

2023-24 Quality Manual

**Hodan policies and procedures
mapped against the
Advice Quality Standard (AQS v4)**

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About the Advice Quality Standard

The policies and procedures in this Quality Manual have been updated in accordance with the [Advice Quality Standard v4 \(2023\)](#).

The categories of the Advice Quality Standard are as follows:

A: Access to Service

B: Seamless Service

C: Running the Organisation

D: People Management

E: Running the Service

F: Meeting Clients' Needs

G: Commitment to Quality

While the individual policy documents in this manual are coded against the AQS criteria (as indicated by the letters A to G, followed by a number, in the title), it is important to note that:

- Some AQS criteria are not associated with a specific policy document – they may require other evidence
- Some policy documents map to two or more criteria within the same category
- Some policy documents map to two or more separate AQS categories

For up-to-date information on the AQS framework, please visit the Advice Services Alliance website: [About the Advice Quality Standard - Advice Services Alliance \(asauk.org.uk\)](#)

A3.1, D4.1, F3.2: Equality, Diversity and Inclusion Policy

1. Policy Statement

Hodan Somali Community is committed to being an equal opportunities employer and an equal opportunities service provider, to achieving equality of opportunity in every aspect of its own work, and to promoting and campaigning for its realisation elsewhere.

We welcome the benefits that diversity brings, and are committed to creating a supportive and inclusive culture among the whole workforce. As a result:

- We will make reasonable adjustments to what we do and how we do it, where appropriate, to remove barriers that might prevent people from working for us effectively or using services.
- Where appropriate, we use voluntary positive action to meet people's needs.
- We are open to flexible working in relation to all positions, subject to the needs of the organisation.

In the provision of employment, placements and services, we will treat everyone fairly and with respect, including with regard to quality and availability of our services and resources. Every volunteer, employee, applicant, consultant, Management Committee member and service user will be respected and valued.

2. Protected Characteristics

Hodan Somali Community actively conforms to the Equality Act 2010, which identifies the following protected characteristics:

- age
- disability, including HIV, cancer or multiple sclerosis from time of diagnosis
- race including colour, nationality, ethnic or national origin
- religion or belief or the lack of it
- sex
- sexual orientation
- gender reassignment (being transgender)
- being married or in a civil partnership
- being pregnant or on maternity leave

We note that the Equality Act 2010 protects people from discrimination on the basis of (a) *having* a protected characteristic; (b) *being perceived to have* a protected characteristic, even if they do not in fact have it; and (c) *being associated with* someone who has a protected characteristic, e.g. having a disabled child.

Thus, in this policy, where we use the term 'protected characteristics', it includes those who are perceived as having such characteristics or associated with someone who has them.

In its own organisational and service delivery work, this means that Hodan Somali Community:

- Avoids and actively opposes acts of **direct discrimination** (treating one person less favourably than another on the basis of protected characteristics) in relation to staff, volunteers, consultants and service users.
- Avoids and actively opposes **indirect discrimination** (creating rules or arrangements that apply to everyone, but might place people with protected characteristics at an unfair disadvantage) in relation to staff, volunteers, consultants and service users
- Avoids and actively opposes, **harassment** (unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them) in relation to staff, volunteers, consultants and service users
- Avoids and actively opposes **victimisation** (treating people unfairly because they've complained about discrimination or harassment) in relation to staff, volunteers, consultants and service users
- Will resist and challenge acts of discrimination, harassment and victimisation and support its staff, volunteers, consultants and service users if they are confronted with any of these acts at Hodan.
- Will take disciplinary action against any staff member, volunteer or consultant who behaves in a manner contrary to this equal opportunities statement, in accordance with the Disciplinary Policy, which may include termination of employment or denial of services in the case of severe or persistent breaches.

When Hodan Somali Community selects candidates for employment, promotion, training, or any other benefit, it will be on the basis of aptitude and ability, and the decisions will not be affected by prejudice or discrimination against people with any protected characteristic.

We may, at times, encourage people with a particular protected characteristic to apply for positions – e.g., by paying close attention to the types of platforms where we advertise job opportunities, the diversity of users for those platforms, and the wording of advertisements - in the interest of ensuring that Hodan continues to be representative of the population that it serves. However, all recruitment will continue to be conducted in accordance with the Recruitment Policy and the Competencies Framework.

2.1. Characteristics that are not legally protected

The Equality Act does not explicitly prohibit discrimination on other grounds, such as language or accent, refugee or asylum-seeker status, social class, income poverty, area of residence, or non-conformity to cultural norms. Nonetheless, at Hodan our aim is to go above and beyond the Equality Act to provide a high-quality service to everyone, without prejudice or discrimination on the basis of *any* characteristic – whether legally protected or not.

2.2. Multiple disadvantage

We note that many of our service users have more than one protected characteristic and that these characteristics interact with each other to create situations of multiple disadvantage that are 'more than the sum of the parts'. For example, older Black women may have a more severe experience of social isolation than either young Black women, older White women, or

older men of any ethnicity – and this may be further increased if they also have a disability. Another example is menopause, which is at the intersection of sex, age, and disability.

In applying this policy, Hodan staff, volunteers and consultants should be sensitive to multiple disadvantage - especially where it is likely to increase a service user's risk of abuse, marginalisation, isolation, or other unfair treatment. They should, where necessary, invest additional time in listening to service users who may be experiencing multiple disadvantage and in taking appropriate action to mitigate any adverse impacts.

2.3. Accessibility

Hodan will work to ensure that its services are accessible to all, including people with disabilities, which may sometimes require reasonable adjustments. These may include, for example, offering text-based services for people with a hearing impairment, or providing an alternative ground-floor room or a home-based appointment to an individual with mobility difficulties.

2.4. Neurodiversity

Hodan takes a positive approach to neurodiversity and recognises that some people who are neurodiverse (e.g., people diagnosed or self-diagnosed with autism / autistic spectrum conditions, attention deficit hyperactivity disorder (ADHD), dyslexia, dyscalculia, dyspraxia, etc.) may prefer not to be labelled as 'disabled'. In our interactions with staff, volunteers, trustees, consultants, and/or service users who are neurodiverse, we will recognise the strengths associated with their neurotype as well as providing reasonable adjustments where necessary.

3. Exceptions

In accordance with the Equality Act 2010, exceptions to the non-discrimination principle may be made only when they can be objectively justified because of the nature of the organisation's work.

3.1. Ethnicity clause

According to its constitution, one of the charitable objects of Hodan Somali Community is to "provide information and advice service in and from specified premises open to those who live, work or travel to the Royal Borough of Kensington and Chelsea and surrounding boroughs **and in particular those who are Somali or of Somali origin.**"

This clause **should not be interpreted as justifying the automatic exclusion of service users on the grounds that they are not Somali** (or of Somali origin). In principle, the information and advice service should be **offered equally to all adults aged 18 or above** who meet the criteria of either (a) living in, (b) working in, or (c) travelling to Kensington and Chelsea or 'surrounding boroughs' (*such as* Hammersmith & Fulham, Brent, Westminster, Ealing or Hounslow), regardless of ethnicity, nationality or ethnic origin.

It is acceptable to give priority to service users who are Somali or of Somali origin **only** in the event that demand for services exceeds the availability of suitably trained and experienced advisers. In this instance, to remain faithful to the constitution, non-Somali service users who may experience a delay in service provision should immediately be signposted to another AQS-accredited advice provider, in order to ensure that they are not placed at an unfair

disadvantage. There is no need to consult the Management Committee in this instance, but the Director should be advised and full records kept in accordance with the Signposting Policy.

3.2. Other exceptions

Other circumstances when exceptions to the above principles are permitted, without recourse to the Management Committee, are:

- employing only women in a health project for female service users, where there is reason to believe that service users might be less able or less willing to access the service if it was provided by men;
- requiring applicants for advice and advocacy positions, including volunteer placements, to be fluent in the Somali language (in order to communicate effectively with Somali service users who are unable to speak English, in furthering the organisation's charitable objects).

It should be noted that that gender reassignment is also a protected characteristic under the Equality Act and that, accordingly, transgender women should not be treated differently from cisgender (non-trans) women when applying for positions that are advertised as being for women only.

Requests for other exceptions, or for clarification about the interpretation of the above exceptions, should be referred to the Management Committee. If they are unable to reach a decision, or require further guidance, the matter should be referred to a second-tier organisation such as Advice UK.

4. Managerial Responsibility

The responsibility for ensuring the effective implementation and operation of this Equality, Diversity and Inclusion Policy will rest with the Management Committee. They shall ensure that their staff and volunteers operate within the policy, and that all reasonable and practical steps are taken to avoid discrimination.

4.1. Responsibilities of staff

Whilst the responsibility for ensuring that there is no unlawful discrimination, harassment or victimisation rests with the Management Committee, the attitudes of staff and volunteers are crucial to the successful operation of this equal opportunity policy.

All members of staff, volunteers and consultants should:

- Comply with the policy and arrangements
- Complete the **Equality, Diversity and Inclusion Checklist (Section 9)** when developing a new activity or program, or if there are significant changes to an existing activity that may have an unfair impact on groups with protected characteristics
- Not discriminate in their day-to-day activities or induce others to do so.
- Ensure that proposed new rules and arrangements do not place persons with protected characteristics at an unfair disadvantage (indirect discrimination)

- Not victimise, harass or intimidate any person on the grounds specified in the policy statement.
- Inform their line manager or the Chair of the Management Committee if they become aware of any discriminatory practice
- Inform new employees, volunteers, consultants, Management Committee members and service users of their rights under this Equality, Diversity and Inclusion Policy and encourage them to speak to the Director if they feel that they have been subjected to direct or indirect discrimination, harassment or victimisation because of a protected characteristic while using Hodan's services. If their complaint is against the Director, they should speak to the Chair of the Board of Trustees.
- Provide or arrange for the provision of confidential support to any employees, volunteers, consultants, trustees or service users who feel they have been subjected to discrimination, harassment and/or victimisation because of a protected characteristic, which may include signposting them to police or other agencies who can help them to take appropriate action against the perpetrators.
- Ensure that Hodan creates a welcoming and inclusive culture for all, e.g., by promoting understanding and positive working relationships between people with a particular protected characteristic and those without it.

5. Training

The organisation is committed to staff training and personal development. This will encourage high standards and enable staff to reach their full potential. Please refer to the separate Training Policy for further guidance in this matter.

In relation to ED&I, specific requirements apply in order to ensure that all staff, volunteers, consultants and Management Committee members are made aware of the implications of Equality, Diversity and Inclusion Policy implementation and the 2010 Equality Act.

- The Equality, Diversity and Inclusion Policy and Checklist must be included in all induction programmes for new staff members, volunteers, consultants and Management Committee members. Participants will be required to tick a box on the checklist to indicate that they have read and understood the policy.
- Frontline advice staff should undergo refresher training in Equality, Diversity and Inclusion training as necessary, not less than once every three years, and sooner if there is a change in relevant legislation.
- Training should be provided by an accredited provider with expertise in the advice and information sector, such as Advice UK, NCVO or the Kensington and Chelsea Social Council, or where necessary by a specialist provider of ED&I training.

6. Monitoring

Hodan will monitor our Equality, Diversity and Inclusion practice annually and measure the effectiveness of the policy and arrangements across the organisation as a whole.

- The system will involve the routine collection and analysis of information on service users, staff and volunteers.

- The information collected for monitoring purposes will be treated as confidential and it will not be used for any other purpose.

7. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Conflict of Interest Policy, Induction Policy, Competencies Policy and Framework, Digital Literacy Skills Framework, Training and Personnel Development Policy, Supervision Policy, Performance Appraisal Policy, and Monitoring and Evaluation Policy.

8. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Equality, Diversity and Inclusion Policy
Last reviewed	8 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	<ul style="list-style-type: none"> - Add menopause to multiple disadvantage section in line with July 2022 Government policy paper - Add section 2.4 on 'Neurodiversity' - Separate out neurodiversity and SpLD categories (autism, ADHD, dyslexia, dyscalculia, and dyspraxia) in ED&I Checklist as they are associated with different needs and different reasonable adjustments
Next review due	September 2024

9. Equality, Diversity, and Inclusion Checklist

Activity Name:

Date Completed:

Completed By:

	Specific sub-groups	Activity is free from direct discrimination	Activity is free from unfair disadvantage	Reasonable adjustments or positive action that may be needed, in order to remove barriers
Age	Children and young people			
	Elderly people			
	Other			
Gender reassignment	Currently transitioning			
	Previously transitioned			
Marital status	Single, widowed, or divorced			
	Married or in civil partnership			
Pregnancy/Maternity	Pregnant			
	On maternity leave			
Disability	Visual impairment			
	Hearing impairment			
	Mobility/physical impairment			
	Mental health condition			
	Cognitive impairment			
	Autism / ASC			
	ADHD / ADD			
	Dyslexia			
	Dyscalculia			
	Dyspraxia			
Race (including colour, nationality, ethnic origin)	Specific groups...			
	Black and Minority Ethnic			

Religion, belief, or lack of it	Specific religion / belief:			
	Lack of religion or belief			
Sex	Female			
	Male			
	Intersex			
Sexual orientation	Gay or lesbian			
	Bisexual or queer			
	Other (please specify)			

B1.3, B1.5-B1.10: Signposting and Referral Policy

1. Preamble

Hodan's remit is to provide advice and information services open to those who live, work or study in West London and in particular those who are members of the Somali community or wider Black and Asian communities.

Our advice and information services correspond to the following AQS Categories:

- *Subject-Based Categories:* Welfare Benefits, Housing, Employment
- *Client-Based Categories:* Disability, Older People, Refugees and Asylum Seekers, Women

In addition to these specific categories, we also provide advice relating to local services, education and training, confidence-building, social integration, and other related matters.

Hodan can also provide translation and interpretation services to help Somali-speaking clients understand the meaning and implications of official letters that they have received, and to take appropriate action.

Hodan's remit includes the provision of services by telephone and secure online messaging and, when safe and feasible, in and from specified premises.

Hodan does **not** have a remit:

- (a) to provide medical advice;
- (b) to provide services that constitute reserved legal activities according to the Legal Services Act 2007;
- (c) to provide debt counselling, debt advice, consumer credit advice, pensions advice or any other financial services regulated by the Financial Conduct Authority as specified in the Regulated Activities Order 2001
- (d) to provide advice on any immigration-related matters, or any other services regulated by the Office of the Immigration Services Commissioner (OISC) as specified in the Immigration and Asylum Act 1999.

2. Policy Statement

Hodan believes that referrals or signposting to other organisations are often an essential part of providing an effective service to ensure that service users receive the information or support that best meets their needs. Referrals or signposting to another organisation should be made when an enquiry or case falls **outside the remit or geographical area** of Hodan's service, or when the issue is broadly within Hodan's remit but **staff do not feel that they have enough specialist knowledge or expertise** to deal with the matter in question.

In all cases, service users should be referred or signposted to appropriate organisations in a timely manner.

Decisions about whether to signpost or refer a service user should be based on the user's needs and the specific situation. Signposting will usually be more appropriate if Hodan has not undertaken any significant work on the case, e.g., because it is clearly outside Hodan's

remit and/or geographical area. Conversely, referral will usually be more appropriate if one of Hodan's advisers has started to work on the case but for some reason can no longer continue. Internal referral should be considered in the first instance if Hodan has another staff member with the required expertise, knowledge, and competence.

Referrals received by Hodan from other agencies will be dealt with in good time and according to professional standards, including those set out in the Advice Quality Standard.

3. Outgoing Referrals

Definition: Hodan defines an *outgoing referral* as making arrangements for an alternative agency to work with a service user. This kind of referral can happen when work has already been undertaken with the individual and then it is found to be no longer appropriate. The referral will be made to an agency that is able to provide more effective support.

Outgoing referrals will be made when:

- Hodan's advice service does not have the expertise, specialist knowledge or work capacity to assist the service user further; and/or
- The service user is outside Hodan's geographical area of operation, defined by its constitution as the Royal Borough of Kensington and Chelsea and surrounding boroughs (noting that eligible service users are those who live in, work in, or regularly travel to this area), **and** the matter cannot be effectively addressed by Hodan staff online or by telephone; and/or
- The issue or problem presented by the service user is outside Hodan's remit (noting, in particular, that Hodan is not registered to deliver directly regulated specialist advice services such as legal, medical, debt-related or immigration-related advice);
- There is a conflict of interest between the service user and the advice service, e.g. where Hodan could be in the situation of working with both sides in a dispute (see Conflict of Interest Policy); and/or
- There has been a breakdown in the advocacy partnership; and/or;
- A complaint has been made about the service.

Decisions about when and where to make an outgoing referral should be made by the Director or an experienced adviser. Consent should be obtained from the service user for the referral to be made after explaining the reasons.

Non-attendance at booked appointments should be monitored and may also provide insights into the need for signposting or referral.

When making a referral the staff member should, wherever possible, make contact with the alternative agency directly on behalf of the service user. Referrals should be confirmed in writing where practical.

Relevant details (including any deadlines or other significant issues) should be provided to the receiving agency, bearing in mind confidentiality and service user consent procedures. Information about the referral should be recorded as in 'Procedures' below.

Arrangements should be made to ensure that the case progresses quickly. However, Hodan staff remains responsible for ensuring that adequate support is given to the service user during the transition period.

4. Internal Referrals

Definition: Hodan defines an internal referral as arranging for an alternative member of Hodan staff to work with a service user.

An internal referral should be made when a member of Hodan staff has been working with a service user but then recognises that it would be appropriate for a colleague to take over the case. This could happen for a variety of reasons, for example:

- The matter has become more complex or difficult to resolve
- The service user has opened a new case for a matter that is outside the adviser's area of expertise, and/or in which another staff member has more expertise or knowledge
- A new conflict of interest has arisen
- The service user has made a complaint about the adviser or asked to see another adviser, or there has been a breakdown in trust
- The adviser has reduced work capacity, e.g., due to illness

If a staff member wants to make an internal referral, they should consult the Executive Director, who will either take on the case or liaise with an appropriate colleague. The Executive Director can also decide, after conducting supervision meetings, that an internal referral is required (e.g., if an adviser has reached the limit of their expertise, knowledge, or competence in relation to a case).

The adviser making an internal referral must follow the appropriate procedures relating to consent and information sharing as detailed in section 7 below. If this is not possible, e.g., if the client is in urgent need and the adviser cannot be contacted, the receiving colleague should open a new case file and then transfer all relevant information over from the old file at the earliest opportunity.

In working with client data and especially sensitive personal data, advisers should be mindful of the Data Protection Policy.

5. Incoming Referrals

Definition: Hodan defines an *incoming referral* as making arrangements to work with a service user where the initial contact has come from someone other than the service user themselves.

Incoming referrals will be accepted when:

- Hodan's advice service has the expertise, specialist knowledge and work capacity to assist the service user; **and**
- The referral falls within Hodan's remit and geographical area, as outlined above, or in the case of a referral from outside the geographical area, the matter can be effectively addressed by Hodan staff online or by telephone; **and**.
- There is no obvious conflict of interest.

Decisions about whether to accept or decline an incoming referral should be made by the Director or an experienced adviser.

When accepting a referral, the staff member should, wherever possible, ensure that all relevant information (including any key dates or other urgent issues) is received from the referring agency, bearing in mind confidentiality and service user consent procedures.

Information about the referral should be recorded as in section 6.

6. Signposting

Definition: Hodan defines signposting as providing a service user with information about other agencies or services that may be able to assist them.

Signposting may be provided at the initial enquiry stage, or in parallel with the provision of advice or information about other issues. For example, Hodan may signpost a service user to a regulated provider for advice about debt, immigration or legal action, while continuing to advise them directly on matters that fall within Hodan's remit.

Service users should be provided with up-to-date contact details of other agencies or services, including their hours of service and whether they accept online or telephone enquiries.

Service users should be encouraged to make contact with the other agencies themselves. In most cases it should be left to the service user to make contact with the agency and arrange any necessary appointments. However, service users should be assisted in seeking the services of other agencies when they would otherwise be unable to do so, e.g., due to language or communication barriers.

7. Procedures and Checks

To ensure successful referral and signposting, good working partnerships should be established with other organisations.

7.1. Identifying an appropriate organisation to refer or signpost a client to

Wherever possible, referral and signposting should be made to known organisations that have been awarded the Advice Quality Standard or an equivalent quality mark. For certain categories of advice, additional regulatory requirements apply:

- For **debt advice**, the staff member should check that the specific adviser to whom they are signposting or referring a service user has been appraised against the Money Advice Service Quality Framework for Individuals. They should also be aware of the role of the Financial Conduct Authority and the activities which fall within their regulation regime, including debt counselling, debt adjusting, and providing credit information services.
- Staff referring or signposting a service user for **immigration advice** should ensure that the agency is registered with the Office of the Immigration Services Commissioner (OISC). To give immigration advice and not be registered is a criminal offence.

- Staff referring or signposting a service user for **legal advice** should ensure that both the organisation and the individual in question are registered with the Legal Services Board.
- Staff referring or signposting a service user for **medical advice** should ensure that the individual in question has a licence to practice medicine in the UK.

