyone who is not entitled to receive it.

- 6.5 Documents will be kept for a year and then destroyed by secure means. Photocopies will not be kept. However, EVERY-ONE may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, and the position for which the Disclosure was requested, the unique reference number of the Disclosure and the details of the recruitment decision taken.

7. Data Protection Act

- 7.1 Information about individuals, whether on computer or on paper, falls within the scope of the Data Protection Act and must comply with the data protection principles.

These are that personal data must be:

- Obtained and processed fairly and lawfully
- Held only for specified purposes
- Adequate, relevant and not excessive
- Accurate and up to date
- Not kept longer than necessary
- Processed in accordance with the Act
- Kept secure and protected
- Not transferred out of Europe

- 7.2 EVERY-ONE will ensure that it complies with all aspects of the Data Protection Act. Please refer to EVERY-ONE Data Protection Policy for detailed information on how we will do this.

8. Breach of confidentiality

- 8.1 Colleagues who are dissatisfied with the conduct or actions of other colleagues or EVERY-ONE should raise this with their line manager using the grievance procedure, if necessary, and not discuss their dissatisfaction outside EVERY-ONE.
- 8.2 Colleagues accessing unauthorised files or breaching confidentiality may face disciplinary action. Ex-employees breaching confidentiality may face legal action.

9. Whistleblowing

- 9.1 Any colleagues who have concerns about the use of EVERY-ONE funds, or any practice by any employee must comply with the requirements of the Whistle Blowing Policy.



8. CONFLICT OF INTEREST POLICY

EVERY-ONE has a legal obligation to act in the best interests of the company and avoid situations where there may be a potential conflict of interest.

Conflicts of interests may arise where an individual's personal or family interests and / or loyalties conflict with those of EVERY-ONE.

Such conflicts may create problems. They can:

- discourage free discussion;
- result in decisions or actions that are not in the interests of EVERY-ONE; and
- risk the impression that EVERY-ONE has acted improperly.

The aim of this policy is to protect both the organisation and the individuals involved from any appearance of impropriety.

The Declaration of Interests

Staff and Board Directors are asked to:

- Declare their interests, and any gifts or hospitality received in connection with their role in EVERY-ONE
- A declaration of interest form is provided for this purpose (see form in Declarations of Interest folder).

The declaration of interests form should be updated at least annually and also when any changes occur.

The following types of interest should be declared:

- Any personal / family relationships with paid staff and volunteers or possible recruitment of any person known to the Director or family member.
- Any gifts or hospitality received from any person or organisation connected to EVERY-ONE
- A Director renting property or lending money to EVERY-ONE
- Any relationships with other organisations that will affect your role as a Director – if you are a member of another organisation this needs to be declared as there may be a conflict. Particularly if both organisations work in the same geographical area or have the same clients or users as EVERY-ONE.
- You are a counsellor, employee or board member of organisations that EVERY-ONE may approach for funding or who is currently providing funding for EVERY-ONE.



- A Director learns of an opportunity at a board meeting which the charity may or may not wish to exploit but which he / she wishes to take advantage of them or on behalf of another charity

Data Protection

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only to ensure that trustees act in the best interests of EVERY-ONE. The information provided will not be used for any other purpose.

What to do if you face a Conflict of Interest

If there is a situation which could be a long term conflict this should be discussed with other Directors (in particular the Chair) at the earliest convenience, and a decision made on how to proceed.

At the beginning of all meetings you should declare immediately if there is an item on the agenda where they may be a conflict of interest.

For example, if you are a user of EVERY-ONE services, or the carer of someone who uses EVERY-ONE services, you should not be involved in decisions that directly affect the service that you, or the person you care for, receive(s). You should declare your interest at the earliest opportunity and withdraw from any subsequent discussion. You may, however, participate in discussions from which you may indirectly benefit, for example where the benefits are universal to all users, or where your benefit is minimal.

Disclosure in Accounts

Any income or benefits a trustee receives from EVERY-ONE in the course of an accounting year must be disclosed.

Where a member of EVERY-ONE staff are connected to a party involved in the supply of a service or product to the charity, this information will also be fully disclosed in the annual report and accounts.

Decisions taken where a Director or Member of Staff has an Interest

In the event of the board having to decide upon a question in which a Director or member of staff has an interest, all decisions will be made by vote

Recording Disclosure of Interest

All decisions, including the declared conflict and the outcome should be reported in the minutes of the board.



Appendix A

EVERY-ONE

DECLARATION OF INTEREST FORM

I {insert name of trustee} have set out below my interest in accordance with EVERY-ONE's Conflict of Interest Policy.

Category	Please give details of the interest and whether it applies to you or where appropriate a connected person.
Current employment and any previous employment in which the Trustee continues to have a financial interest	
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority, membership, tribunals etc.	
Membership of any professional bodies, special interest EVERY-ONE or mutual support organisations	
Investment in companies, partnerships and other forms of business, major shareholdings, beneficial interest where these are felt to constitute a potential conflict of interests.	
Any contractual relationship with (EVERY-ONE)	
Ownership of any property that could create a conflict of interest	
Gifts or hospitality offered by external bodies and whether this was declined or accepted in the last twelve months	
Any other conflicts that are not covered above where there could be perceived to be conflicts of interest	

To the best of my knowledge, the above information is complete and correct. I undertake to update this information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Name: _____

Signed: _____

Position in (EVERY-ONE): _____

Date : _____



10. DELEGATED AUTHORITY POLICY

1. Board responsibility

Under EVERY-ONE Articles authority for overseeing the work of the organisation is delegated to the Board of Directors who are responsible for:

- Ensuring EVERY-ONE effectively fulfils its objectives, general functions and duties
- Determining the overall strategic direction of the organisation and ensuring the availability of resources
- Monitoring the performance of the Chief Executive and staff team and holding them to account for delivery against plans and budgets
- Promoting and protecting EVERY-ONE position, values, integrity, image and reputation
- Ensuring high standards of governance that command the confidence of EVERY-ONE stakeholders.

2. Authority delegated to the Chief Executive

The role of the Chief Executive and members of the Board are interdependent;

- The Chief Executive is dependent on the Board for authority to function and manage the organisation
- The Board is dependent on the Chief Executive to exercise leadership by building a staff and volunteer team and by helping Board members to use their time effectively in governing the organisation

The majority of operational decisions are delegated to the Chief Executive, who manages the organisation in accordance with the strategic, planning and budgetary parameters, and risk management strategy approved by the Board. The Chief Executive's job description, appendix A, defines these responsibilities. The Board remains legally responsible for the organisation, including matters delegated to staff.

3. Escalation to the Board

There are some issues on which the Board seeks early warning or dialogue, or, on which the Chief Executive should seek the Board's steer and/or input. An agreed approach to risk assessment and management is used to identify issues/cases that require early flagging and possible escalation to the Board i.e. where there is a potential for high risk and/or high impact. The EVERY-ONE Risk Management Strategy is set out in Appendix B.

The Chief Executive will refer matters to the Board which involve:

- Major / unbudgeted investment
- Significant deviation from agreed strategy/plans or precedent setting
- Significant degree of controversy/contentiousness or political sensitivity
- Damage to reputation e.g. adverse events, negative media interest, damage to key relationships



Escalation ensures that the Board is made aware of issues of high risk/ high impact, and enables it to be kept informed, explore issues with the Chief Executive and exercise discretion as to whether or not it may need to formally approve decisions/action. This process may also help to identify any policy issues arising from new, difficult or contentious decisions. The extent to which the Chief Executive will need to continue to flag/refer issues to Board will be reviewed and may evolve over time as governance arrangements develop.

Where significant issues occur which the Chief Executive decides do not warrant escalation to the Board, any decisions taken will be reported on a quarterly basis to trustees meetings, or more quickly if required.

4. Table of Delegated Authority

Subject	Decisions reserved to the Board	Decisions delegated to, or the responsibility of, the Chief Executive
Governance	<p>Governance framework: including standing orders, sub-committees and governance policies, procedures and systems</p> <p>The cycle of Board meetings, the composition of Board agendas and approval of minutes of Board meetings</p> <p>Governance reviews and Board recruitment</p> <p>Ensuring accountability to the membership, through the AGM and other mechanisms</p>	<p>Responsibility for all matters of organisational structure below the level of Chief Executive. Able to delegate authority to other staff and prepares/maintains delegated authority policy for the organisation</p> <p>Ensure the Board can function properly by making recommendations for meeting cycles and agendas, preparing draft minutes, seeking appropriate advice and information, and providing necessary support and resources for the Board to maintain and develop their skills and knowledge.</p>
Strategy	<p>Determining the overall strategic direction of in consultation with EVERY-ONE members</p> <p>Consideration and approval of the Development and Work Plan</p> <p>Consideration and approval of other key strategies, including fund-raising, communications and membership</p>	<p>Preparation of the Development and Work Plans for consideration and approval of the Board,</p> <p>Preparation of specific work programmes, to inform overall Work Plan, ensuring early consultation with the Board around new initiatives (new or changed programmes/projects)</p> <p>Preparation of key strategy documents for consideration and approval of the Board</p>



Budget	<p>Consideration and approval of the Annual Budgets and significant funding applications</p> <p>Variations to the approved budget where the variation would have a significant impact on the overall approved levels of income and expenditure</p>	<p>Preparation of Annual Budgets in line with the Development and Work Plans, ensuring early consultation with the Board</p> <p>Variations to the approved budget where the variation would not have a significant impact on the overall approved levels of income and expenditure</p>
Annual report and accounts	<p>Approval of Annual Report and accounts and sign-off by Chair</p>	<p>Drawing up Annual Report and Annual Accounts for Board approval.</p> <p>Submission of annual return to Charity Commission and Companies House</p>
Performance management	<p>Determination and approval of arrangements for performance management and consideration of regular monitoring reports</p>	<p>Keep the Board informed of progress in achieving performance objectives and advise on any significant variance from the approved Work Plan, Programme Plans and Budget</p> <p>Keep the Board informed of any significant issues in EVERY-ONE's operations</p>
Risk management	<p>Approval of EVERY-ONE's Risk Management Strategy and consideration of reports of the Risk Register Committee</p>	<p>Maintain a system of internal control and to provide the Board with assurance on its on-going effectiveness.</p> <p>Advise the Board on significant changes and escalation of issues for consideration by the Board in accordance with EVERY-ONE's Risk Management Strategy</p>
HR issues	<p>Appointment, remuneration and supervision of the Chief Executive</p> <p>Approval of significant changes to overall HR strategy and policy, including staff terms and conditions of employment</p>	<p>The structure of the staff team, subject to Board approval</p> <p>All appointments and other HR issues, in line with HR policy approved by the Board</p>



Policies and procedures	Consideration, approval and periodic review of all organisational policies	Preparation of organisational policies for consideration and approval by the Board and development / implementation of organisational procedures, ensuring compliance with key legislation
Significant publications or research	Approve new significant publications or research programmes	Identify significant publications or research programmes, make proposals and carry out work relating in accordance with the Board's approval
Audit	<p>Appointing external auditors and approval of terms of appointment / scope of work / fees</p> <p>Consideration of significant issues arising from the work of appointed auditors</p>	<p>Responsibility for management of external auditors</p> <p>Report to the Board matters of significance arising from the work of appointed auditors</p>
Communication	Approval of communication plans in relation to matters of major public, political or reputational significance	<p>Sign-off on all press releases</p> <p>Identification of significant issues to be considered by the Board</p>



11. DISCIPLINARY PROCEDURE

Introduction

In any business, there is a need for rules and standards. It is important that any breaches of our rules, or failure to achieve and maintain satisfactory standards of conduct, attendance or job performance, are dealt with effectively, fairly and consistently.

This procedure is non-contractual, and sets out the procedure Every-One will normally follow, although we reserve the right, at our discretion, to vary, replace or terminate the procedure at any stage.

Scope of this procedure

This procedure applies to all employees, other than those in their probationary period. It does not apply to volunteers or Associates and dismissals due to long-term ill-health, redundancy or the non-renewal of fixed-term contracts on their expiry. In cases where this procedure relates directly to the CEO, the Board of Trustees will implement this procedure.

Aims of this procedure

This procedure aims to help and encourage all employees to achieve and maintain satisfactory standards of conduct and performance and to ensure (as far as possible) consistent and fair treatment for all.

Core principles

Core principles - general

The following core principles should be followed by those dealing with disciplinary matters:

No disciplinary action will be taken without a full and proper investigation.

In misconduct cases, where practicable, different people will carry out the investigation and disciplinary hearings. An investigatory meeting will not by itself result in any disciplinary action. The investigating manager will endeavour to establish the facts promptly before memory fades, and take statements from any witnesses. Note the right to be accompanied by a colleague or union representative does not apply to meetings held at the investigatory stage.

Where the issue is one of unsatisfactory attendance, the matter will be dealt with under this procedure. However, Every-One recognises that short-term absences due to health conditions may not be the result of a deliberate act on the part of the employee, and in such circumstances the matter may be referred to as an "incapability" issue to reflect this distinction.

Each step in the procedure will be taken without unreasonable delay, the timing and location of any meetings will be reasonable and any meeting will be held in as private a location as possible without interruptions.

A fair disciplinary process will always be followed, up to and including cases of dismissal for gross misconduct.



Where appropriate, and depending on the severity of the offence, Every-One may omit any of the stages within the disciplinary procedure detailed below. It should be noted that, despite ongoing disciplinary action, an individual may be dismissed for another unrelated disciplinary matter if sufficiently serious. It is recognised that the circumstances of each case will be different and that each case therefore should be treated on its merits.

A right to appeal will apply at every formal stage of this procedure.

Core principles - suspension

The following should be noted regarding suspension:

Except for paid suspension (used purely as a precautionary measure to allow a fair and impartial investigation to take place, and without any prejudgement of the outcome of any subsequent disciplinary hearing), no action will be taken against an employee until a disciplinary hearing has been held.

Core principles - invitation to hearing

When inviting an employee to a disciplinary hearing:

The employee will always be given written notice of an invitation to any disciplinary hearing of which they are the subject, and will be advised of the nature of the complaint against them, the circumstances that have led to Every-One contemplating the need for disciplinary action or dismissal and the procedure to be followed. Full copies of any written evidence will normally be provided in advance of the hearing, although we may withhold the identity of a witness or redact witness evidence, if we believe it to be appropriate and necessary to protect the witness.

The employee will be given sufficient information and time to enable them to prepare a response. This may vary depending on the circumstances of each case but is not likely to be less than 24 hours.

If either the employee or their chosen companion is unable to attend any meeting under this procedure for a reason that was not foreseeable at the time the meeting was arranged, then the Company will attempt to rearrange the meeting for a date within five working days of the original planned date. However, the employee is expected to take all reasonable steps to attend the hearing on the appointed date and at the appointed time. Where an employee persistently is unable or unwilling to attend an agreed disciplinary meeting, without good reason, a decision may be made in the employee's absence based on the evidence available.

Core principles - at the hearing

The following should be borne in mind at the hearing:

At all formal stages of this procedure, the person chairing the meeting is advised to be accompanied by a suitable employee of Every-One or Board Member/Trustee who will act as a witness and take full notes of everything that is said. Where no internal person of sufficient seniority or confidential status is available, or where preferred, an external party may be invited to attend in this capacity.

Under no circumstances should any meeting or conversation be recorded without the prior permission of those present.



The employee will have the right to be accompanied, either by a fellow worker, a representative of a trade union (who must be certified in writing by that union as having experience of, or having received training in, acting as a worker's companion at disciplinary or grievance hearings) or an official employed by a trade union. The employee should tell the person conducting the hearing in advance whom they have requested to act as a companion. If the employee does not wish to be accompanied this should be noted. Fellow workers may not be compelled to attend as a companion.

The companion is there to act as a witness to what was said, to provide moral support and to assist and advise the employee in presenting their case. They may address the hearing (provided the employee wishes this), ask questions on behalf of the employee and confer with the employee but not answer questions on behalf of the employee, nor may the companion prevent the employer from explaining its case.

If the employee is disabled, reasonable adjustments will be made to ensure (as far as possible) that they are not disadvantaged at the hearing. This may include the provision of further assistance (e.g. a signer or other support) where necessary.

The person conducting the disciplinary hearing will outline the complaint against the employee and go through the evidence that has been gathered. The employee will be given the opportunity to present any information in their defence, explain or comment before any decision is made. Either party may ask questions, call witnesses, submit witness statements and also question any witnesses called by the other party. If the employee wishes to call any witnesses, they should notify the person conducting the hearing in advance. Witnesses cannot be compelled to attend.

A disciplinary hearing may be adjourned at any stage by the person conducting the hearing, in order to calm a tense situation, to check out facts or to take advice. Such adjournments will be kept brief wherever possible in order not to hold up the resolution of the hearing but may be extended where particular information needs to be checked in the interests of fairness or consistency. An adjournment may also be appropriate if a grievance is raised during the disciplinary proceedings that has a strong bearing on the matter to be decided.

Core principles - making a decision

It is important to remember that the circumstances of each case will be different and that each case therefore should be treated on its merits.

Before making any decision on disciplinary action, we will take into account the employee's disciplinary and general record, any similar precedents, any mitigating circumstances or explanations given by the employee, what would be reasonable under the circumstances and whether any training, additional support or adjustments to the role or workload are necessary.

An employee who is given a disciplinary warning or improvement note will be told where their performance or conduct falls short of what Every-One considers to be satisfactory, what improvement is required, and over what timescale this is to be achieved. For employees who are under-performing, a review date will be set and we will also confirm any support, including any training that we will provide to assist the employee.



A decision to dismiss will only be taken by someone with the authority to do so. The reasons for dismissal will be confirmed in writing, together with the date on which the employment will end, the appropriate period of notice and the right of appeal.

Core principles - after the hearing

After the hearing, the following should be noted:

Any warning or improvement note will be confirmed in writing to the employee. It will identify the next stage in the procedure (should the employee fail to reach a satisfactory standard or commit a further act of misconduct), specify for how long the warning will stand, and will inform the employee of their right of appeal.

If the employee's standard of work or conduct remains unsatisfactory, and, after warnings, remains below the level that is acceptable, they may be dismissed.

Examples of general misconduct

The following is a non-exhaustive list of examples of offences which amount to misconduct falling short of gross misconduct:

- unauthorised absence from work
- unsatisfactory time-keeping or attendance
- unsatisfactory job performance
- time wasting
- failure to follow a reasonable management instruction
- minor contravention of health and safety regulations
- disruptive, abusive, truculent or provocative behaviour
- unauthorised use of our telephone, email and/or internet facilities
- minor damage to our property
- leaving work without authority
- failing to follow our absence notification procedures



- persistent absence/sickness
- taking extended breaks

disrupting our business by receiving and making what we consider to be excessive personal telephone calls, irrespective of whether this is on a personal mobile phone or our telephones

Examples of gross misconduct

An employee will not normally be dismissed for a first incident of misconduct, unless it amounts to gross misconduct, in which case summary dismissal without notice and without the need for any prior warnings may take place.

The list below is not exhaustive but is a guide to the type of offence which may normally result in summary dismissal (i.e. dismissal without notice or pay in lieu of notice):

- theft, fraud or falsification of records e.g. Every-One documentation, expense claims or attendance/sick records, shared parental leave declarations etc.
- being under the influence of alcohol during working time, or reporting for work whilst under the influence of alcohol
- being in possession of, or under the influence of, or attempting to deal in, non-medically prescribed drugs
- assault or fighting, either on our premises or whilst engaged on our business or where the act committed irrevocably damages the required trust and mutual confidence between Every-One and the employee
- violent, abusive or intimidating conduct
- act of unlawful discrimination, harassment, bullying or offensive behaviour
- misuse of property belonging to Every-One or of our name
- malicious damage to property belonging to Every-One, our clients, partners, associates or other employees
- flagrant disregard of our procedures, rules and regulations
- any action in serious breach of legislative requirements which may affect our business



- gross negligence
- use of foul language or any act that violates commonly accepted standards of behaviour
- actions which damage the reputation of Every-One or bring it into disrepute - this includes taking part in activities which result in adverse publicity to ourselves, or which cause Every-One to lose faith in the employee's integrity
- any action constituting a criminal offence which makes the employee unsuitable for employment with Every-One
- unauthorised use or disclosure of confidential information
- the inclusion of incorrect or misleading information on the employee's job application documentation (including cv, letter of application or our application form) or the provision of false references
- serious breach of Health and Safety rules, whether or not this resulted in an accident
- the acceptance or giving of anything that could be construed as a bribe
- acts of dishonesty
- undertaking private work on our premises and/or during working hours without express permission
- accepting gifts from outside organisations which have not been approved by Every-One
- smoking in an unauthorised area where this constitutes a serious risk to health and safety
- inappropriate use of the Internet or computer misuse in breach of our policies. This includes deliberately accessing sites containing pornographic, offensive or obscene material and/or downloading, displaying, archiving, storing, distributing, purchasing, intending to purchase, editing or recording such material, or the inappropriate use of social media
- bribery or corruption



- loading unauthorised software
- the taking of unauthorised copies of software for use within the office or outside
- the unauthorised use of another employee or user's password or keys to gain access to confidential information
- contacting (formally or informally and by any means) any of our past, current or prospective suppliers, clients, partners or associates for any purpose other than for the legitimate business interests of Every-One. This includes (but is not limited to) any activities which we consider may be linked to an intention of setting up in a competing business or working for a competitor after leaving our employment

Informal counselling

Every-One recognises that cases of minor misconduct or poor performance may best be resolved through informal counselling, goal or target setting, advice or training and these do not form a formal part of this procedure.

Where an improvement is required, we will ensure that the employee understands what is required, how this will be measured, and over what period. Any agreed action plan should be confirmed in writing.

Where a sustained improvement is not apparent, or where matters are more serious or the issue is one of misconduct, the formal disciplinary procedure will be used.

Suspension

Every-One reserves the right to suspend the employee at any stage of this procedure. Suspension will be on full basic pay and will be for as short a period as possible in order to carry out any investigation of an alleged serious offence or to prevent any recurrence. Such suspension is not disciplinary action and does not involve any pre-judgement.

If suspended, the employee must be available to attend any fact-finding interview called during the suspension period. Contact will be maintained with the employee throughout the period of suspension to keep them informed of the investigation. An employee who is suspended will only be allowed to contact Every-One through a nominated person.

Stages of the formal disciplinary procedure

Our procedure contains the following stages:

verbal warning - for unsatisfactory performance or misconduct of a relatively minor nature

first written warning (or improvement note) - for incidents of misconduct or unsatisfactory performance



final written warning - for further continued unsatisfactory performance or further misconduct or if an incident of serious misconduct occurs

dismissal with notice - for continued unsatisfactory performance or conduct

Gross misconduct and summary dismissal

Certain offences may be regarded as so serious as to render the employee liable to summary dismissal without prior warning (see examples above). A dismissal for gross misconduct will only be made following a disciplinary hearing and will be confirmed in writing, giving the reasons for dismissal, confirming that the employment terminates immediately without notice or pay in lieu of notice, and outlining the employee's right of appeal.

Penalties other than dismissal

There may be circumstances where we consider alternative disciplinary action to dismissal to be appropriate. Such action could include suspension without pay, demotion (which may result in a reduction in pay for the employee), or transfer to another position which may result in a reduction in pay.

Duration and removal of warnings

Warnings will remain 'active' for the following periods unless a different period is confirmed in writing to the employee:

verbal warning - six months from the date the warning is first notified to the employee (either verbally or in writing or such other period as may be specified)

first written warning or improvement note - twelve months from the date the warning is first notified to the employee (either verbally or in writing) or such other period as may be specified

final written warning - twelve months from the date the warning is first notified to the employee (either verbally or in writing), or indefinite, depending on the circumstances resulting in the warning

Following completion of the appropriate period, the warning will no longer be active and will normally be disregarded for the purposes of any future disciplinary action. Records of disciplinary warnings will however be retained on file for purposes of disclosure as required by regulation 11 of the Transfer of Undertakings (Protection of Employment) Regulations 2006.

A copy of the written confirmation of any warnings, improvement notes, dismissal, suspension or other disciplinary penalty (plus any appeal documentation) will be given to the employee and a copy placed on the employee's personnel file. Such documentation will be regarded as confidential.

Appeals



An employee who feels that a disciplinary warning, improvement note or dismissal is unfair may appeal against this. Such appeals should be lodged, in writing, without unreasonable delay (we would expect this to be within seven calendar days of the decision being notified to the employee). The employee should clearly state the grounds on which the appeal is made (e.g. the finding is unfair, the penalty too harsh, new evidence comes to light, or because of a procedural defect).

The person conducting the appeal is advised to be accompanied by a suitable employee of Every-One or Board Member/Trustee who will act as a witness and take full notes of everything that is said. Where no internal person of sufficient seniority or confidential status is available, or where preferred, an external party may be invited to attend in this capacity.

The employee may, if they wish so, be accompanied by a work colleague, a trade union representative (who must be certified in writing by that union as having experience of, or having received training in, acting as a worker's companion at disciplinary or grievance hearings) or by an official employed by a trade union at any appeal hearing. The employee should tell the person conducting the appeal hearing in advance whom they have chosen as a companion. As with a disciplinary hearing, the companion will be able to address the hearing, ask questions on behalf of the employee and to confer with the employee but not to answer questions on behalf of the employee.

If either the employee or their chosen companion is unable to attend an appeal meeting arranged under this procedure for a reason which was not foreseeable at the time the meeting was arranged, we will attempt to rearrange the meeting for a date within five days of the original planned date.

If the employee is disabled, reasonable adjustments will be made (as far as possible) to ensure that they are not disadvantaged at the hearing. This may include the provision of further assistance where necessary.

The grounds of the appeal will be considered when deciding the extent of any new investigation: it may be that a complete re-hearing will be held should there be any suspected procedural defects.

