Transom Trust

Lone Working and Home Visiting Policy and Procedure (April 2021)

1 Introduction

1.1 Lone workers are those who work by themselves without close or direct supervision. There is no general legal prohibition on working alone, but the broad requirements of the Health and Safety at Work (HSW) Act and the Management of Health and Safety at Work (MHSW) Regulations still apply.

1.2 It is Transom Trust procedure that **a risk assessment is carried out by a Project Leader or Trustees for each resident** accepted into the project – ie: relating to how volunteers, staff and other residents may be affected by acceptance of the resident. This risk assessment is based on information in the risk assessment section of the resident's Referral form, which the Trustees consider when they decide whether to take on a new resident.

1.3 The Team Leader or Trustees will ensure that:

- appropriate measures are put in place to avoid or control the risks identified;
- all pastoral support team volunteers receive:
    - the appropriate induction on this policy and procedure;
    - a copy of the resident's referral form (which is also needed to complete the resident's support plan).

2 Legal duties of employers towards lone workers

2.1 For most circumstances, there are no specific legal duties on charities in relation to lone working, whether carried out by volunteers or paid staff. However, employers are under a general duty under Section 2 of the HSW Act to maintain safe working arrangements and under Regulation 3 of the MHSW Regulations to carry out a risk assessment of the hazards to which their employees, and volunteers operating under management direction, are exposed.

2.2 Each risk assessment must be kept as a permanent record. Transom Trustees are under a duty to provide facilities for first aid and welfare, and to report accidents suffered by their volunteers and employees, including assaults, wherever they occur. The key to maximising safety wherever lone work is under consideration is the performance of a satisfactory risk assessment, which should address two main features:

- whether the work can be done safely by a single person;
- what arrangements are required to ensure the lone worker is at no more risk than volunteers or employees working together.

2.3 The risk assessment should:

- be based on the risk assessment section of the resident's referral form (ie: risks to others);
- prescribe arrangements for monitoring & reviewing the hazards of lone working by qualified Team Leaders.

3 Context of Procedure

3.1 This procedure should be read in conjunction with other Transom Trust policies and procedures – ie: Professional Boundaries, and Safeguarding Vulnerable Adults.

3.2 Transom Trust recognises that its residents are often vulnerable, may have a history of offending, and may be chaotic and unpredictable in their behaviour, especially if affected by issues such as alcohol/substance misuse, mental health disorders, and/or extreme stress or anxiety.

3.3 All volunteers and staff should receive induction training and training updates relevant to the risks entailed in lone working and home visits. Relevant training sessions include:

- Safeguarding Adults
- Equality, diversity and inclusivity
- Working with complex needs
- Managing conflict and difficult situations
- Personal Boundaries
- Suicide Awareness
- First Aid.

4 Resident Risk Assessments

4.1 After acceptance of a referral for an individual into the project, Transom Trust Trustees will:

- carry out a written risk assessment relating to the resident (see example at **Annex A**), which should be reviewed periodically as deemed necessary;
- the risk assessment must include a lone working assessment;
- identify the control measures required to reduce the risk – eg: staff trained, personal protective equipment, induction, use of buddy systems etc.

5 Home Visits

5.1 Visits to residents are normally carried out by a Transom Trust volunteer or staff member on his/her own, as long as it is:

- deemed sufficiently low risk after a risk assessment by Trustees or Team Leader;
- deemed appropriate by the individual volunteer/employee;
- and after the individual volunteer/employee has been given as much relevant information about the resident(s) as possible.

5.2 The volunteer/staff member carrying out the home visit will:

- take account of the resident's risk assessment;
- make prior contact with the resident before visiting;
- let a designated person (eg: their partner) know that the visit is going ahead - including date, time and address, and anticipated length of visit. The designated person must have contact details for the Project Leader/Trustees in case any difficulties arise;
- if relevant, try to make visits during optimal times of the day – eg: mornings when alcohol or substance use may be minimal;
- try to arrange visits during daylight hours;

- carry a mobile phone on the visit;
- not enter a property if they feel it is not safe to do so, and inform their Team Leader to that effect so that a further risk assessment can be made (eg: this may be because there are friends of the resident present);
- text (or ring) the designated person on arrival at, and departure from, the property with a brief message;
- be alert – continuously assess the situation;
- if any serious incident should arise, such as violent behaviour by a resident, emergency services should be called immediately, as appropriate, rather than the designated person or Project Leader (who will need to be briefed later);
- leave a situation where the volunteer/employee does not feel safe. The safety of staff and volunteers is paramount.

6 Meeting residents for appointments

6.1 Meeting residents for appointments does not usually present problems, as these are normally in a public place, with other people around. However, the following safeguards should be observed.

6.2 If a volunteer/employee is meeting a resident for an appointment, their Team Leader should ensure that the volunteer/employee has as much relevant information about the resident and appointment as possible.

6.3 The volunteer/employee meeting the resident should:

- let their designated person know the appointment times;
- let their designated person know (by text or phone call) if they have agreed with the resident to proceed elsewhere from the appointment (eg: to a café to review the outcome of the appointment), and then text/ring their designated person when finally leaving the resident.

7 More detailed guidance

7.1 More detailed guidance on Lone Working for Transom Trust's Pastoral Support Team volunteers is available in **Green Pastures Lone Working Guidelines** – accessible via Transom Trust's Google Drive account using this link (left click & Ctrl on your keyboard): Lone Working Guidelines .