Exceptions to the AQS certification requirement, although not the additional regulatory requirements, can be made in certain circumstances:

- There are no AQS-certified organisations available in the relevant geographical area that have the expertise and capacity to deal with the matter effectively; and/or
- The available AQS-certified organisations are unaffordable for the service user or inaccessible because of their needs (language, culture, disabilities, etc.)
- A non-certified organisation has more specialised knowledge or experience relating to the matter in question, or to other relevant factors such as the service user's specific culture and/or language, protected characteristics, local neighbourhood, etc.

When choosing to refer clients to non-certified organisations, Hodan staff should ensure that the provider operates a client-centred approach, works in a timely manner, and has relevant expertise and knowledge. Since most of Hodan's service users have a low income, services that are free at the point of use should be prioritised. If there is a charge, Hodan staff should ensure that the provider offers good value for money and that the service user can afford their service (see 7.6 below). Feedback from previous service users with similar demographics and/or matter types should also be taken into consideration, if available.

7.2. Hodan Signposting and Referrals Directory

All frontline advice workers should have access to the latest version of the Hodan Signposting and Referrals Directory ('the Hodan Directory'). Care should be taken with version control to ensure that there is only one version of the Hodan Directory in circulation at any given time.

The Hodan Directory should be updated on a rolling basis whenever new providers are identified that meet the above criteria and have skills and experience that may be helpful for Hodan service users, especially for Advice Categories that are outside Hodan's remit (e.g., Debt, Immigration and Asylum, Health and Community Care, Consumer Law) and/or the ability to work in other languages besides English and Somali. It should include AQS and registration status if applicable, up-to-date contact details, opening hours, mode(s) of service delivery, charging information, languages offered, and disabled access. The Director may, as necessary, delegate staff or commission research for the purpose of expanding the Hodan Directory, checking its accuracy, or addressing known gaps in service provision.

In adding new organisations to the Hodan Directory, Hodan staff should be mindful of the Conflict of Interest Policy, especially in the case of services for which a fee is payable, and of the criteria listed in section 7.1 above.

7.3. AQS Directory

For matters that do not fall within the remit of any organisation in the Hodan Directory, or if attempts to contact an organisation in the Hodan Directory have been unsuccessful, staff members may consult the [AQS Directory](#), an up-to-date online resource listing AQS-certified advice and information providers and their areas of expertise. Other useful resources are the [MoneyHelper Debt Advice Locator](#) and [AdviceLocal UK](#).

7.4. Procedure to be followed if an appropriate agency cannot be identified

Where Hodan cannot identify an appropriate agency to refer or signpost to, the service user should be informed, and a decision taken by the Director on how best the service user can be supported. Possible solutions may include brokering a partnership between two different organisations, requesting advice or training from a second-tier organisation such as Advice UK or a national organisation specialising in the client's particular issue, or commissioning research to explore gaps in service provision and possible ways of addressing them.

Records should be kept in Advice Pro every time a suitable service provider could not be found when the need for a referral had been identified. The information recorded in the case file should include the subject matter and what (if anything) was done to progress the client's case further. To assist in retrieving such cases for the annual service review, the Referral Type should be listed as 'Unsuccessful' in the Case Referrals section on Advice Pro. This information should be used to inform strategic planning, e.g., identifying new partnerships that need to be formed or where funding could be sought to expand Hodan's services or expertise.

7.5. Confidentiality

Staff members making referrals should be aware that standard unencrypted email services may not provide an adequate level of confidentiality for sensitive personal data, although Microsoft Outlook provides the ability to encrypt individual emails or password-protect specific files. Secure messaging apps such as WhatsApp or Signal may be a better way of ensuring that service users' confidentiality is not breached.

7.6. What is discussed with the service user

Any cost implications of a referral or signposting to an agency which charges for its services must be discussed with the service user. If the user is unable to meet this cost, the Hodan staff member should either endeavour to identify an alternative agency that charges a lower fee for the same service or revert to point 6.4 above.

The staff member responsible for the referral or signposting should explain what role Hodan will take and what service they can expect from the other provider, with approximate timelines if known.

The service user must consent both to the signposting or referral itself and to the sharing of relevant information with the new provider (or the receiving colleague, in the case of internal referrals). Permission to share information may be granted in advance through completion of an appropriate client consent form.

All relevant details of conversations with the service user, including the outcomes of any cost-related discussions, should be clearly recorded in the case file on Advice Pro.

7.7. Information to be supplied to the new provider

Subject to service user consent, Hodan should supply the new provider with information about:

- the service user and any relevant protected characteristics, additional needs, vulnerabilities, language barriers, etc.
- the case in question and any other currently open cases or relevant previous cases
- who made the referral (if applicable)
- the service user's needs or desired outcomes
- to whom the client was referred
- any relevant key dates

This information may be provided in person, by telephone or video call, or via a secure messaging service (e.g., WhatsApp or encrypted email).

7.8. Ongoing support and follow-up

If the service user being signposted or referred to an alternative provider is vulnerable (e.g., because of age or mental capacity) or is unable to speak and/or read English, the Hodan staff member who has been assigned to the case should remain as a point of contact and support. They should proactively follow up the outcome by contacting the service user after an agreed time period to check that the matter has been resolved to their satisfaction. This time period should be clearly discussed with the service user at the time of signposting / referral, although it does not need to be put in writing.

Hodan staff members should, wherever possible, ask clients for feedback on the quality of services offered by the new provider (although this may not always be practical). Feedback on referrals may be used to inform future changes to Hodan's own services as well as being passed on to the agency in question.

In the event of the alternative agency not providing a good service, it may be necessary for the assigned Hodan staff member to consider supporting the service user to make a complaint. The assigned staff member is also responsible for making a further attempt at referring or signposting the service user to an organisation that may be able to resolve the matter.

8. Records and Monitoring

All incoming enquiries to Hodan should be logged in Advice Pro and then recorded as:

- (a) Accepted referrals (which become cases)
- (b) Onward referrals (where Hodan accepts the referral but then immediately refers the service user on to another agency)
- (c) Signposting to another agency
- (d) No further action

Records of any referral or signposting should be kept on the individual case file. A separate record of all outgoing referrals should also be kept, in addition to referrals being recorded in individual files, in order to assist their monitoring and evaluation. If each referral is logged in the 'Referrals' section of Advice Pro, as well as in case notes, the central record in Advice Pro

is updated automatically and allows the adviser to generate custom reports.

Records of outgoing referrals and signposting should be monitored and evaluated annually. This may identify gaps in service provision by Hodan and other service providers and inform future planning.

PRACTICE NOTE

- To ensure effective signposting or referral to appropriate organisations, the Signposting and Referrals Directory (containing the names and contact details of other providers) should be updated regularly.
- The Executive Director has responsibility to ensure that all incoming enquiries are recorded and categorised as in section 8 above. This responsibility may be delegated to another team member.
- The Executive Director should arrange to ensure personnel are aware of the need to record any instances of referral or signposting in the 'Referrals' section of Advice Pro, as well as in the Notes section of existing individual case files.

9. Related Policies

This policy should be read in conjunction with the Standard Operating Procedures, the Risk Management Policy and the Monitoring and Evaluation Policy.

10. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Signposting and Referral Policy
Last reviewed	3 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	<p>Add new Section 5 on 'Internal referrals' and renumber subsequent sections</p> <p>Add information on FCA-regulated activities in subsection 7.1 to assist advisers in identifying an appropriate service provider for debt advice</p> <p>Add paragraph on criteria for referring to non-AQS-certified organisations in subsection 7.1</p>

	<p>Add 'charging information, languages offered, and disabled access' in subsection 7.2</p> <p>Add sentence on non-attendance at booked appointments as a source of insights for signposting/referral in subsection 7.3</p> <p>Add paragraph on recording unsuccessful referrals in section 7.4</p> <p>Amend subsection 7.6 to from 'Costs' to 'What is discussed with the client'; include details of the information that should be provided to the client and a note on the need for client consent</p> <p>Add new Subsection 7.7 on 'Information to be supplied to the new provider' and renumber subsection 7.8</p>
Next review due	September 2024

C2.3: Risk Management Policy

1. Preamble

Hodan Somali Community will seek to identify risks and take action to reduce the probability of them materialising and/or to limit their impact.

All organisations are at risk of suffering loss or damage to their personnel, property, reputation and ability to deliver services through the occurrence of unforeseen events. While the timing of such events is unpredictable, it is usually a feasible matter to identify the possibility and probability of them occurring.

2. Objective

The objective of this policy is to identify potential risks and ways of managing them.

3. Strategies for Implementation

Risks to Property and Person

The charity's property assets include the furniture, equipment and materials. Data, such as staff, client and financial records, also represent valuable property assets. Major risks to property are associated with fire and water damage, subsidence, explosion and theft. Major damage represents a low likelihood/ high impact risk. Low-level vandalism or accidental damage to buildings represent comparatively high likelihood/low impact.

Hodan will also register risks to staff, clients and others who use its premises. Structural failure and other threats to physical safety are obvious risks to health and safety, but accidents arising from wet floors and unattended equipment can also cause pain and suffering to those who experience them, and can expose the charity to liability. Managing risks from COVID-19 and other communicable diseases, including any future pandemics, is a key strategic priority and will require careful attention to training, logistics and the physical environment. Other emerging risks to human health include those associated with adverse climate events such as extremes of heat or cold.

To secure best value, the Management Committee will seek the lowest total expenditure on risk management, insurance premiums and uninsured losses. The Management Committee will also aim to minimise the time that would be lost as a result of risks materialising as this detracts from the charity's efficient operation.

Assessing risk

Identified risks need to be put into perspective in terms of the potential severity of their impact and likelihood of their occurrence. Assessing and categorising risks helps in prioritising and filtering them, and in establishing whether any further action is required. One method is to look at each identified risk and decide how likely it is to occur and how severe its impact would be on the charity if it did occur.

This approach attempts to map risk as a product of the likelihood of an undesirable outcome and the impact that an undesirable outcome will have on the charity's ability to achieve its operational objectives. It enables the trustees to identify those risks that fall into the major risk category identified by the risk management statement.

If an organisation is vulnerable to a risk that potentially might have an extremely high impact on its operations, it should be considered and evaluated regardless of how remote the likelihood of its happening appears to be. The charity needs to find a balance and will need to weigh the nature of the risk and its impact alongside its likelihood of occurrence. With limited resources, the risks and the benefits or rewards from the activity concerned will need to be considered. It is important to bear in mind that on rare occasions improbable events do occur with devastating effect, at other times probable events do not happen.

A focus on high-impact risk is important, but trustees should not forget that what may be a lower impact risk can change to very high impact risk because of the possible connection between it happening and triggering the occurrence of other risks. One low impact risk may lead to another and another so that the cumulative impact becomes extreme or catastrophic.

Scoring risks for impact

Descriptor	Score	Impact on service and reputation
Insignificant	1	<ul style="list-style-type: none"> • no impact on service • no impact on reputation • complaint unlikely • litigation risk remote
Minor	2	<ul style="list-style-type: none"> • slight impact on service • slight impact on reputation • complaint possible • litigation possible
Moderate	3	<ul style="list-style-type: none"> • some service disruption • potential for adverse publicity - avoidable with careful handling • complaint probable • litigation probable
Major	4	<ul style="list-style-type: none"> • service disrupted • adverse publicity not avoidable (local media) • complaint probable • litigation probable

Descriptor	Score	Impact on service and reputation
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Extreme/Catastrophic	5	<ul style="list-style-type: none">• service interrupted for significant time• major adverse publicity not avoidable (national media)• major litigation expected• resignation of senior management and board• loss of beneficiary confidence
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Scoring risks for likelihood

Descriptor	Score	Example
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Remote	1	may only occur in exceptional circumstances
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Unlikely	2	expected to occur in a few circumstances
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Possible	3	expected to occur in some circumstances
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Probable	4	expected to occur in many circumstances
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Highly probable	5	expected to occur frequently and in most circumstances
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The formula used for risk scoring is $xy+y$ where x is likelihood and y is impact. This formula multiplies impact with likelihood then adds a weighting again for impact. The effect is to give extra emphasis to impact when assessing risk. It should be remembered that risk scoring often involves a degree of judgement or subjectivity. Where data or information on past events or patterns is available, it will be helpful in enabling more evidence-based judgements.

Deciding what action needs to be taken on the risks

Where major risks are identified, the trustees will need to make sure that appropriate action is being taken to manage them. This review should include assessing how effective existing controls are.

For each of the major risks identified, trustees will need to consider any additional action that needs to be taken to manage the risk, either by lessening the likelihood of the event occurring, or lessening its impact if it does. The following are examples of possible actions:

- the risk may need to be avoided by ending that activity (e.g. stopping work in a particular area)
- the risk could be transferred to a third party (e.g. outsourcing or other contractual arrangements with third parties)
- the risk could be shared with others (e.g. a joint venture project)
- the charity's exposure to the risk can be limited (e.g. establishment of reserves against loss of income, phased commitment to projects)
- the risk can be reduced or eliminated by establishing or improving control procedures (e.g. internal financial controls, controls on recruitment, personnel policies)
- the risk may need to be insured against (this often happens for residual risk, e.g. employers' liability, third party liability, theft, fire)
- the risk may be accepted as being unlikely to occur and/or of low impact and therefore will just be reviewed annually (e.g. loss of a petty cash float of £25 held on site overnight)

Once each risk has been evaluated, the trustees can draw up a plan for any steps that need to be taken to address or mitigate significant or major risks. This action plan and the implementation of appropriate systems or procedures allows the trustees to make a risk management statement in accordance with the regulatory requirements.

Risk management is aimed at reducing the 'gross level' of risk identified to a 'net level' of risk, in other words, the risk that remains after appropriate action is taken. Trustees need to form a view as to the acceptability of the net risk that remains after management.

In assessing additional action to be taken, the costs of management or control will generally be considered in the context of the potential impact or likely cost that the control seeks to prevent or mitigate. It is possible that the process may identify areas where the current or proposed control processes are disproportionately costly or onerous compared to the risk they are there to manage. A balance will need to be struck between the cost of further action to manage the risk and the potential impact of the residual risk.

Monitoring, Review and Evaluation

The Management Committee will monitor the effects of the actions they take to remove, minimise or limit the risks identified. The results of monitoring will inform periodical evaluations of the charity's risk management procedures.

4. Examples of potential risk areas, their impact and mitigation

This list is an indication of the main areas of risk that trustees should consider. Illustrative examples of potential impact, and steps to mitigate the risk, are given. Some risks will fall into more than one category and the list is not intended to be exhaustive.

Governance risks

Potential risk	Potential impact	Steps to mitigate risk
The charity lacks direction, strategy and forward planning	<ul style="list-style-type: none">• the charity drifts with no clear objectives, priorities or plans• issues are addressed piecemeal with no strategic reference• needs of beneficiaries not fully addressed• financial management difficulties• loss of reputation	<ul style="list-style-type: none">• create a strategic plan which sets out the key aims, objectives and policies• create financial plans and budgets• use job plans and targets• monitor financial and operational performance• get feedback from beneficiaries and funders
Trustee body lacks relevant skills or commitment	<ul style="list-style-type: none">• charity becomes moribund or fails to achieve its purpose• decisions are made bypassing the trustees• resentment or apathy amongst staff• poor decision making reflected in poor value for money on service delivery	<ul style="list-style-type: none">• review and agree skills required• draw up competence framework and job descriptions• implement trustee training and induction• review and agree recruitment processes

Potential risk	Potential impact	Steps to mitigate risk
Trustee body dominated by one or two individuals, or by connected individuals	<ul style="list-style-type: none"> • trustee body cannot operate effectively as strategic body • decisions made outside of trustee body • conflicts of interest • pursuit of personal agenda • culture of secrecy or deference • arbitrary over-riding of control mechanisms 	<ul style="list-style-type: none"> • consider the structure of the trustee body and its independence • agree mechanisms to manage potential conflicts of interest • review and agree recruitment and appointment processes in line with governing document • agree procedural framework for meetings and recording decisions
Trustees are benefiting from charity (eg remuneration)	<ul style="list-style-type: none"> • poor reputation, morale and ethos • adverse impact on overall control environment • conflicts of interest • possibility of regulatory action 	<ul style="list-style-type: none"> • ensure legal authority for payment or benefit • consider alternative staffing arrangements • implement terms and procedures to authorise/approve expenses and payments • agree procedures and methods to establish fair remuneration conducted separately from 'interested' trustee
Conflicts of interest	<ul style="list-style-type: none"> • charity unable to pursue its own interests and agenda • decisions may not be based on relevant considerations • impact on reputation • private benefit 	<ul style="list-style-type: none"> • agree protocol for disclosure of potential conflicts of interest • put in place procedures for standing down on certain decisions • review recruitment and selection processes

Potential risk	Potential impact	Steps to mitigate risk
Ineffective organisational structure	<ul style="list-style-type: none"> • lack of information flow and poor decision making procedures • remoteness from operational activities • uncertainty as to roles and duties • decisions made at inappropriate level or excessive bureaucracy 	<ul style="list-style-type: none"> • use organisation chart to create a clear understanding of roles and duties • delegation and monitoring should be consistent with good practice and constitutional or legal requirements • review structure and the need for constitutional change
Activities potentially outside objects, powers or terms of gift (restricted funds)	<ul style="list-style-type: none"> • loss of funds available for beneficiary class • liabilities to repay funders • loss of funder confidence • potential breach of trust and regulatory action • loss of beneficiary confidence • taxation implications (if non-qualifying expenditure) 	<ul style="list-style-type: none"> • agree protocol for reviewing new projects to ensure consistency with objects, powers and terms of funding • create financial systems to identify restricted funds and their application
Loss of key staff	<ul style="list-style-type: none"> • experience or skills lost • operational impact on key projects and priorities • loss of contact base and corporate knowledge 	<ul style="list-style-type: none"> • succession planning • document systems, plans and projects • implement training programmes • agree notice periods and handovers • review and agree recruitment processes
Reporting to trustees (accuracy, timeliness and relevance)	<ul style="list-style-type: none"> • inadequate information resulting in poor quality decision making • failure of trustees to fulfil their control functions • trustee body becomes remote and ill informed 	<ul style="list-style-type: none"> • put in place proper strategic planning, objective setting and budgeting processes • timely and accurate project reporting • timely and accurate financial reporting • assess and review projects and authorisation procedures

Potential risk	Potential impact	Steps to mitigate risk
		<ul style="list-style-type: none"> • have regular contact between trustees and senior staff and managers

Operational risks

Potential risk	Potential impact	Steps to mitigate risk
Contract risk	<ul style="list-style-type: none"> • onerous terms and conditions • liabilities for non performance • non-compliance with charity's objects • unplanned subsidy of public provision 	<ul style="list-style-type: none"> • create cost/project appraisal procedures • agree authorisation procedures • get professional advice on terms and conditions • put in place performance monitoring arrangements • consider insurable risks cover
Service provision - customer satisfaction	<ul style="list-style-type: none"> • beneficiary complaints • loss of fee income • loss of significant contracts or claims under contract • negligence claims • reputational risks 	<ul style="list-style-type: none"> • agree quality control procedures • implement complaints procedures • benchmark services and implement complaints review procedures
Project or service development	<ul style="list-style-type: none"> • compatibility with objects, plans and priorities • funding and financial viability • project viability • skills availability 	<ul style="list-style-type: none"> • appraise project, budgeting and costing procedures • review authorisation procedures • review monitoring and reporting procedures

Potential risk	Potential impact	Steps to mitigate risk
Competition from similar organisations	<ul style="list-style-type: none"> • loss of contract income • reduced fund-raising potential • reduced public profile • profitability of trading activities 	<ul style="list-style-type: none"> • monitor and assess performance and quality of service • review market and methods of service delivery • agree fund-raising strategy • ensure regular contact with funders • monitor public awareness and profile of charity
Suppliers, dependency, bargaining power	<ul style="list-style-type: none"> • dependency on key supplier • lack of supplier to meet key operational objectives • non-competitive pricing/quotes • insufficient buying power 	<ul style="list-style-type: none"> • use competitive tendering for larger contracts • put in place procedures for obtaining quotations • authorised suppliers listing • monitor quality/timeliness of provision • use service level agreements • consider use of buying consortia
Capacity and use of resources including tangible fixed assets	<ul style="list-style-type: none"> • under-utilised or lack of building/office space • plant and equipment obsolescence impacting on operational performance • mismatch between staff allocations and key objectives • spare capacity not being utilised 	<ul style="list-style-type: none"> • agree building and plant inspection programme • agree repair and maintenance programme • agree capital expenditure budgets • undertake efficiency review
Security of assets	<ul style="list-style-type: none"> • loss or damage • theft of assets • infringements of intellectual property rights 	<ul style="list-style-type: none"> • review security arrangements • create asset register and inspection programme • agree facility management arrangements • manage use of intellectual property • review insurance cover