The employee will be notified of the appeal decision in writing: whatever decision is taken at the appeal hearing will be final.

Probationary employees

Employees who are still within their probationary period are not covered by this procedure. If a probationary employee is not performing satisfactorily or there are incidences of minor misconduct, they will normally be seen informally by the CEO, informed of any shortcomings in performance or conduct, offered training and support (where appropriate) and warned that failure to improve will result in dismissal. If there is doubt about the employee's ability to reach a satisfactory standard, the probationary period may be extended, in which case the employee will be told of this and a new date set for the expiry of the probationary period.

If the employee is unable to reach and/or maintain a satisfactory standard of performance or conduct, they will normally be invited to a formal meeting (with the right to be accompanied) prior to a decision being taken concerning his or her continued employment.



A probationary employee who commits an act of gross misconduct will be summarily dismissed.

Absence during disciplinary proceedings

Every-One recognises that disciplinary situations can be stressful for both the employee involved and also any other employees who are asked to give witness statements or to participate in the procedure in any way. However, we believe that in most cases this stress is best alleviated, and working relationships maintained, by completing the disciplinary procedure quickly.

Where an employee is unfit for work, this does not necessarily mean they are unfit to attend an investigatory meeting or a disciplinary hearing and employees must make every effort to co-operate with the Company in completing the disciplinary process.

If an employee is absent due to illness or other reasons such as maternity/adoption/paternity/shared parental or other leave, we will consider, in consultation with the employee (and/or his GP in the case of illness), whether there are any reasonable adjustments that can be made to enable the case to be progressed (e.g. by allowing the employee to make further written submissions, by conference call or by holding the meeting at a different venue).

If, after an attempt to contact the employee, we reasonably believe that they are unlikely to attend a meeting in the near future or to provide any further information, the Company may decide the matter without the employee's further input, based on the evidence and information available to Every-One. Unless the employee has already been informed of this, we will write to inform the employee of our intentions to proceed in their absence before taking any decisions.

Implementation, monitoring and review of this procedure

This procedure takes effect immediately. The Management of Every-One have overall responsibility for implementing and monitoring this procedure, which will be reviewed on a regular basis following its implementation and may be changed from time to time.

Any queries or comments about this procedure should be addressed to the CEO.



12.EQUAL OPPORTUNITIES POLICY

Introduction

Every-One is committed to ensuring that, as far as is practicable, all employees, job applicants, clients, partners, associates and other people with whom we deal are treated fairly and are not subjected to unfair or unlawful discrimination.

This policy is not contractual, but aims to set out the way in which Every-One aims to manage equal opportunity and dignity at work.

Scope of this policy

This policy applies to all employees, including those on part-time, apprentice, fixed-term and job-share contracts, as well as casual workers, volunteers and Associates. Any breach of this policy by the CEO will be dealt with by the Board of Trustees in line with this procedure.

Aims of this policy

Our policy is designed to ensure that current and potential employees are offered the same opportunities regardless of a protected characteristic (sex, race, age, religion or belief, sexual orientation, disability, marital status or civil partnership, pregnancy/maternity, gender reassignment) or indeed any other characteristic unrelated to the performance of the job. Every-One seeks to ensure that no one suffers, either directly or indirectly, as a result of unlawful discrimination. This extends beyond the individual's own characteristics, to cover discrimination by association and by perception.

Every-One recognises that an effective equal opportunity policy will help all employees to develop to their full potential, which is clearly in the best interests of both employees and our business. We aim to ensure that we not only observe the relevant legislation but also do whatever is necessary to provide genuine equality of opportunity.

We expect everyone who works for the Company to be treated, and to treat others, with respect. Our aim is to provide a working environment free from harassment, intimidation, or discrimination in any form that may affect the dignity of the individual.

We further recognise the benefits of employing individuals from a range of backgrounds, as this creates a workforce where creativity and valuing difference in others thrives. We value the wealth of experience within the community in which we operate and aspire to have a workforce that reflects this.

Definitions

Discrimination may be direct or indirect, and can take different forms, for example:

- treating any individual less favourably than others on grounds of a protected characteristic (sex, race, disability, sexual orientation, religion or belief, age, marital status or civil partnership, pregnancy/maternity or gender reassignment)



- expecting a person, solely on the grounds stated above, to comply with requirements that are different to the requirements for others, for any reason whatsoever
- imposing on individual requirements that are in effect more onerous than they are on others. This would include applying a condition (which is not warranted by the requirements of the position) which makes it more difficult for members of a particular group to comply than others not of that group
- harassment, i.e. unwanted conduct which has "the purpose, intentionally or unintentionally, of violating dignity, or which creates an intimidating, hostile, degrading, humiliating or offensive environment" for the individual
- victimisation, i.e. treating a person less favourably because they have committed a "protected act". "Protected acts" include previous legal proceedings brought against the employer or the perpetrator, or the giving of evidence at a disciplinary or grievance hearing or at tribunal, or making complaints about the perpetrator or the employer or their alleged discriminatory practices.
- discrimination by association, i.e. someone is discriminated against because they associate with someone who possesses a protected characteristic
- discrimination by perception, i.e. discrimination on the grounds that the person is perceived as belonging to a particular group (e.g. sexual orientation, religion or belief), irrespective of whether or not this is correct
- any other act or omission of an act, which has the effect of disadvantaging one person against another, purely on the above grounds.

On all occasions where those in control of employees are required to make judgements between them, for example disciplinary matters, selection for training, promotion, pay increases, awards etc it is essential that merit, experience, skills and temperament are considered as objectively as possible.

Responsibility for this policy

The overall responsibility for implementing and monitoring the effectiveness of this policy rests with the Management of Every-One.

The CEO and the Board of Trustees have a crucial role to play in promoting equality of opportunity on a day to day basis.



All employees should familiarise themselves with this policy and be aware of their responsibility and role in promoting equality of opportunity and not discriminating unfairly or harassing colleagues, job applicants or ex-employees, nor encouraging others to do so or tolerating such behaviour. Employees are also encouraged to challenge any unacceptable behaviour should they either witness it or experience it directly. Disciplinary action, including dismissal, may be taken against any employee found guilty of unfair discrimination, harassment and/or victimisation.

Employees should be aware that not only is the employer liable for any cases of discrimination or harassment that occur, but individuals also may be held personally liable for their own acts and behaviour.

Recruitment and Selection

Every-One aims, through appropriate information, training and supervision, to ensure that all those who are responsible for recruitment and selection are familiar with this policy.

Selection will, as far as possible, be conducted on an objective basis and will focus on the applicants' suitability for the job and their ability to fulfil the job requirements. Our interest is in the skills, abilities, qualifications, aptitude and potential of individuals to do their jobs.

Person specifications will be reviewed to ensure that criteria are not applied which are discriminatory, either directly or indirectly, and that they do not impose any condition or requirement which cannot be justified by the demands of the post. Shortlisting and interviewing will normally be carried out by more than one person, to minimise the risk of conscious or unconscious bias.

Questions asked of candidates will relate to information that will help us to assess their ability to do the job. Questions about marriage plans, family intentions, religious or political commitments, caring responsibilities, intention to join a pension scheme or to opt out, or about any other issues which may give rise to suspicions of unlawful discrimination should not be asked. Selection tests will be specifically related to the job and measure an individual's actual, or inherent, ability to do or train for the job.

Job adverts should encourage applications from all types of candidates and should not be stereotyped. They will normally state: "Every-One is an equal opportunity employer and values diversity". When advertising a position which has traditionally been done by one sex, adverts should specify they are open to both sexes.

Training and development

Every-One recognises that equal opportunity responsibilities do not end at selection, and is committed to ensure that wherever possible all employees receive the widest possible range of development opportunities for advancement in line with the business needs of Every-One.

Opportunities for promotion and training will be communicated and made available to everyone on a fair and equal basis.

No age limits apply for entry to training or development schemes - these are open to all employees.



Terms and conditions of employment

Every-One will ensure that all of our employment policies and any other relevant issues associated with terms and conditions of employment, are formulated and applied in such a way as to remove/minimise any discrimination on the grounds of a protected characteristic (sex, race, disability, sexual orientation, religion or belief, age, marital status or civil partnership, pregnancy/maternity, gender reassignment) or indeed any other characteristic unrelated to the performance of the job.

These will be reviewed regularly to ensure there is no discrimination. Length of service as a qualifying criterion for benefits will not exceed five years unless clearly justifiable. Employees will not be subjected to any detriment if they wish to join a pension scheme, nor will they be offered any inducement not to do so. This would include refusing promotion or training to someone who decided not to opt-out, or refusing or reducing a pay increase if it would bring the worker within the band of earnings that would make them eligible for auto-enrolment etc.

Grievances, disputes and disciplinary procedure

Employees who believe they have been discriminated against should bring this to our attention as soon as possible.

In the first instance, employees are encouraged to do this informally, but where it has not been possible to resolve this informally, or where the matter is particularly serious, they are advised to use our internal grievance procedure.

An employee who, in good faith, brings a complaint of discrimination must not be victimised or less favourably treated as a result. However, false allegations that are found to have been made in bad faith will be dealt with under the appropriate disciplinary procedures.

Bullying or harassment will not be tolerated, and any individual who feels that they have been subjected to bullying or harassment should refer to our bullying and harassment policy. Equally, anyone who witnesses incidents of bullying or harassment should report this to the CEO.

When dealing with general disciplinary matters, care is to be taken that employees who have, are perceived to have, or are associated with someone who has, a protected characteristic, are not dismissed or disciplined for performance or behaviour which could be overlooked or condoned in other employees.

References

Every-One will not discriminate against individuals who have left the Company by providing references that are not based on factual information.

Retirement

Every-One has no fixed retirement age and anyone who wishes to work beyond State Pension Age may choose to do so.

Communication of this policy

All job applicants and employees will be made aware of this policy. Clients may also be made aware of this policy.



HR policies and procedures

Our HR policies and procedures will be reviewed regularly to improve, amend or adapt current practices to promote equality of opportunity within our business.

Implementation, monitoring and review of this policy

This policy takes effect immediately. The Management of Every-One have overall responsibility for implementing and monitoring this policy, which will be reviewed on a regular basis following its implementation and may be changed from time to time.

Any queries or comments about this policy should be addressed to the CEO.



13. EXPENSES POLICY

This policy applies to all staff, volunteers and Board members of EVERY-ONE.

The principle in relation to expenses is that EVERY-ONE's policy is to support its staff and volunteers who should not be out of pocket from participating in EVERY-ONE activities. EVERY-ONE has a responsibility to ensure that expenditure on travel and other expenses is properly incurred, controlled and represents 'value for money'.

1. Overview

Volunteers / Staff /Board may claim travel and other reasonable expenses incurred in carrying out duties on behalf of EVERY-ONE.

The basic principle underlying the payment of all expenses is that EVERY-ONE will reimburse any costs incurred while working for the organisation which would not otherwise have been expended.

The Chief Executive is responsible for overseeing and authorising the reimbursement of personal expenses.

The Administrator will be responsible for processing petty cash claims.

Reimbursement can only be made in accordance with this procedure, unless authorised by the Chief Executive.

2. Expenses procedure

It is important to note that expenses are a reimbursement of actual costs incurred. They are not a flat-rate allowance for volunteering works undertaken, which could lead to loss of benefits (if claimed by the volunteer) and income tax and National Insurance liabilities for both the volunteer and EVERY-ONE.

Staff may claim travel and other reasonable expenses incurred in carrying out duties on behalf of EVERY-ONE. Subsistence costs are limited to £5 per day, and must be previously authorised. Expenses incurred by staff as part of normal working practice (e.g. travel to/from work or lunch during the working day) will not usually be reimbursed.

Expenses which may be claimed include, but are not limited to;

Travel (a photocopy will be acceptable where it is not possible to submit the original)

Postage and telephone costs

Overnight accommodation in exceptional circumstances if agreed in advance.

3. How to claim

Completion of Expenses Claim

Claim forms should clearly identify the claimant, name and address to whom payment should be sent, date and nature of the expense, travel destinations (where appropriate), and itemised claim details.

Please confirm bank details for payment on first claim form.

All requests for reimbursement of business expenses must be accompanied by the relevant receipt(s).

These should be attached to the Claim Form. Any expense for which a receipt cannot be provided should be brought to the attention of the Chief Executive with an appropriate explanation, for authorisation.

4. Rates of reimbursement for expenses

Travel:

Volunteer/Directors/ Staff are encouraged to use public transport (standard class) wherever practical.

Tickets should be kept wherever possible and details of the journey written on the back of the ticket.



Travel by car is acceptable where no public transport is available or where the use of public transport would be difficult or not cost-effective. The car user must prove the vehicle is insured for business travel.

EVERY-ONE will also reimburse costs incidental to travel by private vehicle such as parking, road or bridge tolls. However, wherever possible EVERY-ONE encourages the use of free parking. Staff travel expenses are normally paid from and back to the office base. If the staff member travels from/to home to/from an EVERY-ONE commitment and this is a lower mileage than from/to the office base, actual mileage incurred will be paid.

Taxis should only be taken in exceptional circumstances, where no public transport is available or where the use of public transport would be difficult or not cost-effective. Travel by taxi may also be acceptable where public transport, for reasons of health or disability, is an unsuitable form of transport. Justification for the use of taxis should always be provided on claim forms. Taxi use by volunteers can only be authorised in exceptional circumstances. Partners are asked to invite volunteers only from the specific geographic area, in order to minimise costs

Mileage rates for using own transport:

Cars and vans (regardless of cylinder capacity) 45p
Motorcycles 25p.

Telephone / mobile usage:

Mobile phone contract payments will be paid monthly.

5. Entertainment

Members of staff who have been authorised in advance to entertain on behalf of the organisation are permitted to incur and claim the relevant expenses.

6. Expense advances

Any request for advance reimbursement must be accompanied by an official claim form, and authorised by the Chief Executive. All claims should explain the reasoning behind both the request for expenses, and the amount requested.

7. Time limitations

Claims for the reimbursement of expenses must be submitted before the 19th day of the calendar month following the one in which the expenses were incurred. Exceptions to this may only be made with the authorisation of the Chief Executive. All legitimate claims for reimbursement will be honoured in the next monthly payment run.

8. Method of reimbursement

Expenses will generally be paid by cash (for Carer Champion travel claims) or electronic transfer. Carer travel claims may be paid in cash at the time of the meeting.



14. FAMILY LEAVE POLICY

This policy does not negate any statutory requirements that the organisation must follow (e.g. maternity or paternity leave, parental leave, sickness leave, time off to care for dependants).

The Board recognises that there are occasionally circumstances that either prevents a member of staff attending work, or where absence from work is inevitable if the member of staff is to obtain appropriate help for a particular problem.

In the event of a family death:

The member of staff should contact the Chief Executive or Line Manager as soon as possible and leave a brief message indicating what has happened

The Line Manager will grant compassionate leave immediately. The Line Manager will speak with the member of staff as soon as is practicable and appropriate, in order to determine the circumstances and agree an appropriate length of compassionate leave.

Compassionate leave will be recorded in the staff member's personnel file.

In the event of a family problem (e.g. family illness or hospitalisation):

The member of staff is to contact the Line Manager immediately, and an appropriate amount of leave will be agreed. In normal circumstances this leave will be unpaid leave, unless previously agreed.

Family leave will be recorded in the staff member's personnel file.

Should a member of staff need to attend counselling for personal circumstances, or to receive on-going medical treatment that does not require time off sick, then the Line Manager has the discretion to grant this time. The member of staff will need to discuss the matter with the Line Manager as soon as he/she knows that they will need time off, and an appropriate arrangement will be arrived at. Time off for counselling or on-going treatment will be recorded in the staff member's personnel file.

It may be necessary, in some circumstances, for the staff member to work time in lieu of leave, or to take the time without pay, but this will be at the discretion of the Line Manager.



15. FINANCE & FINANCIAL PROCEDURES POLICY

It is a legal necessity to keep proper accounts. EVERY-ONE will keep accounts to show its funders, the Board of Directors, Carers and all interested stakeholders that the organisation is operating effectively. Accounts provide valuable sources of information about activities, and allow EVERY-ONE to compare actual income and expenditure with budgeted figures. Proper accounting also provides a means to safeguard both the organisation and individuals

EVERY-ONE will use the following systems to ensure proper accounting:

- Files for bank statements & copies of financial reports and invoices .
- Receipt books
- Petty cash tin and a petty cash records .
- Expenses claim forms
- Wage slips . PAYE and NI information
- A cash book system will keep financial records in order and will include all receipts and payments that have happened throughout the year.
- Totalled and balanced each month and checked against the bank statement.

Responsibility

The Board of Directors has responsibility to ensure proper accounting. The Chief Executive will reporting to the Board and the funders about EVERY-ONE's financial position. The Chief Executive will undertake following duties:

- Preparing budgets
- Overseeing and recording the financial transactions
- Checking bank statements and reconciling with the cash book position
- Ensuring that the bank mandate forms etc. are completed and up to date
- Advising the Board on financial implications of proposals
- Preparing the annual accounts to be presented at the Annual General Meeting

Bank account

EVERY-ONE will have a current account in the name of the organisation. Authorisation of payments must be by 2 Signatories. No invoices are to be paid without an appropriate invoice.

Cash books/spread sheets will be updated and balanced regularly .
Incoming cash will be kept separate from petty cash .

On – line payments will be made where appropriate, and will be authorised in the normal manner



Budget

The Chief Executive will prepare the budget annually, drawing up an itemised account of anticipated expenditure, taking in to account estimated income and expenditure based on previous history.

Consideration will be given to:

- Salaries
- National Insurance
- Pension contributions
- Recruitment costs
- Insurance
- Travelling expenses
- Capital expenditure
- Heating, lighting, telephone and fax
- Stationery and publicity
- Building costs, rent
- Any other costs

Audit of Accounts

Accounts will be audited annually. The Chief Executive will prepare a report for the auditor.



16.FLEXIBLE WORKING POLICY

Introduction

This policy provides employees with a general outline of the statutory provisions in relation to flexible working. The intention of the policy is to:

- To ensure a fair, equitable and consistent approach to flexible working.
- Ensure compliance with statutory obligations set out within the relevant employment legislation

This policy applies to all permanent and temporary employees working under a contract of employment.

Subject to the eligibility and notification requirements below, employees may be entitled to work flexibly (e.g. part-time, change to the hours of work, change to times, etc.). Whilst such requirements will be considered there is no guarantee that they will be accommodated.

Employees who wish to make a request to work flexible must notify their manager in writing, setting out the details of their proposed working arrangements and stipulating whether they have made another request to work flexibly in the previous 12 months.

The manager will arrange to meet with the employee to discuss the proposed change to your working pattern as soon as reasonably practicable and, in any event, within 28 days of receipt of the employee's request. The employee is entitled to be accompanied to the meeting by a work colleague or Trade Union Representative.

The manager will confirm the decision in writing as soon as reasonably practicable and, in any event, within 14 days of the meeting.

The organisation will take the following factors into consideration when deciding whether to grant an employee's request;

- The burden of additional costs;
- Any detrimental effect on the organisation's ability to meet working demands;
- Whether work can be reorganised among existing staff;
- Whether additional staff can be recruited;
- Any detrimental impact on quality;
- Any detrimental impact on performance;
- Whether there is sufficient work during the periods you propose to work, and;
- Any planned structural changes

If the organisation is able to grant the employee's request, this will be confirmed to the employee in writing and the employee's employment contract will be changed to incorporate the new working pattern. If the employee's working pattern is changed, the change will be permanent, unless otherwise agreed.

If the organisation is unable to grant the employee's request, reasons will be provided.



Employees have the right to appeal against any decision to refuse their proposed flexible working arrangements. Grounds for appeal must be set out in writing within 14 days of the notification of the decision.

A further meeting will be arranged with the employee to discuss the grounds of appeal. The employee will be entitled to be accompanied to the meeting by a work colleague or Trade Union Representative. The outcome of appeal will be confirmed to the employee within 14 days of the meeting. The decision will be final and there is no further right of appeal.

This policy will be reviewed on a regular basis to ensure compliance with relevant legislation.

Flexible Working Policy Including Time Off in Lieu (TOIL)

1. As an organisation, Every-One acknowledge that there will be occasions when it is necessary for a staff member to work more than their contracted hours. When possible the staff member will be given due notice so that domestic arrangements can be made.
2. The necessity for a staff member to work TOIL should be an **exception** rather than a rule and **MUST** be authorised in advance by the Line Manager. In line with its policy on the Well-Being of staff, any TOIL taken will be monitored to ensure that no one staff member has an unduly high workload. Where TOIL is being regularly claimed, staff may be interviewed to ascertain whether there are resource or time management issues when need to be addressed, or whether it is a short-term necessity.
3. Discussion with the Line Manager to agree when and how the 'time-off' will be taken. Ideally outstanding TOIL should be cleared on a monthly basis. Toil register located in the Chief Executive's Office to be completed after additional hours worked.
4. No more than 18 hours may be accrued at any one time – pro rata for staff who work part time – this may be varied in exceptional circumstances by prior agreement with the Chief Executive.
5. TOIL arrangements will be verified regularly with the Line Manager through the Management Support arrangements: regular management meetings and Staff Forums.
6. It is not customary for this organisation to pay overtime to staff.

Protocol

Accrued hours must be used within a quarterly period, or as agreed in advance

Carry – over of accrued TOIL hours to the next holiday year is limited to 15 hours.



17. LONE WORKING POLICY

Every-One defines lone workers as those staff, volunteers or trustees who work by themselves without close direct supervision or contact. This includes people working alone in an office or a mobile worker working away from their fixed base.

Every-One recognises that in an emergency lone workers are more vulnerable because they may not be able to summon assistance or deal effectively with a potentially dangerous or difficult situation.

Every-One accepts it has a duty of care to its staff and volunteers and is committed to taking all reasonable steps to ensure their safety in the work place.

This policy should be read in conjunction with the Health and Safety policy.

1. THE LEGAL FRAMEWORK

- a. There is no legal prohibition on working alone. However, there are general duties contained in the Health and Safety at Work Act 1974 and requirements to assess and control risks in the Management of Health and Safety at Work Regulations 1992.

2. RISK ASSESSMENTS

- a. Every-One believes that comprehensive risk assessments are the fundamental way of maximising the safety of lone workers.
- b. Risk assessments should be carried out where lone working is a regular occurrence. The source of the risk could be a particular service user, work practice or lone location.
- c. Risk assessments regarding lone working should take into account the following:
 - i. Is there safe access and egress?
 - ii. Is the lone worker fully familiar with how to respond in an emergency, e.g. how to operate the fire alarm?
 - iii. Are there effective communication links?
 - iv. Is there access to a first aid kit?
 - v. Is the level of supervision sufficient to ensure that any problems are identified and dealt with?
 - vi. Are there aspects of the individuals health that could lead to increased risk, e.g. if diabetic would they have access to medical requirements?
 - vii. Can the lone worker make regular contact with another person?
 - viii. Is cash handled?
 - ix. Is there access to an alarm and does the lone worker know how to use it?
 - x. Is the car parking safe?
 - xi. Is there risk of violence?
 - xii. Is the lone worker fully trained or inducted for this area of work?
 - xiii. Can the lone worker safely handle all necessary equipment?



- xiv. Are the plans of the lone worker known by another within the organisation?
- xv. Is there a greater risk of stress through lack of support?
- xvi. Is there an increased risk to a service user?
- d. When a risk assessment shows that it is not possible for the work to be done safely by a lone worker, arrangements for providing help or back-up should be put in place.
- e. Every-One accepts that lone workers should not be more at risk than other employees. The organisation will follow precautions to take account of normal work and foreseeable emergencies.
- f. As with all risk assessments the findings should be reviewed at reasonable intervals and in the light of experience.

3. PROCEDURES

- a. The following procedures apply to the different circumstances in which staff could find themselves working alone.
- b. First to arrive in the office.
 - If there is evidence of someone having been in the office or still in the office currently, they should leave the office immediately. They should inform the Chamber of Commerce staff initially. If in immediate danger staff should call 999
- c. Interviews
 - 1. When interviewing service users,' staff should ensure that another member of staff knows who they are seeing, any concerns they might have regarding that individual and when they expect to finish.
 - 2. Staff or volunteers should always sit between the service user and the door, to reduce the possibility of becoming trapped in the room.
- d. Home visits
 - i. Before a staff member or volunteer agrees to a home visit they should always consider the following:
 - 1. Whether there is a potential risk to their personal safety e.g. known history of aggression;
 - 2. Whether this is a new referral;
 - 3. Any previous feelings of unease.
 - ii. If there is any doubt about the above, the meeting should take place in a public place or accompanied by another staff member.
 - iii. Staff or volunteers carrying out home visits should:
 - 1. Wherever possible, be contactable by mobile phone;
 - 2. Sit nearest the exit;
 - 3. Leave if they feel uncomfortable;
 - 4. Be aware of dogs;
 - 5. Try where possible to arrange a meeting in the day-time;
 - 6. Always leave the address and full name of the person they have gone to see with their Line Manager (or another person



if this is not possible, usually the Office Administrator or a colleague).

e. OUT-OF-HOURS WORKING

- i. When staff or volunteers are working alone after hours (5 pm to 9:00 am) that person is responsible for organising suitable arrangements for communicating with someone else for the duration. Staff should carry contact should have the numbers personnel at all times.
- ii. Late night working staff should ensure entry doors are secure.
- iii. If someone calls at the office and a staff member is working alone out of hours the caller should not be let into the building. Ask him/her to call again during office hours.