7.2 These Green Pastures Guidelines go further than the Transom Trust policy and procedure – ie: they advise pastoral support volunteers to liaise with their organisation's office regarding visiting residents. However, given that Transom Trust only supports low-risk residents, the Trust only requires pastoral support volunteers to liaise with their designated person, unless otherwise advised above.

No invites to homes

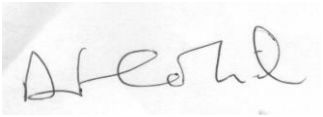
7.3 In line with these Green Pastures Guidelines, & Transom Trust's Professional Boundaries policy, Pastoral Support Team volunteers should **never** invite residents to their homes.

Giving residents lifts (car use)

7.4 The "Transporting clients – using your own car" section of the Green Pastures Guidelines clearly sets out the guidance for Pastoral Support Team volunteers to follow when deciding whether (and how) to give a resident a lift. In summary Pastoral Support Team volunteers:

- can give a lift to a resident if required as long as they have assessed the risks of doing so, and feel confident and comfortable to do so;
- let their designated person know about the travel arrangements;
- contact their car insurance company to check whether their insurance covers such volunteer activities .

Approved at Trustees meeting on: 7/4/21

Signature (on behalf of the Trustees):  For Sue Worthing (Chair of Trustees)

Next Review date: 7/4/22

Transom Trust

Annex A

EXAMPLE RISK ASSESSMENT

Tenant Name: Joe Bloggs **Reviewed: ……** **Version: 01 (04/07/17)**

DESCRIBE THE HAZARD AND HOW IT MAY CAUSE HARM	WHO MIGHT BE HARMED AND HOW?	EXISTING CONTROL MEASURES	Likelihood (L)	Consequence (C)	L x C = Risk Rating	OVERALL RISK (High/Medium/Low)	ADDITIONAL CONTROL MEASURES REQUIRED TO CONTROL RISK
Known past history of aggression, only when intoxicated by alcohol – but currently abstinent.	Potential risk of aggression towards volunteers and staff if Joe relapses into alcohol misuse.	All staff and volunteers trained in and compliant with lone working procedures. All staff and volunteers trained in managing and preventing aggression.	**3**	**1**	**3**	**L**	Volunteers/employees to: monitor Joe for any return to alcohol misuse; and report any such relapse to Project Leader/Trustees; and not to lone-work if this happens.
ASSESSOR NAME:		**ASSESSMENT DATE:**					
ACCEPTED BY:		**REVIEW DATE:**					

See guidance below on how to complete this table

Explanation of the risk evaluation table

Hazard and how it might cause harm

This is the activity that might cause harm and a short description of how that harm may materialise.

Who might be harmed

This is the population who are placed at risk by the activity (such as staff, volunteers, contractors, members of the public)

Existing risk controls

Measures that should be in place before commencement of any work activity, on the day it will be necessary for someone to check that the measures are in place and decide if they are appropriate and sufficient, this may be calculated, and the calculation needs to be entered in the likelihood risk calculator box, the initial risk rating being the raw level of risk before any control measures are put in place.

Likelihood x severity = risk rating

Initial risk rating

This is an indication in the view of the assessor of the levels of risk to which the host population is exposed taking into account existing risk controls present when the assessment is initially carried out, and may be regarded as the raw level of risk. It is a legal requirement that risk is reduced so far as is reasonably practicable.

Revised risk rating

The revised risk rating can only be determined by a person *on site* calculating in their opinion the level of residual risk following implementation of any further risk controls, this will include those specified, and any additional ones identified by the on site assessor. Any calculation carried out must have the effect of reducing either the likelihood of an occurrence occurring or the consequence of its outcome, or both. If it does not then a careful examination of the control measures needs to be made to ensure risk is reduced 'so far as is reasonably practicable'. The *residual risk* is the level of risk which is left after intervention of risk controls.

This risk assessment is based on a five-point scale to estimate likelihood and consequence, with five descriptions for likelihood and five for consequence and is identified below.

Risk score	Risk rating	Action required
25	Very high	Activity should cease until the risk has been reduced
16-20	High	Urgent action must be taken to further reduce the risk
11-15	Medium	Risk reduction measures must be implemented with urgency
6-10	Low	Further measures to reduce risk should be implemented if possible, all existing risk controls to be monitored
1-5	Very low	No further action is required to reduce risk, all existing risk control measures to be monitored

So the likelihood is ranked as:

1 Very unlikely – there's a 1 in a million chance of the hazardous event happening

2 Unlikely – there's a 1 in 100,000 chance of the hazardous event happening

3 Fairly likely – there's a 1 in 10,000 chance of the hazardous event happening

4 Likely – there's a 1 in 1,000 chance of the hazardous event happening

5 Very likely – there's a 1 in 100 chance of the hazardous event happening.

Consequence is ranked as:

1 Insignificant – no injury

2 Minor – minor injuries needing first aid

3 Moderate – up to three days' absence

4 Major – more than three days' absence

5 Catastrophic – death.

Additional control measures required to control risk

These are measures that are put in place in addition to those initially identified, once in place a recalculation of the level of risk must be undertaken. Any additional measures must have the effect of reducing either the likelihood of an occurrence or the consequence or both.

Date completed

This is the date by which all control measures identified in the assessment must be in place prior to commencement of the activity.

Action by

This is for the name of the person responsible for putting measures in place.