Potential risk	Potential impact	Steps to mitigate risk
Fund-raising	<ul style="list-style-type: none"> • unsatisfactory returns • reputational risks of campaign or methods used • actions of agents and commercial fund-raisers • compliance with law and regulation 	<ul style="list-style-type: none"> • implement appraisal, budgeting and authorisation procedures • review regulatory compliance • monitor the adequacy of financial returns achieved (benchmarking comparisons) • stewardship reporting in annual report
Employment issues	<ul style="list-style-type: none"> • employment disputes • health and safety issues • claims for injury, stress, harassment, unfair dismissal • equal opportunity and diversity issues • adequacy of staff training • child protection issues • low morale • abuse of vulnerable beneficiaries 	<ul style="list-style-type: none"> • review recruitment processes • agree reference and qualification checking procedures, job descriptions, contracts of employment, appraisals and feedback procedures • implement job training and development • implement health and safety training and monitoring, including measures for the prevention of the spread of COVID-19 and any future epidemic or pandemic diseases • be aware of employment law requirements • implement staff vetting and legal requirements (eg DBS checks) • agree a whistle-blowing policy
High staff turnover	<ul style="list-style-type: none"> • loss of experience or key technical skills • recruitment costs and lead time • training costs • operational impact on staff morale and service delivery 	<ul style="list-style-type: none"> • review interview and assessment processes • agree fair and open competition appointment for key posts • agree job descriptions and performance appraisal and feedback systems • conduct 'exit' interviews • review rates of pay, training, working conditions, job satisfaction

Potential risk	Potential impact	Steps to mitigate risk
Volunteers	<ul style="list-style-type: none"> • lack of competences, training and support • poor service for beneficiaries • inadequate vetting and reference procedures • recruitment and dependency 	<ul style="list-style-type: none"> • review and agree role, competencies • review and agree vetting procedures • review and agree training and supervision procedures • agree development and motivation initiatives
Health, safety and environment	<ul style="list-style-type: none"> • staff death, injury or preventable illness • product or service liability • ability to operate (see Compliance risks) • injury to beneficiaries and the public 	<ul style="list-style-type: none"> • comply with law and regulation, including emerging guidelines and restrictions relating to COVID-19 safety • train staff on emerging risks, including extremes of heat and cold resulting from climate change • put in place monitoring and reporting procedures
Disaster recovery and planning	<ul style="list-style-type: none"> • computer system failures or loss of data • destruction of property, equipment, records through fire, flood or similar damage 	<ul style="list-style-type: none"> • agree IT recovery plan • implement data back up procedures and security measures • review insurance cover • create disaster recovery plan including alternative accommodation
Procedural and systems documentation	<ul style="list-style-type: none"> • lack of awareness of procedures and policies • actions taken without proper authority 	<ul style="list-style-type: none"> • properly document policies and procedures • audit and review of systems
Information technology	<ul style="list-style-type: none"> • systems fail to meet operational need • failure to innovate or update systems • loss/corruption of data eg donor base • lack of technical support 	<ul style="list-style-type: none"> • appraise system needs and options • appraise security and authorisation procedures • implement measures to secure and protect data, including use of secure CRM platform • agree implementation and development procedures

Potential risk	Potential impact	Steps to mitigate risk
	<ul style="list-style-type: none"> • breach of data protection law 	<ul style="list-style-type: none"> • use service and support contracts • create disaster recovery procedures • consider outsourcing • review insurance cover for any insurable loss

Financial risks

Potential risk	Potential impact	Steps to mitigate risk
Budgetary control and financial reporting	<ul style="list-style-type: none"> • budget does not match key objectives and priorities • decisions made on inaccurate financial projections or reporting • decisions made based on unreliable costing data or income projections • inability to meet commitments or key objectives • poor credit control • poor cash flow and treasury management • ability to function as going concern 	<ul style="list-style-type: none"> • link budgets to business planning and objectives • monitor and report in a timely and accurate way • use proper costing procedures for product or service delivery • ensure adequate skills base to produce and interpret budgetary and financial reports • agree procedures to review and action budget/cash flow variances and monitor and control costs • regularly review reserves and investments
Reserves policies	<ul style="list-style-type: none"> • lack of funds or liquidity to respond to new needs or requirements • inability to meet commitments or planned objectives • reputational risks if policy cannot be justified 	<ul style="list-style-type: none"> • link reserves policy to business plans, activities and identified financial and operating risk • regularly review reserves policy and reserve levels

Potential risk	Potential impact	Steps to mitigate risk
Cash flow sensitivities	<ul style="list-style-type: none"> • inability to meet commitments • lack of liquidity to cover variance in costs • impact on operational activities 	<ul style="list-style-type: none"> • ensure adequate cash flow projections (prudence of assumptions) • identify major sensitivities • ensure adequate information flow from operational managers • monitor arrangements and reporting
Dependency on income sources	<ul style="list-style-type: none"> • cash flow and budget impact of loss of income source 	<ul style="list-style-type: none"> • identify major dependencies, considering the potential impact of COVID-19 where applicable • implement adequate reserves policy • consider diversification plans
Pension commitments	<ul style="list-style-type: none"> • under-funded defined benefit scheme • impact on future cash flows • failure to meet due dates of payment • regulatory action or fines 	<ul style="list-style-type: none"> • use actuarial valuations • review pension scheme arrangements (eg money purchase schemes) • review procedures for admission to scheme and controls over pension administration
Investment policies	<ul style="list-style-type: none"> • financial loss through inappropriate or speculative investment • unforeseen severe adverse investment conditions • financial loss through lack of investment advice, lack of diversity • cash flow difficulties arising from lack of liquidity 	<ul style="list-style-type: none"> • review and agree investment policy • obtain proper investment advice or management • consider diversity, prudence and liquidity criteria • implement adequate reserves policy • use regular performance monitoring

Potential risk	Potential impact	Steps to mitigate risk
Protection of permanent endowment	<ul style="list-style-type: none"> • loss of future income stream or capital values • buildings unfit for purpose • income streams inappropriate to meet beneficiary needs 	<ul style="list-style-type: none"> • review and agree investment policy • obtain proper investment advice or management • consider diversity, prudence and liquidity criteria • use regular performance monitoring • ensure maintenance and surveyor inspection of buildings • review insurance needs
Compliance with donor imposed restrictions	<ul style="list-style-type: none"> • funds applied outside restriction • repayment of grant • future relationship with donor and beneficiaries • regulatory action 	<ul style="list-style-type: none"> • implement systems to identify restricted receipts • agree budget control, monitoring and reporting arrangements
Fraud or error	<ul style="list-style-type: none"> • financial loss • reputational risk • loss of staff morale • regulatory action • impact on funding 	<ul style="list-style-type: none"> • review financial control procedures • segregate duties • set authorisation limits • agree whistle-blowing anti fraud policy • review security of assets • identify insurable risks
Counter party risk	<ul style="list-style-type: none"> • financial loss • disruption to activities or operations 	<ul style="list-style-type: none"> • research counter party's financial sustainability • contractual agreement • consider staged payments • agree performance measures • monitor and review investments • establish monitoring and review arrangements where counter party is the charity's agent ('conduit funding' arrangements)

Environmental or external factors

Potential risk	Potential impact	Steps to mitigate risk
Public perception	<ul style="list-style-type: none">• impact on voluntary income• impact on use of services by beneficiaries• ability to access grants or contract funding	<ul style="list-style-type: none">• communicate with supporters and beneficiaries• ensure good quality reporting of the charity's activities and financial situation• implement public relations training/procedures
Adverse publicity	<ul style="list-style-type: none">• loss of donor confidence or funding• loss of influence• impact on morale of staff• loss of beneficiary confidence	<ul style="list-style-type: none">• implement complaints procedures (both internal and external)• agree proper review procedures for complaints• agree a crisis management strategy for handling - including consistency of key messages and a nominated spokesperson
Relationship with funders	<ul style="list-style-type: none">• deterioration in relationship may impact on funding and support available	<ul style="list-style-type: none">• ensure regular contact and briefings to major funders• report fully on projects• meet funders' terms and conditions
Demographic consideration	<ul style="list-style-type: none">• impact of demographic distribution of donors or beneficiaries• increasing or decreasing beneficiary class• increasing or decreasing donor class	<ul style="list-style-type: none">• profile donor base• profile and understand beneficiary needs• use actuarial analysis to establish future funding requirements
Government policy	<ul style="list-style-type: none">• availability of contract and grant funding• impact of tax regime on voluntary giving• impact of general legislation or regulation on activities undertaken• role of voluntary sector	<ul style="list-style-type: none">• monitor proposed legal and regulatory changes• consider membership of appropriate umbrella bodies

Compliance risk (law and regulation)

Potential risk	Potential impact	Steps to mitigate risk
Compliance with legislation and regulations appropriate to the activities, size and structure of the charity	<ul style="list-style-type: none">• fines, penalties or censure from licensing or activity regulators• loss of licence to undertake particular activity (see operational risks)• employee or consumer action for negligence• reputational risks	<ul style="list-style-type: none">• identify key legal and regulatory requirements, including COVID-19 safety measures (note these may change frequently and should be monitored at least weekly)• allocate responsibility for key compliance procedures• put in place compliance monitoring and reporting• prepare for compliance visits• obtain compliance reports from regulators (where appropriate) - auditors and staff to consider and action at appropriate level
Regulatory reporting requirements: Financial and other reporting requirements will be dependent on how the charity is constituted and may also vary according to funding arrangements	<ul style="list-style-type: none">• regulatory action• reputational risks• impact on funding	<ul style="list-style-type: none">• review and agree compliance procedures and allocation of staff responsibilities
Taxation	<ul style="list-style-type: none">• penalties, interest and 'back duty' assessments• loss of income eg failure to utilise gift aid arrangements• loss of mandatory or discretionary rate relief• failure to utilise tax exemptions and reliefs	<ul style="list-style-type: none">• review PAYE compliance procedures• review VAT procedures• file timely tax returns• understand exemptions and reliefs available (direct tax and VAT)• take advice on employment status and contract terms and tax• implement budget and financial reporting identifying trading receipts, and tax recoveries

Potential risk	Potential impact	Steps to mitigate risk
Professional advice	<ul style="list-style-type: none"> • lack of investment strategy or management • failure to optimise fiscal position • contract risks • failure to address compliance risks 	<ul style="list-style-type: none"> • identify and ensure access to professional advice • identify issues where advice is required • conduct compliance reviews

5. Related Policies

This policy should be read in conjunction with the Financial Management Policy and Procedures, the Health and Safety Policy, and the Monitoring and Evaluation Policy.

6. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Risk Management Policy
Last reviewed	10 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None
Next review due	January 2024

C3.1: Financial Management Policy and Procedures

1. Policy Statement

It is a duty of the Management Committee to ensure that the charity's resources are protected in order that Hodan can fulfil its aims. It is important that all those working at Hodan, whether trustees, staff or volunteers, take the issue of internal financial controls seriously. Making controls work is everyone's responsibility.

The aims of internal financial controls are:

- to protect the charity's assets;
- to manage the risk of conflicts of interest, loss, waste, bribery, theft or fraud;
- to ensure that financial reporting is robust and of sufficient quality; and
- to ensure that the trustees comply with charity law and regulation relating to finance.

Trustees have a number of legal duties that must be met in relation to accounting and financial reporting. These include:

- keeping 'sufficient' accounting records to explain all transactions and show the charity's financial position
- preparing an annual report and statutory accounts meeting legal requirements
- considering the need for a reserves policy, managing the level of reserves held and the disclosure of any reserves policy in the Trustees' Annual Report
- formally approving the Trustees' Annual Report and accounts
- ensuring that accounts are subjected to any external scrutiny required by law or by the charity's governing document
- ensuring that the Trustees' Annual Report, accounts and annual return are filed on time with the Charity Commission where filing is required by law and, if the charity is a company, also filed with Companies House
- meeting requests from the public for copies of the charity's most recent trustees' annual report and accounts
- safeguarding the assets of the charity and ensuring proper application of resources
- taking steps for the prevention and detection of bribery, fraud, financial abuse and other irregularities

2. Financial Procedures

Records and reports

- 1.1. All the organisation's books of account, bank statements, cheque books, paying-in books, asset register and other financial information will be kept in the association's office and are to be kept up-to-date at all times.
- 1.2. The treasurer will report on income and expenditure over the preceding two months to meetings of the Management Committee.
- 1.3. The treasurer will also present a report regularly to the trustees, expenditure against budget.

- 1.4. The treasurer, chairperson and secretary will ensure that the organisation's accounts are made available to the Annual General Meeting of the trustees. The treasurer will advise the trustees whether the accounts will require an independent accountant's review, or an independent audit, as soon as it becomes apparent that the statutory turnover criteria are likely to be exceeded. An independent accountant or auditor will be appointed with the approval of the Trustees.
- 1.5. The treasurer, chairperson and secretary will be responsible for recommending an annual budget for approval by the Trustees at least two months before the start of each financial year.
- 1.6. The treasurer is responsible for maintaining an up-to-date register of the charity's assets and submitting it to the Annual General Meeting of the trustees for review.

2. Electronic payments and bank accounts

- 2.1. The organization will maintain one current bank account, through which all payments and receipts will be made. Any additional accounts will operate by transfers into or out of this 'control account'. Transfers may only be authorized by signatories to this account.
- 2.2. The chairperson, treasurer and secretary together with the designated organization staff will be authorized to make electronic payments on behalf of the committee. The term 'electronic payments' here includes payments made by direct debit, standing order and Bankers' Automated Clearing Services (BACS) Direct Credit, whether via an online banking interface on a computer or laptop, through a mobile phone online banking application, and/or by telephone.
- 2.3. The Management Committee may from time to time authorize further Committee members and organization staff to be signatories for online payments as appropriate.
- 2.4. Electronic payments may only be made if accompanied by original invoices, which should be checked by a counter-signatory to confirm that the goods or services in question have been received.
- 2.5. Passwords for Online Banking services will not be written down in a form that can be understood by another person, and will not be disclosed to any unauthorized person.
- 2.6. Electronic payments should be verified by a second authorized signatory before payment, if they are not (a) made within the context of an approved contract of employment or an approved contract for services, in accordance with terms that have been agreed by the Management Committee, or (b) for a sum of £40 or less.

- 2.7. All paid invoices must be marked paid and should be filed immediately.
- 2.8. All payments made by direct debit, standing order or BACS should be recorded in the cashbook with details of date, amount, payee and brief description of payment.
- 2.9. Bank accounts should be reconciled monthly from the cashbook balance to bank statements and checked by the treasurer on a regular basis.

3. Petty cash

- 3.1. An Imprest System will be used to operate a float of £100, which will be held in a locked petty cash box in a secure place, and will be the responsibility of a nominated person.
- 3.2. Petty cash should only be used for small items costing up to £40. Anything more than this should be paid by cheque or online payment, where possible.
- 3.3. All petty cash payments are to be made on petty cash vouchers, accompanied by a detailed explanation and where possible by a receipt.
- 3.4. Supporting documentation for the cash payment should be authorised by someone other than the person who maintains the petty cash or the person making the payment.
- 3.5. The person responsible for the petty cash box (as in 3.1 above) should countersign all petty cash vouchers and ensure that a correct balance in the petty cash box is maintained at all times.
- 3.6. All receipts to be stapled to the appropriate petty cash voucher and kept in the locked petty cash box together with the cash balance of the float.
- 3.7. All monies drawn to petty cash purposes must follow the prescribed cheque authorization procedure.
- 3.8. Petty cash should be reconciled on a regular basis from the balance as per the records to the actual cash in the petty cash box. These checks should be made by an authorized person independent of the person who maintains the cash box.

4. Receiving donations by post and paying money into the bank

- 4.1. The post should be held securely from the time it is received until it is opened.
- 4.2. Whenever practical, the post should be opened in the presence of two unrelated individuals.
- 4.3. Cheque and cash receipts should be promptly recorded, and receipts issued.
- 4.4. All cheques and cash received by the organization are to be banked as soon as possible. Funds should be banked gross without deduction for costs or expenses.
- 4.5. Cheques and cash not banked on the day of receipt must be kept in a safe or locked cash box.

- 4.6. A record of all payments into the bank account shall be kept with date, amount, payee, description, and type of income or transaction.
- 4.7. A paying-in slip is to be completed each time money is paid into the bank, stating date, amount, payee and description and filed with any relevant papers.
- 4.8. All invoices from the organization should be raised on the organisation's letterhead.

5. Payment and contract authorization

- 5.1. Expenditure can only be authorized from an approved budget head. Virement between budget heads can only be approved by the Management Committee (trustees).
- 5.2. In placing orders for goods and services, two quotations should be obtained for orders over £500.00 and three quotations for orders over £2000.00.
- 5.3. From time to time, the Management Committee will set appropriate expenditure authority limits. Until such time the following limits shall apply:
 - (a) Unplanned expenditure shall not be made without the approval of the Management Committee.
 - (b) Planned expenditure in excess of £2500.00 may only be authorized by the Management Committee.
- 5.4. Any lease, hire purchase agreement or other contract involving expenditure will be subject to the same authorization limits as above.
- 5.5. Funds received for restricted purposes should be separately identified and should be spent in accordance with the conditions imposed by the donor or grant-making body.

6. Staffing matters

- 6.1. The payment and level of all salaries, wages and other earnings to all employees and contractors of the organization shall be made under arrangements approved and controlled by the Management Committee.
- 6.2. Staff and volunteer expenses should be checked and authorized by a designated individual within the organization.
- 6.3. Any new post shall only be created on the authority of the Management Committee.
- 6.4. Contractors will only be taken on when authorized in accordance with paragraph 5.4.
- 6.5. Trustees must ensure that:
 - the records required by HMRC of PAYE deducted from the wages and salaries of employees are maintained

- statutory deductions are paid to HMRC as required and pension contributions paid across to the pensions provider promptly
- deadlines for year-end returns to HMRC are met including P35, P11D and P60 or the data required for 'real time information' submissions to HMRC are complete and submitted on a timely basis
- minimum wage legislation is adhered to
- only authorised or required deductions are made from pay
- each employee has a proper contract of employment and that individuals are not incorrectly classified as self-employed
- legal obligations in relation to pension scheme arrangements are met

3. Related Policies

This policy should be read in conjunction with the Risk Management Policy.

4. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Financial Management Policy and Procedures (was 'Financial Policy and Procedures')
Last reviewed	8 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None
Next review due	September 2024

D1.2, D3.4, F1.5, F1.6: Standard Operating Procedures for Information and Advice Services

1. Preamble

The purpose of this document is to set out all standard operating procedures for the provision of information and advice services that are not covered in other policies (e.g. Equality, Diversity and Inclusion Policy, Data Protection Policy, Confidentiality Policy, Signposting and Referral Policy, Case Closure Policy, Disciplinary Procedures, Grievance Procedures, and all policies pertaining to the recruitment, training, induction and appraisal of staff).

These standard operating procedures are set out in writing in order to ensure a consistent quality of service in accordance with the Advice Quality Standard. They are to be followed by all staff members engaged in the provision of information and advice services to clients.

Where the terms 'staff' or 'staff member(s)' are used in these standard operating procedures, they should be taken to include volunteers and, where applicable, other associated personnel such as members of the Management Committee or external consultants.

2. Procedure for the Allocation of Enquiries

When a new client is registered with Hodan's advice and information service, their enquiry will be allocated to a particular member of staff on the basis of availability and expertise in the area(s) of work concerned.

If all the staff member(s) with expertise in the area(s) of work concerned are unavailable, or do not have the capacity to take on the case, either:

- (a) the client may be placed on a waiting list and given a clear indication of how long they might expect to wait, in order to see someone who has expertise in the area(s) of work concerned; or
- (b) the client may be signposted or referred to another provider in accordance with the Signposting and Referral Policy.

The Director (or, if applicable, another senior member of staff) will always oversee complex enquiries, such as those involving benefit calculations or the completion of application forms for welfare benefits.

If a case evolves to the point that it is beyond the competence of the allocated staff member, an internal referral should be made, in accordance with the Signposting and Referral Policy.

3. Procedure for Recording Appointments, Attendance and Non-Attendance

If a client's enquiry cannot be dealt with immediately, an appointment will be made and recorded in the shared diary on Advice Pro. Attendance or non-attendance will be recorded alongside the entry, together with a reason for non-attendance if given.

If a client fails to attend a scheduled appointment in person or arrives so late that their appointed advisor is no longer available, a member of Hodan staff will attempt to contact them

by telephone or text message in the first instance to address the matter directly or arrange a new appointment time. If there is no response, e-mail will be used as the second line of contact (if applicable). If the matter is effectively resolved by telephone or a messaging service, the case will be written up on Advice Pro as if the client had attended their original appointment in person.

Records of client attendance and non-attendance will be maintained on Advice Pro. Reports generated from the platform will be regularly reviewed by the Director as the organisation's Quality Representative and may also be subject to inspection by external reviewers / evaluators / AQS auditors as appropriate.

If a client misses two consecutive appointments (or any three appointments within a three-month period) without giving a reason, or if they cite reasons relating to difficulties in accessing the drop-in service, a senior member of staff will contact them by phone and ask whether they still require the advice or information. If so, the staff member will try to identify a more effective way of helping them with their enquiry – e.g. through a home visit, or by signposting or referring them to an alternative service provider that may be more accessible or better suited to their needs.

During any conversation about missed appointments, the senior staff member should check whether the client has any concerns about the service that they have received to date and ask them to suggest ways in which Hodan's services could be improved.

4. Procedure for Informing Clients about the Progress of their Enquiry

Staff will inform clients about the progress of their enquiry by telephone, text message or e-mail, either at regular intervals as agreed in advance with the client at the first meeting, or whenever there is an important development in the case.

Clients will be informed of the outcome of a completed enquiry as soon as it is known, and when this is done, it will be noted on their case notes in Advice Pro.