4. SAFETY PRECAUTIONS

a. TRAINING

- i. Every-One recognises that training is of particular importance where there is limited supervision to control, guide and help in situations of uncertainty. Training may help reduce panic in unusual situations.
- ii. Line Managers should ensure that lone workers are sufficiently experienced and have full understanding of the risks and precautions involved in their work. All staff and volunteers should be clear about what can and cannot be done when working alone.
- iii. Staff and volunteers should receive specific training in how to handle aggression and when to seek advice from their Line Manager. They should know how to handle emergency situations and who to contact.

b. COMMUNICATION

- i. Lone workers are responsible for ensuring they are always contactable by phone (landline or mobile).
- ii. All staff should complete computer diaries so that others know where they are. Home visits should always be diaried
- iii. Lone workers and their Line Managers should keep regular contact by phone.

5. LONE WORKER CHECKLIST

- a. Lone workers are responsible for not putting themselves at unnecessary risk
- b. A risk assessment may not always be necessary or practical for one-off or irregular activities. However, all lone workers should take the following into account:
 - i. Do other staff know where you are?
 - ii. Can you be contacted?
 - iii. If you change your plans do you inform anyone?
 - iv. Are you vulnerable to sexual advances by a service user?
 - v. Do you think about where you park – is it safe?
 - vi. Do you carry money and valuables when working alone?



- vii. If you chose to carry an alarm, do you know how to use it?
- viii. Is there a risk of violence?
- ix. Is there safe access and exit for you?
- x. If you work outside normal hours, are you aware of the emergency procedures?
- xi. Can you safely handle all necessary equipment?
- xii. Has your induction covered this area of work?



18. FOOD SAFETY AND HANDLING POLICY

1. All staff should undergo appropriate training for the post, if that post will involve any form of food preparation or serving.
2. All staff should be familiar with the following guidance regardless of whether they are required to prepare or serve food, so that they may be sympathetic to the aims and objectives of safe food handling.
 - When handling any food always wash your hands in the hand basin using soap and disposable paper towels.
 - Tea towels should only be used for the one day and then washed and stored in a kitchen drawer. If at any time a tea towel is soiled or dropped on the floor, a fresh one should be used.
 - Disposable dishcloths should be used and disposed of at the end of the day, or immediately if they become soiled by dropping, etc.
 - All cuts and wounds should be covered with a waterproof dressing. (Blue plasters are kept in the First Aid Box.)
 - Any food left out (e.g. cake left out to defrost) must be covered with an effective fly cover.
 - Sell/use by dates must be checked and adhered to.
 - Put on a clean apron before starting work with food and remove apron if leaving the kitchen to go to any other area.
 - Do not handle food if you are suffering from any illness, such as an upset stomach, skin infection, colds or flu, and report the illness to the Manager.
 - Make sure that the “heat and serve” food is heated correctly, according to the instructions. Never cook it for less than the recommended time.
 - Before serving any hot food, check it using the food probe, and ensure it is always above 75°C. This should be recorded in the diary. Always use the hygiene wipes on the probe before and after checking any food.
 - Always dispose of any left-over food.
 - Empty bins at the end of the day and disinfect bins and lids on a regular basis.



19. GRIEVANCE POLICY

Introduction

Our grievance procedure is designed to ensure that any questions and problems that arise at work, and that are not resolved informally, are quickly aired and resolved as fairly and consistently as possible, and we therefore encourage its use.

This procedure is non-contractual but is designed to indicate how such matters should be dealt with within Every-One although we reserve the right at our discretion to vary, replace or terminate the procedure at any stage.

Scope of this procedure

This procedure covers all employees, including those who are still within their probationary periods, or on casual and fixed-term contracts. It does not apply to volunteers, Associates or other self-employed contractors. In the event that a grievance is raised directly about the conduct of the CEO or if the grievance is raised by the CEO, the Board of Trustees will be notified and will implement this procedure as appropriate.

Aims of this procedure

This procedure aims to encourage the early resolution of any work-related issues, and to ensure that these are resolved fairly and consistently.

The focus of the grievance procedure is to achieve resolution, not to apportion blame.

Definitions

Grievances are concerns, problems or complaints that are work-related. They may relate to action which has already been taken or which is contemplated in relation to an employee, or may include the actions of third parties such as colleagues. They may relate to a wide range of issues including, but not limited to, terms and conditions of employment (or their perceived unfair or inconsistent application), health and safety, work relations, new working practices, working environment, organisational change, equal opportunities or bullying/harassment.

If the grievance relates to bullying/harassment, our bullying and harassment policy may be more appropriate.

Stages of the procedure

Our grievance procedure enables any grievances to be raised and settled as quickly and as near to the point of origin as possible. Clearly many issues will, and indeed should, be resolved informally without the need for the formal procedure. However, should an informal approach not result in the required resolution, the procedure set out below should be used.

Stage one

An employee who has a grievance, and who has not been able to resolve this informally, should set out in writing the details of the grievance, giving the full grounds for the complaint and details of the resolution being sought, and send this to the CEO.



The complaint should be dated and should state that the concern is being raised formally under our grievance procedure. We will then arrange to meet with the employee to hear the grievance. If the employee has not stated what outcome they are seeking, clarification may be sought before proceeding. At this meeting the employee will be given full opportunity to state their case, to present any additional information and to answer questions before any decision is made.

After giving full consideration to the points raised, and having undertaken any further investigation we consider to be appropriate, we will then confirm the outcome in writing. We will also confirm any action we intend to take to resolve the grievance, together with the right to appeal against this outcome.

Stage two

Failing a satisfactory solution at stage one, the employee may appeal to the CEO. The appeal should be lodged in writing if possible and should be received by the nominated person within seven calendar days of receipt of our letter.

The person hearing the appeal will arrange to meet with the employee as soon as is reasonably practicable to discuss the grievance and again full opportunity will be provided to state the case, provide further information and answer questions. The person hearing the appeal will attempt to resolve the matter to the satisfaction of both the employee and Every-One. Whatever decision is taken by them will be final and will be confirmed in writing.

Guidelines

Grievances should be raised and the above procedure followed without unreasonable delay at any stage.

At all formal stages of this procedure, the person hearing a grievance is advised to be accompanied by a suitable employee of Every-One who will act as a witness and take full notes of everything that is said. Where no internal person of sufficient seniority or confidential status is available, or where preferred, an external party may be invited to attend in this capacity e.g. a Trustee or an Associate.

At all stages of this procedure the individual raising the grievance may choose to be accompanied by either a fellow worker, a trade union representative (who must be certified in writing by the union as having experience of, or having received training in, acting as a worker's companion at disciplinary or grievance hearings) or an official employed by a trade union. The employee raising the grievance should tell the person conducting the hearing in advance whom they have chosen as a companion. If the employee does not wish to be accompanied this should be noted. Fellow workers may not be compelled to attend as a companion.

The companion is there to act as a witness to what was said, to provide moral support and to assist and advise the person in presenting their case. They may address the meeting (provided the person wishes this), ask questions on their behalf and confer with the individual raising the grievance but not answer questions on their behalf. The companion is also not permitted to prevent Every-One from explaining our case.

The individual raising the grievance should make every effort to attend the meeting. If, however they or their chosen companion is unable to attend any meeting under this procedure for a



reason which was not foreseeable at the time the meeting was arranged, we will attempt to rearrange the meeting for a date within five days of the original scheduled date.

The timing and location of meetings will be reasonable and we will aim to ensure that the procedure is followed without unreasonable delay. Meetings will be confidential, and wherever possible will be held in a private location and without interruptions.

At the grievance meeting, the individual raising the grievance will be invited to re-state the grievance and explain how they would like it to be resolved. Full opportunity will be provided to present any information and answer questions before any decision is made.

The person conducting the meeting may adjourn the meeting at any stage in order to calm a tense situation, to investigate further or take advice. We will not tolerate abusive or insulting behaviour from anyone taking part in or conducting grievance procedures and may treat any such behaviour as misconduct under the disciplinary procedure.

To ensure that any issue raised is resolved effectively, all parties should aim to:

- focus on the facts and ignore rumours or hearsay
- limit the issue to those involved and show discretion at all times
- work only to resolve the issue and actively pursue a positive outcome
- be honest about their own role and involvement
- demonstrate understanding, empathy and flexibility to ensure that the other person's perspective is accommodated
- strengthen relationships once the outcome is known and positively apply any learning points for the future.

When considering a suitable resolution, the person hearing the grievance will consider whether similar grievances have been raised before, how they have been resolved and any follow-up action that was taken.

Records

Notes will be made of all meetings held under the grievance procedure, with one copy being given to the person raising the grievance and one being kept on file. Such documents will be regarded as confidential.

Discrimination and Disciplinary Offences

An employee who believes that they are subject to conduct or capability related disciplinary action which is unlawfully discriminatory, or who feels that the action is being taken for reasons other than conduct or capability, should use our grievance procedure rather than appealing



within the disciplinary procedure. In such cases, the disciplinary process will normally be suspended whilst the grievance is investigated and resolved.

Absence

Every-One recognises that grievances can be stressful for both the employee raising the grievance and also any other employees against whom a complaint is made. However, we believe that in most cases this stress is best alleviated, and working relationships maintained, by completing the grievance procedure quickly.

Where an employee is unfit for work, this does not necessarily mean they are unfit to attend an investigatory meeting or a grievance hearing and employees must make every effort to co-operate with us in completing the grievance process.

If an employee is absent due to illness or other reasons such as maternity/adoption/paternity/shared parental or other leave, we will consider, in consultation with the employee (and/or his GP in the case of illness), whether there are any reasonable adjustments that can be made to enable the case to be progressed (e.g. by allowing the employee to make further written submissions, by conference call or by holding the meeting at a different venue).

If, after an attempt to contact the employee, we reasonably believe that they are unlikely to attend a meeting in the near future or to provide any further information, we may decide the matter without the employee's further input, based on the evidence and information available to the Company. Unless the employee has already been informed of this, we will write to inform the employee of our intentions to proceed in their absence before taking any decisions.

Former Employees

Former employees may also raise grievances at any time up to three months after their employment has ended. In such cases, we would normally ask that they set out the details of their grievance in writing, ensuring that this is dated and states that they are making a formal grievance. We will then respond in writing without the need for a grievance meeting and without a further right of appeal.

However, if the complaint relates to dissatisfaction with a dismissal decision, an appeal should be made against that decision in accordance with the appeal process set out in our disciplinary procedure, rather than invoking the grievance procedure.

Implementation, monitoring and review of this procedure

This procedure takes effect immediately. The Management of Every-One have overall responsibility for implementing and monitoring this procedure, which will be reviewed on a regular basis following its implementation and whenever there are relevant changes in legislation or to our working practices.

Any queries or comments about this procedure should be addressed to the CEO.



20.HEALTH AND SAFETY POLICY

This is the statement of general policy and arrangements for:

EVERY-ONE

Overall and final responsibility for health and safety is that of:

Board of Directors of EVERY-ONE

Day-to-day responsibility for ensuring this policy is put into practice is delegated to:

Chief Executive Officer

Statement of general policy	Responsibility of	Action / Arrangements
To prevent accidents and cases of work-related ill health and provide adequate control of health and safety risks arising from work activities	Chief Executive	<ul style="list-style-type: none"> Ongoing checks within office to ensure high standards of safety are in place
To provide adequate training to ensure employees are competent to do their work	Chief Executive	<ul style="list-style-type: none"> To ensure staff are aware of their own responsibilities for maintaining a safe working environment for themselves, colleagues and visitors through induction and ongoing reminders / training.
To engage and consult with employees on day-to-day health and safety conditions and provide advice and supervision on occupational health	Chief Executive	<ul style="list-style-type: none"> To ensure appropriate working relationships are in place to enable staff and volunteers to engage with, report and understand health and safety matters.
To implement emergency procedures - evacuation in case of fire or other significant incident.	Chief Executive	<ul style="list-style-type: none"> See relevant policies and procedures of office accommodation providers To implement Incident Procedures as detailed within this Policy Manual.
To maintain safe and healthy working conditions, provide and maintain plant, equipment and machinery, and ensure safe storage / use of substances	Chief Executive	<ul style="list-style-type: none"> See relevant policies and procedures of office accommodation providers To ensure that all relevant equipment is maintained to safe standards and checked in line with requirements

Health and safety law poster is displayed:	To be displayed on premises by Office accommodation provider.
First-aid box and accident book are located: Accidents and ill health at work reported under RIDDOR: (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (see note 2 below)	In main office.



Signed: (Employer)	Vicky Thomson – Chief Executive	Date:	13/9/16	
Subject to review, monitoring and revision by:	EVERY-ONE Board	Every:	12	months or sooner if work activity changes

Note 1: <http://www.communities.gov.uk/fire/firesafety/firesafetylaw/>

Note 2: www.hse.gov.uk/riddor



Risk Assessment

All employers must conduct a risk assessment. Employers with five or more employees have to record the significant findings of their risk assessment.

The following template will be used for Health and Safety Risk Assessment.

Organisation name: EVERY-ONE

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<i>Slips and trips</i>	<i>Staff and visitors may be injured if they trip over objects or slip on spillages</i>	<i>We carry out general good housekeeping. All areas are well lit including stairs. There are no trailing leads or cables. Staff keep work areas clear, e.g. no boxes left in walkways, deliveries stored immediately, offices cleaned each evening</i>	<i>Better housekeeping is needed in staff kitchen, e.g. on spills</i>	<i>All staff, supervisor to monitor</i>	<i>01/10/2013</i>	<i>01/10/2010</i>



Health and Safety Policy Statement

NB: This Policy should also be read in conjunction with the Incident Procedures contained within this Policy Manual

Every-One will take all reasonable steps to ensure the health, safety and welfare of employees, volunteers, visitors and users of the Partnership. EVERY-ONE will ensure all the statutory duties and obligations are satisfied e.g.: Health & Safety Work Act 1974

Employees

It is the duty of each employee to take reasonable care of their own and other people's welfare and to report any situation which may pose a threat to the wellbeing of themselves or of any other person.

It is the policy of EVERY-ONE to:

Maintain safe and healthy conditions for all who use our service

EVERY-ONE will:

- Provide adequate control of health and safety risks arising from our work activities
- Consult with staff on matters affecting health and safety
- Provide and maintain safe equipment
- Ensure safe handling
- Provide information, instruction and supervision for employees and ensure that all staff are given adequate training in order to maintain a high level of health and safety within our organisation

EVERY-ONE will:

Review and revise this policy as necessary at regular intervals.

EVERY-ONE will:

- Ensure that it regularly identifies and records risk
- Where appropriate will ensure that action is taken to reduce risk

EVERY-ONE will ensure that everyone who uses the services (staff or members of the public) is aware of the following:

- Location of Health and Safety information – including fire procedures
- Who is responsible for managing and implementing the policies
- Location of first aid provision



21.INDUCTION POLICY

All Personnel

All staff joining the organisation whether paid or voluntary should be provided with a comprehensive induction. This provides an introduction to all aspects of the work of the organisation and offers an early opportunity to raise questions about the role within the organisation.

The Management Team will be responsible for ensuring that new personnel are familiarised with the work of the organisation, its aims and values, its policies and procedures and the terms and conditions of employment. All new personnel will be required to take part in an induction process arranged for them. This will include being shown around the building, introducing him/her to other members of staff and the Board and ensuring that he/she is familiar with the policies and procedures of the organisation.

This will require enabling access to all policies and procedures and providing sufficient time to become familiar with and study these documents. Time will also be provided to enable questions or discussion to ensure that he/she is clear about each policy and procedure.

For the first three months, the Manager will provide on-going and day-to-day supervision.

Monthly Supervision sessions will be planned and carried out by Line Managers. These meetings will be recorded



22. PURCHASING POLICY

EVERY-ONE has limited resources, and encourages all Staff/Board members/Volunteers to consider the following guidelines when considering purchasing any items or services:

- Is this product/service really required?
- Is there an alternative way of sourcing the product rather than purchasing it?
- Is it possible to borrow/share the purchasing costs of this item/service?
- Consider the essential quantity required
- Consider the specification of item/service to be purchased cost/value
- Will the particular purchase be useful in the future/would a different type provide more extensive or more effective outcomes?
- Can the produce be purchased locally?

Expenditure

- The Chief Executive has permission to authorise purchasing requests of items/services to a limit of £1000
- All expenditure must be authorised by the Chief Executive in the first instance.
- Authorisation process is as follows:
 - signed Purchasing Authorisation by the Chief Executive on Authorisation Form to be found in Finance Folder Purchasing requests of items/services between £1000-£2500 have to be approved by both the Chair of the Business Committee & the Chief Executive
- Purchasing requests of items/services over £2500 must be made to the Board

Quotations for items/services to be purchased

EVERY-ONE relies on external funding to enable its core functions to operate. EVERY-ONE therefore wishes to show transparency in all its financial operations.

Prior to the purchase of any items/services a number of quotations are required:

- Purchases to the value of £200 – verbal quote – one quote required of estimated costs
- Purchases to the value of £500 - verbal quote – two quotes required of estimated costs
- Purchases to the value of £500 - £1000 – written quote – two quotes required of estimated costs
- Purchases to the value of over £1000 – written quote – three quotes required of estimated costs



Review of contracts

All on-going contracts will be reviewed by annually on the same limit basis as for the original purchasing decision.



23. REDUNDANCY POLICY

1. Statement of Intent

1.1 EVERY-ONE recognise and accept its responsibilities to provide job security for its employees as far as possible. It is committed to the principle of minimising the necessity for redundancy, and by consultation and negotiation to ensure the highest level of job security for its employees.

1.2 Where changes are required, our employment policies will be adapted to ensure that the principle of maximising job security is upheld.

1.3 However, where it is recognised that there will be a need for staff reductions, which cannot be avoided by the alteration of policies or funding restrictions, the following procedures will be adopted.

2. Consultation

EVERY-ONE will consult at the earliest stage possible, and will consult any alternatives to redundancy.

In the event of proposed staffing reductions, EVERY-ONE will consult with any recognised Trading Unions, which represent locally the classes of employees concerned. If there is no representative, the staff group affected will be asked to elect a spokesperson. However, there will always be an opportunity for individual consultation. Consultation will involve:

1. Reasons for redundancies
2. Alternatives to redundancies
3. Solutions for minimum number of redundancies
4. Possible retraining opportunities

3. Measures to deal with Staff Reductions

3.1 Where reductions in staff begin to be anticipated, discussions will take place at the earliest point to consider if modification of current employment practices or measures can be taken by which dismissal though current redundancy can be avoided. The following steps may be considered:

1. A review of the future work patterns will be undertaken to establish whether a surplus of staff genuinely exists.
2. Staff affected by the redundancies will be identified and designated 'at risk' so that efforts can be concentrated on their redeployment.
3. A vacancy control procedure will be introduced under which preferential consideration can be given to 'at risk' staff, where vacancies are at their grade or below.
4. Where a redeployment opportunity has been identified EVERY-ONE is committed to providing:
 - a. An appropriate period of training or induction for the new post



- b. Where employees are redeployed under a revised contract of employment, a trial period of no less than four weeks will be made available without prejudice to the employee's right to claim redundancy

4. Dismissal by Reason of Redundancy

No employee will be dismissed by reason of redundancy until EVERY-ONE has first attempted to find suitable alternative employment. If this is not available at the time of the redundancy but it's expected that such employment may become available within 4 weeks, the issue of the redundancy may be postponed for an agreed period.

5. Procedures to Deal with Redundancies

5.1 When the procedure to deal with staff reductions outlined above has been exhausted, there may be some situations where staff redundancies become unavoidable. The following procedure is designed to ensure that the system of selection for redundancy should be as fair as possible.

5.2 Staff or nominated representatives will be told the reasons for the redundancy, the numbers and categories of the employees being considered for redundancy; the total numbers of employees belonging to these categories in the 'establishment'; the method of carrying out dismissal; and the period over which it is contemplated that the redundancies will take place. Selection for redundancies will be carried out in a fair way with regard to skills/ experience/ compatibility to do the job.

5.3 The staff that is 'at risk' will be notified as soon as the EVERY-ONE Board believes that the staff reductions cannot be effected by redeployment alone and that redundancies will be necessary. At a later stage, when more information is available, notice of potential redundancy will be issued to all the staff at risk.

6. Selection for Redundancy

6.1 It is the employer's responsibility to demonstrate fair treatment in selection for redundancy. EVERY-ONE will base its selection procedure on the principle of operational efficiency, i.e. we will not allow selection for redundancy to diminish operational efficiency. Selection for redundancy may include a range of criteria:

1. Volunteers
2. May take in to account previous performance
3. Performance based
4. Skills and compatibility

However, if there are a reduced number of posts available, these will normally be filled by competitive interview:

- Application processes will be as normal
- All selection process will be fair



6.2 If any volunteers can be drawn from posts within the organisation, which would afford relevant redeployment opportunities for affected staff, these will be considered.

7. Alternative Employment

7.1 An employee at risk of redundancy will be entitled to leave, with pay, to seek alternative employment or to seek training before the expiry of notice. For this reason, an employee will be given the earliest possible notification of being 'at risk'.

7.2 Where an employee who has been issued with a redundancy notice is offered employment with a different employer from a date before the expiry notice, the organisation will release the employee by that date. These arrangements will be without prejudice to the employee's entitlement to a redundancy payment.

8. Redundancy Payment

Redundancy payments shall be calculated in accordance with the current statutory regulations in operation. Redundancy pay may be taxable.

An employee is not entitled to statutory redundancy pay if EVERY-ONE offers:

1. To retrain the employee
2. A suitable alternative work which the employee refuses without good reason
3. Apprentice roles who are not employed at the end of training

Statutory Redundancy Pay Claims

EVERY-ONE may pay Statutory Redundancy Pay if employees have been laid off for: (without pay or less than half a week's pay)

- More than 4 consecutive weeks
- More than 6 non-consecutive weeks in a 13 week period

EVERY-ONE may reject these claims if normal employment is likely to:

- Start within 14 days
- Continue for 13 weeks

Notice Period for Redundancy

EVERY-ONE will follow statutory redundancy notice periods.

Length of notice	Length of service
1 week	Between 1 month and 2 years
1 week for each year of service	Between 2 years and 12 years
12 weeks if employed for 12 years of more	



Notice Pay

- EVERY-ONE will pay normal salary rates during notice periods
- EVERY-ONE may pay normal salary in lieu of notice, depending on circumstances

9. Rights of Appeal

Employees will be given the right of appeal against their selection for redundancy and the disciplinary appeals procedure will be adopted.



24(a). SAFEGUARDING CHILDREN POLICY & PROCEDURES

Every-One's Safeguarding Procedures can be found at Appendix A to this policy.

Policy Statement

This policy applies to all staff, including senior managers and the Board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Every-One.

The purpose of this policy:

To protect children and young people who receive Every-One's services. This includes the children of adults who use our services;

To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection;

1.3 Every-One believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

We recognise that:

The welfare of the child is paramount, as enshrined in the Children's Act 1989

All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse

Some children are additionally vulnerable because of the impact 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.

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

Valuing them, listening to and respecting them

Appointing a Designated Safeguarding Officer (DSO) for children and young people, a deputy and a lead board member for safeguarding

Adoption child protection and safeguarding practise through procedures and a code of conduct for staff and volunteers.

Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures

Recruiting staff and volunteers safely, ensuring all necessary checks are made

Recording and storing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, one-to-one discussions

Using safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately

Using our procedures to manage any allegation against staff and volunteers appropriately

Creating and maintaining an anti-bullying environment and ensuring that we have appropriate procedures to help us deal effectively with bullying that does arise.

Ensure 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 advice.

Legal Framework

2.1 Section 11 of the Children Act 2004 places a statutory duty on key people and organisations to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The statutory guidance, Working Together to Safeguard Children sets out how organisations and individuals should work together to achieve this.

2.2 Safeguarding and promoting the welfare of children is defined in Working Together 2015 as:



Protecting children from maltreatment;

Preventing impairment of children's health and development;

Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
Taking action to enable all children to have the best outcomes.

2.3 It is important that all staff and volunteers working to safeguard children understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

2.4 This policy outlines those responsibilities and applies equally to all staff employed by Every-One who are directly involved in providing care to children.

Definitions

3.1 In accordance with the Children Act 1989 and 2004, a child is any person who has not yet reached their 18th birthday. For the purpose of these procedures the reference to children therefore means 'children and young people' throughout and includes unborn babies.

Categories of Concern

4.1 There are many ways in which children can be harmed (taken from Working Together 2015):

a) 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.

b) 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 cyberbullying), 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.

c) 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.

d) 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 care-givers); or

Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Concerns about a Child's Behaviour

5.1 Concerns about a child may come to the attention of staff / volunteers in a number of ways:

Through observation of the child. A child's behaviour may indicate that it is likely that he/she is being abused;

The child may disclose abuse;

Information may be given by parents, other people or agencies;

A child may show some signs of physical injury of which there seems to be no satisfactory explanation;

Something in the behaviour of one of the workers or young person, or in the way the worker or young person relates to a child, alerts them or makes them feel uncomfortable in some way;



Observing one child abuse another.

5.2 There may be barriers to children telling, the power of relationships between adults and children should not be underestimated nor should the deliberate and skilled way that abusers target their victims.

Children may not tell because they:

Are scared because they have been threatened or are being sexually exploited;

Believe they will be taken away from home;

Believe that services are stigmatising;

Think it is what happens to all children;

Feel embarrassed;

Feel guilty;

Don't want to get the abuser into trouble;

Have communication or learning difficulties;

May not have the vocabulary for what happened;

Are afraid they won't be believed;

Or believe they have told, maybe by dropping hints but haven't been believed so don't bother to try again.

5.3 Child abuse thrives on secrecy and needs to be handled in a sensitive, accepting way. In order to achieve this, adults may have to overcome certain barriers also, as:

Sometimes it may be hard to believe what the child is saying;

It may be difficult that the suspicion may be about someone that is known;

The fear of getting it wrong;

The fear of what consequences there may be for 'getting it wrong' for the child, for the family and for themselves;

Worry that it may make it worse for the child;

Believe that they services are stigmatising;

Simply do not want to become involved;

Do not have the necessary information on what to do or who to contact.