Staff will keep clients informed about any problems or issues that might delay delivery of services and ensure, to the best of their ability, that they maintain compliance with the Key Dates and Actions Policy. More broadly, staff are responsible for ensuring that matters are dealt with in the future if they cannot be resolved immediately.

If a staff member is waiting for a response from a third party, they will notify the client that they are waiting and provide their best possible estimate of the expected wait time. If no reply has been received after this specified period of time, they will follow up with the third party and continue to inform the client at least weekly that they are continuing to wait.

5. Procedure for Provision of Information to Clients in Writing

In the light of the high levels of illiteracy among Hodan's service users, provision of information to clients in writing is not the default. Staff will, however, ensure that a record of all key decisions and actions is provided in writing to clients who are literate in English, under the following circumstances:

- (a) at the client's request

- (b) at the discretion of the advice worker if they feel that it would be helpful for the client to maintain a written record, e.g., if further action is needed on either side or if the client is being signposted to another service provider
- (c) if the client is required to share written information with a third party, e.g., a local authority, private landlord, training provider or employer.

Other information, such as details of local services, may also be provided to clients in writing at the client's request. Alternatively, with the client's agreement, a link to an appropriate website or app may be provided.

6. Procedure for Providing Timely Information about Changes in the Law

The Director and frontline advice staff will keep apprised of changes in the law that may have implications for the provision of advice in accordance with its remit. The scope of 'changes in the law', for the purpose of this section, includes changes to the welfare benefits system (including eligibility criteria for specific benefits) and the introduction of new permanent or temporary support schemes to help people cope with the cost of living.

This will be done through subscriptions to Gov.uk mailing lists, Child Poverty Action Group (CPAG), Rightsnet, and other relevant online update services, as well as the general updates provided by organisations such as Advice UK and the Small Charities Coalition. These should include areas such as welfare benefits, local services, housing, education and training, confidence-building, social integration, employment, public health legislation (including COVID-19 prevention measures) and/or other related matters.

The Administration and Communications Officer or another delegated staff member will check emails for relevant updates and report back to the Director accordingly on a weekly basis. The Director may also, where applicable, make use of external consultants, legal advisers or other experts in areas where the law is rapidly changing or where a change could have significant implications for the way in which Hodan conducts its work.

If the Director or another becomes aware of a change in the law that may affect the advice or information they provide to service users, they will:

- (a) Amend policies and procedures accordingly, in consultation with external consultants if necessary;
- (b) Ensure that they understand the implications of the change in the law for any of their own advice and information clients, if applicable;
- (c) As soon as possible and within no more than five working days, arrange a training session for all staff and volunteers to inform them about the change in the law, and encourage them to reflect on the implications for their own clients;
- (d) Monitor staff and volunteers through supervision sessions, or (if applicable) delegate line managers to monitor staff and volunteers, to ensure that correct and accurate advice is consistently being given to clients in accordance with the new law.
- (e) As soon as possible and within no more than one calendar month, or at the next meeting if this is scheduled within the month, advise the members of the Management Committee about the change in the law and any implications that it may have for the management of the organisation, if applicable.

- (f) Within no more than ten working days, advise external consultants working with Hodan about the change in the law and any implications that it may have for their work, if applicable.

7. Related Policies

This policy should be read in conjunction with the Key Dates and Actions Policy, the Monitoring and Evaluation Policy, and the Customer Care Charter.

8. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Standard Operating Procedures for Advice and Information Services
Last reviewed	11 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Section 2: Add a sentence about making an internal referral if a case evolves beyond the competence of the allocated adviser. Section 6: Add references to CPAG and Rightsnet
Next review due	September 2024

D1.3, D3.3, D4.4, E4.1: Supervision Policy and Procedures

1. Aims and Objectives of Supervision

The key aims of supervision are:

1. To review and account for work.
2. To plan and prioritise work.
3. To be supported in the work.
4. To receive feedback about the work and to give feedback.
5. To periodically identify training and development needs in relation to work.

Supervision should seek to meet the needs of the job and of the individual performing the duties of the job.

- 'Meeting the needs of the job' refers to whether or not staff are performing the duties to an acceptable standard in order to achieve Hodan's aims and objectives. This is the aspect of supervision that is concerned with accounting for work and planning ahead.
- 'Meeting the needs of the individual' involves ensuring that training and development needs are met in order that staff can perform well in their role. Hodan recognises the importance of providing an environment where staff can develop in their work, explore concerns, and get support and feedback when they are experiencing difficulties.

2. Procedures

2.1. Frequency

Supervision at Hodan will happen at least once every quarter for paid employees, and for medium- to long-term volunteers working within the advice service. This will predominantly focus on reviewing and accounting for work, planning and prioritising work, and reflecting on workload and broader wellbeing issues. Any issues of a disciplinary nature must be dealt with accordingly and in line with Hodan's disciplinary procedure.

Supervisions may be made more frequent for a particular employee on a temporary or permanent basis, at the request of either the manager or the supervisee (see 'Counselling and Additional Support' below). The Director is also at liberty to request that supervisions for *all* employees should be made more frequent on either a permanent or a temporary basis.

Employees are encouraged to contact their supervisor at any time if they feel that a particular case is beyond their competence. In these circumstances the supervisor should meet with them at the earliest opportunity to help them access appropriate training or support, as well as ensuring that the client's needs are met quickly and appropriately (e.g., by taking on the case themselves or treating it as an internal referral; see 'Signposting and Referral Policy').

2.2. Duration

The Director or the supervisee's line manager shall allocate a reasonable period of time for each supervision session (normally 1 hour). The session must begin and end on time to allow for individual work schedules.

2.3. Location and statement on interruptions

Supervision should ideally be held in a quiet and uninterrupted space. Both supervisor and supervisee should agree that the venue is conducive to this. Due to practicalities, the venue may change from session to session, or supervisions may be conducted remotely (e.g., via telephone or video call). If telephone or video call is used, both the supervisor and supervisee are responsible for ensuring they are in a private location where calls cannot be overheard.

2.4. Method of supervision

Supervision will normally be on a one-to-one basis. It may be more appropriate for it to be three-way, at the discretion of the Director, in a job-share situation or where two part-time staff share one role. An agenda will be drawn up for each session that is determined in advance on the basis of the Quarterly Supervision Record. Both the manager and the supervisee can also add items to this agenda at the beginning of the session, if required.

2.5. Recording of supervision

Key decisions and actions arising from supervision, or concerns that point to a need for additional training, should be recorded in writing in the Quarterly Supervision Record. Supervision records will be retained by the Director in a secure folder alongside other relevant HR documentation, e.g., Training & Development Plans and Appraisal Records. The supervisee should also keep their own written record of any key decisions and actions.

2.6. Counselling and additional support

If a cause for concern about a supervisee's mental wellbeing is identified during a supervision session, the manager may request more frequent supervisions on a permanent or temporary basis, and/or refer the supervisee for external counselling at the organisation's expense (subject to funding). This may happen, for example, if:

- the supervisee's overall case load is significantly higher than usual
- they are dealing with particularly complex or emotionally demanding cases
- they have reported, or are showing, signs of burnout - e.g., feeling exhausted or overwhelmed, struggling to get things done, procrastinating, having a negative attitude
- they have reported secondary trauma as a result of supporting people going through traumatic experiences - e.g., nightmares, poor sleep, flashbacks, grief, or feeling emotionally numb
- their personal circumstances are causing a higher level of stress than usual (e.g., bereavement, relationship breakdown, illness of a loved one, new or increased caring responsibilities)

Counselling should not replace in-house supervision but is intended to supplement it. If external counselling is sought, the supervisor should identify an appropriately trained, qualified and experienced individual. Wherever possible, the supervisor should aim to find a counsellor with relevant lived experience and/or a similar ethnic and cultural background to the supervisee.

2.7. Confidentiality

Supervision records should normally be seen only by the manager and the member of staff concerned. In disciplinary and capability situations, or if there is a safeguarding concern, supervision notes may be seen by other people, such as the Chair of the Management Committee or any external agencies whose input may be required to prevent harm to the employee or other people.

2.8. Ongoing support

The Director or the individual's line manager will have ongoing and informal contact with staff between scheduled supervision sessions. Staff members should also be encouraged to contact their line manager at any time if they are uncertain about anything or need additional advice or guidance.

2.9. Linking supervision to other organisational processes

Supervision is a continuous process of management and support, and it is the responsibility of the line manager to reinforce this in supervision sessions. Specific links with other organisational processes are as follows:

- **Induction:** The initial arrangements for supervision will be discussed, and the date of the first session set, during induction. The employee will be made aware that supervision is one part of the process of training and personal development and that the aim is to ensure that employees fully develop all the core and non-core competencies associated with the Person Specification for their particular job, as well as addressing any problems or challenges that may arise in the course of their job.
- **Appraisal:** Discussions in supervision will sometimes refer back to an individual's appraisal meeting, e.g., progress towards competency targets described in the Person Specification or a review of the whole Competency Framework.
- **Monitoring and evaluation:** Findings and recommendations from independent file reviews and/or other monitoring and evaluation reports may be used to inform supervision sessions, in order to maintain continuous improvement of performance and service quality.
- **Review of policies and standard operating procedures:** Issues raised during supervision sessions may be fed back to the Director and/or external consultants to assist them in carrying out annual reviews of policies and standard operating procedures. This would normally be done without reference to the name of the individual in question.

- **Routine planning and monitoring of service delivery:** Part 2 of the supervision session ('Meeting the needs of the job') will be linked to the quarterly review of the Annual Plan. The supervision meeting will include a review of all tasks in the Annual Plan that are the responsibility of the supervisee, and their corresponding deadlines.

3. Roles and Responsibilities

3.1. Summary of an employee or volunteer's responsibilities

- To prepare for the session and contribute to the agenda.
- To do what was agreed in the last session.
- To think about supervision before they attend, what they want to discuss, get out of the session, etc.
- To tackle difficulties if they arise in the arrangements for the supervision or the relationship.

3.2. Summary of a manager's responsibilities

- To prepare for the session and consider feedback to the employee or volunteer.
- To supervise staff and volunteers in a planned and structured way
- To listen, respond and give adequate time to each individual.
- To agree date, time and venue for supervision in advance.
- To tackle difficulties if they arise in the arrangements for the supervision or the relationship.

4. Related Policies

This policy should be read in conjunction with the Personnel Development and Training Policy, Induction Policy, Performance Appraisal Policy, Competencies Policy and Procedures, Standard Operating Procedures, Safeguarding Children and Vulnerable Adults Policy, Procedures and Guidance, and Monitoring and Evaluation Policy.

5. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Supervision Policy and Procedures (formerly 'Supervision Policy')
Last reviewed	8 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Add new paragraph in subsection 2.1 to clarify that employees should seek additional supervision if a case is beyond their competence
Next review due	September 2024

D2.1: Performance Appraisal Policy and Procedures

1. Purpose

The purpose of the performance appraisal policy is to provide an appropriate framework within which to manage the performance of employees.

The organisation recognises that performance appraisal should be managed and implemented using tools, techniques and processes which are consistent with its values and comply with legal requirements. The organisation expects all its employees to participate in the appraisal process positively and constructively, whether they are conducting or receiving an appraisal.

2. Scope

This policy and procedure applies to all paid and voluntary staff members. Where 'employee' is used in this document, it should be taken to include volunteers as well as paid staff unless otherwise indicated. The members of the Management Committee will not normally be subject to appraisal.

3. Procedures

The following are guidelines which should be followed when implementing an appraisal process within Hodan.

Who conducts appraisals

Appraisals should normally be conducted by the employee's line manager or by the Director. They may seek feedback from other people who work with the employee, or for whom the employee has undertaken work in order to inform the appraisal.

When they take place

Employee reviews should be conducted in line with the timetable set by the line manager or the Director. Appraisals normally take place after 6 and 12 months in the first year of employment and then at least every 12 months thereafter (for paid employees) and at the Director's discretion for medium- and long-term volunteers. Appraisal is not required for short-term volunteers.

Preparing for the appraisal

The employee will be given sufficient notice (ordinarily 2 weeks) of the review date therefore giving them time to prepare for the meeting.

When notifying the employee of the appraisal date, the manager will provide the employee with a self-assessment form to give them the opportunity to evaluate their progress, in relation to their Person Specification and the Competency Framework (for paid employees) or an appropriate alternative (e.g., Volunteer Agreement for volunteers), during the period since the last appraisal or since the start of employment.

The employee is responsible for ensuring that they complete the self-assessment form prior to attending the meeting. Employees must also make sure that they can provide their manager with evidence of their performance and any achievements made.

The appraisal meeting

The appraisal should normally be conducted as a one-to-one meeting between the individual and their manager, which may be held by video call (e.g., Zoom or WhatsApp) or in person by mutual agreement. If appropriate an external assessor or observer may also attend the meeting. Once arranged, the manager should ensure the meeting takes place on time. Meetings should only be postponed for exceptional reasons and should take place as soon as possible and ideally within two weeks of the original date for the meeting.

Appraisal and supervisions must take place in a private environment where any matters discussed can be kept confidential and arrangements should be made so that there will be no other interruptions during the meeting. While they should ideally be conducted face to face, it is acceptable for appraisal meetings to be completed by telephone or video call if necessary.

The appraisal for paid employees will follow the format set out in the Performance Appraisal Form (Section 5). It should incorporate recognition of the employee's achievements and contributions to their department as well as a discussion of the employee's own self-assessment and any development needs. In addition, the manager and employee should review performance against the objectives they set themselves during their previous appraisal and will agree objectives for the forthcoming 12 months (or 6 months in the case of new staff). A less formal process may be used for volunteers at the Director's discretion.

Appraisals are an opportunity for open discussion and the manager should ensure that the employee can talk freely about areas where they have not performed as expected or the reasons why they have not had the opportunity to complete some objectives, as well as about the more positive aspects of their performance.

Written employee appraisal record

A written record of the meeting should be drawn up and signed by both the manager and employee. The employee has the right to correct any factual errors in the appraisal meeting. If the employee disagrees with the manager's judgement, they should be given the opportunity to record such comments, but the manager need not change their judgement if they believe it to be fair and supportable. The statement should include a summary of all the points covered, any action agreed and set out the objectives for the forthcoming period. It should also identify any support needed and how this will be met. A copy of the written record should be given to the employee and a copy kept on the personnel file.

A continuous process through supervisions

Performance management is a continuous process of which the employee appraisal meeting is a part. The appraisal should not contain any information that should have been discussed with the employee during supervisions throughout the year. Managers should ensure that

each member of their team has regular supervision meetings in accordance with the Supervision Policy.

Disputes arising from an appraisal

If the employee feels that the feedback they have received from their manager has been unduly negative, or disputes the assessment of their performance, then they should discuss their concerns further with their manager to determine the reasoning for the feedback, providing evidence for their views. If the employee is unable to resolve their concerns in this way, they may wish to raise a grievance in line with the organisation's Grievance Policy.

4. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Competencies Policy and Framework, Induction Policy, Personnel Development and Training Policy, and Supervision Policy.

5. Performance Appraisal Form

This is the Hodan Somali Community performance appraisal form. Its purpose is to provide structure for a conversation between a supervisor and the employee / volunteer (appraisee) during the performance appraisal conversation. Please note that **appraisees do not have to answer all questions** – the form is a guide only.

Individuals should always be given time to prepare for an appraisal conversation by reviewing their objectives and achievements. The overall aim of the conversation is to motivate the staff member or volunteer and help them to reflect on how they can keep improving their performance.

Name (appraisee): _____

Job title: _____

Supervisor: _____

Date: _____

Appraisal Checklist:

Is your job description up-to-date? YES / NO

If not, what needs to be changed?

Which parts of your job do you find satisfying?

Which parts of your job do you dislike, find difficult or have problems with?

Performance Appraisal Form / Page 2

Complete the table with your competency objectives (refer to the Competency Framework) and targets for the last [six / twelve] months:

Target / Objective	Has this been achieved?		
	Yes, fully	Partially	Not yet

What has gone well over the past year, and why?

Other than your agreed objectives, what else have you achieved or contributed during the past year?

What training have you received in the past [six / twelve] months?

How helpful was the training in enabling you to do a better job?

Performance Appraisal Form / Page 3

If you had targets or objectives that you haven't achieved yet, what has stopped you from achieving them?

What have you learned from your mistakes over the past year?

What needs to change so that other people don't make similar mistakes?

Do you have any other suggestions for improving the way we do things?

Vision for the future

What are your specific targets or objectives for the next [six / twelve] months?

- 1.
- 2.
- 3.
- 4.
- 5.

Performance Appraisal Form / Page 4

What training and personal development will you need to help you achieve these individual targets and your team targets, if any, for the next [six / twelve] months?

Is there a particular method of learning that you prefer?

Apart from training, is there any other support that you need to help you achieve your individual and team targets?

What are your long-term plans for your future?

For advice providers only

In the past year, have you given service users any advice that was later found to be inaccurate, incomplete or misleading? If so, please give details.

If applicable, what steps did you take to ensure that these service users were provided with more accurate or complete advice?

Have you read and understood this year's updated Signposting Policy? YES / NO

Are there any specific areas of advice in which you need more guidance on signposting service users to the right provider, internally or externally? If so, please give details.

Appraiser's comments:

Post holder's comments:

Director's comments:

Signed: _____ (post holder) Date _____

Signed _____ (line manager) Date _____

Copies to be kept by both parties during the following year, and on personal file

6. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Performance Appraisal Policy and Procedures
Last reviewed	8 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Added reference to internal referrals on page 2 of form
Next review due	September 2024

D2.2, D2.3: Personnel Development and Training Policy

Hodan recognises that our personnel – staff, volunteers and trustees - are our greatest asset. Personnel development is essential for

- the organisation, if it is to develop and grow in a rapidly changing environment, remain compliant with new legislation, continually monitor and improve the quality of its advice service in accordance with the Advice Quality Standard, and respond to emerging challenges
- its Management Committee, if it is to be effective and flexible
- Individual staff and volunteers, through increased motivation and job satisfaction.

Hodan recognises that most learning and development takes place on the job and that the development of staff and volunteers is one of the trustees' most important responsibilities.

1. Aims

- To highlight how personnel training and development can contribute towards the mission and goals of Hodan.
- To ensure that all staff members, volunteers and trustees have the knowledge and skills needed to meet the goals of the Hodan strategic and business plans and to conform to the Advice Quality Standard
- To foster a culture of continuous learning and personal development in which every individual who works for Hodan, in a paid or voluntary capacity, has the opportunity to maximise their own potential as well as the quality of the service provided by Hodan.

2. Objectives

- To support the development of policy, procedure and practice relating to training and development within the organisation.
- To enable staff, volunteers and Management Committee members to be effective as possible in their roles, with a view to assuring the provision of high-quality advice to all service users.
- To increase individual and organisational capacity to respond to emerging issues that are relevant to the work of Hodan.
- To enable staff, volunteers and Management Committee members to prepare themselves for any changes in duties and responsibilities.
- To assist staff in gaining skills, knowledge and experience which may be useful in the future for their development and the development of Hodan

3. Policies

3.1. Identification of training needs

The identification of training needs is based on the training needed to ensure individuals and teams can contribute to meeting the organisational objectives defined in the Hodan strategic plan (including the fundraising plan, human resources development strategy, marketing plan and business plan), the job specifications of the staff and volunteers, and targets set for the Advice Quality Standard.

Development and training needs will be identified through three main routes

- (a) **Induction:** For newly recruited staff and volunteers, an initial appraisal will be carried out as part of the induction process, in which the new staff member or volunteer and their line manager discuss their knowledge and skills in relation to:
- i. The competencies listed in the person specification for their job, in accordance with the Competencies Framework (if applicable) or Volunteer Agreement;
 - ii. Any specialist knowledge and skills required for work in the voluntary sector in general, and for the successful performance of their role in accordance with current legislation, e.g. Safeguarding, Data Protection, Health and Safety, Equality and Diversity, etc. as set out in the General Induction Checklist
 - iii. The requirements of the Advice Quality Standard and relevant Hodan policies as set out in the Supplementary Induction Checklist, if they will be working in a client-facing role as providers of information and advice.
- (b) **Annual Appraisal:** The annual appraisal system reviews the job requirements, monitors performance, sets individual targets, identifies training needs in relation to the capacity of staff to meet their individual and team targets, and identifies preferred methods of learning. The creation of individual Training and Development Plans follows from issues raised during the appraisal.
- (c) **Supervision** by line manager to monitor and review progress against targets and individual Training and Development plans.

3.2.. Methods

Personnel development and training may be provided through any combination of on the job and off the job methods, at the discretion of the Director or, if applicable, the Volunteer Coordinator or Human Resources Manager.

On the Job Methods may include, but are not necessarily limited to, the following:

- Demonstration
- Work shadowing within the team or in another service
- Coaching (a one-to-one relationship where performance is enhanced through raising self-awareness)
- Guided reading online or offline, or use of specific e-learning resources

- Targeted team discussions, meetings or strategic planning sessions focusing on particular performance objectives
- Special projects or events focusing on skills development at an individual, group or team level

Off the Job Methods may include, but are not necessarily limited to, the following:

- Internal courses
- External short courses
- Qualification courses
- Non-managerial supervision, e.g. by an external consultant who is an expert or specialist in a particular area, or a staff member from another organisation -

All training must be agreed by the Director.