Recognising Child Abuse

6.1 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is significantly at risk. You do, however, have a responsibility to act if you have a concern.

6.2 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. Please see also the [Lincolnshire SCB Policy and Procedures Manual, Safeguarding Children and Young People at Risk of Sexual Exploitation Policy](#) and Risk Assessment Toolkit.

a) Physical abuse

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, e.g. cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

The physical signs of abuse may include:

Unexplained bruising, marks or injuries on any part of the body;

Bruising which reflects hand marks or fingers (from slapping or pinching);

Cigarette burns;

Bite marks;

Broken bones;

Scalds.

Changes in behaviour which can also indicate physical abuse:

Fear of parents being approached for an explanation;

Aggressive behaviour or severe temper outbursts;

Flinching when approached or touched;

Reluctance to get changed, for example wearing long sleeves in hot weather;

Depression;

Withdrawn behaviour;

Running away from home.



b) Emotional abuse

Emotional abuse can be hard to measure, and often children who appear to be well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. hospital or away from parents' care;

Sudden speech disorders;

Development delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

Neurotic behaviour, e.g. hair twisting, rocking;

Being unable to play;

Fear of making mistakes;

Self-harm;

Fear of parents being approached about their behaviour.

c) Sexual Abuse

Adults who use children to meet their own sexual needs abuse boys and girls of all ages, including infants and toddlers.

Usually, in cases of sexual abuse, it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

Pain or itching in the genital/anal areas;

Bruising or bleeding near genital/anal areas;

Sexually transmitted infections;

Vaginal discharge or infection;

Stomach pains;

Discomfort when walking or sitting down;

Pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn;

Fear of being left with a specific person or group of people;

Having nightmares;

Running away from home;

Sexual knowledge which is beyond their age or development level;

Sexual drawings or language;

Bedwetting;

Eating problems such as overeating or anorexia;

Self-harm or mutilation, sometimes leading to suicide attempts;

Saying they have secrets that they can't tell anyone about;

Substance or drug abuse;

Suddenly having unexplained sources of money;

Not allowed to have friends (particularly in adolescence);

Acting in a sexually explicit way towards adults.

d) Neglect

Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on children.

The physical signs of neglect may be:

Constant hunger, sometimes stealing food from other children;

Constantly dirty or 'smelly';

Loss of weight, or being constantly underweight;

Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

Complaining of being tired all the time;

Not requesting medical assistance and/or failing to attend appointments;

Having few friends;

Mentioning their being left alone or unsupervised.

Honour Based Violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'.



This definition is supported by further explanatory text:

"Honour Based Violence" is a fundamental abuse of Human Rights. There is no honour in the commission of murder, rape, kidnap and the many other acts, behaviour and conduct which make up "violence in the name of so-called honour".

It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code. Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members (ACPO & CPS, 2013).

Forced Marriage is a marriage conducted without the valid consent of one or both parties where duress is a factor. Forced marriage is a violation of human rights and is contrary to UK law (HM Gov, 2000).

A forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. (HM Government 2008).

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child (HMGov 2014).

The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as death or the birth of a new baby in the family, relationship problems between their parents/carers, etc.

Facts about abuse

Most children are abused by adults they know and trust;

The reported cases of child abuse are just the tip of the iceberg of the cruelty, exploitation and neglect to which children in our society are subjected;

Disabled children are more vulnerable to abuse. They are more dependent on intimate care and sometimes less able to tell anyone or escape from abusive situations;

Children very rarely make false accusations that they have been abused and in fact, frequently deny the abuse or take back an accusation after they have made it;

Children who talk about the abuse fear the consequences of telling - if things are bad, perhaps they may get worse;

Children and young people who are abused can be very good at hiding their unhappiness and distress;

Abuse has serious long-term harm effects on children and young people. If untreated, the effects of abuse on children can be devastating and continue into adulthood;

Children's Services will only remove children where there is actual, or a risk of, significant harm and if the child is in real danger of further abuse;

Child sexual abuse is equally as common among all social classes, professions, cultures and ethnic groups;

Child sexual abuse is an abuse of power - it is an abuse of power adults have over children;

In most reported incidents of sexual abuse the abuser is someone known to the child;

It is not only men who sexually abuse children - women also abuse but the most commonly quoted figure is that around 90% of all child sexual abuse is by men, most of whom are heterosexual;

A child is never to blame for sexual abuse;

There are rarely any obvious signs that a child has been sexually abused. Child abuse is very hard to 'diagnose', even for professionals;

The majority of calls to help lines from children relate to bullying;

If unchecked, bullying can be profoundly damaging to the victim in both the short and the longer term, emotionally, physically or both;

Bullying can leave children with feelings of worthlessness and self-hatred; of isolation and loneliness;

At its worst, bullying can result in a child attempting suicide;



Violence between parents (domestic abuse) can have a profoundly diverse effect on children, causing intense anxiety, fear and occasionally physical injury; (Please see the [Lincolnshire Domestic Abuse website](#) for further information and how to access support);

Recent research has shown that children's development can be adversely affected by serious parental mental illness without appropriate or effective treatment, and by problem alcohol or drug abuse.

8. Staff member/Volunteer Code of Conduct

8.1 It is important that both individuals and staff members/volunteers can participate in EVERY-ONE activities in a safe and secure environment.

8.2 Each staff member / volunteer:-

Will abide by the guiding principles and rules of EVERY-ONE in all activities as an EVERY-ONE staff member/volunteer.

Will inform EVERY-ONE of any relevant police record or other factor, or any change in his/her circumstances, which may make him/her unsuitable either as an EVERY-ONE volunteer or for any particular EVERY-ONE activity.

Recognises that the role of an EVERY-ONE staff member/volunteer places him/her in a position of trust with regard to all children who are individuals participating in EVERY-ONE programmes, the EVERY-ONE organisation, and to colleagues in the staff member/volunteer and staff network, and undertakes to uphold that trust at all times.

Undertakes to maintain, within the organisation's procedures, the confidentiality of any information relating to other staff member/volunteers, supporters, students or staff members made available to him/her in the course of the role as an EVERY-ONE staff member/volunteer.

Will not knowingly place him / herself in a situation where the staff member/ volunteer is alone with a child or young person and will endeavour to ensure, as far as possible, that there is another adult in attendance at any meetings.

Will ensure that any EVERY-ONE activities involving children outside the normal activities are agreed and approved by her/his line manager in advance.

Will not behave in any way, physically or verbally, that could be offensive.

Remembers at all times that interactions between him/her and individuals must be such that no reasonable person observing that interaction could construe its nature as abusive.

If you follow these simple guidelines, EVERY-ONE staff, volunteers and individuals will work confidently together in mutual respect.

9. Confidentiality

9.1 Whatever the nature of the complaint, it must be kept confidential. You must not discuss the disclosure with any individual or party other than those identified in the above procedure.

Preventing Abuse by Staff and Volunteers

10.1 It is important that any staff or volunteers who are likely to be working alone with children or who have sustained contact, are thoroughly vetted before being employed. This means as well as references being checked there will also be a requirement for offences to be declared and a Disclosure and Barring Service (DBS) check undertaken.

10.2 It should be noted that having a criminal record does not prevent someone from being recruited as a staff member or volunteer in all circumstances. Staff should seek the advice of their manager in cases of doubt.

10.3 It may be very hard for staff to report a concern about a colleague to a line manager but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.

11. Document Retention



11.1 All documents relating to safeguarding must be retained and stored securely for a period of 10 years.



24(b). SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURES

Every-One's Safeguarding Procedures can be found at Appendix A to this policy.

Policy Statement

1.1 This policy applies to all staff, including senior managers and the Board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Every-One.

1.2 The purpose of this policy:

To protect adults at risk who receive Every-One's services. This includes the adults at risk whose parents use our services;

To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and adult protection;

1.3 Every-One believes that an adult at risk should never experience abuse of any kind. We have a responsibility to promote the welfare of all an adults at risk and to keep them safe. We are committed to practise in a way that protects them.

1.4 We recognise that:

The welfare of the all is paramount, as enshrined in the Care Act 2014.

All adults at risk, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse

Some adults at risk are additionally vulnerable because of the impact previous experiences, their level of dependency, communication needs or other issues

Working in partnership with adults at risk, their parents, carers and other agencies is essential in promoting their welfare.

1.5 We will seek to keep adults at risk safe by:

Valuing them, listening to and respecting them

Appointing a Designated Safeguarding Officer (DSO), a deputy and a lead board member for safeguarding

Adoption of safeguarding practises through procedures and a code of conduct for staff and volunteers.

Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures

Recruiting staff and volunteers safely, ensuring all necessary checks are made

Recording and storing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, one-to-one discussions

Using safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately

Using our procedures to manage any allegation against staff and volunteers appropriately

Creating and maintaining an anti-bullying environment and ensuring that we have appropriate procedures to help us deal effectively with bullying that does arise.

Ensure that we have effective complaints and whistleblowing measures in place

Ensuring that we provide a safe physical environment all including those who use our services, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory advice.

2. Introduction

2.1 We are involved in providing services for a wide range of people. Some of these people are likely to be 'vulnerable adults.'

2.2 This policy is based on 'Care Act 2014', the national guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000)

2.3 We have obligations to strive to protect vulnerable adults who it may be believe to be abused or at risk of abuse or neglect.



2.4 The policy and procedures have been developed to assist staff and volunteers in acting on reported or suspected abuse.

2.5 Depending upon the nature of particular services or projects the requirements of particular funders or partner agencies, the policy and procedures may be supplemented by specific procedures.

3. Adults at Risk

3.1 The safeguarding duties under the Care Act 2014 apply to an adult who: has needs for care and support (whether or not 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

3.2 Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply – so long as the conditions set out above are met.

3.3 **Adult Safeguarding** means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard in their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances Care Act Statutory Guidance (2014, p230).

3.4 **Multi-Agency Risk Assessment Conference (MARAC)** In a single meeting, a domestic violence MARAC combines up to date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic violence case: victim, children and perpetrator.

3.5 Aims of the MARAC

To share information to increase the safety, health and well-being of victims – adults and their children;
To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
To reduce repeat victimisation;
To improve agency accountability; and
Improve support for staff involved in high risk DV cases.

3.6 The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

4. Definitions and Categories of Abuse

4.1 This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

4.2 We should not limit our view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 3.1 will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

a) Physical abuse including:



assault
hitting
slapping
pushing
misuse of medication
restraint
inappropriate physical sanctions

b) Domestic violence including:
psychological
physical
sexual
financial
emotional abuse
so called 'honour' based violence

c) Sexual abuse including:
rape
indecent exposure
sexual harassment
inappropriate looking or touching
sexual teasing or innuendo
sexual photography
subjection to pornography or witnessing sexual acts
indecent exposure
sexual assault
sexual acts to which the adult has not consented or was pressured into consenting

d) Psychological abuse including:
emotional abuse
threats of harm or abandonment
deprivation of contact
humiliation
blaming
controlling
intimidation
coercion
harassment
verbal abuse
cyber bullying
isolation
unreasonable and unjustified withdrawal of services or supportive networks

e) Financial or material abuse including:
theft
fraud
internet scamming
coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
the misuse or misappropriation of property, possessions or benefits

f) Modern slavery encompasses:
slavery
human trafficking
forced labour and domestic servitude.
traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Read [Modern slavery:how the UK is leading the fight](#) for further information.

g) Discriminatory abuse including forms of:
harassment
slurs or similar treatment:
because of race
gender and gender identity
age
disability



sexual orientation
religion

Read [Discrimination: your rights](#) for further information.

h) Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including:

ignoring medical

emotional or physical care needs

failure to provide access to appropriate health, care and support or educational services

the withholding of the necessities of life, such as medication, adequate nutrition and heating

j) Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

4.3 Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CCG, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

4.4 Patterns of abuse vary and include:

serial abuse, in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse

long-term abuse, in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse

opportunistic abuse, such as theft occurring because money or jewellery has been left lying around
Domestic abuse

4.5 The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

psychological

sexual

financial

emotional

4.6 A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

4.7 The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

4.8 The offence criminalising coercive or controlling behaviour was commenced on 29 December 2015. Read the [accompanying statutory guidance](#) for further information.

Financial abuse

4.9 Financial abuse is the main form of abuse investigated by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

4.10 Potential indicators of [financial abuse](#) include:

change in living conditions

lack of heating, clothing or food

inability to pay bills/unexplained shortage of money

unexplained withdrawals from an account

unexplained loss/misplacement of financial documents



the recent addition of authorised signers on a client or donor's signature card
sudden or unexpected changes in a will or other financial documents

4.11 This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed. Read report on [The Financial Abuse of Older People](#)

5. Responsibilities of Staff and Volunteers

Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a vulnerable person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the vulnerable person and his or her circumstances. No action should be taken without discussion with your Line Manager or the Chief Executive EVERY-ONE.

The Safeguarding lead for EVERY-ONE is the Chief Executive.

6. Disclosure of Abuse

6.1 If a vulnerable person discloses that they are being abused or any individual discloses that they are involved in abuse of a vulnerable person, action should continue as in Section 8. All action must proceed urgently and without delay.

7. Suspicion of Abuse

7.1 There may be circumstances when a volunteer or member of staff suspects that a vulnerable adult is being abused or neglected.

7.2 It is vital that any anyone who suspects a vulnerable adult is being neglected or abused discusses the situation immediately with his or her line manager. Action should continue as in Section 9.

8. Action on Disclosure of Abuse

8.1 There should always be the opportunity to discuss welfare concerns with, and seek advice from colleagues, managers and other agencies, but:

Never delay emergency action to protect a vulnerable adult

Always record in writing concerns about a vulnerable adult's welfare, whether or not further action is taken

At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

8.2 At all times action must proceed urgently.

8.3 A staff member or volunteer informed of abuse should remind the individual that the EVERY-ONE cannot guarantee confidentiality where a vulnerable person is at risk of abuse or further abuse.

8.4 Volunteers should consult with the staff member co-ordinating the project before taking any action.

8.5 Additionally, all action taken following a disclosure of abuse should be discussed in advance with the Chief Executive

8.6 In circumstances where an individual declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without the individual's agreement. In these circumstances, an individual must be notified in advance of the decision to report to Adult Services.



8.7 Any staff member may report a disclosure of abuse to Adult Services irrespective of the opinion of other staff. Your Line Manager **MUST** be informed.

8.8 It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the vulnerable person using the same language the vulnerable person used especially names used for body parts or sexual acts.

8.9 Full written records must be maintained of all disclosures and actions following disclosure.

9. Action on Suspicion of Abuse

9.1 There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and other agencies, but:

Never delay emergency action to protect a vulnerable adult

Always record in writing concerns about a vulnerable adult's welfare, whether or not further action is taken

Always record in writing discussions about a vulnerable adult's welfare.

At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

9.2 At all times action must proceed urgently.

9.3 Volunteers should consult with the staff member co-ordinating their service before taking any action.

9.4 Additionally, all action taken following suspicion of abuse should be discussed in advance with the Chief Executive

9.5 In all cases of suspected abuse the manager and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter.

9.6 As an organisation EVERY-ONE welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However it is important that this philosophy does not stand in the way of the organisation's responsibility to protect vulnerable people from harm.

9.7 Any staff member may report a suspicion of abuse to Adult Services irrespective of the opinion of other staff.

9.8 It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also Important to make a record of conversations with the vulnerable person using the same language the vulnerable person used especially names used for body parts or sexual acts.

9.9 Full written records must be maintained of all disclosures and actions following disclosure.

10 Support to Staff and Volunteers

10.1 We will support staff and volunteers in these circumstances. If Adult Service at Lincolnshire County Council need further involvement from staff or volunteers following a report of abuse, the Chief Executive will discuss with the Adult Services department the nature of their needs and how they might be met.

11 Allegation of Abuse Made Against a Staff Member or Volunteer



11.1 Staff and volunteers may be subject to abuse allegations. We will offer support in these circumstances, but Adult Services will be assisted in their investigation and the disciplinary procedure may be implemented.

12 Confidentiality

12.1 Confidentiality is central to our work, and the attention of all staff and volunteers is drawn to the Confidentiality Policy.

13 Preventing Abuse by Staff and Volunteers

13.1 It is important that any staff or volunteers who are likely to be working alone with adults at risk or who have sustained contact, are thoroughly vetted before being employed. This means as well as references being checked there will also be a requirement for offences to be declared and a Disclosure and Barring Service (DBS) check undertaken.

13.2 It should be noted that having a criminal record does not prevent someone from being recruited as a staff member or volunteer in all circumstances. Staff should seek the advice of their manager in cases of doubt.

13.3 It may be very hard for staff to report a concern about a colleague to a line manager but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.

14 Document Retention

14.1 All documents relating to safeguarding must be retained and stored securely for a period of 10 years.



SAFEGUARDING PROCEDURES

(Children, Young People and Adults at Risk)

1. The Designated Safeguarding Officer (DSO) at Every-One is the Chief Executive. See below for full contact details.
2. Adult Services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.
3. EVERY-ONE have the responsibility of informing Lincolnshire County Council Safeguarding Team of incidents of considerable concern, abuse or neglect.
4. EVERY-ONE should work within the following timescales for reporting allegations or suspicions of abuse:
 - **Call 999** - Immediately if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe. **Remember, if it's an emergency, dial 999**
 - **Report to the DSO** - Within 24 hours if it relates to a specific incident which is, or may be still going on, or may happen again, or if it is a more general concern, which does not indicate immediate harm.
5. Action to be taken if a person (adult, child or young person) discloses to you, abuse by someone else:
 - If a person who is a service user approaches you about an issue of abuse, you must proceed with great caution.
 - EVERY-ONE specifies that a staff member / volunteer should not place him / herself in a situation where he / she is alone with an individual who is a child or adult at risk. However, it is possible that an individual will be unwilling to make disclosures of this nature in anything but a one-to-one situation. *The individual's needs must take priority in this situation.* Ask if the individual would like someone else to be present – an adult or a friend - but if he / she declines; proceed with the interview, taking extra care with your behaviour and body language.
 - Without stopping the person from disclosing, but if possible before the they goes into detail, explain the consequences of you knowing and the action you will take.



Assure them that you will offer support but must pass any information to another professional who may take appropriate action. Explain that this may be a Line Manager, and Adult Services.

- Keep calm and listen to the person - do not have physical contact at any time. Allow them to speak without interruption, accepting what is said.
- Do not make judgements or offer opinion, and as soon as is practically possible make an accurate written record of what the person has said, being careful to use their own words as accurately as possible.
- Explain again what will happen next. Find out when the person is next due to see the individual who is the subject of the complaint. (You will then be able to make a judgement as to the appropriate timing of your follow-up actions to ensure that the person remains safe.)
- If the complaint concerns a situation not related to EVERY-ONE (e.g. at home or at school), refer the complaint directly to the Line Manager. Pass on all information disclosed to you by the person.
- If the complaint concerns an EVERY-ONE staff member / volunteer, staff member or adult where the contact between that individual is a direct result of EVERY-ONE activity, immediately inform the DSO or Chair of the Board who will then initiate the procedure.
- Concerns about the welfare of a person, including the possibility of abuse or neglect, may also be raised by behaviour or other indicators noticed by a member of staff / volunteer, but not disclosed by the person. In these instances, it is equally important to take action, and these concerns should be raised and discussed with the DSO.

6. Procedures for dealing with suspected abuse by staff members / volunteers:

6.1 When dealing with issues concerning abuse by an adult in a position of trust, Staff / Directors must remember that the welfare of the person participating in EVERY-ONE is paramount, but that we also have a responsibility to ensure that our staff & volunteers are treated fairly and with respect. This procedure is designed to meet both those objectives. The Board should ensure that every member is fully aware of these procedures.

6.2 On receipt of a concern when an individual may have:

- behaved in a way that has harmed a person, or may have harmed a person
- possibly committed a criminal offence against or related to a person
- behaved in a way that indicates s/he may not be suitable to work with children / adults at risk

EVERY-ONE will contact the LADO (Local Authority Designated Officer) who will consider, with the DSO, the most appropriate way forward.



It is essential that nothing is done to investigate the concern before contacting the LADO as this can contaminate evidence if a police investigation is deemed appropriate.

- 6.3 If the concern meets the above criteria, then managing concerns in relation to adults of the NCSCB Safeguarding Children Procedures June 2012 will be followed with guidance from the LADO.
- 6.4 If the concern does not meet the above criteria, but involves other inappropriate behaviour by the staff member / volunteer then this will be dealt with through the EVERY-ONE Disciplinary Procedure.
- 6.5 It is also important to ensure that both the person and the alleged perpetrator receive appropriate support through this procedure. For the person this should in the first instance be provided by their parents / carers if appropriate who may need some support to do this. The staff member / volunteer should be encouraged to get support from a union representative, friend, or another identified member of staff / volunteer.
- 6.5 Action to be taken if you receive an allegation about yourself.
- Keep calm. Do not get involved in an argument which is likely to make the situation worse.
 - Immediately inform your line manager. The quicker that action is taken to investigate the allegations, the sooner the situation will be resolved.
 - Record the facts as you understand them.
 - Ensure that no-one is placed in a position which could cause further compromise. Do not contact another agency involved with the adult at risk, child or young person concerned.

7. Contact details

Remember, if it's an emergency, dial 999

Every-One

Designated Safeguarding Officer (DSO)	
Name	Vicky Thomson
Phone	079 556 123 89
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Deputy DSO	



Name	Julie Goy
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Email	julie.goy@every-one.org.uk
Chair	
Name	Heidi De Wolf
Phone	c/o 01522 811 582
Email	chair@every-one.org.uk

Other Agencies

Lincolnshire Safeguarding Children Board - <https://www.lincolnshire.gov.uk/lscb>

Lincolnshire Safeguarding Adults Board - <https://www.lincolnshire.gov.uk/lsab/>

Local Area Designated Officer (LADO)
T: (01522) 554674
Children's Social Care - Customer Service Centre
T: (01522) 782111
Adult Social Care
T: (01522) 782155
Lincolnshire Police - Public Protection Unit (PPU)
T: (01522) 947590 for the Central Referral Unit (CRU) or 999 for emergencies
Lincolnshire Police
T: 0300 111 0300 or 999 in an emergency
LCC Emergency Duty Team
T: (01522) 782333
Reviewing Unit
T: (01522) 554061

CEOP - www.ceop.police.uk

NSPCC Helpline – Tel: 0808 800 5000



25 STAFF / BOARD CONFIDENTIALITY POLICY

Introduction

The nature of our work can mean that individuals may form inappropriate attachments to staff members and volunteers (all referred to as “staff” in this policy). It is important therefore that the guidance of this policy is followed in order to:

1. Afford individual privacy
2. Prevent inappropriate or unwanted intrusion by a service user into the life of staff or volunteers.
 - Never give any service users or third party either your own or another member of staff’s private address or telephone number. Remember, giving an indication of your home address means that a service user can easily find out your telephone number.
 - If a member of the public or user of EVERY-ONE services particularly needs to talk to a member of staff, obtain their name, address and telephone number, and inform them that the member of staff will ring them back in due course.
 - When using either your home telephone or any ex-directory telephones in the office, ensure that you dial “141” before the dialled out number, to prevent the recipient of the call from obtaining the number by dialling “1471” themselves.

Do not leave staff contact lists in public view

The policy is applied slightly differently to member of the Board, as it is a legal requirement for their names and address to be in the public domain. However, best practice is that all contact for all Board members is made through the registered office of the organisation, and that post, in particular, is directed through that route.

Further guidance, in respect of Board members, can be obtained from the Chief Executive or Chair of the Board.



26 TIME OFF TO CARE FOR DEPENDANTS

Supplementary Notes

Introduction

The policy provides employees with an outline of the statutory provisions relating to taking time off to care for dependants.

Aim

The intention of this policy is to:

- Provide information regarding eligibility, requirements and entitlements in accordance with statutory provisions.

Scope

This policy applies to all permanent and temporary employees working under a contract of employment who meet the eligibility criteria detailed within this policy.

Eligibility

Employees are entitled to take a reasonable amount of time off during working hours in order to deal with an unforeseen domestic incident concerning a 'dependant'.

Employees may therefore take reasonable time off to take whatever action is necessary:

- To provide assistance with a dependant who is ill, gives birth, is injured or assaulted
- To make arrangements for the care of a dependant who is ill or injured when a dependant dies because of the unexpected disruption or termination of arrangements for the care of a dependant; or
- Where the dependant is a child, to deal with an incident involving that dependant which occurs during school hours

Generally, employee's right to time off is limited to the time needed to deal with the emergency, which may be a matter of hours or 1 to 2 days. Any time off taken to care for dependants will be unpaid unless previously agreed with your Line Manager

Who is a 'dependant'?

A 'dependant' may be an employee's spouse, child, parent or a person living at the same address but cannot be a tenant, lodger or boarder.





Notification

Employees should notify their manager as soon as reasonably practicable, of period of absence, the reason for it and when they are expected to return to work.

The organisation reserves the right to seek further information concerning the period of absence and request reasonable evidence of an employee's need to take time off to care for a dependant.

Employees, who provide false or misleading information regarding time off to care for a dependant, may be subject to disciplinary action.

Review

This policy will be reviewed on a regular basis to ensure compliance with relevance legislation.



27 TRAINING AND DEVELOPMENT

The organisation recognises that excellence in all we do is vital in maintaining the respect and credibility of the organisation, and in meeting its aims. The extent of this success largely depends on the ethos efficiency, effectiveness and contribution of every employee and volunteer.

The purpose of this policy is to set out guidelines of how to equip employees, directors and volunteers with the necessary skills and knowledge, so that they are able and motivated to carry out their particular functions to the best of their abilities, thereby achieving individual and organisational goals. Training and development opportunities should be accessible to all and take into consideration any special support required to fully participate.

Training and Development Aims:

The Training and Development provided to employees, directors and volunteers should be directed such that it meets the following criteria: For this purpose, 'job' may also refer to voluntary roles.

1. Job knowledge and content. Helping people to gain the skills they need to reach the highest standards of performance in their present roles.
2. Job satisfaction. Increasing people's understanding of the importance of their job and how it interfaces with others and contributes to the business as a whole.
3. Challenges. Encouraging and helping people to develop further, by recognising their potential and providing them with the knowledge and skills required to confidentially seek out, and achieve new goals and challenges.
4. Flexibility. Offering training in a number of relevant skills, to people in all positions, so that they are able to respond to the challenging and changing needs of our organisation and those we serve, whilst having an opportunity for greater variety in their jobs.
5. Health and Safety. Ensuring that all training in all areas places emphasis on safe working practices, so that people are able to understand and comply with their responsibilities under the Health and Safety at Work Act 1974 and its regulations, in particular the Management of Health and Safety at Work Regulations 1992 and 1999.
6. Consistency and Compatibility. The content and format of all training provided should be consistent wherever possible, so that all the content and standards, to which people are trained, are the same, regardless whether the training is on-the-job, in-house or via formal courses.

Responsibilities

The Chief Executive and Board are responsible for:

- Ensuring that the organisation's investment in its people is directed so that available resources are used to best meet the needs of the organisation's stakeholders. This is identified in the EVERY-ONE Business Plan.



- Ensuring that employees and volunteers have the knowledge, skills and abilities required to meet the needs of the organisation and those it serves.
- Seeing that individual's development, progress and training needs are identified on a regular basis by use of the Performance Review System.

None of the foregoing should detract from the ultimate responsibility of all employees and volunteers to have control of their own training and development, so that they are able to meet the demands of their job and any future career developments.

Contents of Training

1. All new employees and volunteers will be given induction training on their first day of employment, or as soon as is reasonably practicable, so that they are able to feel part of the team at the earliest opportunity.
2. The induction training of all new employees and volunteers will follow a prepared format, based on an analysis of the job and required information and understanding required, including understanding of all policies and procedures contained within this Manual.
3. When a person's particular training needs cannot be met through on-the-job training, appropriate internal or external courses/resources may be identified. Such resources will only be used by agreement of the Chief Executive and/or Board; where budgetary constraints permit; and where the training is beneficial to both the person and the organisation.
4. Training needs to be reviewed at Annual Appraisal and PDP developed.

Training Records

All aspects of training for every employee and volunteer must be recorded. Formal training records should be seen as an integral part of each person's personal employment record.



Induction Training

Induction is the process of familiarising staff, trustees and volunteers with the organisation and how it operates. It need not be a very formal process but the checklist below will ensure that all the important issues are covered. Some information will be provided in a written format.

Activity	When	Where	Who is involved?	Who is leading?	Preparation
Introduction to the organisation					
History					
Activity and services					
Future plans and developments					
Introduction to Trustees					
Introduction and talks with staff					
Informal presentations by staff					
Introduction and talks with volunteers					
Visits to key projects					
Observation of service delivery					
Introduction to beneficiaries					
Introduction to partners					
Terms and Conditions of Service					
Personnel documentation and checks completed					
Signed written statement of terms and conditions received					
Written statement of terms and condition reviewed					
Hours, breaks, method of payment					
Holidays					
Probationary period and procedure					
Notice period					
Sickness provisions					
Parental leave provisions					
Policies and Procedures					
All policies and procedures contained within this manual					
Equal opportunities policy and personal development					
Equal opportunities policy					
Measures to prevent bullying and harassment					
Training Needs and Objectives					
Training provision					
Further education/training policies					
Performance appraisal					
Promotion avenues					
Organisation rules					
Smoking policy					
General behaviour/dress code					
Telephone calls					

TRAINING AND DEVELOPMENT PLAN

Name: _____ **Post:** _____ **From:** ___/___/___

Training Needs Identified (from Performance Review / Supervision / File Review meetings):

How Training Needs Will Be Met:

Record of Training Attended:

Date(s)	Course	Provider	Comments/Feedback



28 VOLUNTEERING POLICY

Introduction

We are committed to involving a diverse range of local people in our work in both formal volunteering and community activity. We do this because we believe that:

- Volunteers, in their diversity of age, experience, cultural background and their involvement within communities, bring to our work a value which adds to our understanding of and response to carers' needs and through the involvement of volunteers, we contribute to the building and support of active and sustainable communities based on social justice and mutual respect, vital to the wellbeing of carers.
- We work more effectively with and on behalf of carers by providing opportunities for local people to use their skills, knowledge and experience as volunteers reflecting the diversity of their communities, bring a different perspective to that of professional paid staff.
- Carers with whom we work value the involvement of volunteers.
- By involving volunteers we can offer opportunities for genuine involvement, learning and development for individuals.
- Without the contribution of volunteers, we would only achieve a limited percentage of our work with and for carers.

A volunteer is anyone who freely chooses to undertake work for the organisation through the giving of their time, skills and experience without financial remuneration beyond the reimbursement of out of pocket expenses. It is work undertaken by choice and is unpaid. We undertake to organise this work effectively.

Volunteers:

- Serve on our Board.
- Help with the delivery of our services.
- Are active in projects and other activities supported by us.
- Campaign with and on behalf of carers.
- Help raise funds to support our work.

We believe that our relationship with volunteers is one of mutual responsibility and commitment within which the organisation and volunteers have both rights and responsibilities. We aim to ensure that volunteers enjoy their involvement with us and gain from it in terms of their own personal objectives.

Purpose of this Policy

Our purpose in adopting this policy is to:

- Highlight and acknowledge the value of the contribution made by volunteers.
- Reflect on the purpose, value, standards and strategies of the organisation in its involvement of volunteers.



- Recognise the respective roles, rights and responsibilities of volunteers.
- Confirm our commitment to involving volunteers in its work.
- Establish clear principles for the involvement of volunteers; clarify their roles and the relationships between them, those who involve them and those who receive their services or work alongside them.
- Help to ensure the quality of both the volunteering opportunities on offer the work carried out by volunteers.
- Acknowledge the current areas of volunteer involvement in the organisation.

The policy is intended for the internal management guidance only and does not constitute, neither implicitly or explicitly, a binding contractual or personal agreement. Matters in areas not specifically covered by the policy shall be decided by the Manager and Board.

Scope the Volunteer Policy

Unless specifically stated, the policy applies to all volunteers in all services, programmes and projects undertaken by or on behalf of the organisation, to all its departments and sites of operation and to all volunteer trustees.

Statement of principles of good practice

I. General

In involving volunteers we will be guided by the following principle of good practice:

- Tasks will be clearly defined so that all concerned with volunteers' activities are sure of their respective roles and responsibilities.
- Records will be kept of work done by volunteers as a basis for monitoring, and volunteers will have access to their records.
- Volunteer roles will complement, not replace, the work of paid staff.
- Existing and future policies will be checked as to how they affect volunteers.
- A mechanism will be established by which the policy and procedures on volunteers can be monitored and reviewed.

II. Recruitment and selection

- Our Equal Opportunities policy will be adhered to when recruiting and selecting volunteers.
- Volunteer opportunities will be promoted in accordance with our agreed method for recruiting volunteers so that there is wide accessibility to what we offer.
- Volunteers are usually required to complete an application form (an example of which can be found in the Recruitment and Selection resources).



- Role/task descriptions will be provided as appropriate, recognising the diversity of the role of each volunteer.
- Volunteers will be placed in accordance with our agreed volunteer selection procedures.
- We will ensure that procedures are in place to cover good practice requirements for volunteers for volunteers selected to work with children and/or vulnerable people, should our work involve us with such groups.
- It is our practice to request references, and to fully take them into account when selection takes place.
- People who offer to volunteer will have their offer dealt with as quickly as possible and certainly within ten working days of receipt.
- Volunteers will be placed in activities which match their skills, talents and interests and, once placed they will be required to comply with existing policies and procedures.
- We will regularly review the ways in which potential volunteers can make contact with us.

III. Support for Volunteers

- We will invest in financial and personnel resources for the management of volunteers. This will be included with the role of key staff members.
- We will provide an induction programme and review session for volunteers to assess the progress of their placements and resolve any problems at an early stage.
- We will provide funding for volunteer's agreed out of pocket expenses. Volunteers will be given clear information about what expenses can be claimed and how to make a claim.
- We will ensure that we hold appropriate insurance for volunteers.
- Volunteers will be given information on legislation and other policies that may affect them, e.g. Health and Safety and Equal Opportunities. In respect of such policies, volunteers will be considered and treated in the same way as staff for liability purposes.
- All volunteers will be offered access to support and supervision on a regular basis and will be informed of who to contact in an emergency.
- All volunteers will be offered access to appropriate training to enable them to develop their capabilities and competence in relation to their volunteering role.
- Opportunities will be provided for changing/upgrading volunteer responsibilities as desired by the volunteer and/or appropriate to the organisation's needs.
- Volunteers will be made aware of our complaints procedure and of whom to contact if they have a grievance about any aspect of their work.
- A designated person will be assigned responsibility for dealing with complaints about a volunteer's conduct in accordance with general procedures.

IV. Volunteers on the Board

To support the members of our Board, we will provide:

- An induction on the role and responsibilities of Board Members and our work opportunities to meet with staff and volunteers.



- Written information and reports in good time on matters related to the governance of the organisation, the Governing Document and other relevant legislation.

V. Rights and Responsibilities of volunteers

In engaging volunteers, for whatever role, we recognise the rights of volunteers to:

- Know what is expected from them and to be given clear information.
- Have clearly specified lines of support and supervision.
- Be shown recognition and appreciation.
- Have safe working conditions.
- Be insured.
- Know what their rights and responsibilities are if something goes wrong.
- Be paid agreed out of pocket expenses.
- Be trained and receive on-going opportunities for learning and development, appropriate to their agreed role.
- Be free from discrimination.
- Experience personal development through their participation as volunteers.
- Ask for a reference.
- Be consulted on decisions that affect what they do.
- Withdraw from voluntary work.

We expect that volunteers, in whatever role, will:

- Carry out their tasks in a way which corresponds to our aims and values.
- Work within agreed guidelines and remits.
- Be reliable.
- Respect confidentiality and follow our confidentiality policies.
- Attend training and support sessions where agreed.
- Not discriminate against volunteers, staff, users and other associated with the organisation.
- Maintain our good name of.

VI. Relationship with paid staff

- We will ensure that paid staff at all levels are clear about the role of volunteers and that good working relationships are fostered between them and volunteers.
- If appropriate, consultation arrangements with trade unions or staff associations will be clearly established.
- Volunteers will not be engaged in times of industrial action to do the work of paid staff. They may continue with their regular work but will not be asked to undertake additional duties
- Appropriate training, support and resources will be provided for those who work alongside volunteers and for those who have a management role in relation to them.



- Volunteers will be given clear information about the roles undertaken by paid staff and of their value to the organisation.
- Consideration will be given to the appointment of a contact person whose primary function is to oversee the implementation of this volunteering policy and to ensure that our practices meet appropriate regulatory standards.
- Volunteers on the Board will observe fair and non-discriminatory standards and conditions of employment and health and safety in respect of paid staff.

VII. Contracts, Partnership Agreements and Service Level Agreements

In entering into contracts, partnership agreements or service level agreements which involve volunteers, we will ensure that:

- The role of volunteers is made clear and that satisfactory arrangements are in place for their management.
- The terms of the contract, partnership agreement or service level agreement provide for the necessary resources to involve volunteers.
- Arrangements are made to set out the roles and commitments of volunteers.
- The impact of volunteering and its benefits are promoted and acknowledged.

VIII. Relationships with other groups and organisations meeting the needs of older people

In our relationships with other groups, organisations or partners, we will:

- Promote volunteering as an important means of contributing to the building and support of active and sustainable communities based on social justice and mutual respect.
- Promote good practice in volunteering.

IX. Employer supported volunteering

To encourage employer supported volunteering we will:

- Increase our employees' awareness of the opportunities for volunteering through our employee communications.
- Have a policy on employer supported volunteering to clarify how the organisation might support employees in voluntary activity of their choice.
- Acknowledge the value on the employees' volunteering activity.

X. Local volunteering

We will continue developing relationships with the local volunteering sector (that is, those organisations which support volunteering), wherever possible within our area of benefit, on the following principles:

- There is a need for a strategic approach to the development of volunteering locally.
- There is a need to support the work of local volunteering development agencies in providing leadership in developing awareness of and standards of practice in volunteering locally.



XI. Action Plans and reviewing policies and procedures

We will include a plan for volunteer involvement within our Business Plan.

XII. Responsibility for the policy

Overall responsibility for the implementation, monitoring and review of this policy and procedures lies within the Board and on a day to day basis with the Manager.



29 WHISTLEBLOWING POLICY

The organisation is committed to maintaining the highest standards of honesty, openness and accountability and recognises that its employees, volunteers and trustees have an important role to play in achieving this goal.

For the purposes of this policy, the term “staff” is used to describe paid employees, volunteers, trustees or secondees to the organisation.

Staff are usually the first to know when someone inside or connected to the organisation is doing something illegal or improper, but may feel apprehensive about voicing their concerns. This may be because they do not feel their concerns will be taken seriously or because they feel they will be victimised, bullied or even dismissed as a result. Our organisation does not believe that it is in anyone’s interests for staff with knowledge or wrongdoing to remain silent.

The organisation takes all malpractice and impropriety seriously, whosoever commits it. This document sets out a procedure whereby employees, volunteers and trustees can report their concerns appropriately within the organisation.

It is important to recognise that this procedure is primarily about resolving problems to the mutual benefit of all, rather than allocating blame. However, there may inevitably be some cases where resolution to everyone’s satisfaction may not be feasible.

Whilst the organisation cannot guarantee that we will respond to concerns in the way everyone might wish, we will try to handle the matter fairly and properly. We believe that the following procedure provides a framework for us to do this.

Issues covered by this policy

It is impossible to give a complete list of the activities that constitute misconduct or malpractice but broadly speaking, we would expect staff to report the following:

- Criminal offences
- Failure to comply with legal obligations
- Miscarriage of justice
- Actions which deliberately endanger the health and safety of staff, service users or member of the public
- Actions which might cause damage to the environment
- Actions which are intended to conceal any of the above

The organisation would prefer staff to report their concerns even if they are unsure as to what “category” the activity falls into.

If a report is made in good faith, even if it is not subsequently confirmed by an investigation, the concern will be valued and appreciated and the reporting person will not be subject to any detrimental action in connection with the matter. If a staff member makes a false or malicious report, or reports a concern for personal gain, they may be subject to action being taken against them under the disciplinary procedure.

Making the concern known



Reports can be made either orally or in writing. The organisation would normally expect staff to raise their concerns with their manager. However, if the staff member believes the manager is either involved in the wrongdoing, or is aware of the concern and is condoning the action, then the matter should be raised with the next level of supervision.

If a staff member does not wish to report a concern to their line manager, they may do so to a member of the senior management team or a member of the Board.

All matters raised under this procedure will be dealt with as confidential information. When raising the initial concern and throughout the subsequent investigation, the staff member may be accompanied by a colleague or representative.

Before raising concerns under this procedure the staff member may want to discuss the issues informally with a colleague or manager, who is available to offer support in whatever form feels necessary.

Proving the concern

The organisation does not expect staff to have absolute proof of any misconduct or malpractice that they report. However, the member of staff will need to be able to show reasons for their concerns.

Anonymity

The organisation will do everything possible to keep the person reporting concern's identity secret, if that is the staff member's wish. However, there may be circumstances (for example, if the report becomes the subject of a criminal investigation) or with issues regarding safeguarding, wherein the staff member is required as a witness. Should this be the case the organisation will discuss this at the earliest date possible.

In exceptional circumstances, a concern may be raised anonymously. Whilst in many respects this may appear unsatisfactory, there may be a justifiable reason for this anonymity. As a result, the concern should still be investigated as if the identity of the complaint were known.

Investigating the complaint

Once a report has been received, an acknowledgement will be issued within 5 working days.

There will need to be preliminary inquiries to decide whether a full investigation is necessary. If such an investigation is necessary then, depending on the nature of the misconduct, the concerns will either be:

- a) Investigated by an appropriate member of the senior management team; or
- b) Referred externally as appropriate (e.g. auditors, police, regulatory authority, partner organisation, Financial Services Authority, etc.) for investigation

Keeping the complainant informed

Subject to any legal constraints, the organisation will inform the reporting staff member of the outcome of any investigation(s) and, where possible, any action that has been taken.



If as a result of a concern being raised under this procedure, disciplinary action is taken against a member of staff, the staff member involved in raising the concern does not have the right to any information arising from the discipline process. The Disciplinary Procedure is confidential.

Appealing against the decision

If the reporting person is unhappy with the outcome on an investigation the organisation would prefer that the staff member submits another report explaining why this is the case. The report may be submitted to their supervisor or again to one of those identified above. In such cases it is expected that the matter will be discussed between the Manager and the Chair of the Board. Concerns will be investigated again if there is good reason to do so.

Raising concern externally

It may be that the staff member does not feel that it's appropriate to raise the matter again internally and they wish to raise their concerns with another organisation, such as a regulator. This is, of course, an option for employees providing they have satisfied themselves that they have enough evidence to support their concerns.

The organisation strongly advises that before opening any concern externally, the staff member seeks advice from:

- Public Concern at Work (020 7404 6609 or <http://pcaw.demon.co.uk>), which is an independent charity that promotes good practice, compliance with the law and accountability in the workplace.

Where the complaint involves an employee working for an external organisation, the staff member with concerns should raise the matter with their own supervisor, who will ensure that a decision is made regarding the issue.

If the Manager/ Chair feels it is necessary to raise and issue with another organisation, it is likely that the complaint will be raised with the external organisation using their complaints procedure, as "whistle blowing" legislation only covers a staff's own organisation.

If the external organisation does not support our concern and decides not to pursue the matter, then it is possible to be able to raise the concern externally (see above for guidance).

There is legislation to support whistle-blowers, and this policy will not over-ride any legal requirements, seeking to act with best practice instead.



30 ENVIRONMENTAL POLICY

INTRODUCTION

Every-One (EVERY-ONE) is committed to reducing the environmental impact of its activities.

EVERY-ONE will carry out its activities in compliance with all relevant environmental regulations and will seek to prevent pollution.

EVERY-ONE will keep its activities under review and scrutinise performance to ensure that the aims of this policy are met.

POLICY

There are 5 Principles to EVERY-ONE's Environmental Policy:-

EVERY-ONE will:

- i) reduce Greenhouse gas emissions (principally CO₂) and adapt to combat climate change. It will seek to minimise energy use in every area of its work including transport, heating and lighting. In particular, car journeys will be reduced as much as possible, consistent with the provision of its services, and substituted with telephone calls to service users where possible; electrical appliances (particularly computers) and lighting will be switched off when not in use or unnecessary, and the level of heating will be kept as low as is consistent with comfort;
- ii) minimise water consumption;
- iii) where possible procure products which do the least damage to the environment;
- iv) minimise its waste through reducing materials consumed, re-using and recycling materials wherever possible;
- v) Dispose of waste in a safe and responsible way.



31 INCIDENT PROCEDURE

This procedure describes what an “incident” and what a “serious incident” is, and what must happen when one occurs.

This procedure does not apply to Safeguarding concerns. The Safeguarding Policy must be followed in these circumstances.

This procedure should also be read in conjunction with:

- Health and Safety Policy
- Business Continuity Management Plan
- IT / Virus Attack Procedure

The “Responsible Person” for this procedure is: ***Vicky Thomson – Chief Executive Officer***

A copy of the latest version of this Procedure must be made available to staff and volunteers at all time along with the Health and Safety Risk Assessments (to be held on file in the main office). All staff and volunteers must receive appropriate training on the contents of this procedure at their Induction, during their employment and when there has been a need to implement the procedure for any reason.

This procedure is to be reviewed annually.

DEFINITIONS

An incident is an event or accident in which:

- A person suffers injury or harm,
- A person is exposed to the risk of injury or harm (this includes “near misses”),
- The event may attract public or media interest,
- The delivery of the project might be impaired.

A serious incident is an event or accident in which:

- A person suffers serious injury, permanent harm, or unexpected or avoidable death,
- A person is exposed to the risk of serious injury, permanent harm, or unexpected or avoidable death (this includes “near misses”),
- The event is likely to cause significant public or media concern,
- The delivery of the project might be significantly impaired or ended.

Examples of incidents and serious incidents are given at the end of this procedure.



Incidents may only be recognised sometime after the event. In such cases the incident must still be reported as described in this policy.

PROCEDURE

The person who first becomes aware of an incident must:

- Ensure that (if safe to do so) immediate actions are taken to prevent further harm,
- Report the events immediately to the Responsible Person,
- Report the incident using the Incident Reporting system as soon as possible

The Responsible Person must:

- Confirm all necessary immediate actions for people's safety have been taken,
- Confirm that the incident is not related to Child or Adult Safeguarding concerns (if it is, the Safeguarding Policy **must** be followed),
- Help the person who reported the incident to complete the necessary actions,
- Assess whether the incident is serious,
- Seek advice if needed,
- Consider whether the incident is serious and, if so, report the incident as soon as is practicably possible to a funder or other interested party as required,
- Consider the effect of the incident on people, and ensure they receive the support and information they need,
- Ensure that information about the incident is shared only with people who need to know and that appropriate confidentiality is maintained.
- Put in place and action a plan to:
 - Resolve the issues arising as a result of the incident,
 - Minimise the risk of a similar incident happening in future,
 - Consider what, if any, communication is needed, including funders and the media.
- To report incidents to the Board of Directors.

LEARNING

It is important to learn from incidents:



- At an appropriate future date, review the Incident Book to act on any lessons learnt (at least annually),
- The review will be undertaken by **Board of Directors, EVERY-ONE**
- Where the person who reported the incident considers that it has not properly been addressed, this should be discussed with the Responsible Person and recorded in the Incident Book,
- A plan to implement actions arising from lessons learnt will be overseen by **Board of Directors**

LINK WITH COMPLAINTS PROCEDURE – WITHIN FEEDBACK POLICY

It may be appropriate to use this procedure to investigate a complaint. If the scope of the investigation into the serious incident does not include all the elements of the complaint, then the Complaints Procedure must be followed.

TRAINING AND DEVELOPMENT

People involved with EVERY-ONE will be made aware of this procedure and where they can find it. They will receive training, as appropriate to their involvement, in:

- Their roles and responsibilities,
- How to use this procedure,
- Lessons learnt and actions arising.

EXAMPLES OF INCIDENTS

Incidents are classified as events which cause lower level non-permanent harm such as:

- A cut or a graze,
- An injury which does not require attendance to an accident and emergency department,
- Some Information Governance breaches.

EXMPLES OF SERIOUS INCIDENTS

In many cases it will be immediately clear that a serious incident has occurred and further investigation will be required to discover what exactly went wrong, how it went wrong and what may be done to address any weakness to prevent the incident from happening again.



Where it is not clear whether or not an incident fulfils the definition of a serious incident, Business will engage in open and honest discussions with relevant funders to agree the appropriate and proportionate response.

Serious Incidents may be identified through various routes including, but not limited to, the following:

- Incidents identified during the provision of help, support and activities
- Allegations made against or concerns expressed about EVERY-ONE (when the Safeguarding Procedure **must** be followed),
- Incidents relating to safeguarding both adults and children,
- Complaints made to EVERY-ONE.



INCIDENT REPORTING SYSTEM

Use this form to record and report incidents. This will be kept in the Incident Book.

TO BE COMPLETED BY THE PERSON REPORTING THE INCIDENT

Date and time of incident:	Date this form completed:
Location of incident:	Person Reporting the incident:
Details of the Incident: What happened, who was involved, what harm, injury or damage was caused?	
What immediate action was taken to manage the incident and reduce the risk of harm, injury or damage?	
Signed:	

TO BE COMPLETED BY THE RESPONSIBLE PERSON



Date Form Received:	Name of Responsible Person:	
Immediate actions taken following the incident:		
Include actions taken to support people involved in the incident		
What Action	By Who	Time and Date
What further actions will be taken?		
Action Plan, to include date of Review		
What Action	By Who	By When
Signed:		



32. CARERS POLICY

Every-One is committed to supporting carers. This policy aims to ensure carers are identified and offered appropriate support in order to ensure that individuals achieve their potential and that their Health and Wellbeing is not in jeopardy due to their caring responsibilities. This policy relates to service users, volunteers and staff members.

Definitions

For the purposes of this policy, the following definitions will be used.

Definition of an adult / young adult carer -

“An adult who provides or intends to provide care for another adult” (“adult needing care”)

Definition of young carer -

“A person under 18 who provides or intends to provide care for another person”

The concept of care includes practical or emotional support.

Source: Care Act 2014

The person they look after may have one or more of the following:

- Physical disability (including sensory disability)
- Learning disability
- Mental health problem
- Chronic illness
- Substance misuse problem

Caring Tasks

The caring tasks that a carer has to deal with can range from:

Child care – taking responsibility for younger siblings in addition to their other caring responsibilities. Some young carers / young adult carer’s help parents look after a disabled sibling.

Domestic care – doing a substantial amount of housework, cooking, shopping, cleaning, laundry etc.

Emotional care – being compliant, monitoring the emotional state of the person cared for, listening, being a shoulder to cry on, supporting a parent through depression and trying to cheer them up.

Financial care – running the household, paying bills, benefit collection, etc.

Nursing care – giving medication, injections, changing dressings, assisting with mobility etc.