Where the relevant expertise is already available within the organisation, internal resources will always be considered as a first option. In taking decisions about whether or not sufficient expertise is available internally, the Director will carefully consider the need to ensure compliance with current legislation and the Advice Quality Standard.

3.3. Eligibility criteria

The policy applies to all paid staff and volunteers employed by Hodan. We recognise that there may also be occasions when members of the Management Committee require training, e.g., in understanding the implications of new equality or data protection legislation, or to enable the organisation to meet specific AQS criteria.

Training will be provided when it

- contributes to the achievement of organisational objectives as defined in the strategic plan and/or annual plans of Hodan
- is job and context related
- contributes to the development or quality assurance of the service or projects, e.g. achieving or maintaining the Advice Quality Standard
- provides relevant additional knowledge and/or skills as an aid to personal and professional development
- adheres to the HSC Equality, Diversity and Inclusion Policy and the 2010 Equality Act, specifically in terms of ensuring equality of opportunity to all, regardless of protected characteristics (disability; age; sex; gender reassignment; sexual orientation; pregnancy or maternity; race, ethnicity or nationality; religion or belief; marriage or civil partnership) – see below
- is recognised to be an efficient and worthwhile use of the organisation's resources (which includes financial resources, the applicant's time, and the time of the training provider(s) if they are also Hodan personnel).

and depends on the:

- service priorities
- applicant's profile, including existing qualifications or previous access to staff development opportunities, and the outcome of the most recent appraisal
- impact on service levels
- length of employment (current and prospective)

3.4. Avoiding discrimination

In taking decisions about whether to provide resources for a specific training-related activity, and when to schedule the activity, the Director will take into account the need – enshrined in the 2010 Equality Act – to avoid indirect discrimination as well as direct discrimination. Indirect discrimination is defined as actions that unfairly disadvantage particular individuals or groups on the basis of *having* a protected characteristic, *being perceived to have* a protected characteristic, or *being associated with someone who has* a protected characteristic (e.g. as a spouse or parent).

This could include, but will not necessarily be limited to:

- Scheduling training activities in such a way that they do not interfere with the religious observances of particular faith groups, where possible (especially in the case of internal training)
- Ensuring that all training activities are fully accessible to those with disabilities, including 'hidden' disabilities (sight or hearing problems, dyslexia, dyspraxia, dyscalculia, cognitive impairments, autistic spectrum conditions, attention deficit hyperactivity disorder, etc.) and making reasonable adjustments where necessary

3.5. Newly recruited staff and volunteers

Hodan will ensure that the induction programme is carried out with all new and redeployed staff and volunteers during their probationary period in accordance with the Induction Policy and Procedures. Induction activities should be fully documented using the General Induction Checklist, and the Supplementary Induction Checklist if necessary, which should be retained in the employee or volunteer's file.

3.6. Finance

Hodan will allocate a budget for training within its overall budget. Training funds will be released in response to requests in line with staff training plans.

Budgets for training will be reviewed annually as part of the normal budget- setting process.

Hodan will not normally make any financial contribution to the fees of any training undertaken by staff solely for their career or personal development, if it does not contribute directly to improving the quality of Hodan service provision or the achievement of the organisation's

strategic objectives. Hodan may, however, consider allowing staff time off to undertake courses where no financial contribution is made.

4. Responsibilities

4.1. Director

- Inform staff, volunteers and trustees about the strategic plan and other relevant business plans, including annual plans.
- Ensure staff, volunteers and trustees understand the business planning and review process.
- Induct new staff and volunteers or closely monitor the induction process.
- Disseminate information on relevant development opportunities.
- Hold supervision and appraisal meetings with staff and volunteers.
- Identify training and development needs for current and new staff and volunteers
- Plan and evaluate any development activity with staff and volunteers
- Deal with appeals.
- Ensure individual Training and Development Plans are developed
- Ensure that records of training and personal development activities, whether formal or informal, are maintained and kept by staff/volunteers and their supervisors.
- Keep own development plan and records up to date.

4.2. Staff members

- Familiarise themselves with Hodan strategic plan and relevant business plans, including annual plans, and the Digital Literacy Skills Framework.
- Contribute ideas and views on service provision, including ways of improving service quality and relevance to the target group(s).
- Bring relevant development opportunities to Hodan
- Ensure any development activity is planned and reviewed with the line manager in supervision.
- Attend training as agreed.
- Recognise that they are not permitted to deliver debt advice, immigration advice, medical advice or restricted legal services, and understand how to signpost service users to appropriate AQS-accredited advice providers specialising in these issues, according to the Signposting and Referral Policy.
- Cooperate in the induction and training of new members of staff, where appropriate.
- Pass on skills and knowledge gained through training to other staff either through formal sessions or 'on the job'.
- Keep own Training and Development Plans and records up to date.
- Use Hodan grievance procedures if it is felt that training needs are not being recognised or dealt with fairly.

4.3. Volunteers

Responsibilities of staff members described in 4.2 above may apply to some volunteers but not others, depending on their length of involvement and the nature of their role at Hodan. The decision as to whether a volunteer needs a Training and Development Plan is at the discretion of the Director and it would not be expected, for example, that a short-term volunteer engaged for a specific project would require one.

As a minimum, all volunteers should:

- Familiarise themselves with Hodan strategic plan and relevant business plans, including annual plans, and the Digital Literacy Skills Framework and tracking spreadsheet if required for their role.
- Ensure any development activity is planned and reviewed with the line manager in supervision.
- Attend training as agreed.
- Recognise that they are not permitted to deliver debt advice, immigration advice, medical advice or restricted legal services, and understand how to signpost service users to appropriate AQS-accredited advice providers specialising in these issues, according to the Signposting and Referral Policy.

4.4. Management Committee

- Oversee the overall strategy for human resources development within the organisation, with reference to the Advice Quality Standard
- Ensure that the organisation keeps abreast of, and compliant with, any changes in legislation within the sector
- Ensure that the Director understands and follows the strategic plan and relevant business plans, including annual plans.

5. Procedures

5.1. Planning

An annual Training and Development Plan will be drawn up by the staff member or volunteer (if applicable) as part of their annual appraisal, and agreed with their line manager. This will be monitored and reviewed through supervision.

The organisation's overall training plan will be developed by the Director, taking into account the training needs of personnel individually and collectively in relation to the wider strategic objectives and annual plans of Hodan. The training plan will be reviewed as necessary after individual staff / volunteer appraisals and as part of Hodan's annual and quarterly planning processes.

5.2. Application process for additional training

If personnel (paid or voluntary) wish to undertake training activities or courses that are not offered by the organisation as part of its annual training plan, they should address their requests to their line manager in the first instance, explaining why they feel the training is necessary and what it would contribute to Hodan's strategic objectives.

Requests must be passed to the Director, who may approve the request directly or liaise with the Chair of the Management Committee, depending on the nature of the request and the financial commitment involved.

Requests should be dealt with within 14 working days and the reasons for the training being approved, or not approved, should be given in writing.

The Director is responsible for:

- making bookings
- ensuring adequate service levels are maintained
- informing other team members who may benefit from the training, where applicable, or who may be affected by the staff member's absence
- obtaining feedback on the course and on the trainee's performance, as detailed in the 'Monitoring and review' section below

5.3. Attendance

Attendance at any off-the-job course or activity is to be carried out as agreed. If unable to attend due to sickness, sickness reporting procedures must be followed both at the workplace and the learning host. Expenses can be claimed in line with Hodan procedures.

5.4. Record-keeping

Annual Appraisal notes will form the basis of individual Training and Development Plans, and records of these conversations will be held centrally in personnel files and in service supervision files. Additional pages can be attached to the Annual Appraisal to provide further information on training and development needs, if applicable. To minimise the reporting burden in our small organisation, a separate form for recording Training and Development Plans is not required.

Records of any training events attended should be kept in staff members' or volunteers' personal files, which should be stored securely in accordance with Hodan's Confidentiality and Data Protection policies.

5.5. Monitoring and review

Internally-organised training events will be evaluated by the Director or an external consultant as applicable to determine whether the learning outcomes for participants have been met, and what could be improved in future.

In the event of participation in external courses, the Director will seek feedback on:

- the performance of the participant(s), from the perspective of the training provider, and whether or not they achieved the learning outcomes;
- the effectiveness of the training, from the point of view of the participant(s), and whether they feel that their training needs in respect of those learning outcomes have now been fully met.

Individual staff members and volunteers will report back to the Director on all the training that they have undertaken during the year at their annual Appraisal.

Hodan will conduct an annual review of training and development plans each year in accordance with its Monitoring and Evaluation Policy and may revise them accordingly.

This policy will be reviewed annually, or earlier if there is a change in the relevant legislation or the organizational circumstances.

6. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Competencies Policy and Framework, Digital Literacy Skills Framework, Induction Policy, Performance Appraisal Policy, and Supervision Policy.

7. Training and Development Plan

This plan was agreed after discussion of the performance appraisal detailed below:

Name (appraisee): _____

Job title: _____

Supervisor: _____ Date of appraisal: _____

Agreed performance targets or objectives for the next [six / twelve] months

- 1.
- 2.
- 3.
- 4.
- 5.

On-the-job training required to achieve these objectives (e.g. demonstration, work shadowing, coaching, guided reading, targeted discussions, special events)

Type of training	Details	Provider name	Date(s)	Completed

Off-the-job training required to achieve these objectives (e.g. courses)

Name of course	Level (if applicable)	Provider name	Date(s)	Completed

If any of the training detailed above cannot be completed, explain reason(s) and state what alternative arrangements will be made (continue on new page if needed)

8. Review

Policy name	Personnel Development and Training Policy
Last reviewed	10 January 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None
Next review due	January 2024

D3.2: Competencies Policy and Framework

1. Policy Statement

Personal competencies can be defined as behavioural characteristics or skills, including professional and technical, which can be shown to make a difference to performance, and which can be measured. The framework is to be applied to all paid roles throughout Hodan as standard, and to volunteer roles at the Director's discretion.

The function of competencies is to ensure that an individual is utilising or developing the behaviours and skills necessary for them to carry out the key duties/responsibilities of their job effectively. The competencies framework is designed to be used to support employee appraisal, development, recruitment and selection, induction and for monitoring and influencing performance as part of ongoing performance management and development.

Every postholder will have a copy of the competencies that apply to their post in the form of a Person Specification.

2. Competencies Framework

The Framework is split into two sections, Core Competencies and Non-Core Competencies.

There are eight core competencies (mandatory) and eleven non-core competencies (based on job requirements), and for each competency area, there are up to seven levels.

Core Competencies	Non-Core Competencies
C1. Personal Effectiveness	N1. Leadership
C2. Self-Awareness and Self-Discipline	N2. Programme & Project Management
C3. Interpersonal Skills	N3. Fundraising & Contract Management
C4. Customer and Community Focus	N4. Managing Risk
C5. Organisational Awareness	N5. Financial Management
C6. Health and Safety	N6. Managing Performance
C7. Equality, Diversity and Inclusion	N7. Managing and Developing People
C8. Managing Information	N8. Analysis and Judgement
	N9. Networking and Partnership-Building
	N10. Interpreting and Translation (language to be specified)
	N11. Digital Literacy Skills

The framework is applied to each post by assigning a level for all Core Competencies and those Non-Core Competencies that are appropriate to the post.

Levels are defined as follows:

0 – Has not yet started to develop awareness or competency in this area

1 – Beginner: Developing awareness of policies and procedures, has a basic level of competency in this area, and/or can complete tasks to the expected standard under close supervision

2 – Novice: Secure in awareness of policies and procedures, has a basic to moderate level of competency in this area, and/or can complete tasks to the expected standard with some help or guidance

3 – Competent: Confident in understanding policies and procedures, has a good level of competency in this area, and/or can complete tasks independently to meet the expected standard

4 – Advanced: Confident in understanding and applying policies and procedures, has an excellent level of competency in this area, and/or can complete tasks independently to meet or exceed the expected standard

5 – Local expert: Very confident in understanding and applying policies and procedures, has an excellent level of competency in this area, and can teach/train others within the organisation to complete tasks to the expected standard

6 – Regional or national expert: Can teach others to complete tasks independently to meet or exceed the expected standard, and can train local trainers

7 – World-leading expert: Can teach others to complete tasks independently at the highest levels, and can train regional or national trainers

The assigned levels of each competency will differ depending on the responsibilities of the post. A post may require a higher level of competence in one area than in others; for example a receptionist may require higher level competency in Customer and Community Focus than in Leadership.

3. Using the Framework and Person Specification

The framework and person specification can be used for recruitment and selection, induction, training and personal development, and performance appraisal purposes.

Digital literacy skills (N11) are defined in accordance with the Hodan Digital Literacy Skills Framework.

3.1. Recruitment and selection

In drafting new job descriptions and person specifications or amending existing ones, the Director should evaluate the job description and review the assignment or reassignment of competencies where appropriate. In accordance with the Recruitment Policy, the Director should also ensure that:

- Competencies assigned to the role are used to word the advertisement
- The application form and/or interview allow applicants to demonstrate the competencies required for the post
- Applicants are scored against these areas and the most appropriate person is selected for the post.

For recruitment purposes the Director should reduce the competencies allocated to the post to a reasonable number which would be able to be tested as part of the recruitment process. These would be the most critical competencies for the post holder to display to ensure effective performance in meeting the responsibilities and objectives of the role described in the job description.

The remaining competencies that have been allocated to the role will be areas which the post holder is ideally required to aspire to and develop. They can be used as part of the induction and appraisal process and in personal development.

3.2. Induction

The Director or the new employee's line manager should identify areas for development as assessed in the selection process, in accordance with the Induction Policy and Procedures.

The post holder should be given a copy of their person specification and made aware of the competencies they are expected to develop, as well as having a wider understanding of the Competencies Framework and the importance of its application. They are required to tick the relevant boxes on the Induction Checklist to show that they have received and understood this information.

3.3. Training and development

The Competencies Framework may be used as a guide in making decisions about training and personal development, along with other relevant factors as outlined in the Personnel Development and Training Policy, but its use is not mandatory in this case.

3.4. Performance appraisal

During the annual performance appraisal, the Director or line manager should reflect, discuss and assess whether the postholder, meets, exceeds or falls short of competency levels assigned to the post in accordance with the Performance

Management and Appraisal Policy. They should identify areas for development and appropriate practical opportunities to address these. These should be clearly set out in the appraisal form, which provides the basis for the employee’s annual Training and Development Plan (additional pages may be attached if necessary).

4. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Personnel Development and Training Policy, Digital Literacy Skills Framework, Induction Policy, Performance Appraisal Policy, and Supervision Policy.

5. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation’s Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Competencies Policy and Framework
Last reviewed	11 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

D3.5: Safeguarding Children and Vulnerable Adults - Policy, Procedures and Guidance

1. Preamble

'Working Together to Safeguard Children' (2015), HM Government statutory guidance, defines safeguarding as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with safe and effective care; and
- taking action to enable all children to have the best life chances.

This policy applies to both children and vulnerable adults as defined below. The actions that we take to prevent harm, to promote wellbeing, create safe environments; educate on rights, respect and responsibilities, and respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the organisation.

1.1. Legislation and Guidance

The following legislation and guidance documents have been consulted in order to develop and update this safeguarding policy:

- Revisiting Safeguarding Practice, 2022
- Financial Conduct Authority (FCA) guidance on 'Fair Treatment of Customers in Vulnerable Circumstances', 2023
- Working Together to Safeguard Children, July 2018 (with 2022 updates)
- Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers, 2015
- The Prevent Duty, 2015
- Special Educational Needs and Disability (SEND) Code of Practice 0-25 Years, 2014
- Care Act, 2014
- Children and Families Act, 2014
- Protection of Freedoms Act, 2012
- Equality Act, 2010
- The Local Safeguarding Children Boards Regulations, 2006
- Safeguarding Vulnerable Groups Act, 2006
- The Children Act, 2004
- Sexual Offences Act, 2003
- The Children Act, 1989
- Human Rights Act, 1998
- Data Protection Act, 1998

1.2. Aims

- To provide Hodan staff, volunteers and Management Committee members with the framework to promote and safeguard the wellbeing of children and vulnerable adults, and in doing so, to ensure they meet their statutory responsibilities.
- To ensure consistent good practice at all levels of the organisation.
- To demonstrate our commitment to protecting children and vulnerable adults against all forms of abuse, harassment and victimization
- To protect staff, volunteers, Management Committee members and service users against serious and imminent threats to public health, including the 2019 novel coronavirus (Covid-19).

1.3. Definitions

‘Child’ is defined for the purposes of this policy as a person under the age of 18.

‘Vulnerable adult’ is defined for the purposes of this policy as a person aged 18 or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is 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

‘Abuse’ includes physical abuse, emotional / psychological abuse, sexual abuse, domestic abuse, financial abuse, and neglect (including self-neglect in the case of vulnerable adults) as defined in section 9 of this policy.

Characteristics of vulnerability: The Financial Conduct Authority (FCA) treats vulnerability as a spectrum of risk, defining vulnerable customers as those who are especially susceptible to harm because of their personal circumstances, particularly when a firm is not acting with appropriate levels of care. As they explain: *‘All customers are at risk of becoming vulnerable, but this risk is increased by having characteristics of vulnerability.’*

For the purposes of this policy, we will treat the term ‘customers in vulnerable circumstances’ as interchangeable with ‘vulnerable adults’, ‘characteristics of vulnerability’ as synonymous with ‘needs for care and support’, and ‘susceptible to harm’ as equivalent to ‘at risk of abuse or neglect’. This has the effect of broadening the scope of our duty of care to ‘vulnerable adults’ beyond that which might normally be expected in a safeguarding policy. It includes, for example, people with:

- Poor English language skills, or poor literacy and numeracy in their mother tongue
- Social isolation
- Mental health difficulties, sensory disabilities, or neurodiversity
- Lowered resilience to cope with financial and emotional shocks, e.g., because of trauma, stressful life events, or new caring responsibilities

We recognize that a customer may move in and out of these categories at different times in their life and that characteristics of vulnerability can be intersectional. For example, an autistic person who is experiencing social isolation may have different needs from someone who is autistic but not isolated, or isolated but not autistic.

2. Ethos

Hodan Somali Community is committed to an ethos and environment that will help vulnerable service users to feel safe, secure and respected; encourage them to talk openly; and enable them to feel confident that they will be listened to.

We will support the welfare and safety of all service users, especially those with protected characteristics, additional needs and vulnerabilities, by:

- Maintaining the welfare of service users as our paramount concern, with particular attention to those who might need additional support
- Providing suitable support and guidance so that service users have a range of appropriate people to approach if they don't feel safe
- Promoting a positive, supportive, neutral and secure environment where service users are valued, listened to, believed, and heard in their own right
- Building a culture of learning and continuous improvement around equality and diversity – constantly asking ourselves how we can do more to understand the needs of service users, reduce discrimination (whether direct or indirect) and bias (whether conscious or unconscious) within Hodan, and keep all service users safe from abuse, harassment, and victimization
- Ensuring all staff are able to recognise the signs and symptoms of abuse in children and vulnerable adults and are aware of procedures and lines of communication
- Developing effective and supportive liaison with other agencies
- In the case of adult safeguarding, taking a holistic, intersectional, empowering, and person-centred approach that focuses on people's assets and strengths, supports them to make their own decisions, and prioritises informed consent

We will know if we are effective in our safeguarding through the following evidence:

- Children and vulnerable adults using Hodan's services, and whose parents and/or carers use Hodan's services, feel protected and safe.
- Staff and volunteers are proactive and clearly know the procedures involved when there is a concern about the welfare and safety of a child or vulnerable adult
- Staff and volunteers understand and enact the measures that they need to take in order to protect themselves and service users against Covid-19
- The Designated Safeguarding Lead plays an effective role in pursuing concerns and protecting children and vulnerable adults
- Written records are kept securely and shared appropriately
- Safeguarding concerns are shared with the relevant Local Authority

2.1. Principles and values

Hodan Somali Community believes that a child or vulnerable adult should never experience abuse of any kind. We have a responsibility to promote the well-being of all children and vulnerable adults who use our services, or whose parents or carers use our services, and to keep them safe. We are committed to practice in a way that protects them. Safeguarding, which includes protection against avoidable risks to health from Covid-19 and prevention of financial abuse and exploitation, is everyone's responsibility.

We recognise that all children and vulnerable adults, regardless of age, disability, gender reassignment, sex, sexual orientation, racial heritage, religious belief (or the lack of it), pregnancy or maternity, marriage or civil partnership, have a statutory right to equal protection from all forms of harm or abuse. We also recognise that some people are additionally vulnerable because of the impact of previous experiences, their level of dependency, pre-existing health conditions, communication needs or other issues.

Hodan takes a user-centred approach to safeguarding, ensuring that the needs of staff and volunteers are not placed above those of service users, and recognising that children and vulnerable adults need:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation:** to be informed of the outcome of assessments and decisions, and reasons when their views have not met with a positive response
- **Support:** to be supported in their own right, as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views
- **Protection:** to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

Anyone working with children and vulnerable adults should see and speak to them; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children and vulnerable adults who have communication difficulties, unaccompanied children, refugees and those who are victims of modern slavery and/or trafficking.