Personal intimate care – washing, dressing, feeding and helping with toilet requirements.



Carers may experience

- Concentration problems, anxiety or worry
- Emotional distress
- Tiredness
- Poor attainment
- Physical problems such as back pain from lifting
- Behavioural/Emotional problems (taking out their anger or frustration)
- Lack of time for themselves
- Isolation, embarrassed to take friends home
- Limited social skills/Opportunities
- Feeling that no one understands and that no support is available
- Low self esteem
- Poor physical and mental wellbeing

Signs

We understand and recognise that carers are not always easy to identify and may actively try to conceal their caring role for fear of outside interference in their families. Our staff are trained to recognise signs and act to support.

Support Offered

Every-One acknowledges that carers may need extra support to ensure they are well supported and their physical and mental wellbeing is protected

Our dedicated **Carers Champion** is:

Julie Goy, Quality Lead

Our Carers Champion will liaise with relevant colleagues, and other relevant agencies.

The Carers caring role will be acknowledged and respected.

Carers will be treated in a sensitive way, upholding confidentiality.

We will ensure that carers can access all available support services.

We will follow safeguarding procedures regarding any young carer/ young adult carer at risk of significant harm due to inappropriate levels of caring.



33. SOCIAL MEDIA POLICY

This policy provides guidance for employee use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

The following principles apply to professional use of social media on behalf of Every-One as well as personal use of social media when referencing Every-One.

- Employees need to know and adhere to all aspects of their contract and to all of Every-One's Policies as detailed in the Policy Manual when using social media in reference to Every-One.
- Employees should be aware of the effect their actions may have on their images, as well as Every-One's image. The information that employees post or publish may be public information for a long time.
- Employees should be aware that Every-One may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to Every-One, its employees, or customers.
- Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libellous, or that can create a hostile work environment.
- Employees are not to publish, post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the Chief Executive and / or supervisor.
- Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to the Chief Executive or the Chair.
- If employees encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of the Chief Executive.
- Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.
- Social media use shouldn't interfere with employee's responsibilities at Every-One. Every-One's computer systems are to be used for business purposes only. When using Every-



One's computer systems, use of social media for business purposes is allowed, but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.

- Subject to applicable law, after-hours online activity that violates Every-One's Policies may subject an employee to disciplinary action or termination.
- It is highly recommended that employees keep Every-One's related social media accounts separate from personal accounts, if practical.



34. ORGANISATIONAL RISK MANAGEMENT STATEMENT

Every-One is committed to maintaining an effective system of risk management that is appropriate to the activities of the organisation.

The responsibility for the overall management and control of Every-One rests with the Board of Trustees and therefore our involvement in the key aspects of the risk management process is an essential aspect of this.

Our aim is to:

- Understand the potential risks that the organisation may face
- Ensure that risks are either avoided, reduced to acceptable levels or that the impact of unavoidable risks is minimised
- Continually improve the management of risk

We will do this by:

- Implementing a process to identify, assess, report and manage risk associated with current and proposed activities
- Making informed decisions to mitigate risk
- Embedding risk management into the business, with an awareness instilled in all employees and volunteers
- Reviewing, at least annually, the approach taken to risk management

Risk Management process

Every-One will maintain a Risk Register that records:

- A description of all risks identified across key areas of the business
- An assessment of the likelihood and potential impact of each risk
- Proposals for mitigating actions
- Allocation of responsibility

The Risk Register is intended to be a living document. However, a formal review of risks should be undertaken quarterly.

Whilst the Trustees have overall responsibility for risk management, all officers and employees will be involved in the process in order to obtain an inclusive and effective view.

The Chief Executive Officer's monthly report to the Board will include information on any newly-identified risks and significant changes to existing risks.



35. IT, PORTABLE EQUIPMENT AND BYOD POLICY

Contents

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Introduction

IT and portable equipment are a key part of our business, and so it is crucial that we adhere to certain standards to protect all parties.

This policy is not contractual but sets out our current rules and procedures for IT and portable equipment use.

Scope of this policy

This policy applies to all employees, including those who work from home or office, but also to our volunteers, Associates, partners or any other individuals using our systems.

New employees should be made aware of its content upon joining Every-One as part of the induction process. This policy should also be brought to the attention of any employees who are given permission to use their own computers (or other devices, for example mobile telephones or tablets) for work purposes.

Aims of this policy

It must be remembered at all times, that our IT systems and associated facilities are primarily a business tool. We aim to take a fair and consistent approach to IT use within our business. Therefore, this policy sets out our rules on email and internet use, and what we would deem to be inappropriate use.

It also covers the use of portable equipment, system security, personal use, computer viruses, and monitoring. Users who believe they have violated these policy requirements, or who become aware of misuse or violation by others should report the facts to the CEO immediately.

In particular, we require all users not to cause offence or an obstruction or knowingly introduce any form of computer virus or malware to our systems.

Unauthorised access or intentional modification to restricted documentation or software would be considered a disciplinary offence. By following the standards set out in this policy, we aim to ensure that the use of our computer facilities is legally compliant and secure and that our users may work efficiently and productively.

Legal considerations

The following pieces of legislation apply to this policy:

- the Interception of Communications Act 1985
- the Computer Misuse Act 1990
- the Health and Safety (Display Screen Equipment) Regulations 1992
- the Protection from Harassment Act 1997
- the Data Protection Act 1998
- the Human Rights Act 1998



- any Codes of Practice issued from time to time by the Information Commissioner's Office (ICO).

System security

Individual users are responsible for the security of their IT equipment and must not allow this to be used by any unauthorised person.

Personal password(s) should be kept confidential and all reasonable precautions taken to prevent unauthorised access to the data stored on our equipment and on our network.

Passwords should not be disclosed to anyone not authorised to have these. They should not be written down anywhere where they could be easily retrieved by someone else. Passwords may be changed from time to time, especially when someone leaves our employment.

Users should never use another person's email address or password, nor should they permit any other person to transmit, download, copy, forward or store material using their email address or password.

When logged onto our system, and leaving any IT equipment unattended, or on leaving their workstation, users should ensure they log off the system to prevent unauthorised access. Any printed material should also be collected and stored confidentially.

All users are responsible for ensuring that any information saved onto a local computer (as opposed to the network server) is kept secure.

Our technology should be used responsibly, and in a way that does not interfere with, disrupt or prevent anyone else legitimately using these resources. Users should ensure they are aware to which drives they have access/modification rights and remember this when saving confidential data. This is to make certain that the right people are able to view and edit the files saved to the system.

Unauthorised access, attempts to access, modify, delete or use data belonging to the Company or programmes will be considered a disciplinary matter and potentially a criminal offence under the Computer Misuse Act 1990.

The licence agreement that accompanies software packages should be strictly adhered to. Unauthorised copies of software should not be made for use within the office or outside. Equipment allocated to individuals will be supplied with the appropriate software and configuration. Users are not permitted to load screensavers/software from any source without the prior permission of the CEO.

Users will be notified of any back-up procedures in place that affect them: these should be followed at all times.

On leaving our employment, access to our systems will be immediately withdrawn. Incoming emails will be diverted to the CEO and an automatic response will be set up informing the sender that the address is no longer in use. Any passwords giving remote access to our systems will be changed, thus preventing unauthorised access. We will also notify any suppliers, partners or associates of any leavers who should be removed from their list of those who are authorised by us to use their services. Note that in order to protect our business interests, the above may also apply during any period of "garden leave".



Portable equipment

Portable equipment includes laptop computers, netbooks, tablets and smartphones with email capability etc.

Portable equipment should not be left unattended when away from our premises and should never be left in parked vehicles or unattended when working away from the office.

It is important to ensure all portable devices are protected with suitable security in the event that they are lost or stolen. All smartphones or tablets that hold company data including emails and files must be protected with a pin code/password at all times.

If an item of portable equipment is lost or damaged this should be reported to the CEO immediately. If the loss or damage is due to an act of negligence, the individual responsible may be liable to meet the full amount of the loss/damage.

In order to protect confidential information, unless it is a requirement of your job and this has been authorised, it is forbidden for photographs or videos to be taken on our premises, without the prior written permission of the CEO. This includes mobile telephones with camera function, camcorder, tape or other recording device for sound or pictures - moving or still.

Under no circumstances should any meeting or conversation be recorded without the permission of those present.

In addition, we do not permit webcams (which may be pre-installed on many laptops) to be used in the workplace, other than for conference calls for business purposes. If there is any doubt as to whether a device falls under this clause, advice should be sought from the CEO.

System monitoring

Internet, email and computer usage is continually monitored as part of our IT protection against computer viruses, our ongoing maintenance of the system, and when investigating faults.

Such monitoring and the retrieval of the content of any messages may be for the purposes of checking whether the use of the system is legitimate, to find lost messages or to retrieve messages lost due to computer failure, to assist in the investigation of wrongful acts, or to comply with any legal obligation.

We reserve the right to monitor all incoming and outgoing emails. This will normally occur in circumstances where we suspect the viewing or sending of offensive or illegal materials; discriminatory comments or those detrimental to the business; or excessive personal use of our email system. When monitoring e-mails, we will, in most cases, restrict this to the address and heading of the e-mails. Personal e-mails should be clearly marked as such, and where possible we will avoid opening these unless there is a suspicion of improper use and they form a relevant part of a disciplinary investigation.

We reserve the right to monitor all internet usage. Again, this will normally occur where we suspect the viewing of offensive or illegal materials or an excessive amount of time spent viewing non-work-related websites.

Fault reporting and repairs



Any faults or necessary repairs must be reported to the CEO.

Computer viruses

Unknown files or messages must never be introduced into the system without first being checked for viruses. All incoming material should be checked for viruses, whether loaded manually (e.g. from CDs or memory sticks) or transmitted from an external source such as the Internet.

Any problems relating to viruses should be reported immediately to the CEO.

If personal CDs, disks or memory sticks are used on company computers they must be scanned for viruses before use.

Emails from unknown sources should not be opened - this is how most viruses are introduced and they could easily spread throughout our systems.

'Junk mail' should not be responded to, nor mass warnings distributed regarding new email viruses. Chain letter-type mail should also not be responded to, nor forwarded.

Particular care should be taken when opening attachments, and should any attachment produce strange or unexpected results, the CEO should be notified immediately.

Remote working

Increased IT security measures apply to those who work away from their normal place of work (e.g. whilst travelling or working from client premises), as follows:

- if logging into our systems or services remotely, using computers that either do not belong to us or are not owned by the user, any passwords should not be saved, and the user should log out at the end of the session deleting all logs and history records within the browser employed. If this is not clear for the particular configuration of kit, our services should not be accessed from that device.
- the location and direction of the screen should be checked to ensure confidential information is out of view. Steps should be taken to avoid messages being read by other people, including other travellers on public transport etc.
- any data printed should be collected and stored securely.
- all electronic files should be password protected and the data saved to our system/services when accessible.
- papers, files or computer equipment must not be left unattended.
- any data should be kept safely and should only be disposed of securely.



- arrangements should be made for papers or other data to be kept in a locked room or cabinet if they are to be left unattended at any time.
- papers, files, memory sticks, flash drives or backup hard drives should not be left unattended in cars, except where it is entirely unavoidable for short periods, in which case they must be locked in the boot of the car. If staying away overnight, company data should be taken into the employee's accommodation, care being taken that it will not be interfered with by others or inadvertently destroyed.

Those issued with a 'dongle' to enable internet access from a laptop via 3G or 4G networks whilst away from their normal workplace should note that the cost of internet access can be very high. Dongles should therefore be used for essential business purposes only, especially if abroad.

Similarly use of paid for WiFi access should be carefully used by employees and restricted to business use only.

Use of own devices (BYOD)

We appreciate that some users may wish to use their own smartphones, tablets, laptops etc. to access our servers, private clouds or networks for normal business purposes, including, but not limited to, reading their emails, accessing documents stored on our intranet or to store data on our server(s) or access data in other services.

Any such use of own devices will be at the discretion of the CEO, but consent for standard systems (MS Windows, Mac OS X, Linux - in commercial configurations) will normally be permitted.

However, the same precautions apply to personal devices as to our desktop equipment. Also, for continuity purposes, calls made to external parties such as clients should be made on our mobile phone numbers in order to ensure that only these numbers are used and/or stored by the recipient, rather than personal numbers.

Users of our systems are expected to use all device(s) in an ethical manner and in accordance with this policy. Accessing inappropriate websites or services on any device via the IT infrastructure that is paid for or provided by the Company carries a high degree of risk, and, for employees, will result in disciplinary action, including dismissal, irrespective of the ownership of the device used. An example would be downloading copyright music illegally or accessing pornographic material. In cases of legal proceedings against the Company or our customers, we may need to temporarily take possession of the employee's personal device in order to retrieve the relevant data.

If the device supports both work and personal profiles, the work profile must always be used for work-related purposes.

Users who intend to use their own devices via our infrastructure must ensure that they:



- use a 4-digit pin or password (preferably the latter) to protect their device(s) from being accessed. For smartphones and tablets this should lock the device after a number of failed login attempts.
- configure their device(s) to automatically prompt for a password after a period of inactivity.
- always password protect any documents sent as attachments to an email, which contain personal or sensitive data.
- for smartphones and tablets, activate the automatic device wipe function (where available).
- ensure that they use secure Wi-Fi networks.
- be cautious if family or friends use the device, ensuring that work-related data cannot be accessed.
- inform the CEO if their device(s) is lost, stolen or inappropriately accessed where there is risk of access to our data or resources. In order to prevent phones being used, employees will need to retain the details of their IMEI number and the SIM number of the device as their provider will require this in order to deactivate it.

Employee/client/supplier/associate/volunteer data should never be saved on users' own devices as this may breach confidentiality agreements, especially if the device is used by other people from time to time. Users who open any attachments should ensure that any cached copies are deleted immediately after use. The CEO will provide assistance or training in doing this if needed.

Additional risks include data belonging to the Company being accessed by unauthorised users as a result of the device(s) being lost, stolen or used without the owner's permission.

If transferring data, either by email or by other means, this should be done through an encrypted channel, such as a secure web protocol (<https://>) or Dropbox. Unsecured wireless networks should not be used.

Prior to disposal of any device that has work data stored on it, and in the event of a user leaving our employment, users are required to allow the CEO access to the device to ensure that all passwords, user access shortcuts and any identifiable data are removed from the device.

Users must take responsibility for understanding how their particular device(s) work in respect to the above rules if they are accessing our servers/services via their own IT equipment. Risks to the user's personal device(s) include data loss as a result of a crash of the operating system, bugs and viruses, software or hardware failures and programming



errors rendering a device inoperable. We will use reasonable endeavours to assist, but users are personally liable for their own device(s) and for any costs incurred as a result of the above.

Email

Our email facilities are intended to promote effective and speedy communication on work-related matters. On occasions, it will be quicker to action an issue by telephone or face to face, rather than via protracted email chains. Employees are expected to decide which is the optimum channel of communication to complete their tasks quickly and effectively.

All employees who need to use email as part of their role will normally be given their own business email address and account. We may, at any time, withdraw email access to any employee, should we feel that this is no longer necessary for the role or that the system is being abused.

Remember that emails are merely another form of communication: in some instances, they may be the only contact that a recipient has with the Company and the style, appearance and content of the email will therefore influence the image that is portrayed of our business. Emails appear to be a more informal type of communication, but our normal standards of presentation and content apply equally to them and the language used in the message must be professional. This includes spelling, punctuation and correctly heading each email as appropriate. All emails sent externally must include our name, address, contact telephone number and our standard disclaimer.

Messages should be concise and directed only to those on a 'need to know' basis. General messages to a wide group should only be used where necessary.

Long email trails should not be sent unless absolutely necessary and messages should only be marked as 'urgent' if they warrant immediate action. "Read receipts" and requests to acknowledge acceptance of an email further add to email traffic, should be used sparingly. Please be mindful of the size of attachments within emails. Very large attachments can have an impact on speed and performance of the email systems and internet connections. Where possible, the size of pictures should be reduced and very large files compressed into smaller zip files.

Remember, verbal, face-to-face contact is another effective means of communication and develops our internal working relationships.

Confidential information must only be sent to authorised person(s) and should not be sent externally by email without authority. Such messages should be fully encrypted (or any attachments containing confidential information password protected and the password sent separately).

Messages sent by email can give rise to legal action against us. Claims of defamation, breach of confidentiality or contract could arise from a misuse of the system. Emails should therefore be treated like any other form of correspondence and, where necessary, hard copies retained.

Statements should not be made in an email which could, intentionally or otherwise, create a binding contract or make a negligent statement. Neither should opinions or views be expressed that could be interpreted as misrepresenting our products, services or those of any other organisation with whom we deal.



Emails, however confidential or damaging, may have to be disclosed to third parties and messages are disclosable in any legal action commenced against us relevant to the issues set out in the email. Even deleted emails may still be recoverable and are regarded as legitimate forms of evidence in court.

All email messages are the property of Every-One and are treated as records of the business.

Emails should be checked regularly, and employees who are away from their place of work for more than a day should ensure that an appropriate message is sent automatically to senders and that emails are dealt with in their absence as appropriate. With the exception of company management, unless specifically requested to do so, employees are not expected to read or action their emails when on any form of leave.

During unplanned leave or prolonged absence, and solely where necessary, we may access and/or divert email accounts in order to continue the smooth operation of our business.

Anyone who receives an email message that has been wrongly delivered to his/her email address should notify the sender by returning the message to that person. If the message contains confidential information, this must not be disclosed or used.

Our email system should not be used for spreading gossip or nuisance mail, for personal gain or in breach of any of our employment policies, such as equal opportunity, bullying or harassment.

Sending unwanted, abusive, discriminatory or defamatory emails can constitute bullying or harassment and will be treated as a serious disciplinary issue. This also applies to any emails sent from personal equipment to work colleagues or other Company contacts.

Take care before sending or viewing material which may be of a hurtful, suggestive or harassing nature: it is the view of the recipient that determines whether it is inappropriate, even if the recipient was not the original addressee.

Any emails that contravene this policy should be brought to the attention of the CEO immediately.

Internet use

Utilising the vast amount of data that can be found on the Internet can be a useful resource, and may be integral to some roles within our business.

All employees who need to use the Internet as part of their role will normally be permitted access. We may, at any time, withdraw internet access to any employee, should we feel that this is no longer necessary for the role or that the system is being abused.

Having access to the Internet demands a level of trust and responsibility, as websites visited will record the computer system's IP address. This is one of the main reasons we ask that users should restrict their access to websites necessary to complete their daily tasks and to think twice before accessing any other sites for personal use.

Many sites require registration. If there is any doubt as to whether it is appropriate to register as a user of a website for work purposes, users should check with the CEO.



In general, information should not be sent or received via the Internet unless the transmission is both legal and secure. If in doubt, check with the CEO.

Use of internet TV is not allowed. Use of internet radios may be permitted at the offices only and headphones must be worn.

Personal use of our IT systems

Email access is provided for business use, and although it is accepted that occasionally private email will be sent/received, this should be kept to a minimum and agreed in advance with the CEO.

It should be clearly understood that whilst we do not routinely monitor messages, we do reserve the right to monitor and to access any incoming or outgoing messages within our email system.

Messages may be read by other people and therefore anything of a strictly private or personal nature should not be sent or received using our email system. Reasonable access to personal email accounts is permitted during break times and is more suitable for private or personal messages.

The Internet may be accessed during non-working time for viewing non-work related sites if this has been authorised in advance. However, the loading, sending or viewing of pornographic, non-licensed, suggestive, obscene or offensive material is not acceptable and may lead to disciplinary action, including dismissal as a possible outcome.

Furthermore, our systems may not be used for any of the following (this list is not exhaustive but indicates the sort of usage we would consider to be unacceptable and which may lead to disciplinary action, including dismissal as a possible outcome):

- gambling;
- downloading, accessing or storing large personal files which interfere with the running of the business, such as photographs, videos and music;
- games of any kind;
- copying software for personal use or using our software for personal use;
- promoting non-business related religious, charitable or political material with the intention to solicit (unless authorised);
- generating business in direct competition with the Company;



- sending or participating in junk mail, spam mail or chain letters (this includes forwarding jokes, cartoons and video clips to groups of people, and also transmitting unsolicited commercial or advertising material that is not work-related);
- bringing our name into disrepute via social networking websites;
- undertaking deliberate activities that waste staff effort or networked resources;
- using our email address and misrepresenting the Company;
- using our name, business contacts or customers for personal benefit or the benefit of any other firm, company or organisation.

Implementation, monitoring and review of this policy

This policy takes effect immediately. The Management of Every-One have overall responsibility for implementing and monitoring this policy, which will be reviewed on a regular basis and whenever there are relevant changes to our working practices.

Any queries or comments about this policy should be addressed to the CEO.

Any breach of this policy will be treated as a disciplinary issue and dealt with through our disciplinary procedure.



36. IT / VIRUS ATTACK PROCEDURE

ACTION LOG

(updated January 2017)

Incident Start Date

Time

	Action	Log (action taken, time, who)	Completed √ / X
Immediate action on discovery	Turn off all computers		
	Make a note of what happened <ul style="list-style-type: none"> • whose computers appeared to be affected. • Any messages that appeared on screen • What was being done at the time 		
As soon as possible	Notify CEO		
	Refer to Business Continuity Plan		
	Contact IT support provider		
	Locate IT equipment asset register		
	Notify all staff		
	Notify Board		
	Notify any funding Contract Managers		
	Notify any relevant partners		
	Issue Facebook / Twitter notifications		
	Change voicemail settings to advise.		
	Notify Insurance company		



While systems are down	Update staff regularly		
	If predict prolonged timescales to fix, offer staff to use annual leave if possible		
	Update Board regularly		
	Update any funding contract Managers		
	Update social media		
	Update insurance company		
	Gain estimate costs for IT works and notify the CEO and Treasurer.		
Restore Procedures	Notify CEO		
	Notify all staff		
	Notify Board		
	Notify any funding Contract Managers		
	Notify any relevant partners		
	Issue Facebook / Twitter notifications		
	Change voicemail settings to advise.		
	File incident log.		
	Agenda item at team meeting – discuss any lessons learnt and required actions.		

Incident End Date

Time





37 RECRUITMENT AND SELECTION POLICY

Introduction

We recognise the importance of recruitment strategy, processes and practices make to the continued success of our organisation. Current and future employees are our key resource in the delivery of our services.

This policy is not contractual, but aims to set out the way in which Every-One manages its recruitment activities.

Scope of this policy

This policy applies to all recruitment activity, including internal promotions and secondments, and including roles that are filled on a fixed-term, volunteer, Associate or casual contract basis.

Aims of this policy

We seek to employ the best people to fill our vacancies and to provide the essential skills and attributes to meet the current and future needs of our organisation.

This approach naturally embraces diversity, to provide expertise, challenge and imagination, and all individuals should be recruited solely on the basis of their ability and in accordance with our equal opportunity policy.

Legal considerations

The Equality Act prohibits discrimination on grounds of a protected characteristic (sex, race, disability, sexual orientation, religion or belief, age, pregnancy, marital status/civil partnership or gender reassignment). However, care should also be taken to ensure that part-time workers and those on fixed-term contracts are treated fairly. This is broadly interpreted, and unlawful discrimination may take a number of forms: direct, indirect, harassment, victimisation, discrimination by association and discrimination by perception. The candidate does not therefore necessarily have to have the protected characteristic him/herself in order to bring a claim.

A decision to shortlist, interview or offer employment will not take account of an applicant's trade union membership or non-membership.

It is unlawful to refuse to employ someone purely because they have reached the State Pension Age or over unless this can be objectively justified. It is also unlawful to induce a candidate to give up or opt out of membership of a qualifying pension scheme, or to subject any candidate to a detriment for seeking to enforce his/her pension rights.

Positive discrimination (selecting a candidate purely on grounds of membership of a particular minority group) is unlawful (with the exception of employees on maternity, adoption or shared parental leave who are at risk of redundancy, where special rules apply). However, employers are permitted to take positive action in favour of under-represented groups in the workforce when choosing between candidates who are otherwise equally qualified.



Under the Data Protection Act 1998, unsuccessful candidates can request copies of any notes held on them that are stored in a structured way. Therefore, it is essential to record selection decisions in an objective and non-discriminatory way, i.e. demonstrating where the candidate does/does not measure up as well as other candidates with regards to the skills and knowledge for the job.

Notes of all interviews should be made using our standard documentation and will be kept on file for six months after the selection decision is made.

The recruitment process

Whenever a vacancy arises, the decision as to whether to recruit a replacement will be carefully considered by the CEO and the Board of Trustees who will evaluate whether the duties of the role should be carried out in a different way. Equally there may be an internal candidate who could transfer or develop the skills necessary for the role or an existing member of staff who is able to take on some additional duties within his/her existing role.

Prior to any recruitment activity commencing, authorisation to recruit must be obtained from the CEO or the Board of Trustees.

Recruiting managers/individuals must ensure they undertake any recruitment in a clear, consistent and professional manner and in line with our equal opportunity policy. Selection will be conducted on an objective basis and will focus on the applicants' suitability for the job and their ability to fulfil the job requirements.

To ensure objectivity, the duties and the skills required of the post will be reviewed and any existing documentation updated so that candidates are assessed against the same framework. Person specifications will be carefully considered to minimise the risk of direct or indirect discrimination and to ensure they do not impose any condition or requirement which cannot be justified by the demands of the post, especially with regard to qualifications and previous experience. Shortlisting and interviews will, where possible, normally be conducted by two or more people to minimise the risk of inadvertent bias.

We use standard documents and forms for all recruitment and selection to ensure a professional and consistent approach. All candidates (including internal applicants) will be required to complete a standard application form to ensure better comparability of information.