3. Policy Statement

We will seek to keep children and vulnerable adults safe by:

- Acknowledging and honouring the needs listed above
- Appointing a Designated Safeguarding Lead (DSL) for children and vulnerable adults, a Deputy Safeguarding Lead, and a lead Trustee for safeguarding
- Adopting safeguarding procedures and a code of conduct for staff and volunteers
- Ensuring that all staff and volunteers are aware of the circumstances in which children may benefit from early help, the nature of the early help process, and how to refer a child for early help.
- Developing and implementing an effective e-safety policy and related procedures
- 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 professionally and securely
- Sharing information about safeguarding and good practice with service users, staff and volunteers via leaflets, posters, and one-to-one discussions
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, vulnerable adults, families and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure for dealing effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing policies in place
- Ensuring that we provide a safe physical environment for our service users by applying health and safety measures in accordance with the law and regulatory guidance, e.g., in relation to preventing or limiting the spread of Covid-19.
- Ensuring that providers of information, advice and guidance explicitly recognize characteristics of vulnerability, flag them where appropriate in Advice Pro, and deliver appropriate services that respond flexibly to the needs of users
- Reviewing our policy and procedures annually, or more often if required to keep up-to-date with government safeguarding guidance and changes in the law.

4. Key Personnel Contact Details

The Designated Safeguarding Lead (DSL) for the organisation is Mr Mohamed Farah – Director, Tel. 07949 514936. The Deputy Safeguarding Lead is Mr Khalid Ali, e-mail khalidali@live.com, and the lead Trustee for Safeguarding is Ms Priscilla Hon, priscilla.hon@gmail.com.

CEOP can be contacted at www.ceop.police.uk

The NSPCC Helpline can be contacted on 0808 800 5000.

5. Responsibilities

The **Designated Safeguarding Lead** has overall responsibility for the day-to-day oversight of safeguarding within Hodan, including:

- Co-ordinating safeguarding action for individual children and vulnerable adults
- Liaising with other agencies and professionals
- Ensuring that locally established procedures are followed and making referrals as necessary
- Acting as a consultant for volunteers to discuss concerns
- Maintaining a confidential recording system
- Organising training for all staff and volunteers

However, **safeguarding is the responsibility of all staff and volunteers**. ANY observation, information or issue which results in concern for the welfare of a child or vulnerable adult **MUST** be reported to the Designated Safeguarding Lead or their Deputy. What may seem to be a minor issue to one staff member may be highly significant to the bigger picture of risk.

6. Safeguarding Procedures

6.1. General procedures

All personnel, paid and unpaid, should be encouraged to demonstrate good practice to create a positive environment for children and vulnerable adults.

- Recognising the position of trust in which they have been placed.
- Working to build a culture of respect for diversity.
- Ensuring that their behaviour is appropriate at all times:
 - Never allow or engage in any form of inappropriate touching.
 - If any form of physical/manual support is required, it should be provided openly and according to proper guidelines.
 - Do not make sexually suggestive comments to a child or vulnerable adult, even in fun.
 - Use positive and encouraging language.
 - Treat all service users with respect.

- Take appropriate protective measures to prevent or reduce the spread of Covid-19 when interacting with service users face to face, if required: wear appropriate personal protective equipment, abide by social distancing regulations or guidelines, use hand sanitiser, use desk screens or free-standing screens where appropriate, disinfect surfaces with an appropriate anti-viral cleaning agent after use.
- Always putting the welfare of each child or vulnerable adult first and following the procedures following suspicion, disclosure or allegation of abuse of a child or vulnerable adult.
- Keeping a written record of any suspicion or allegation of abuse of a child or vulnerable adult, along with details of any action taken.
- Obtaining written consent for outings and visits involving children
- If residential events are organised, adults should not enter the rooms of children or vulnerable adults or invite them into their own rooms.
- Obtaining written parental consent before taking or storing photographs or video images of children.
- Always working in an open environment e.g. avoiding situations in which you are alone with a child or vulnerable adult, and encouraging an open environment i.e. no secrets.
- Building balanced relationships based on mutual trust, which empower children and vulnerable adults to share in the decision-making process.
- Considering the potential positive and negative impacts of services on vulnerable people, and involving them in all stages of the design process for new services (idea generation, development, testing, launch, and review) to prevent harm and ensure that the services meet their needs
- Encouraging service users to communicate openly about characteristics of vulnerability when they register for Hodan's advice service, and ensuring that information about users' needs is flagged in Advice Pro so it can be easily retrieved
- Evaluating the extent to which vulnerable service users' needs are being met, and learning from any situations in which disadvantage or harm has been evident
- Being an excellent role model - that includes not smoking in the company of children.
- Keeping up to date with technical skills, qualifications and insurance relating to work with children and vulnerable adults.

If any of the following occur you should report this immediately to a colleague and record the incident in writing, together with the details of any actions taken or treatment given. You should also ensure the parents or carers of the child or vulnerable adult are informed.

- If you accidentally hurt a child or vulnerable adult.
- If a child or vulnerable adult is injured or harms themselves while using Hodan's services.
- If a child or vulnerable adult is distressed in any manner.
- If a child or vulnerable adult appears to be sexually aroused by your actions.
- If a child or vulnerable adult misunderstands/ misinterprets something you have done.

6.2. Safer recruitment

We are committed to ensuring, as far as possible, that the staff employed by Hodan, in either a paid or unpaid capacity, pose no threat to children, young people or vulnerable adults. All staff recruited to positions involving contact with children and/or vulnerable adults, and to positions which give access to information about these individuals, will be required to complete an Enhanced Disclosure and Barring Service (DBS) Check with Lists Check Disclosure check prior to initial appointment and as often as considered appropriate by Hodan thereafter, as part of the conditions of their employment.

Any convictions disclosed will be considered fairly in line with the Hodan Equality, Diversity and Inclusion Policy, taking into account the nature and circumstances of the offence and its relevance to the post. We undertake not to discriminate unfairly against any subject of a DBS check on the basis of a conviction or other information revealed and we are committed to the fair treatment of our staff, potential staff or users of our services, regardless of offending background, age, disability, gender reassignment, marriage or civil partnership, pregnancy, maternity, religion or belief, race, sex, or sexual orientation.

We undertake to comply fully with the relevant sections relating to pre-employment vetting and retention of recruitment records of the Employment Practices Code which is issued by the Information Commissioner and the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. Hodan will also comply fully with its obligations under the Data Protection Act 1998 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.

We acknowledge that information about the commission, or alleged commission, of criminal offences is sensitive personal data for the purposes of the Data Protection Act 1998.

6.2.1. Safer recruitment procedure

Where a DBS disclosure is required for the post, the job advertisement and job description should include a statement indicating that offers of employment will be made subject to a satisfactory Enhanced DBS Check with Lists Check Disclosure.

Candidates will be asked to disclose any previous convictions on the application form. We guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

Hodan will avoid asking for information that is not relevant, such as medical records, details about unrelated or spent convictions of household members, DBS certificates from third parties, or copies of a person's criminal record.

Failure to disclose a conviction or to provide truthful information which subsequently comes to our attention may lead to disciplinary action against the individual including dismissal. In addition, a failure to answer a question about previous convictions during the recruitment process will be a valid reason to withhold employment or to dismiss the individual.

Once an offer of employment has been accepted, the successful candidate will be asked to complete a DBS application form and to provide the necessary evidence for verification of identity (original certificates will be required). The person verifying the application must complete their section of the form using the evidence of identification presented by candidates, taking care to ensure vigilance in checking these and accuracy in completion. Once the identity check has been completed, the completed form will be sent to DBS for processing.

As DBS certificates are issued to the individual on whom the check was carried out (not directly to Hodan), Hodan will need to ask the applicant for sight of their DBS certificate. This information will be kept in line with the organisation's Data Protection Policy.

Where a recruitment agency is used, Hodan must receive written notification from the agency to confirm that they have carried out all the appropriate checks on the individual, including the dates on which the checks were performed, together with a copy of the candidate's Enhanced DBS Certificate with Lists Check Disclosure. This provision must be included in any contract or other agreement that Hodan makes with recruitment agencies for the supply of staff.

Before a person offered for supply by a recruitment agency begins work at Hodan, the Director will check the person's identity (irrespective of any such check carried out by the recruitment agency before the person was offered for supply). We reserve the right to include a continuing disclosure obligation in our employment contracts.

6.2.2. Start date

An Enhanced DBS check with List Checks should be sought immediately once an offer of employment is accepted, so that Hodan can review the contents of the disclosure before the individual commences employment. Candidates should be encouraged to provide a copy of the Enhanced DBS certificate to the Designated Safeguarding Lead or their Deputy as soon as possible in order to avoid delays with the recruitment process.

Where possible, the start date should be set to allow sufficient time for the return and clearance of the DBS disclosure.

If it is not possible to delay the start date, or if there is any delay in receiving the disclosure, the successful candidate may start employment; subject to a satisfactory medical clearance and a second written reference, provided that the individual does not engage in an activity that includes unsupervised access to children or vulnerable adults.

It is the responsibility of the DSL to establish appropriate supervision arrangements and/or adjustment to the individual's duties until a satisfactory DBS check is received. If appropriate supervision arrangements cannot be put in place, the individual must not start work until the checks are received by Hodan.

Two written employment references from previous employers are also required by Hodan before appointment is confirmed.

6.2.3. What to do if a criminal record is revealed on a Disclosure

Past convictions will not necessarily be a bar to obtaining a position. Consideration must be given to the nature and circumstances of the offence and its relevance to the post applied for, and Hodan will carry out a risk assessment which is relevant to this DBS Policy, the position and situation. Where there is a potential concern, the candidate will be requested to bring a copy of their disclosure to a meeting with the Management Committee to discuss the concern. The DSL and lead Board member for safeguarding will jointly decide whether the individual should be appointed.

Any matters revealed by disclosure that will affect a recruitment decision will be discussed with the candidate prior to a decision being made.

Under the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013, certain protected convictions and cautions will not be required to be disclosed in a DBS and Hodan will not be entitled to ask questions about them or to rely on them to refuse employment or dismiss an employee. This includes, for example:

- a) a conviction received by a person aged under 18 at the time of the offence resulting in a non-custodial sentence after five and a half years has lapsed (unless it related to an offence specified as never being eligible for filtering); and
- b) a caution administered to a person aged under 18 at the time of the offence after two years has lapsed (unless it related to an offence specified as never being eligible for filtering).

Hodan will notify the DBS if it dismisses a person for harming a child or putting a child at risk of harm (or if it would have dismissed that person, had the person not left their employment) as it is a criminal offence not to do so.

2.2.4. DBS Update Service

The DBS Update Service allows applicants to keep their DBS certificate up to date online and to take it with them from role to role if the applicant pays an online fee. It also allows employers to check a certificate online.

There is currently no registration process or fee for employers to check a certificate online, but employers:

- a. must be legally entitled to carry out a check
- b. must have the worker's written permission.

Hodan reserves the right to use the DBS update service to check that an individual's DBS certificate is still current, subject to the requirements above.

2.2.5. Rechecks

Routine rechecks are not required for any staff member or volunteer unless they have a break in service of more than three months (note that extended sickness or parental leave does not constitute a break of service). However, Hodan may request an enhanced DBS check with barred list information at any time if concerns arise.

6.3. Staff induction and training

The DSL and/or their Deputy will provide all new staff with induction to enable them to fulfil their role and to understand the safeguarding policy, staff code of conduct, AQS guidance and requirements in the case of advice workers, and site-specific COVID safety measures. This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

The DSL and their Deputy will attend training as necessary to refresh or update their knowledge of relevant legislation and guidance.

The DSL will organise a staff training session on Safeguarding every year, immediately after updating Hodan's Safeguarding Policy, to ensure that all staff and volunteers are aware of any changes in policy or procedures and of the implications for their work.

An important outcome of this training is that all frontline staff must have the skills and capability to recognise and respond to a range of different characteristics of vulnerability. They must be able to understand what types of harm or disadvantage could result from these characteristics, how these vulnerabilities may affect users' experiences and outcomes while receiving services from Hodan, and how their own role affects the fair treatment of vulnerable service users.

6.4. Communicating effectively with service users

As set out in the Ethos section, timely and accurate communication with vulnerable service users is fundamental to good service provision. Staff and volunteers should ensure that all communications and information about Hodan's services are understandable for service users. Where possible, they should offer multiple channels to give users a choice.

Good communication is vital when concerns arise. Staff and volunteers should ensure that they have a clear understanding of what is being said by an individual raising a safeguarding concern, and that their command of the language being spoken by that person is good enough to distinguish facts from opinions. This can be challenging in situations where emotions are running high, and it will usually be achieved most effectively by speaking face to face.

Where speaking to an individual face to face is judged to pose an unacceptable risk to that individual's health or to the health of the staff member in question, in the light of Covid-19 or other public health threats, Hodan staff should try (wherever possible and to the best of their ability) to communicate with them directly by a similar means, such as video calling.

If the staff member or volunteer dealing with the case does not have any language in common with the service user, the need to ensure that the service user receives urgent help and protection must be balanced against the need to identify an experienced interpreter. In some circumstances, both immediate action to get an individual out of danger and subsequent follow-up with an interpreter may be needed.

In exceptional circumstances, a service user may authorise a household member to communicate with Hodan staff or the emergency services on their behalf. In this latter case, the staff member should check to the best of their ability that the service user is present in the room with the person appointed as a proxy and that messages are communicated accurately. This course of action should not be taken if there is any suspicion that the proxy or another person in the room is or may be abusing, or complicit in the abuse of, the service user

6.5. Responding to suspicion or allegations

It is not the responsibility of anyone working in the organisation, in a paid or unpaid capacity, to decide whether or not abuse has taken place. However, there is responsibility to act on any concerns through contact with appropriate authorities.

It is important to note that data protection legislation (including the GDPR and Data Protection Act 2018) is not a barrier to information sharing that may safeguard and promote the welfare of children or vulnerable adults, and consent is not necessarily required for the sharing of personal information. Consent to share information should be explicit and freely given wherever possible, but there may be circumstances where consent cannot be obtained, where it is not reasonable to seek consent, or where gaining consent would put a child or vulnerable adult's safety at risk.

Hodan will assure all staff and volunteers that it will fully support and protect anyone who, in good faith, reports their concern that a colleague is, or may be, abusing a child or vulnerable adult, according to its own Whistleblowing Policy. Where there is a complaint against a member of staff or a volunteer, there may be three types of investigation:

- A criminal investigation.
- A child protection investigation.
- A disciplinary or misconduct investigation.

The result of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

The following action should be taken if there are concerns:

Poor Practice

If, following consideration, the allegation is clearly about poor practice, or if the matter has been handled inadequately and concerns remain, it should be reported to the DSL, who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings.

Suspected Abuse

- Any suspicion that a child or vulnerable adult has been abused by either a member of staff or a volunteer should be reported to DSL, who will take such steps as necessary to ensure the safety of the person in question and any other vulnerable people who may be at risk.
- The organisations child protection officer will refer the allegation to the social services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department.

6.6. Incident reporting

Information passed to the social services or police must be as helpful as possible, hence the necessity for making detailed records at the time of the disclosure/concern. Information should include:

- Name of child or vulnerable adult
- Date of birth
- Home address and telephone number.
- Is the person making the report expressing their own concerns or those of someone else?
- What is the nature of the allegation?
- Dates, time, any special factors and other relevant information
- Make a clear distinction between fact, opinion and hearsay.
- A description of any visible bruising or other injuries, behavioural signs, indirect signs
- Witnesses to the incident, if applicable
- The child or vulnerable person's own account, if any can be given, of what has happened and how any bruising or injuries occurred.
- Have any of the child or vulnerable adult's parent(s) or carer(s) been contacted?
- Has anyone else been consulted? If so, record details.
- Has anyone been alleged to be the abuser? Record details.

6.7. Internal enquiries and suspension

The Management Committee of the organisation will convene an emergency meeting to make an immediate decision about whether any individual accused of abuse should be temporarily suspended, pending further police and social service enquiries.

Irrespective of the findings of the social service or police inquiries, the Management Committee will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police

In such cases, the organisation's disciplinary committee must reach a decision based upon the available information which could suggest that on a balance of probability, it is more likely than not the allegation is true. The welfare of children or vulnerable service users should always remain paramount.

7. Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following:

- The organisation's Designated Safeguarding Lead.
- The parents or carers of the person who is alleged to have been abused.
- The person making the allegation.
- The alleged abuser (and parents if the alleged abuser is a child).
- Information should be stored in secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant, and secure).

8. High-Risk and Emerging Safeguarding Issues

8.1. Preventing radicalisation and extremism

While Hodan as a charity is not formally bound by the Prevent duty, we are committed to reducing the risk of children who use our services, and the children of adults who use our services, being drawn into terrorism. We will provide our staff and volunteers with awareness training to help them identify the signs of radicalisation and extremism.

We are committed to raising awareness among service users and, where possible, seeking funding for initiatives to prevent violent extremism. Our projects promote social cohesion and cross-cultural awareness and reduce social isolation, and as such, can make significant contributions to counter-terrorism efforts.

Any child who is considered to have been radicalised or to be particularly vulnerable to radicalisation will be referred by the DSL to Children's Social Care, where the concerns will be considered in the Multi-Agency Safeguarding Hub (MASH) process.

8.2. Gender-based violence

The DSL, in partnership with external consultants as required, will make all staff and volunteers aware of the characteristics of female genital mutilation (FGM), genital mutilation of non-binary and intersex children, forced marriage, honour-based violence, and other forms of violence based on sex, gender identity, and/or gender expression. If a staff member or volunteer has cause to suspect that a child or vulnerable adult may be at risk of, or has already been subjected to, any of these forms of violence, they should immediately contact the DSL.

In the event of a disclosure relating to gender-based violence or the risk of it, the DSL should take the following action:

- In the event of actual or suspected FGM, the DSL will seek advice through the National Society for the Prevention of Cruelty to Children (NSPCC) FGM Helpline on 0800 028 3550 or by email: fgmhelp@nspcc.org.uk.

- In the event of forced marriage or attempted forced marriage, the DSL will seek advice through the national Forced Marriage Unit or through the local police safeguarding team or children's social care.
- If the DSL believes that a child or vulnerable adult is at risk from honour-based violence, they will follow the usual safeguarding referral process. However, if it is clear that a crime has been committed or the person is at immediate risk, the police will be contacted immediately. It is important that **if honour-based violence is known or suspected that communities and family members are NOT spoken to, prior to referral to the police or social care**, as this could increase risk to the person.
- In making a police report about violence or abuse on the basis of sex, gender identity or gender expression, the DSL should identify it as a suspected hate crime if this would not normally be evident.

8.3. Missing, exploited and trafficked children

The DSL, in partnership with external consultants as required, will make all staff and volunteers aware of safeguarding issues relating to missing, exploited and trafficked children and modern slavery.

If a Hodan staff member or volunteer becomes aware that a child or vulnerable adult meets the legal definition of being 'missing' from home or care (*anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another*), they will contact the DSL, who will either support the parent/carer to inform the police, or directly contact the police to inform them.

If staff or volunteers believe that a child or vulnerable adult is being sexually exploited or trafficked, this will be reported to the designated Safeguarding Lead for referral to be considered to children's social care. If the DSL has concerns that an individual may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism as soon as possible:

<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>

8.4. Online safety

Hodan staff and volunteers engaged in providing Digital Literacy Skills instruction to children and vulnerable adults will work to build awareness around staying safe online. This includes keeping their passwords safe, identifying suspicious e-mails and attachments, recognising online bullying ('cyber-bullying') and harassment, taking appropriate action to protect themselves and others online, recognising suspicious links and pop-ups, avoiding fraud and scams, checking privacy settings on social media, and protecting their online reputation. These important aspects of online safety are covered in the Hodan Digital Literacy Skills Framework.

If staff and volunteers become aware of any incidents of grooming or cyber-bullying, they will pass on information to the police if they feel that it is appropriate to do so.

8.5. People with specific learning differences and disabilities

All staff will be made aware of the fact that additional barriers can exist when recognising abuse and neglect, and other risks, in this group of children and vulnerable adults. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the person's disability without further exploration;
- The potential for people with SpLD and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

8.6. Covid-19

Hodan staff should be aware of the ongoing threat from Covid-19, including novel variants, and be alert for any updates to government guidelines (www.gov.uk/coronavirus) which may be revised regularly and at short notice). Continued caution is advised in order to prevent the virus from spreading and to safeguard staff, volunteers, Management Committee members and service users.

Hodan staff and volunteers should pay particular attention to measures to protect people who have a higher vulnerability to coronavirus because of health conditions or medical treatment. This may mean, for example, establishing secure communication channels that can reduce or eliminate the need for people to undertake activity that contributes to COVID-19 transmission: considering not only the actual advice-giving interaction but also related activities.

In providing advice and information about the virus, Hodan staff and volunteers should understand the limits of their own capacity and remit and should not attempt to take on any role that would be more appropriately performed by a medical professional. They should limit themselves to sharing official guidance produced by the Government and Advice UK, where applicable. In the event of any health concerns they should immediately signpost to NHS 111 or, in a medical emergency, call 999.

If isolation or lockdown measures are reintroduced, staff and volunteers should be aware of the increased risk of domestic abuse, including child abuse, intimate partner violence and adolescent-against-parent violence, especially where job losses or health concerns add to pre-existing pressure. They should be aware of how they communicate with service users to minimise any additional risks, especially where the child(ren) or vulnerable adult(s) in question may have a limited command of English.