Internal applicants

With very few exceptions (see below) all vacancies will be advertised internally to ensure that existing employees are given the opportunity to apply and thus develop their skills and careers. This approach also gives us the following additional benefits: staff are made generally aware of career opportunities available to them; an internal candidate will already be familiar with our business, our policies, procedures, internal structure and systems; an internal candidate may be able to take up the post earlier than an external one and we save on the cost and time involved in external recruitment.

However, vacancies will not be advertised internally either where there is a reorganisation and we have employees "at risk" of redundancy for whom we will seek posts in the new structure, or where we have an obligation to place somebody in another post (e.g. for an employee returning from maternity/adoption/shared parental leave whose original job is no



longer available). In these instances, the needs of the employee to be redeployed will take priority.

Copies of all adverts will be placed on internal noticeboards and an email will be sent out to all staff informing them that they are welcome to apply.

Attracting candidates

To ensure that the best candidate is attracted and appointed we may use any or all of the following methods: advertising the vacancy on the Internet; external advertisement in an appropriate newspaper or journal; using networks, etc.

Since the way that we recruit reveals much about our business to external candidates and contacts, in addition to describing the role well, it is also essential to convey the culture and environment within which we work. Adverts will normally state: "Every-One is an equal opportunity employer and values diversity." A copy of our equal opportunity policy may also be made available to candidates on request.

All applications will be handled in confidence and circulated only to those involved in the recruitment process.

Assessment methods

Care will be taken to use selection methods and techniques that are relevant to the job. These will be reviewed regularly to ensure their fairness and consistency of application.

Interviews should always be conducted or supervised by trained individuals. Where possible, the same people will be involved in the whole recruitment process including shortlisting and interviewing and if interviews take place on separate days the same people should interview on both occasions. Ideally, interview panels will comprise two or more people, and will include both men and women on the panel.

All short-listed candidates will be offered a face to face interview. This will be structured to follow an agreed set of questions which will be asked of all candidates and which reflect the person specification. Questions will relate to information that will help us to assess the candidates' ability to do the job. Questions about marriage plans, family intentions, religious or political commitments, caring responsibilities, or about any other issues which may give rise to suspicions of unlawful discrimination should not be asked. Candidates will not be asked whether they plan to opt-out of auto-enrolment, nor will any statements be made (whether written or verbal) that either state or imply that the offer of a post could depend on whether or not they opt-out of an automatic enrolment pension scheme.

The information provided by applicants will be thoroughly considered. Candidates should also be given the opportunity to ask questions.

Selection tests will be specifically related to the job and measure an individual's actual, or inherent, ability to do or train for the job.

If any tests are to be given (e.g. presentations, etc), the candidates will be informed of this in advance. Any presentations must be relevant to the post and measure an individual's actual, or inherent, ability to do or train for the job and, if necessary, guidance from appropriate professionals given.



Disabled candidates

At all stages of the recruitment procedure, reasonable attempts will be made to accommodate the particular needs of any candidate who has notified us of a disability. This may include changing the timing or location of any interview to enable the candidate to attend, providing information in different formats or larger type, etc.

Use of external recruitment agencies

Where necessary (because of time constraints or specific skills shortages), consideration may be given to using external recruitment agencies. When this is the case, any agencies instructed will be fully briefed about the role and our business, and supplied with information to provide to all potential candidates. They may also be sent a copy of our equal opportunity policy, and asked to confirm that they have read its contents and will abide by its principles.

Offers of employment

Offers of employment may initially be made verbally but should always be confirmed in writing, and specify a timescale in which the successful candidate should confirm his/her acceptance or rejection of the offer.

Where practicable, a copy of a draft contract of employment should be sent with the offer.

All appointments will be made subject to a satisfactory probationary period, usually of three months' duration.

References

All offers of employment are made subject to the receipt of references that are satisfactory to us, unless the candidate has previously worked for us.

Candidates will be asked to provide the details of two referees, one of whom should be their current or most recent employer, where applicable. References will always be taken up on external candidates, once an offer of employment has been made and accepted.

Where possible, references should be received prior to any new employee starting work for us and it may be that we delay the start date of a new employee until the references are received and checked. In the event of a reference being unsatisfactory to us, we may withdraw the offer of employment but will usually discuss this with the candidate, and if appropriate the referee, before making this decision.

Pre-employment checks

Following the offer and acceptance of employment, employees should not normally commence working for us until all appropriate checks have been completed to our satisfaction. All successful candidates will be required to provide proof of their entitlement to work in the UK prior to starting work with us. In addition, and depending on the requirements of the post, we may also require proof of qualifications, driving licence or a medical report.



Where the duties of the post holder will involve working with children or vulnerable adults, any appointment will be subject to a satisfactory check with the Disclosure and Barring Service (DBS).

Implementation, monitoring and review of this policy

This policy takes effect immediately. The Management of Every-One have overall responsibility for implementing and monitoring this policy, which will be reviewed on a regular basis and whenever there are relevant changes in legislation or to our working practices.

Part of this review process will include consideration of feedback from exit interviews of recent leavers to identify possible improvements which may avoid excessive turnover.

Any queries or comments about this policy should be addressed to the CEO.



38. REMUNERATION POLICY

INTRODUCTION

Every-One is committed to ensuring a proper balance between (i) paying our staff and others who work for us fairly so that we attract and retain the best people for the job and (ii) careful management of our charity funds. In so doing we will ensure the greatest effectiveness in delivering our charitable objectives and meeting the needs of our beneficiaries.

STAFF SALARIES

Every-One's policy on staff salaries is:

New posts

When determining the salary for a new post, we will collect information about comparable roles in other organisations, preferably within the voluntary sector. We will use this information to benchmark our own salaries, normally aiming to set it at a level that appears to represent the market average. We will also seek advice from colleagues within other organisations when we know they employ people in similar roles.

Salary

The pay of staff will be set in accordance with funding applications and in line with benchmarking exercises as detailed above.

The pay of the Chief Executive will comprise a single fixed salary point.

'Cost of Living' Adjustments

In March each year, the trustees will determine whether the salary points for all staff should be adjusted for the forthcoming financial year beginning 1st April, to reflect changes in the cost of living.

The trustees' considerations will begin with an assumption that salaries should be adjusted to match inflation (specifically the Consumer Price Index) over the preceding 12 months. They will then determine whether this is appropriate in the context of:

- (i) the charity's financial situation (can it afford the CPI linked increase?)
- (ii) the charity's performance (have KPIs been met?)
- (iii) cost of living adjustments made in recent years (have salaries kept pace with the CPI over the longer-term?)



- (iv) pay reviews elsewhere (how might a failure to follow wider trends be perceived amongst staff, within partner organisations or amongst potential supporters?)

Cost of living adjustments will be applied equally to all staff.

Review

Each year, the trustees will consider whether an independent review of salaries is necessary.

OTHER PECUNIARY BENEFITS FOR STAFF

All staff will be auto-enrolled into the pension scheme as required. Staff will have the option to not be part of the pension scheme.

PAYMENTS TO TRUSTEES

Every-One trustees are not paid for their work as a trustee.

Trustees can be reimbursed for reasonable out of pocket expenses (see separate Policy on Expenses). They may also be paid for undertaking special work for the charity, provided that this meets the criteria of the Charity Commission guidance “Payments to Charity Trustees – What the Rules Are”. However, Every-One will generally avoid engaging its trustees for such work and will only do so where there is no suitable alternative supplier of that work.

INTERNS

As a minimum, Every-One will pay the living wage to interns.

DISCLOSURES WITHIN THE ANNUAL REPORT AND ACCOUNTS

Every-One will include a statement that summarises this remuneration policy in its Annual Report and Accounts

HOW DECISIONS ARE MADE

The Board of Every-One will make formal consideration of remuneration matters annually, usually at the February/ March meeting; however, they may also be considered at other meetings if ad hoc issues arise during the year. The Chief Executive attends Committee meetings but leaves during the discussion regarding his / her own remuneration.

The annual, formal, considerations of the Board are to:



- determine and keep under review the salary banding of all staff, using such market comparators as it deems suitable and taking account of the nature of the posts being considered
- determine and review the remuneration package of the Chief Executive
- determine any annual percentage 'cost of living' change in the payroll
- determine whether there should be any exceptional consolidated or non-consolidated pay awards or salary increases for any staff
- review pension arrangements
- ensure that contractual terms on termination are fair to the individual and the charity, that good performance is recognised and poor performance is not rewarded

The Board has full authority in these matters.

39. GDPR Data Protection Policy

1. Introduction

This Policy sets out the obligations of Every-One (“the Organisation”) regarding data protection and the rights of clients, business contacts and joint venture partners (“data subjects”) in respect of their personal data under the General Data Protection Regulation (“the Regulation”).

The Regulation defines “personal data” as any information relating to an identified or identifiable natural person (a data subject); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

This Policy sets out the procedures that are to be followed when dealing with personal data. The procedures and principles set out herein must be followed at all times by the Organisation, its employees, volunteers, freelance consultants, volunteers, external sub-contractors, or other parties working on behalf of the Organisation.

The Organisation is committed not only to the letter of the law, but also to the spirit of the law and places high importance on the correct, lawful, and fair handling of all personal data, respecting the legal rights, privacy, and trust of all individuals with whom it deals.



2. The Data Protection Principles

This Policy aims to ensure compliance with the Regulation. The Regulation sets out the following principles with which any party handling personal data must comply. All personal data must be:

- a) processed lawfully, fairly, and in a transparent manner in relation to the data subject;
- b) collected for specified, explicit, and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes;
- c) adequate, relevant and limited to what is necessary in relation to the purposes for which it is processed;
- d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, is erased or rectified without delay;
- e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the Regulation in order to safeguard the rights and freedoms of the data subject;
- f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

3. Lawful, Fair, and Transparent Data Processing

The Regulation seeks to ensure that personal data is processed lawfully, fairly, and transparently, without adversely affecting the rights of the data subject. The Regulation states that processing of personal data shall be lawful if at least one of the following applies:

- a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes;
- b) processing is necessary for the performance of a contract to which the data subject is a party or in order to take steps at the request of the data subject prior to entering into a contract;
- c) processing is necessary for compliance with a legal obligation to which the controller is subject;



- d) processing is necessary to protect the vital interests of the data subject or of another natural person;
- e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;
- f) processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child.

4. Processed for Specified, Explicit and Legitimate Purposes

- 4.1 The Organisation collects and processes the personal data set out in Part 21 of this Policy. This may include personal data received directly from data subjects (for example, contact details used when a data subject communicates with us) and data received from third parties.
- 4.2 The Organisation only processes personal data for the specific purposes set out in Part 21 of this Policy (or for other purposes expressly permitted by the Regulation). The purposes for which we process personal data will be informed to data subjects at the time that their personal data is collected, where it is collected directly from them, or as soon as possible (not more than one calendar month) after collection where it is obtained from a third party.

5. Adequate, Relevant and Limited Data Processing

The Organisation will only collect and process personal data for and to the extent necessary for the specific purpose(s) informed to data subjects as under Part 4, above.

6. Accuracy of Data and Keeping Data Up-To-Date

The Organisation shall ensure that all personal data collected and processed is kept accurate and up-to-date. The accuracy of data shall be checked when it is collected and at annual intervals thereafter. Where any inaccurate or out-of-date data is found, all reasonable steps will be taken without delay to amend or erase that data, as appropriate.

7. Timely Processing

The Organisation shall not keep personal data for any longer than is necessary in light of the purposes for which that data was originally collected and processed. When the data is no longer required, all reasonable steps will be taken to erase it without delay.



8. **Secure Processing**

The Organisation shall ensure that all personal data collected and processed is kept secure and protected against unauthorised or unlawful processing and against accidental loss, destruction or damage. Further details of the data protection and organisational measures which shall be taken are provided in Parts 22 and 23 of this Policy.

9. **Accountability**

9.1 The Data Controller is Vicky Thomson, Chief Executive Officer or any successor in the role.

9.2 The Organisation shall keep written internal records of all personal data collection, holding, and processing, which shall incorporate the following information:

- (a) The name and details of the Organisation, its person responsible for data protection, and any applicable third-party data controllers;
- (b) The purposes for which the Organisation processes personal data;
- (c) Details of the categories of personal data collected, held, and processed by the Organisation; and the categories of data subject to which that personal data relates;
- (d) Details (and categories) of any third parties that will receive personal data from the Organisation;
- (e) Details of any transfers of personal data to non-EEA countries including all mechanisms and security safeguards;
- (f) Details of how long personal data will be retained by the Organisation; and
- (g) Detailed descriptions of all technical and organisational measures taken by the Organisation to ensure the security of personal data.

10. **Privacy Impact Assessments**

The Organisation shall carry out Privacy Impact Assessments when and as required under the Regulation. Privacy Impact Assessments shall be overseen by the Data Controller and shall address the following areas of importance:

- 10.1 The purpose(s) for which personal data is being processed and the processing operations to be carried out on that data;
- 10.2 Details of the legitimate interests being pursued by the Organisation;
- 10.3 An assessment of the necessity and proportionality of the data processing with respect to the purpose(s) for which it is being processed;
- 10.4 An assessment of the risks posed to individual data subjects; and
- 10.5 Details of the measures in place to minimise and handle risks including safeguards, data security, and other measures and mechanisms to



ensure the protection of personal data, sufficient to demonstrate compliance with the Regulation.

11. **The Rights of Data Subjects**

The Regulation sets out the following rights applicable to data subjects:

- a) The right to be informed;
- b) The right of access;
- c) The right to rectification;
- d) The right to erasure (also known as the 'right to be forgotten');
- e) The right to restrict processing;
- f) The right to data portability;
- g) The right to object;
- h) Rights with respect to automated decision-making and profiling.

12. **Keeping Data Subjects Informed**

12.1 The Organisation shall ensure that the following information is provided to every data subject when personal data is collected:

- a) Details of the Organisation including, but not limited to, the identity of Vicky Thomson, Chief Executive Officer or any successor in the role, its person responsible for data protection;
- b) The purpose(s) for which the personal data is being collected and will be processed (as detailed in Part 21 of this Policy) and the legal basis justifying that collection and processing;
- c) Where applicable, the legitimate interests upon which the Organisation is justifying its collection and processing of the personal data;
- d) Where the personal data is not obtained directly from the data subject, the categories of personal data collected and processed;
- e) Where the personal data is to be transferred to one or more third parties, details of those parties;
- f) Where the personal data is to be transferred to a third party that is located outside of the European Economic Area (the "EEA"), details of that transfer, including but not limited to the safeguards in place (see Part 24 of this Policy for further details concerning such third country data transfers);
- g) Details of the length of time the personal data will be held by the Organisation (or, where there is no predetermined period, details of how that length of time will be determined);
- h) Details of the data subject's rights under the Regulation;
- i) Details of the data subject's right to withdraw their consent to the



Organisation's processing of their personal data at any time;

- j) Details of the data subject's right to complain to the Information Commissioner's Office (the 'supervisory authority' under the Regulation);
- k) Where applicable, details of any legal or contractual requirement or obligation necessitating the collection and processing of the personal data and details of any consequences of failing to provide it;
- l) Details of any automated decision-making that will take place using the personal data (including but not limited to profiling), including information on how decisions will be made, the significance of those decisions and any consequences.

12.2 The information set out above in Part 12.1 shall be provided to the data subject at the following applicable time:

12.2.1 Where the personal data is obtained from the data subject directly, at the time of collection;

12.2.2 Where the personal data is not obtained from the data subject directly (i.e. from another party):

- a) If the personal data is used to communicate with the data subject, at the time of the first communication; or
- b) If the personal data is to be disclosed to another party, before the personal data is disclosed; or
- c) In any event, not more than one month after the time at which the Organisation obtains the personal data.

13. **Data Subject Access**

13.1 A data subject may make a subject access request ("SAR") at any time to find out more about the personal data which the Organisation holds about them. The Organisation is normally required to respond to SARs within one month of receipt (this can be extended by up to two months in the case of complex and/or numerous requests, and in such cases the data subject shall be informed of the need for the extension).

13.2 All subject access requests received must be forwarded to Vicky Thomson, Chief Executive Officer or any successor in the role, the Data Controller.

13.3 The Organisation does not charge a fee for the handling of normal SARs. The Organisation reserves the right to charge reasonable fees for additional copies of information that has already been supplied to a data subject, and for requests that are manifestly unfounded or excessive, particularly where such requests are repetitive.



14. Rectification of Personal Data

- 14.1 If a data subject informs the Organisation that personal data held by the Organisation is inaccurate or incomplete, requesting that it be rectified, the personal data in question shall be rectified, and the data subject informed of that rectification, within one month of receipt the data subject's notice (this can be extended by up to two months in the case of complex requests, and in such cases the data subject shall be informed of the need for the extension).
- 14.2 In the event that any affected personal data has been disclosed to third parties, those parties shall be informed of any rectification of that personal data.

15. Erasure of Personal Data

- 15.1 Data subjects may request that the Organisation erases the personal data it holds about them in the following circumstances:
- (a) It is no longer necessary for the Organisation to hold that personal data with respect to the purpose for which it was originally collected or processed;
 - (b) The data subject wishes to withdraw their consent to the Organisation holding and processing their personal data;
 - (c) The data subject objects to the Organisation holding and processing their personal data (and there is no overriding legitimate interest to allow the Organisation to continue doing so) (see Part 18 of this Policy for further details concerning data subjects' rights to object);
 - (d) The personal data has been processed unlawfully;
 - (e) The personal data needs to be erased in order for the Organisation to comply with a particular legal obligation.
 - (f) The personal data is being held and processed for the purpose of providing information society services to a child.
- 15.2 Unless the Organisation has reasonable grounds to refuse to erase personal data, all requests for erasure shall be complied with, and the data subject informed of the erasure, within one month of receipt of the data subject's request (this can be extended by up to two months in the case of complex requests, and in such cases the data subject shall be informed of the need for the extension).
- 15.3 In the event that any personal data that is to be erased in response to a data subject request has been disclosed to third parties, those parties shall be informed of the erasure (unless it is impossible or would require disproportionate effort to do so).

16. Restriction of Personal Data Processing

- 16.1 Data subjects may request that the Organisation ceases processing the



personal data it holds about them. If a data subject makes such a request, the Organisation shall retain only the amount of personal data pertaining to that data subject that is necessary to ensure that no further processing of their personal data takes place.

- 16.2 In the event that any affected personal data has been disclosed to third parties, those parties shall be informed of the applicable restrictions on processing it (unless it is impossible or would require disproportionate effort to do so).

17. Data Portability

- 17.1 The Organisation processes personal data using automated means.
- 17.2 Where data subjects have given their consent to the Organisation to process their personal data in such a manner or the processing is otherwise required for the performance of a contract between the Organisation and the data subject, data subjects have the legal right under the Regulation to receive a copy of their personal data and to use it for other purposes (namely transmitting it to other data controllers, e.g. other companies).
- 17.3 To facilitate the right of data portability, the Organisation shall make available all applicable personal data to data subjects in the following formats:
- a) In writing
 - b) Electronically via email
- 17.4 Where technically feasible, if requested by a data subject, personal data shall be sent directly to another data controller.
- 17.5 All requests for copies of personal data shall be complied with within one month of the data subject's request (this can be extended by up to two months in the case of complex requests in the case of complex or numerous requests, and in such cases the data subject shall be informed of the need for the extension).

18. Objections to Personal Data Processing

- 18.1 Data subjects have the right to object to the Organisation processing their personal data based on legitimate interests (including profiling), direct marketing (including profiling), etc.
- 18.2 Where a data subject objects to the Organisation processing their personal data based on its legitimate interests, the Organisation shall cease such processing forthwith, unless it can be demonstrated that the Organisation's legitimate grounds for such processing override the data subject's interests, rights and freedoms; or the processing is necessary for the conduct of legal claims.
- 18.3 Where a data subject objects to the Organisation processing their



personal data for direct marketing purposes, the Organisation shall cease such processing forthwith.

- 18.4 Where a data subject objects to the Organisation processing their personal data for scientific and/or historical research and statistics purposes, the data subject must, under the Regulation, 'demonstrate grounds relating to his or her particular situation'. The Organisation is not required to comply if the research is necessary for the performance of a task carried out for reasons of public interest.

19. **Automated Decision-Making**

19.1 In the event that the Organisation uses personal data for the purposes of automated decision-making and those decisions have a legal (or similarly significant effect) on data subjects, data subjects have the right to challenge to such decisions under the Regulation, requesting human intervention, expressing their own point of view, and obtaining an explanation of the decision from the Organisation.

19.2 The right described in Part 19.1 does not apply in the following circumstances:

- (a) The decision is necessary for the entry into, or performance of, a contract between the Organisation and the data subject;
- (b) The decision is authorised by law; or
- (c) The data subject has given their explicit consent.

20. **Profiling**

Where the Organisation uses personal data for profiling purposes, the following shall apply:

- a) Clear information explaining the profiling will be provided, including its significance and the likely consequences;
- b) Appropriate mathematical or statistical procedures will be used;
- c) Technical and organisational measures necessary to minimise the risk of errors and to enable such errors to be easily corrected shall be implemented; and
- d) All personal data processed for profiling purposes shall be secured in order to prevent discriminatory effects arising out of profiling (see Parts 22 and 23 of this Policy for more details on data security).

21. **Personal Data**

The following personal data may be securely collected, held, processed by the Organisation:

- a) Staff data – secured on organisation's cloud storage and kept in locked



- cabinet in office;
- b) Historic Case Files (Paper) – securely stored in locked cabinet in the organisation’s office;
 - c) Historic Case Older Carers Project Database – securely stored on a 256 bit encrypted data stick, in an encrypted data store in a locked cabinet in the organisation’s office;
 - d) Current Case Files (Paper) – securely stored in locked cabinet in Project Support Worker’s home;
 - e) Historic Caravan Booking forms and sheets – securely stored in locked cabinet in organisation’s office;
 - f) Current Completed Caravan Paper Booking Forms and sheets – securely stored in locked cabinet in the Project Support Worker’s home;
 - g) Caravan Booking Information – stored on the organisation’s cloud storage;
 - h) Historic and Current Caravan Booking Database - stored on the organisation’s cloud storage;
 - i) Carers Quality Award Database – stored on the organisation’s cloud storage;
 - j) Stardust Client Information – electronic information stored on the organisation’s cloud storage and paper records are securely stored in a locked cabinet in the Project Support Workers home;
 - k) Marketing data – stored on the organisation’s cloud storage and password protected.

Please note that the organisation’s cloud storage is GDPR compliant.

22. **Data Protection Measures**

The Organisation shall ensure that all its employees, volunteers, freelancers, or other parties working on its behalf comply with the following when working with personal data:

- a) All emails containing personal data must be encrypted.
- b) Where any personal data is to be erased or otherwise disposed of for any reason (including where copies have been made and are no longer needed), it should be securely deleted and disposed of. Hardcopies should be shredded, and electronic copies should be deleted securely.
- c) Personal data may be transmitted over secure networks only; transmission over unsecured networks is not permitted in any circumstances;
- d) Personal data may not be transmitted over a wireless network if there is a wired alternative that is reasonably practicable;
- e) Personal data contained in the body of an email, whether sent or received, should be copied from the body of that email and stored securely. The email itself should be deleted. All temporary files



associated therewith should also be deleted;

- f) Where Personal data is to be sent by facsimile transmission the recipient should be informed in advance of the transmission and should be waiting by the fax machine to receive the data;
- g) Where Personal data is to be transferred in hardcopy form it should be passed directly to the recipient or sent using Royal Mail 1st class recorded delivery;
- h) No personal data may be shared informally and if an employee, freelancer, or other party working on behalf of the Organisation requires access to any personal data that they do not already have access to, such access should be formally requested from Vicky Thomson, Chief Executive Officer or any successor in the role;
- i) All hardcopies of personal data, along with any electronic copies stored on physical, removable media should be stored securely in a locked box, drawer, cabinet or similar;
- j) No personal data may be transferred to any employees, volunteers, freelancers, or other parties, whether such parties are working on behalf of the Organisation or not, without the authorisation of the Chief Executive Officer.
- k) Personal data must be handled with care at all times and should not be left unattended or on view to unauthorised employees, volunteers, freelancers or other parties at any time;
- l) If personal data is being viewed on a computer screen and the computer in question is to be left unattended for any period of time, the user must lock the computer and screen before leaving it;
- m) No personal data should be stored on any mobile device (including, but not limited to, laptops, tablets and smartphones), whether such device belongs to the Organisation or otherwise without the formal written approval of a line manager and, in the event of such approval, strictly in accordance with all instructions and limitations described at the time the approval is given, and for no longer than is absolutely necessary.
- n) No personal data should be transferred to any device personally belonging to an employee and personal data may only be transferred to devices belonging to freelancers, or other parties working on behalf of the Organisation where the party in question has agreed to comply fully with the letter and spirit of this Policy and of the Regulation (which may include demonstrating to the Organisation that all suitable technical and organisational measures have been taken);
- o) All personal data stored electronically should be backed up regularly with backups stored onsite on the Organisation's servers. All backups should be encrypted;
- p) All electronic copies of personal data should be stored securely using passwords and data encryption;



- q) All passwords used to protect personal data should be changed regularly and should not use words or phrases that can be easily guessed or otherwise compromised. All passwords must contain a combination of uppercase and lowercase letters, numbers, and symbols. All software used by the Organisation is designed to require such passwords;
- r) Under no circumstances should any passwords be written down or shared between any employees, volunteers, freelancers, or other parties working on behalf of the Organisation, irrespective of seniority. If a password is forgotten, it must be reset using the applicable method;
- s) Where personal data held by the Organisation is used for marketing purposes, it shall be the responsibility Vicky Thomson, Chief Executive Officer or any successor in the role to ensure that no data subjects have added their details to any marketing preference databases including, but not limited to, the Telephone Preference Service, the Mail Preference Service, the Email Preference Service, and the Fax Preference Service. Such details should be checked regularly.

23. **Organisational Measures**

The Organisation shall ensure that the following measures are taken with respect to the collection, holding, and processing of personal data:

- a) All employees, volunteers, freelancers, or other parties working on behalf of the Organisation shall be made fully aware of both their individual responsibilities and the Organisation's responsibilities under the Regulation and under this Policy, and shall be provided with a copy of this Policy;
- b) Only employees, volunteers, freelancers, or other parties working on behalf of the Organisation that need access to, and use of, personal data in order to carry out their assigned duties correctly shall have access to personal data held by the Organisation;
- c) All employees, volunteers, freelancers, or other parties working on behalf of the Organisation handling personal data will be appropriately trained to do so;
- d) All employees, volunteers, freelancers, or other parties working on behalf of the Organisation handling personal data will be appropriately supervised;
- e) Methods of collecting, holding and processing personal data shall be regularly evaluated and reviewed;
- f) The performance of those employees, volunteers, freelancers, or other parties working on behalf of the Organisation handling personal data shall be regularly evaluated and reviewed;
- g) All employees, volunteers, freelancers, or other parties working on behalf of the Organisation handling personal data will be bound to do so in accordance with the principles of the Regulation and this Policy by



contract;

- h) All freelancers or other parties working on behalf of the Organisation handling personal data must ensure that any and all of their employees who are involved in the processing of personal data are held to the same conditions as those relevant employees of the Organisation arising out of this Policy and the Regulation;
- i) Where any freelancer or other party working on behalf of the Organisation handling personal data fails in their obligations under this Policy that party shall indemnify and hold harmless the Organisation against any costs, liability, damages, loss, claims or proceedings which may arise out of that failure.

24. **Transferring Personal Data to a Country Outside the EEA**

- 24.1 The Organisation may from time to time transfer ('transfer' includes making available remotely) personal data to countries outside of the EEA.
- 24.2 The transfer of personal data to a country outside of the EEA shall take place only if one or more of the following applies:
 - a) The transfer is to a country, territory, or one or more specific sectors in that country (or an international organisation), that the European Commission has determined ensures an adequate level of protection for personal data;
 - b) The transfer is to a country (or international organisation) which provides appropriate safeguards in the form of a legally binding agreement between public authorities or bodies; binding corporate rules; standard data protection clauses adopted by the European Commission; compliance with an approved code of conduct approved by a supervisory authority (e.g. the Information Commissioner's Office); certification under an approved certification mechanism (as provided for in the Regulation); contractual clauses agreed and authorised by the competent supervisory authority; or provisions inserted into administrative arrangements between public authorities or bodies authorised by the competent supervisory authority;
 - c) The transfer is made with the informed consent of the relevant data subject(s);
 - d) The transfer is necessary for the performance of a contract between the data subject and the Organisation (or for pre-contractual steps taken at the request of the data subject);
 - e) The transfer is necessary for important public interest reasons;
 - f) The transfer is necessary for the conduct of legal claims;
 - g) The transfer is necessary to protect the vital interests of the data subject or other individuals where the data subject is physically or legally unable to give their consent; or



- h) The transfer is made from a register that, under UK or EU law, is intended to provide information to the public and which is open for access by the public in general or otherwise to those who are able to show a legitimate interest in accessing the register.

25. Use of Website Cookies

- 25.1 A cookie is a small file which asks permission to be placed on a person's computer's hard drive. Once a person agrees, the file is added and the cookie helps analyse web traffic or lets a person know when they visit a particular site. Cookies allow web applications to respond to individual needs on the organisation's website. The web application can tailor its operations such as likes and dislikes by gathering and remembering information about a person's preferences.
- 25.2 The organisation uses traffic log cookies to identify which pages are being used. This helps the organisation to analyse data about web page traffic and improve our website in order to tailor it to customer needs. The organisation only uses this information for statistical analysis purposes and then the data is removed from the system. Overall, cookies help provide a better website, by enabling monitor which pages you find useful and which you do not.

26. Links To Other Websites

- 26.1 The organisation's website contain links to other websites of interest to the user. However, once a person has used these links to leave the organisation's website, it must be noted that the organisation does not have any control over any other website. Therefore, the organisation cannot be responsible for the protection and privacy of any information which you provide whilst visiting such sites and such sites are not governed by this privacy policy.

27. Data Breach Notification

- 27.1 All personal data breaches must be reported immediately to the Data Controller.
- 27.2 If a personal data breach occurs and that breach is likely to result in a risk to the rights and freedoms of data subjects (e.g. financial loss, breach of confidentiality, discrimination, reputational damage, or other significant social or economic damage), the Person responsible for data protection must ensure that the Information Commissioner's Office is informed of the breach without delay, and in any event, within 72 hours after having become aware of it.
- 27.3 In the event that a personal data breach is likely to result in a high risk (that is, a higher risk than that described under Part 25.2) to the rights and freedoms of data subjects, the Person responsible for data protection must ensure that all affected data subjects are informed of the breach directly and without undue delay.
- 27.4 Data breach notifications shall include the following information:



- (a) The categories and approximate number of data subjects concerned;
- (b) The categories and approximate number of personal data records concerned;
- (c) The name and contact details of the Data Controller (or other contact point where more information can be obtained);
- (d) The likely consequences of the breach;
- (e) Details of the measures taken, or proposed to be taken, by the Organisation to address the breach including, where appropriate, measures to mitigate its possible adverse effects.

28. **Implementation of Policy**

This Policy shall be deemed effective as of 25th May 2018. No part of this Policy shall have retroactive effect and shall thus apply only to matters occurring on or after this date.



40. GDPR Data Retention Policy

1. Introduction

This Policy sets out the obligations of Every-One (“the Organisation”) regarding retention of personal data collected, held, and processed by the Organisation in accordance with EU Regulation 2016/679 General Data Protection Regulation (“GDPR”).

The GDPR defines “personal data” as any information relating to an identified or identifiable natural person (a “data subject”). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

The GDPR also addresses “special category” personal data (also known as “sensitive” personal data). Such data includes, but is not necessarily limited to, data concerning the data subject’s race, ethnicity, politics, religion, trade union membership, genetics, biometrics (if used for ID purposes), health, sex life, or sexual orientation.

Under the GDPR, personal data shall be kept in a form which permits the identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed. In certain cases, personal data may be stored for longer periods where that data is to be processed for archiving purposes that are in the public interest, for scientific or historical research, or for statistical purposes (subject to the implementation of the appropriate technical and organisational measures required by the GDPR to protect that data).

In addition, the GDPR includes the right to erasure or “the right to be forgotten”. Data subjects have the right to have their personal data erased (and to prevent the processing of that personal data) in the following circumstances:

- a) Where the personal data is no longer required for the purpose for which it was originally collected or processed (see above);
- b) When the data subject withdraws their consent;
- c) When the data subject objects to the processing of their personal data and the Organisation has no overriding legitimate interest;
- d) When the personal data is processed unlawfully (i.e. in breach of the GDPR);
- e) When the personal data has to be erased to comply with a legal obligation; or
- f) Where the personal data is processed for the provision of information society services to a child.

This Policy sets out the type(s) of personal data held by the Organisation, the



period(s) for which that personal data is to be retained, the criteria for establishing and reviewing such period(s), and when and how it is to be deleted or otherwise disposed of.

For further information on other aspects of data protection and compliance with the GDPR, please refer to the Organisation's Data Protection Policy.

2. Aims and Objectives

- 2.1 The primary aim of this Policy is to set out limits for the retention of personal data and to ensure that those limits, as well as further data subject rights to erasure, are complied with. By extension, this Policy aims to ensure that the Organisation complies fully with its obligations and the rights of data subjects under the GDPR.

- 2.2 In addition to safeguarding the rights of data subjects under the GDPR, by ensuring that excessive amounts of data are not retained by the Organisation, this Policy also aims to improve the speed and efficiency of managing data.

3. Scope

- 3.1 This Policy applies to all personal data held by the Organisation and by third-party data processors processing personal data on the Organisation's behalf.
- 3.2 Personal data, as held by the Organisation is stored in the following ways and in the following locations:
 - (a) The Organisation stores electronic data encrypted on cloud servers which are GDPR compliant;
 - (b) Third-party data processors e.g. payroll provider, accountant, health and safety provider, etc;
 - (c) Computers permanently located in the Organisation's premises at No. 5, The Stables, Wellingore Hall, Wellingore, Lincoln, LN5 0HU;
 - (d) Laptop computers and other mobile devices provided by the Organisation to its employees and volunteers (where applicable) are stored with and at their homes securely;
 - (e) Computers and mobile devices owned by employees, volunteers, freelance consultants, volunteers, and external sub-contractors;
 - (f) Physical records stored at our premises at No 5, The Stables, Wellingore Hall, Wellingore, Lincoln, LN5 0HU; and
 - (g) Physical records such as case records are securely stored at employee or associates homes or at the Organisation's premises at No. 5, Th Stables, Wellingore Hall, Wellingore, Lincoln, LN5 0HU.



4. Data Subject Rights and Data Integrity

All personal data held by the Organisation is held in accordance with the requirements of the GDPR and data subjects' rights thereunder, as set out in the Organisation's Data Protection Policy.

- 4.1 Data subjects are kept fully informed of their rights, of what personal data the Organisation holds about them, how that personal data is used and how long the Organisation will hold that personal data (or, if no fixed retention period can be determined, the criteria by which the retention of the data will be determined).
- 4.2 Data subjects are given control over their personal data held by the Organisation including the right to have incorrect data rectified, the right to request that their personal data be deleted or otherwise disposed of (notwithstanding the retention periods otherwise set by this Data Retention Policy), the right to restrict the Organisation's use of their personal data, and further rights relating to automated decision-making and profiling.

5. Technical and Organisational Data Security Measures

- 5.1 The following technical measures are in place within the Organisation to protect the security of personal data:
 - a) All emails containing personal data must be encrypted and transferred by secure methods (see below);
 - b) All emails containing personal data must be marked "confidential";
 - c) Personal data may only be transmitted over secure networks;
 - d) Personal data may not be transmitted over a wireless network if there is a reasonable wired alternative;
 - e) Personal data contained in the body of an email, whether sent or received, should be copied from the body of that email and stored securely. The email itself and associated temporary files should be deleted;
 - f) Where personal data is to be sent by facsimile transmission the recipient should be informed in advance and should be waiting to receive it;
 - g) Where personal data is to be transferred in hardcopy form, it should be passed directly to the recipient;
 - h) All personal data transferred physically should be transferred in a suitable container marked "confidential";
 - i) No personal data may be shared informally and if access is required to any personal data, such access should be formally requested from Vicky Thomson, Chief Executive Officer.



- j) All hardcopies of personal data, along with any electronic copies stored on physical media should be stored securely;
- k) No personal data may be transferred to any employees, volunteers, contractors, or other parties, whether such parties are working on behalf of the Organisation or not, without authorisation;
- l) Personal data must be handled with care at all times and should not be left unattended or on view;
- m) Computers used to view personal data must always be locked before being left unattended;
- n) No personal data should be transferred to any device personally belonging to an employee and personal data may only be transferred to devices belonging to contractors or other parties working on behalf of the Organisation where the party in question has agreed to comply fully with the Organisation's Data Protection Policy and the GDPR;
- o) All personal data stored electronically should be encrypted and be backed up periodically with backups stored securely at No 5, The Stables, Wellingore Hall, Wellingore, Lincoln, LN5 0HU;
- p) All backups should be password protected, stored off site in a safe as the Chief Executive Officers home;
- q) All electronic copies of personal data should be stored securely using passwords and encryption;
- r) All passwords used to protect personal data should be changed regularly and should be secure;
- s) Under no circumstances should any passwords be written down or shared. If a password is forgotten, it must be reset using the applicable method;
- t) All software should be kept up-to-date. Security-related updates should be installed as soon as reasonably possible after becoming available;
- u) No software may be installed on any Organisation-owned computer or device without approval; and
- v) Where personal data held by the Organisation is used for marketing purposes, it shall be the responsibility of Vicky Thomson, Chief Executive Officer or any successor in the role to ensure that the appropriate consent is obtained and that no data subjects have opted out, whether directly or via a third-party service.

5.2 The following organisational measures are in place within the



Organisation to protect the security of personal data:

- a) All employees, volunteers and other parties working on behalf of the Organisation shall be made fully aware of both their individual responsibilities and the Organisation's responsibilities under the GDPR and under the Organisation's Data Protection Policy;
- b) Only employees, volunteers and other parties working on behalf of the Organisation that need access to, and use of, personal data in order to perform their work shall have access to personal data held by the Organisation;
- c) All employees and other parties working on behalf of the Organisation handling personal data will be appropriately trained to do so;
- d) All employees and other parties working on behalf of the Organisation handling personal data will be appropriately supervised;
- e) All employees and other parties working on behalf of the Organisation handling personal data should exercise care and caution when discussing any work relating to personal data at all times;
- f) Methods of collecting, holding, and processing personal data shall be regularly evaluated and reviewed;
- g) The performance of those employees and other parties working on behalf of the Organisation handling personal data shall be regularly evaluated and reviewed;
- h) All employees and other parties working on behalf of the Organisation handling personal data will be bound by contract to comply with the GDPR and the Organisation's Data Protection Policy;
- i) All sub-contractors, or other parties working on behalf of the Organisation handling personal data must ensure that any and all relevant employees are held to the same conditions as those relevant employees of the Organisation arising out of the GDPR and the Organisation's Data Protection Policy;
- j) Where any sub-contractor or other party working on behalf of the Organisation handling personal data fails in their obligations under the GDPR and/or the Organisation's Data Protection Policy, that party shall indemnify and hold harmless the Organisation against any costs, liability, damages, loss, claims or proceedings which may arise out of that failure.

6. Data Disposal

Upon the expiry of the data retention periods set out below in Part 7 of this Policy, or when a data subject exercises their right to have their personal data



erased, personal data shall be deleted, destroyed, or otherwise disposed of as follows:

- 6.1 Personal data stored electronically (including any and all backups thereof) shall be deleted securely;
- 6.2 Personal data stored in hardcopy form shall be shredded and securely disposed of;

7. Data Retention

- 7.1 As stated above, and as required by law, the Organisation shall not retain any personal data for any longer than is necessary in light of the purpose(s) for which that data is collected, held, and processed.
- 7.2 Different types of personal data, used for different purposes, will necessarily be retained for different periods (and its retention periodically reviewed), as set out below.
- 7.3 When establishing and/or reviewing retention periods, the following shall be taken into account:
 - (a) The objectives and requirements of the Organisation;
 - (b) The type of personal data in question;
 - (c) The purpose(s) for which the data in question is collected, held, and processed;
 - (d) The Organisation's legal basis for collecting, holding, and processing that data;
 - (e) The category or categories of data subject to whom the data relates;
- 7.4 If a precise retention period cannot be fixed for a particular type of data, criteria shall be established by which the retention of the data will be determined, thereby ensuring that the data in question, and the retention of that data, can be regularly reviewed against those criteria.
- 7.5 Notwithstanding the following defined retention periods, certain personal data may be deleted or otherwise disposed of prior to the expiry of its defined retention period where a decision is made within the Organisation to do so (whether in response to a request by a data subject or otherwise).
- 7.6 In limited circumstances, it may also be necessary to retain personal data for longer periods where such retention is for archiving purposes that are in the public interest, for scientific or historical research purposes, or for statistical purposes. All such retention will be subject to the implementation of appropriate technical and organisational measures to protect the rights and freedoms of data subjects, as required by the GDPR.



Data Ref.	Type of Data	Purpose of Data	Review Period	Retention Period or Criteria	Comments
E-O-01	Staff Data	Recruitment Employment Contracting with Associates	Annually	7 years	
E-O-02	Volunteer Database	Management of volunteers	Annually	1.5 years	
E-O-03	Marketing Databases	Promotion of individuals	Annually	1.5 years	
E-O-04	Membership Databases	Sharing of information on activities Recruitment of members to undertake work	Annually	1.5 years	
E-O-05	Carers Quality Award Database	Management of organisations who are being assessed or awarded the Carers Quality Award Management of organisations who are part of the Carers Employment Project	Annually	1.5 years	
E-O-06	Case Files	Records of individuals supported on projects	Annually	7 years	
E-O-07	Caravan Booking Forms and Database	Booking and management of individuals and families on the Short Break Holidays at Butlins	Annually	1.5 years	

8. **Roles and Responsibilities**

- 8.1 The Data Controller is Vicky Thomson, Chief Executive vicky.thomson@everyone.org.uk.
- 8.2 The Data Controller shall be responsible for overseeing the implementation of this Policy and for monitoring compliance with this Policy, the Organisation's other Data Protection-related policies (including, but not limited to, its Data Protection Policy), and with the GDPR and other applicable data protection legislation.
- 8.3 The Data Controller shall be directly responsible for ensuring compliance with the above data retention periods throughout the Organisation.
- 8.4 Any questions regarding this Policy, the retention of personal data, or any other aspect of GDPR compliance should be referred to the Data Controller.

9. **Implementation of Policy**

This Policy shall be deemed effective as of 25th May 2018. No part of this Policy shall have retroactive effect and shall thus apply only to matters occurring on or after this date.

Privacy Notice

About us

The Every-One is known as the “controller” and a “processor” of the personal data you provide to us. We process and hold your personal data in order to provide support to carers and the cared for and related services.

Why do we collect your personal data?

We collect personal data about you in order to deliver to carer and cared for, and related services. We will only use your personal data where the law allows and we will not collect any personal data that we do not need in order to provide these services. A summary of these services is set out below:

- Carers Quality Award
- Employment for Carers
- Stardust
- The People’s Partnership
- Short Break Caravans
- Oasis
- Co-production
- The Military and Veteran Network

As far as is reasonable and practicable, we will ensure that the information recorded is kept accurate and up to date.

What personal data do we collect?

We will collect the personal data about you in order to help us deliver the right service.

The personal data we will collect includes:

- Name, date of birth, address and contact details
- Medical history and details of any diagnosis
- Health information
- Photographs

How do we collect your personal data?

Personal data can be collected in many different ways but predominantly as set out below:

Face-to-face

Personal data can be collected from you in person, in your home or any other place where it may be arranged for you to meet with an employee or contract working for Every-One in order to discuss or receive services.

Telephone calls

We may also ask you to provide personal data over the telephone.

Emails

If you email us, we may keep a record of your email address and the email as evidence of the contact. We are unable to guarantee the security of any email initiated by you and we recommend that you keep the amount of confidential information you send to us via email to a minimum.

Who do we get your personal data from?

This information is provided by you when you sign up to our services.

- Provided to us directly by you when you sign up to use a service we are providing
- Provided by another professional organisation involved in the provision of services who have referred you
- Provided by a friend or family member
- Provided by a community or group

Who do we share your personal data with?

The type of service you receive and your personal circumstances will dictate who we share your personal data with. Where applicable, we will share your data with organisations that deliver services on behalf of Every-One.

We will only share information when it is necessary to do so and in accordance with the law.

Where necessary we may share your personal data with the following recipients:

- Support staff and other professionals employed or contracted by Every-One in providing our services
- Healthcare, social and welfare organisations and professionals
- Providers of services. For example we provide your name, date of birth, address with Bultin's with the Short Break Caravans service.

How long do we keep your personal data for?

We are required to retain your personal data only for as long as is necessary, after which it will be securely destroyed in line with Every-One's retention policy or the specific requirements of the organisation who has shared the data with us.

Retention periods can vary and will depend on various criteria including the purpose of processing, regulatory and legal requirements, and internal organisational need. Retention periods are defined within Every-One's retention policy.

How do we keep your personal data safe?

All data is encrypted and stored securely in accordance with the General Data Protection Regulations.

Access to information is strictly controlled based on the role of the professional.

All staff are required to undertake regular data protection training and must comply with a variety of security policies designed to keep your information secure.

Your personal data is not processed outside of the EU by Every-One.

Your rights

You have a number of rights which relate to your personal data.

You are entitled to request access to any personal data we hold about you and you can also request a copy by emailing vicky.thomson@every-one.org.uk

If Every-One holds any of your personal data, you are entitled to:

- request access
- request a copy
- ask for corrections to be made
- ask for it to be deleted
- object to it being processed
- ask for it to stop being processed
- ask for automated decisions to be made by a person
- ask for it to be transferred to another organisation

Every-One must consider and respond to all requests within one calendar month.

Where we are relying on your consent to process personal data you are entitled to withdraw your consent at any time.

Further information

If you wish to make a request or make a complaint about how we have handled your personal data, you can contact:

- email Vicky.thomson@every-one.org.uk
- write to Every-One, No. 5 The Stables, Wellingore Hall, Wellingore, Lincoln, LN5 0HU

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law you have the right to lodge a complaint with the UK's supervisory authority, the Information Commissioner's Office, by calling 0303 123 1113.

For further information about your rights, please contact the Information Commissioner's Office or your local Citizens Advice Bureau.

41. Equality & Diversity Policy: Guidance for Staff and Volunteers

Our Commitment

We are committed to providing equal opportunities in relation to employees, volunteers, our stakeholders and the people we support, and to avoiding unlawful discrimination. This policy is intended to assist putting this commitment into practice. Our aim is that the work environment is free of harassment and bullying and that everyone is treated with dignity and respect is an important aspect of ensuring equal opportunities in all we do. We have separate policies which relate to this policy:

- Bullying and Harassment Policy
- Equal Opportunities Policy

The Law

It is unlawful to discriminate directly or indirectly because of a 'protected characteristic'. The Equality Act defines the protected characteristics as being age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality, caste and ethnic or national origins), sexual orientation, religion or belief, or because someone is married or in a civil partnership.

Discrimination before, during or after employment would also be unlawful, e.g. refusing to give a reference for a reason related to one of the protected characteristics.

It is also unlawful to discriminate against or harass a member of the public or service user in the provision of services or goods or to fail to make reasonable adjustments to overcome barriers to using services caused by disability.

The duty to make reasonable adjustments includes the removal, adaptation or alteration of physical features, if the physical features make it impossible or unreasonably difficult for disabled people to make use of services. In addition, service providers have an obligation to think ahead and address any barriers that may impede disabled people from accessing a service.

Types of Unlawful Discrimination

Direct discrimination is where a person is treated less favourably than another because of a protected characteristic. However, discrimination may be lawful if there is an occupational requirement which is core to a job role and a proportionate means of achieving a legitimate aim.

Indirect discrimination means putting in place, a rule or policy or way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified.

Harassment is where there is unwanted behaviour related to a protected characteristic (other than marriage and civil partnership, and pregnancy and maternity) which has the purpose or effect of violating someone's dignity or which creates a hostile, degrading, humiliating or offensive environment. It does not matter whether or not this effect was intended by the person responsible for the conduct.

Associative discrimination is where the individual treated less favourably does not have a protected characteristic but is discriminated against because of their association with someone who does e.g. the parent of a disabled child.

Perceptive discrimination is where the individual discriminated against or harassed does not have a protected characteristic but they are perceived to have a protected characteristic.

Third-party harassment occurs where an employee is harassed by third parties such as service users, due to a protected characteristic.

Victimisation is treating someone unfavourably because they have taken some form of action relating to the Equality Act i.e. because they have supported a complaint or raised a grievance under the Equality Act 2010, or because they are suspected of doing so. However, an employee is not protected from victimisation if they acted maliciously or made or supported an untrue complaint.

Failure to make reasonable adjustments is where a rule or policy or way of doing things has a worse impact on someone with a protected characteristic compared with someone who does not have that protected characteristic and the employer has failed to make reasonable adjustments to enable the disabled person to overcome the disadvantage.

Equal Opportunities in Employment

We will not unlawfully discriminate in all aspects of employment including recruitment, promotion, opportunities for training, pay and benefits, discipline and selection for redundancy. Job descriptions will avoid any unnecessary requirements (those unrelated to effective performance) that may otherwise have deterred applicants. We will base decisions on objective criteria. We will consider making reasonable adjustments in recruitment as well as in day-to-day employment.

See also – Equal Opportunities Policy

Service Users, Suppliers and Others

We will not discriminate unlawfully against service users using or seeking to use the services we provide. If you are bullied or harassed by a service user, suppliers, contractor, visitor or others, or if you witness someone else being bullied or harassed, you are asked to report this to your manager who will take appropriate action.

Training

We will provide information and guidance to those involved in recruitment or other decision making where equal opportunities issues are likely to arise to help them understand their responsibilities and to avoid the risk of discrimination.

Your Responsibilities

All staff and volunteers are responsible to support the organisation to meet its commitment and avoid unlawful discrimination. If you believe that you have been discriminated against you should report this to your line manager or the Chief Executive under the grievance procedure. If your complaint involves bullying or harassment, see our Bullying & Harassment Policy. We take any complaint seriously and you will not be penalised for raising a grievance, even if your grievance is not upheld, unless your complaint is both untrue and made in bad faith.

If you witness what you believe to be discrimination you should report this to your line manager or the Chief Executive as soon as possible.

Employees and volunteers can be held personally liable as well as, or instead of, the organisation for any act of unlawful discrimination. Employees and volunteers who commit serious acts of harassment may be guilty of a criminal offence. Acts of discrimination, harassment, bullying or victimisation against employees, volunteers or customers are disciplinary offences and will be dealt with under our disciplinary procedure. Discrimination, harassment, bullying or victimisation may constitute gross misconduct and could lead to dismissal without notice.

Monitoring and Review

This policy will be monitored periodically to judge its effectiveness and will be updated in accordance with changes in the law. We will report to the Board of Trustees on any actions or activities undertaken to improve equality of opportunity. Any information provided by job applicants and employees / volunteers for monitoring purposes will be used only for these purposes and will be dealt with in accordance with the Data Protection legislation.