9. Guidance on Definitions of Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to the child or vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness.

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult, such as to cause severe and persistent adverse effects on their emotional development or wellbeing. It may involve, but is not limited to, the following types of behaviour:

Conveying that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person

Not giving them opportunities to express their views, deliberately silencing them or “making fun” of what they say or how they communicate

Imposing age-inappropriate or developmentally inappropriate expectations on them, e.g. interactions beyond a child’s developmental ability, overprotection, limitation of exploration or learning, prevention of normal social interaction

Seeing or hearing ill-treatment of another

Serious bullying (including cyberbullying)

Causing them to frequently feel frightened or in danger

Exploitation or corruption

The term ‘psychological abuse’ is often used interchangeably with emotional abuse, but can also include other abusive behaviours, such as threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks.

Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (i.e. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or the production of, sexual images, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming in preparation for abuse (including via the internet).

Note: Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Domestic abuse can manifest itself in many ways including psychological, physical, sexual, financial, emotional or based on honour. The Domestic Abuse Act 2021 defines domestic abuse as occurring between 2 people (aged 16 and over) who are 'personally connected to each other' and the behaviour is deemed 'abusive'.

Financial abuse may take the form of theft, fraud, scams (including internet scamming), coercion in relation to an adult's financial affairs or arrangements (including in connection with wills, property, inheritance or financial transactions), and/or the misuse or misappropriation of property, possessions or benefits. Some of the potential signs or indicators may be:

- a change in living conditions
- a lack of heating, clothing or food
- an unexpected or sudden inability to pay bills
- unexpected or sudden changes in financial accounts, documents or unexpected change in behaviour, a loss of trust in professionals should the person be experiencing any of the above from people they know

Financial abuse is not only material: it can impact on a person's mental health and wellbeing as it may be perceived as a loss of control over an important aspect of their life. It may lead to social isolation and loneliness and may have an impact on the person's relationships with others, particularly if the perpetrator is someone they trust. In some instances, it can also result in financial hardship where the victim faces difficulty meeting everyday living or care costs. In seeking to detect or prevent financial abuse, practitioners may want to be conscious of people who may be at more risk than others, such as older people, people with learning disabilities or neurodiverse conditions, and people with existing debt.

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may occur in pregnancy as a result of parental substance abuse.

Neglect may involve a parent or carer failing to provide adequate food, shelter and clothing (including exclusion from home or abandonment), failing to protect a child or vulnerable adult from physical or emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or the failure to ensure access to appropriate health, care, support, or educational services. It may also include neglect of, or unresponsiveness to, a child or vulnerable adult's basic emotional needs. The withholding of the necessities of life, such as medication, adequate nutrition and heating, can also be described as neglect and/or acts of omission.

Self-neglect applies only to adult safeguarding and is used to describe a wide range of behaviours which relate to neglect to care for one's own personal hygiene, health or surroundings. The person themselves may not recognise the impact of their behaviour or may not use the same terminology to describe their own situation. Ultimately, self-neglect becomes a cause for concern where there are serious risks identified to an individual's health, wellbeing or lifestyle. Self-neglect may take the form of a neglect of nutrition or hydration, or behaviours such as hoarding.

10. Guidance on the Early Help Process

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to identify children and families who would benefit from early help, undertake an assessment of the need for early help, and provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is privately fostered (i.e. they are being provided with care and accommodation, for longer than 28 days, by a person who is not a parent, a person with parental responsibility or a relative in their own home)

If a Hodan staff member or volunteer feels that a child would benefit from an early help assessment, they should report this to the DSL in the first instance. The DSL should then identify a lead practitioner who can undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

11. Related Policies

This policy should be read in conjunction with the Customer Care Charter, Complaints Policy, Disciplinary Policy, Equality, Diversity & Inclusion Policy, Grievance Policy and Procedures, Health and Safety Policy, Recruitment and Selection Policy, Staff Code of Conduct, Training and Development Policy, Induction Policy, Volunteer Policy and Whistleblowing Policy.

12. Safeguarding incident report form

Part A: To be completed by the person raising the safeguarding concern	
Your name	Your position
Place of work	Contact phone number
Details of the affected person (child or vulnerable adult)	
Name	
Home address and telephone number	
Date of birth	
Other relevant details about the affected person: <i>Eg family circumstances, physical and mental health, any communication difficulties.</i>	
Parent/guardian/carer's details	
Details of the allegations/suspicious	
Are you recording: <ul style="list-style-type: none"> • Disclosure made directly to you by the affected person? • Disclosure or suspicions from a third party? • Your suspicions or concerns? 	
Date and time of disclosure	
Date and time of incident	
Details of the allegation/suspicious. <i>State exactly what you were told and/or what you observed. Make a clear distinction between fact, opinion, and hearsay.</i>	
A description of any visible bruising or other injuries, behavioural signs, indirect signs, etc.	
Witnesses to the incident, if applicable	

The affected person's own account, if any can be given, of what has happened and how any bruising or injuries occurred.	
Has anyone been alleged to be the abuser?	
Signature of the person raising the safeguarding concern:	
Part B: To be completed by the Designated Safeguarding Lead (DSL), or the Lead Trustee for Safeguarding (LTS) if the allegation / suspicion relates to the DSL	
Have any of the affected person's parents or carers been contacted? If so, please give details.	
Has anyone else been consulted? If so, please give details.	
Any other action taken:	
Further action required (<i>Please state the action to be taken, by whom, and by when</i>):	
Signature of DSL / LTS:	Date

13. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation’s Quality Representative and Designated Safeguarding Lead, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Safeguarding Children and Vulnerable Adults Policy, Procedures and Guidance
Last reviewed	13 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	<p>Section 1.1: Add ‘Rethinking Safeguarding Practice’ (2022), FCA guidance on ‘Fair Treatment of Customers in Vulnerable Circumstances’ (2023), and the 2022 update of ‘Working Together to Safeguard Children’</p> <p>Section 1.3: Add section on characteristics of vulnerability</p> <p>Section 2: Add ‘constantly asking ourselves how we can do more to understand the needs of service users’ (in ‘Building a culture of learning...’)</p> <p>Section 3: Add ‘Ensuring that providers of information, advice and guidance explicitly recognize characteristics of vulnerability, flag them where appropriate in Advice Pro, and deliver appropriate services that respond flexibly to the needs of service users’</p> <p>Section 6.3: Add paragraph on characteristics of vulnerability (‘An important outcome of this training...’)</p> <p>Section 6.4: Add text to first paragraph – ‘Staff and volunteers should ensure that all communications and information about Hodan’s services are understandable for service users. Where possible, they should offer multiple channels to give users a choice.’</p> <p>Section 11: Add ‘Induction Policy’ in related policies list</p>
Next review due	September 2024

D4.2: Recruitment and Selection Policy & Procedures

1. Introduction and Context

Hodan is committed to supporting and promoting the learning, skills and career development of its staff and volunteers. One way these aims can be achieved is to offer staff and volunteers the opportunity to apply internally for posts within the organisation, both new and vacant, prior to recruiting via an external process. In this way, staff and volunteers are enabled to develop and grow, personally and professionally, within the organisation. In addition, Hodan benefits as a result of improved staff retention, loyalty and satisfaction. It may also avoid losing the accumulated knowledge and expertise of staff that pursue their careers outside Hodan due to lack of opportunity internally.

However, to ensure that recruitment advances the strategic objectives of Hodan, all applications - whether internal or external - will be judged on their own merits in relation to the job description and person specification. No position will be offered to an internal applicant who does not fully meet the required criteria of the person specification.

Hodan will make an effort to ensure that its hiring procedures serve the purpose of recruiting the best employees for each open position. However, we acknowledge that they are inevitably not always accurate in predicting performance or determining appropriate cultural fit. The probation period for new employees gives both employee and employer enough time to find out if their employment relation will eventually work out to the benefit of both.

2. Policy

All vacancies, whether new, vacated, permanent or fixed term, will be initially offered for internal application by any staff member or volunteer currently in post, subject to the staff member having successfully completed their probationary period.

In the event that no suitably qualified applicant comes forward from within the organisation, the post will immediately go to external process. The panel's decision will be final.

Recruitment decisions will be made on the basis of aptitude and ability alone. In accordance with its own Equality, Diversity and Inclusion Policy, Hodan will not discriminate against any applicant for a job or placement (whether internal or external) because they (a) have a protected characteristic; (b) are perceived to have a protected characteristic; or (c) are associated with someone who has a protected characteristic, as defined by the 2010 Equality Act.

The recruitment process will be fair to all applicants.

Wherever possible, Hodan will make efforts to recruit from the local community and to ensure that the policy reflects the diversity of the community it serves. This will be achieved by taking measures such as advertising in local community centres, through local networks, and through partnerships with other service providers, as well as by paying close attention to the wording of advertisements. In accordance with the Equality, Diversity and Inclusion Policy, we will strongly encourage applications from members of any groups that are represented in the service user population but underrepresented among existing staff and volunteers.

The policy will be reviewed / evaluated annually by the Director (in collaboration with appropriate external consultants if necessary). This will include evaluating whether or not it has had any negative impact on the diversity of the workforce. Any concerns will be referred to the Management Committee for further discussion and action.

The Director will keep abreast of changes in the law regarding eligibility for work in the UK, with particular reference to the UK's exit from the European Union, and will conduct all the necessary checks as detailed below.

3. Procedures

3.1. Advertising and applying

In the first instance, the vacancy will be advertised internally to all staff and volunteers. The immediate details of the post will be circulated (as would be detailed in an advertisement) with further details; job description, person specification and application form/supporting statement form being available on request from the office administrator. The vacancy will have a closing date no less than 7 days from circulation of the vacancy details.

The Director will be responsible for ensuring that job descriptions and person specifications are non-discriminatory and comply with the 2010 Equality Act. Any complaints or queries in this regard will be referred to the Trustees. Where a post requires a Disclosure and Barring Service (DBS) check, this will be clearly stated in the advertisement.

If no applications have been received at the closing date the vacancy will be advertised externally through such channels and methods as shall be agreed by the Management Committee.

Current volunteers and staff who have worked for more than six months (regardless of number of hours/days per week) at Hodan and wish to apply for a vacancy will **not** be required to complete a standard *Application Form*, provided that up-to-date personnel information is held on file. They will however be required to complete a *Supporting Statement* to an agreed format. Names and addresses of external referees will not be required. An internal reference will be required from their current line manager.

Current volunteers and staff who have worked less than 6 months (regardless of number of hours/days per week) at Hodan, along with all external applicants, will be required to complete a standard *application form*, including names and addresses of two referees one of which will be their line manager/supervisor, unless they have previously completed an application form for the same post.

3.2. Checking eligibility to work in the UK

The Director is ultimately responsible for ensuring that no applicant is offered a position unless and until they have submitted valid proof of their eligibility to work in the United Kingdom in accordance with the Immigration, Asylum and Nationality Act 2006. This may be done either (i) by using the Home Office Online Right to Work service, (ii) by carrying out a digital identity check through an Identification Document Validation Technology service provider, or (ii) by asking to see the applicant's original documents.

- **The online right to work checking service** provides real-time information direct from the Home Office about certain applicants' right to work in the UK, including the types of work they are allowed to do and how long they can work in the UK for if there's a time limit. To [access the service](#), the Director must ask the applicant for their date of birth and right to work share code. If the worker has a current Biometric Residence Permit or Biometric Residence Card or has been granted status under the EU Settlement Scheme or the points-based immigration system, the Director should request permission to view the applicant's details on the online right to work checking service while doing a video call.
- If the applicant does not have a share code, the Director may conduct a **manual right-to-work check** by viewing, checking, copying and filing original documents, or (for UK or Irish citizens) may, if preferred, use the services of an **Identity Document Validation Technology service provider**.

If eligibility for work in the UK cannot be established using any of the above means, the Director must contact the Home Office Employer Checking Service directly.

The Director is responsible for carefully checking the current legislation relating to eligibility to work in the UK, including which documents are required in which circumstances, by referring to the current right to work checklist from the Home Office on gov.uk. Current guidance is available at on the UK Government website: [An employer's guide to right to work checks: 6 April 2022 \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

It is important to note that an EU passport or identity card alone is no longer valid proof of an individual's right to work in the UK, although Irish citizens can still prove their right to work in the UK by showing a valid Irish passport or passport identity card.

3.3. Criminal records checks

As per the Rehabilitation of Offenders Act 1974, an individual who has had a conviction for an offence may be rehabilitated and allowed to treat the conviction as if it had never occurred. A conviction will become 'spent' where the person has not, after a period of time, committed another serious offence. Employers may not, under the Act, ask prospective employees if they have 'spent' convictions during the recruitment process. However there are exemptions to the Act and it does not apply to certain posts or professions, including those concerned with providing elderly, sick or disabled people with health or social services.

Pre-employment criminal records checks with the Disclosure and Barring Service (DBS) will be required for posts (including volunteer positions) that involve or could potentially involve working with children or vulnerable adults. This is the responsibility of the Director and must be conducted in accordance with the Safer Recruitment Procedure set out in detail in the Safeguarding Children & Vulnerable Adults Policy and Procedures, which must be consulted prior to embarking on any recruitment of staff or volunteers.

3.4. Shortlisting and interviewing

The shortlisting / interview panel will comprise a minimum of two (three is preferable) and maximum of four members. The panel will normally include the Director, at least one member of the Management Committee, and an external partner or consultant to bring additional skills/expertise as appropriate.

The interview process will be conducted according to best practice guidelines, as well as in accordance with Hodan's Equality and Diversity Policy. Specifically, the same panel that is responsible for shortlisting candidates should also conduct the interviews; the same questions are asked to all candidates in order to provide a fair comparison; and the competencies described in the person specification that accompanies the job description will be used as the basis for shortlisting and interviewing candidates.

The panel will shortlist and internal applicants will be notified of the outcome of their application as soon as possible, and always within five working days. Interviews will take place not less than ten working days from applicant notification.

In the event of a single internal applicant meeting the selection criteria in full, the internal recruitment procedure will go ahead.

Applicants will be notified of outcomes by the panel chair as soon as possible, and always within five working days of the decision. The chair or other panel member as agreed, will be available to any unsuccessful applicant for a feedback discussion, on receipt of a request from the applicant within ten working days of the decision being notified.

3.5. Taking up post

Successful applicants will normally be required to work their agreed period of notice in their current post before taking up their new post, subject to any negotiation by all involved parties which may agree to it being a shorter period.

Successful applicants will receive an offer letter that will comprise an amendment to their current contract of employment; ensuring current benefits including annual leave entitlement etc are retained. Successful applicants will be appointed at the salary incremental point agreed at offer.

Successful candidates will undertake an Induction for the new post as agreed with their line manager, and in accordance with Hodan's Induction Policy and Procedures.

Previous staff members will **not** be subject to a probationary period in the new post, but two meetings at three-month intervals with their line manager, in addition to ongoing supervision, will be scheduled to identify any key issues, learning needs and action points. Successful applicants who were previously volunteers **will** be subject to a probationary period.

3.6. Probationary period

The probationary period definition for new employees is the time between signing an employment contract and being granted permanent employment status. It is a "trial period", usually lasting for three months in the first instance, during which the employee is being evaluated as a suitable fit to the position and the company. The new employee will be given consistent feedback and coaching to have the chance to learn their new job and improve during the probationary period.

At the end of the probationary period (or possibly before that), the supervisor will determine if the employee should be retained in the organization. This decision will be made by appraising the following criteria:

- Skills, competencies and knowledge of the employee on the job
- The employee's progress on given assignments
- Reliability and trustworthiness
- Collaboration with subordinates, supervisors and peers

The employee's progress will be documented in relation to the above criteria during the probationary period, and the decision to retain them will be at the supervisor's discretion. When an employee has completed their initial probationary period, they may be granted permanent employment status if deemed suitable, or the probationary period may be extended by up to six further months at the supervisor's discretion.

If the employee is deemed unsuitable while on a probationary period, their employment may be terminated without the minimum prior notice mandated by law. The termination of employment during this period may be for cause or without cause depending on the circumstances and the individual's evaluation.

Termination may occur before the ending of the probationary period. This may happen if the tactical evaluations of the employee are highly unsatisfying or if the employee engages in behaviour that justifies a for-cause dismissal. The employee will be officially notified in writing for the decision to terminate their employment. The document will explicitly state the reason for the termination and the expected date it will take effect.

Employees may still have to be dismissed for various reasons, after the end of the probationary period. In such cases, the company will follow employment law, legal guidelines and its own separation of employment policy.

4. Related Policies

This policy should be read in conjunction with the Safeguarding Children & Vulnerable Adults Policy and Procedures, the Competencies Policy and Framework, and the Induction Policy and Procedures.

5. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Recruitment and Selection Policy and Procedures (was 'Recruitment Policy and Procedures')
Last reviewed	15 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

D4.3: Induction Policy and Procedures

1. Policy Statement

Hodan believes that all new employees, as well as people moving to new roles within the organisation, must be given timely induction training. This training is regarded as a vital part of recruitment and integration into the working environment.

Where the term 'new employee' or 'new staff member' is used in this policy, it should be understood to include new volunteers as well as salaried staff, unless otherwise stated. Likewise, 'reallocated employee' or 'reallocated staff member' refers to (i) volunteers taking on a significantly different role than the one for which they were recruited, (ii) former volunteers moving to a salaried position, and (iii) existing salaried employees moving to a new position within the organisation.

This policy, associated procedures and guidelines define our commitment to ensure that all new and reallocated employees are supported during the period of induction, to the benefit of the individuals and Hodan alike. Starting a new job is a demanding and often stressful experience. Quite apart from the obvious challenge of new tasks and responsibilities, there is often the need to become accustomed to a new organisation, a new environment and new colleagues. The purpose of induction is to support new or reallocated employees during this difficult period and to help them become fully integrated into the organisation as quickly and as easily as possible.

2. Aims

Hodan aims to ensure that staff induction is dealt with in an organised and consistent manner, to enable staff to be introduced into a new post and working environment quickly, so that they can contribute effectively as soon as possible. This induction policy, associated procedures and guidelines aim to set out general steps for managers and staff to follow during the induction process.

It is expected that all managers and staff will adhere to this policy.

Hodan expects that the implementation of good induction practice by managers will:

- Enable new and reallocated employees to settle into the organisation quickly and become productive and efficient members of staff within a short period of time.
- Ensure that new and reallocated employees are highly motivated and that this motivation is reinforced.
- Assist in reducing staff turnover, lateness, absenteeism and poor performance
- Ensure that all staff understand the needs of customers in vulnerable circumstances
- Assist in developing a management style where the emphasis is on leadership.
- Ensure that employees operate in a safe working environment.
- Reduce costs associated with repeated recruitment, training and lost production.

3. Induction Checklist

The Induction Checklist is a very useful way of ensuring that information is imparted to new and reallocated employees when they are likely to be most receptive. It avoids overloading employees with information during the first weeks, whilst ensuring that all areas are covered.

The General Induction Checklist should be used with all new staff and volunteers. For new recruits who will be working in client-facing roles within the advice and information drop-in service or in an outreach context, the Supplementary Induction Checklist should also be used.

The New Role Checklist should be used with all staff or volunteers who are moving into a new role within the organisation. Those working in frontline advice roles should complete Parts A and B, and all other reallocated personnel should complete Part A only.

The new or reallocated employee's line manager should refer to the appropriate checklist as a basis for discussion, ensuring all documentation is complete. They are also responsible for ensuring that all the matters included in the checklist have been fully understood, and for ensuring that supervisions, Training and Development Plans, and performance appraisals are arranged in a timely way in accordance with the respective policies.

At the end of the process the induction checklist should be signed by the relevant parties and placed in the member of staff's personnel file.

4. Procedures

4.1. Advance preparation

Preparations should be made for the arrival of the new entrant well in advance, for example, arrangements should be made to provide desk, equipment and lockers etc., or to ensure that the employee has access to a suitable laptop or other equipment if working from home.

Hodan has a statutory duty to make reasonable adjustments for new recruits with protected characteristics, where necessary, in accordance with the Equality Act 2010. In some cases, these reasonable adjustments may include training or awareness-raising for colleagues.

4.2. First day of employment

Most new employees tend to be concerned primarily with two matters: (a) whether they can do the job and (b) how they will get on with their new colleagues.

It is therefore important to introduce them to their new workplace and colleagues at the earliest opportunity. An introductory talk will be appropriate at this time and can be combined with the provision of general information and exchanging any necessary documentation. This talk should be as brief as possible, because the employee is unlikely to be receptive to detailed information at this stage, and should be conducted by someone who is well prepared and has sufficient time available.

A tour of the workplace should be arranged for the new entrant allowing the organisation and the building to be viewed as a whole and for the recruit to see where they fit into the

organisation. If the new entrant will be working from home only, and does not need to use the workspace, the induction will be carried out by video call.

The new employee will want to get to know their colleagues and quickly become part of the team, and time should be made for this process. Colleagues should be briefed on the new employee's arrival. If possible one of the new employee's colleagues should be nominated to ensure that they have every assistance in settling in quickly.

4.3. Changing roles within the organisation

All personnel who are changing roles within the organisation (including volunteers) must be supported by their supervisor or the Executive Director to understand the demands of the new role and acquire the necessary competencies. A new Training and Development Plan (TDP) should be created, with their active participation, within ten working days of their starting date in the new role (refer to Training and Personnel Development Policy). In some cases, it may be necessary for TDPs to be amended in advance before a planned role change to ensure that the employee is adequately prepared for their new job and what it will entail.

Anyone moving to a new role must be fully briefed on the salary, PAYE and pension arrangements, annual leave allowances, and any new employee benefits associated with their position (where applicable). Their line manager is also responsible for ensuring that they read and fully understand all the policies and procedures that apply to their new role as outlined in the New Role Checklist. This is especially important for those moving from a voluntary to a salaried position, as some policies have different provisions for salaried staff and volunteers.

4.4. Supporting people with additional needs

All induction programmes should be tailored to the new or reallocated employee's individual needs, with a focus on helping them to acquire the competencies detailed in the person specification.

The organisation has a legal responsibility for ensuring that all new employees can perform and achieve to their full potential and specifically that the needs of individuals with protected characteristics, including those with disabilities, are fully understood and addressed. Part of the induction process for employees with disabilities will include ensuring that the reasonable adjustments made by the organisation in advance (where appropriate) are sufficient for the new employee to do their job without being disadvantaged by their disability.

Other employees who may need special attention during the induction period include school-leavers and new graduates, people returning to the workplace after a long period of unemployment or parental leave, people who have been recruited or reallocated into managerial positions, and people who will be directly responsible for providing advice and information to service users (see below).

In the case of new or reallocated staff members taking up a supervisor role, the Executive Director is responsible for ensuring that they read and fully understand the Supervision Policy. The Executive Director should also review their first Supervision Record and provide constructive feedback if necessary.

4.5. Induction for frontline advice roles

If a new or reallocated staff member is in a frontline advice role, their line manager must assign them a unique username and password to access the AdvicePro client database (with the appropriate level of permissions for their role). The line manager must also ensure that the new adviser is appropriately trained in using the AdvicePro platform, if they are not already familiar with it, and knows how to access support if they encounter any problems with the platform.

Line managers must ensure that all new advisers fully understand:

- the AQS framework and reaccreditation requirements
- the wider context of the advice sector
- the Standard Operating Procedures for Hodan's advice and information service
- all other relevant policies and procedures as outlined in the Induction Checklist.

Appropriate internal and/or external training must be arranged promptly in accordance with the Training and Development Policy.

Any employee who will be working from home for any portion of their working hours must outline the steps they will take to ensure that confidentiality of service users is not breached.

4.6. Digital literacy and employability skills

Staff and volunteers who will be training or supporting service users to acquire digital literacy skills and/or employability skills should ensure that they can complete the respective frameworks and tracking tools in full, asking for support from an existing staff member or consultant if they lack confidence in any areas.

4.7. Completing the induction process

Induction can be said to end when the individual becomes fully integrated into the organisation. There is no set timescale within which this will happen, and regular follow-up on the induction checklist is essential. The induction process should flow seamlessly into the standard processes of training, supervision, appraisal and evaluation as set out in the respective policies.

5. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Conflict of Interest Policy, Equality, Diversity and Inclusion Policy, Staff Code of Conduct, Competencies Policy and Framework, Digital Literacy Skills Framework, Training and Personnel Development Policy, Supervision Policy, Performance Appraisal Policy, and Monitoring and Evaluation Policy.

6. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Induction Policy and Procedures
Last reviewed	19 January 2024
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	<p>Clarify definitions of new and reallocated staff in section 1</p> <p>Add section 4.3 on 'Changing roles within the organisation'</p> <p>Add section 4.5 on 'Induction for frontline advice staff'</p> <p>Move paragraph on digital literacy to section 4.6 and add reference to employability skills</p> <p>Re-number sections 4.4 and 4.7</p> <p>Add 'New Role Checklist' in appendix</p>
Next review due	September 2024

General Induction Checklist

This checklist will help you and your manager to cover the important things you need to know. Please tick the boxes when you're ready, and if there's anything you're not sure about, just ask!

	I've heard about this	I understand it and know what to do
Introduction to Canalside House and Hodan offices		
Procedures: security, fire, telephone, absence, smoking, financial procedures		
Fire – exit procedures, alarm and evacuation tests		
Break / refreshment details, kitchen and toilets		
Notice board		
Local information: shops, recreational activities		
Parking or public transport, if required		
Person specification, competencies and training needs		
Work plan: experience, opportunities, timetable, tasks		
Supervision and appraisal policies and dates		
Equality and Diversity policy		
Safeguarding Children and Vulnerable Adults policy		
Health and Safety, Risk Management and risk register		
Conflict of Interest policy and declaration form		
Disciplinary and grievance policies and procedures		
Data protection and confidentiality policies		

Signed: (Line Manager) on behalf of Hodan

Full Name: Date:

Signed: (Employee)

Full Name: Date:

Supplementary Induction Checklist for Advice Providers

If you will be working directly with clients as a provider of advice and information, you will need to work through this checklist with your manager in addition to the general induction checklist.

	I've heard about this	I understand it and know what to do
Standard operating procedures for the advice service		
Timings and other practical information for the drop-in service and outreach visits		
Referral and Signposting Policy		
Key information and documents for the specific area(s) of advice that you will be providing, e.g. housing, welfare benefits, employability, education and training, etc.		
Key Dates and Actions Policy		
Monitoring and Evaluation Policy		
Use of case management software, if applicable		
Customer Care Charter and Complaints Policy		
Criteria for other service providers		
Case Closure Policy		
Archiving and File Destruction Policy		

Signed: (Line Manager) on behalf of the employer

Full Name: Date:

Signed: (Employee)

Full Name: Date:

New Role Checklist

Part A – for all volunteers and staff members moving into a new role

	I've heard about this	I understand it and know what to do
Person specification, competencies and training needs		
Work plan: experience, opportunities, timetable, tasks		
Supervision and appraisal policies and dates		
Equality, Diversity and Inclusion policy refresher		
Safeguarding policy refresher		
Health and Safety update (if required for new role)		

Part B – for anyone moving into a frontline advice role

	I've heard about this	I understand it and know what to do
Standard operating procedures for advice service		
Timings and other practical information for the drop-in service and outreach visits		
Referral and Signposting Policy		
Key information and documents for the specific area(s) of advice that you will be providing, e.g. housing, welfare benefits, employability, etc.		
Key Dates and Actions Policy		
Monitoring and Evaluation Policy		
Use of case management software, if applicable		
Customer Care Charter and Complaints Policy		
Criteria for other service providers		
Case Closure Policy		
Archiving and File Destruction Policy		

Signed: (Line Manager) on behalf of the employer

Full Name: Date:

Signed: (Employee) Full Name:

D4.5a: Disciplinary Policy and Procedures

1. Preamble

This procedure is designed to help and encourage all employees to achieve and maintain standards of conduct, attendance, and job performance. The aim is to ensure consistent and fair treatment for all in the organisation and to provide a fair and reasonable process to deal with those circumstances where an employee's work, conduct, omission, or failure to carry out duties to Hodan's satisfaction warrant disciplinary action which may lead to dismissal or other sanctions.

The Disciplinary Procedure sets out the procedures that are to be followed by Hodan in taking disciplinary action with an employee and defines the rights of the employee to notification, representation and appeal. These procedures are based on the ACAS Code of Practice.

2. Limitations

The Disciplinary Procedures do not apply to termination of temporary and/or fixed term contracts, or in the event of redundancy where the probationary period of service has been terminated and dismissal arises from unsuitability for confirmation of appointment.

3. Principles

Informal discussions will be used in the first instance, and counselling will be offered where appropriate, to resolve problems. The formal disciplinary procedure will be used only if these options are unsuccessful.

In dealing with disciplinary issues, Hodan Somali Community will not discriminate against any person on the grounds of any characteristic that is protected under the Equality Act 2010 (age, sex, sexual orientation, gender reassignment, disability, race/ethnicity, religion or belief or the lack of it, pregnancy or maternity, or whether or not the individual is married or in a civil partnership).

No disciplinary action will be taken without full investigation.

At every stage in the procedure the employee will be advised of the nature of the complaint against them, and will be given the opportunity to state their case, before any decision is made.

At all stages of the procedure the employee will have the statutory right to be accompanied by a fellow worker, a trade union representative, or an official employed by a trade union. A trade union representative who is not an employed official must have been certified by their union as competent to accompany a worker.

No employee will be dismissed for a first breach of discipline except in the case of gross misconduct, when the penalty will be dismissal without notice or payment in lieu of notice.

An employee will have the right to appeal against any discipline imposed.

The procedure may be implemented at any stage if the employee's alleged misconduct warrants such action.

The minimum three-step statutory procedures will be followed if an employee faces dismissal or certain kinds of action short of dismissal.

Hodan will follow ACAS advice in dealing with any disciplinary case in order to ensure that each case is dealt fairly and consistently and in accordance with the up-to-date legislation.

The ACAS handbooks (available at <http://www.acas.org.uk>) provide a useful background to dealing with disciplinary matters, and will be used in conjunction with the Hodan disciplinary procedures.

Hodan will ensure that dated written records are kept of any disciplinary issues and the actions taken in each case, including informal discussions and counselling.

4. Procedures

If an employee faces dismissal – or certain action short of dismissal, such as loss of pay or demotion – the minimum statutory procedure will be followed. This involves:

- a full investigation of the facts of the case
- step one: a written note to the employee setting out the allegation and the basis for it, requesting them to attend a meeting, and reminding them of their right to be accompanied
- step two: a meeting to consider and discuss the allegation
- step three: a right of appeal including an appeal meeting.

4.1. Investigation

Hodan will carry out necessary investigations of potential disciplinary matters without unreasonable delay to establish the facts of the case. In some cases this will require the holding of an investigatory meeting with the employee before proceeding to any disciplinary hearing. In others, the investigatory stage will be the collation of evidence by the employer for use at any disciplinary hearing.

If there is an investigatory meeting this should not by itself result in any disciplinary action. In cases where a period of suspension with pay is considered necessary, this period should be

as brief as possible, should be kept under review and it should be made clear that this suspension is not considered a disciplinary action.

If it is decided that there is a disciplinary case to answer, the employee should be notified of this in writing. This notification should contain sufficient information about the alleged misconduct or poor performance and its possible consequences to enable the employee to prepare to answer the case at a disciplinary meeting. Copies of any written evidence, which may include any witness statements, will be provided with the notification.

The notification should also give details of the time and venue for the disciplinary meeting and advise the employee of their right to be accompanied at the meeting. The meeting should be held without unreasonable delay whilst allowing the employee reasonable time to prepare their case.

4.2. Identifying a companion

Workers have a statutory right to be accompanied in a disciplinary meeting by a fellow worker, a trade union representative, or an official employed by a trade union. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany a worker. Employers must agree to a worker's request to be accompanied by any companion from one of these categories. Workers may also alter their choice of companion if they wish. As a matter of good practice, in making their choice workers should bear in mind the practicalities of the arrangements. For instance, a worker may choose to be accompanied by a companion who is suitable, willing and available on site rather than someone from a geographically remote location.

To exercise the statutory right to be accompanied workers must make a reasonable request. What is reasonable will depend on the circumstances of each individual case. A request to be accompanied does not have to be in writing or within a certain timeframe. However, a worker should provide enough time for the employer to deal with the companion's attendance at the meeting. Workers should also consider how they make their request so that it is clearly understood, for instance by letting the employer know in advance the name of the companion where possible and whether they are a fellow worker or trade union official or representative.

If a worker's chosen companion will not be available at the time proposed for the hearing by the employer, the employer must postpone the hearing to a time proposed by the worker provided that the alternative time is both reasonable and not more than five working days after the date originally proposed.

4.3. Disciplinary meeting

In misconduct cases, where practicable, different people should carry out the investigation and disciplinary meeting.

At the disciplinary meeting, the employer should explain the complaint against the employee and go through the evidence that has been gathered. The employee should be allowed to set out their case and answer any allegations that have been made. The employee should also be given a reasonable opportunity to ask questions, present evidence and call relevant witnesses. They should also be given an opportunity to raise points about any information provided by witnesses. Where an employer or employee intends to call witnesses they should give advance notice that they intend to do this.

The employee's chosen companion (who may be a trade union representative or a fellow worker) should be allowed to address the hearing to put and sum up the worker's case, respond on behalf of the worker to any views expressed at the meeting and confer with the worker during the hearing. The companion does *not* have the right to answer questions on the worker's behalf, address the hearing if the worker does not wish it, or prevent the employer from explaining their case.

After the meeting, the employer decides whether or not disciplinary or any other action is justified and informs the employee accordingly in writing.

4.4. Permitted types of disciplinary action

Stage 1 (a) Improvement note: unsatisfactory performance

If performance does not meet acceptable standards, the employee will normally be given an improvement note. This will set out the performance problem, the improvement that is required, the timescale and any help that may be given. The individual will be advised that it constitutes the first stage of the formal procedure. A record of the improvement note will be kept for 6 months, but will then be considered spent – subject to achievement and sustainment of satisfactory performance.

Stage 1 (b) First warning: misconduct

If the conduct does not meet acceptable standards the employee will normally be given a written warning. This will set out the nature of the misconduct and the change in behaviour required. The warning should also inform the employee that a final written warning may be considered if there is no sustained satisfactory improvement or change. A record of the warning should be kept, but it should be disregarded for disciplinary purposes after a specified period (e.g., six months).

Stage 2: Final written warning

If the offence is sufficiently serious, or there is a failure to improve during the currency of a prior warning for the same type of offence, a final written warning may be given to the

employee. This will give details of the complaint, the improvement required and the timescale. It will also warn that failure to improve may lead to action under Stage 3 (dismissal or some other action short of dismissal), and will refer to the right of appeal. A copy of this written warning will be kept by the supervisor but will be disregarded for disciplinary purposes after 6 months subject to achievement and sustainment of satisfactory conduct or performance.

Stage 3: Dismissal or other sanction

If there is still a failure to improve the final step in the procedure may be dismissal or some other action short of dismissal such as demotion or disciplinary suspension or transfer (as allowed in the contract of employment). Dismissal decisions can only be taken by the appropriate senior manager, and the employee will be provided, as soon as reasonably practicable, with written reasons for dismissal, the date on which the employment will terminate, and the right of appeal. The decision to dismiss will be confirmed in writing.

If some sanction short of dismissal is imposed, the employee will receive details of the complaint, will be warned that dismissal could result if there is no satisfactory improvement, and will be advised of the right of appeal. A copy of the written warning will be kept by the supervisor but will be disregarded for disciplinary purposes after 6 months subject to achievement and sustainment of satisfactory conduct or performance.

4.5. Gross misconduct

The following list provides examples of offences that are normally regarded as gross misconduct (the list is not exhaustive):

- theft, fraud, deliberate falsification of records
- fighting, assault on another person, physical or sexual abuse
- deliberate damage to organisational reputation or property
- serious or repeated incapability through alcohol or being under the influence of illegal drugs
- serious negligence which causes unacceptable loss, damage or injury, or serious act of insubordination
- serious or repeated breach of confidentiality
- gross misuse of employer's time, money, and/or property

If an employee is accused of an act of gross misconduct, they may be suspended from work on full pay, normally for no more than five working days, while the alleged offence is investigated. If, on completion of the investigation and the full disciplinary procedure, the organisation is satisfied that gross misconduct has occurred, the result will normally be summary dismissal without notice or payment in lieu of notice.

4.6. Dismissal for harming a child or putting a child at risk of significant harm

Hodan must notify the Disclosure and Barring Service if it dismisses a person for harming a child or putting a child at risk of significant harm (or if it would have dismissed that person, had the person not left their employment voluntarily) as it is a criminal offence not to do so. Definitions and further information are provided in the Safeguarding Children and Vulnerable Adults Policy.

5. Appeals

Where an employee feels that disciplinary action taken against them is wrong or unjust, they should appeal against the decision. An employee who wishes to appeal against a disciplinary decision must do so within five working days. Employees should let employers know the grounds for their appeal in writing.

Appeals should be heard without unreasonable delay and at an agreed time and place.

Appeals should be dealt with impartially and ideally by a senior manager who has not previously been involved in the case (this would normally be the Chair of Trustees). The decision of the senior manager is final. At the appeal any disciplinary penalty imposed will be reviewed.

6. Related Policies

This policy should be read in conjunction with the Staff Code of Conduct, Training and Personnel Development Policy, Supervision Policy, Performance Appraisal Policy, Grievance Policy, Safeguarding Children & Vulnerable Adults Policy and Procedures, and Whistleblowing Policy.

7. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Disciplinary Policy and Procedures
Last reviewed	13 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

D4.5b: Grievance Policy and Procedures

1. Policy Statement

The Employment Act 2002 brought into force from October 2004 new statutory grievance procedures (GPs) which have become minimum procedures that must be followed.

Hodan believes that it is in everyone's best interest to ensure that workers' grievances are dealt with quickly and fairly and at the lowest level possible within the organisation at which the matter can be resolved.

2. Principles

The Grievance Procedure applies to all employees of Hodan - it exists to ensure that grievance problems at work are solved as quickly and as fairly as possible. It is intended that both the organisation and its employees should view the use of this procedure in a constructive light. These procedures are based on the ACAS Code of Practice.

The aim of the Grievance Procedure is to settle grievances fairly and it is intended to operate simply and rapidly. Every effort will be made to resolve the issue at the earliest possible stage, and at each stage efforts will be made in order to avoid proceeding to the next stage and to settle the issue amicably.

In the case of a grievance being taken out as a counter-grievance, or in response to the instigation of disciplinary action, cases will be heard in strict chronological order. Each procedure shall run sequentially - no procedure may begin until the previous one has been completed.

If an employee has a problem with any other member of staff, and is unable to sort it out informally, the matter should be referred to his/her immediate supervisor/manager. If the problem remains unresolved and the employee wishes to invoke the grievance procedure, this is done against the line manager and not against the other employee.

At each stage of the procedure, there will be at least one meeting to discuss the grievance.

At each stage of the procedure an employee has a statutory right to be accompanied by a fellow worker, a trade union representative, or an official employed by a trade union. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany a worker.

3. What Is a Grievance?

Anybody working in an organisation may, at some time, have problems or concerns about their work, working conditions or relationships with colleagues that they wish to talk about with management. They want the grievance to be addressed, and if possible, resolved. It is also clearly in management's interests to resolve problems before they can develop into major difficulties for all concerned.

Issues that may cause grievances include:

- terms and conditions of employment
- health and safety, including responses to COVID-19 and other public health issues
- work relations
- bullying and harassment
- new working practices
- working environment / working from home
- organisational change
- equality, diversity and inclusion issues

Grievances may occur at all levels, and the Code of Conduct, and associated good practice, applies equally to management, trustees, volunteers, users, members and employees.

Employees should aim to settle most grievances informally with their line manager. This has advantages particularly where there might be a close personal relationship between parties such as user/worker. It also allows for problems to be settled quickly.

In some cases it may be helpful to use a neutral mediator to help sort out a grievance and maintain working relationships. Mediation is often most effective if used early on but may not be suitable if you want to enforce a legal right or want someone to decide the rights and wrongs of an issue for you.

If there is a grievance applying to more than one person, Hodan will consider whether it should be resolved with any recognised trade union(s).

If a grievance cannot be settled informally, or a formal approach is preferable, the employee should raise it formally with management.

Employees must complete step 1 of the statutory procedure if they wish subsequently to use the grievance as the basis of an application to an employment tribunal.

4. Procedures

Normally, a grievance should be raised within one month of the incident (in the case of a one-off incident) or within one month of the employee feeling sufficiently dissatisfied with the situation or working conditions to consider taking action under this policy (in the case of an ongoing issue).

The procedure has three stages as set out below. At each stage of the procedure formal records shall be kept, and the result of each stage shall be confirmed in writing.

At each stage of the Grievance Procedure the person or panel hearing the case shall undertake a full investigation and there shall be a hearing, to allow the employee to put his/her case, and the person with whom the grievance is against to put their case for defence.

4.1. Individual grievance

The stages of the procedure are as follows:

Step 1: Written notification

The employee informs the employer of their grievance in writing. This should be done without unreasonable delay and addressed to the Director, or to the Chair of the Management Committee if the grievance concerns the Director.

Step 2: Meeting

The Director (or the Chair of the Management Committee, as applicable) invites the employee to a meeting to discuss the grievance where the right to be accompanied will apply. The employee must take all reasonable steps to attend this meeting.

At the meeting, the employee should be allowed to explain their grievance and how they think it should be resolved. Consideration should be given to adjourning the meeting for any investigation that may be necessary.

The Director (or Chair of the Management Committee) notifies the employee in writing of the decision and notifies them of the right to appeal.

Right to be accompanied at a grievance meeting

A worker has a statutory right to be accompanied by a companion at a grievance meeting which deals with a complaint about a duty owed by the employer to the worker. So this would apply where the complaint is, for example, that the employer is not honouring the worker's contract, or is in breach of legislation.

The statutory right applies to a fellow worker, a trade union representative, or an official employed by a trade union. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany a worker.

Hodan must agree to a worker's request to be accompanied by any companion from one of these categories. Workers may also alter their choice of companion if they wish. As a matter of good practice, in making their choice workers should bear in mind the practicalities of the arrangements. For instance, a worker may choose to be accompanied by a companion who is suitable, willing and available on site rather than someone from a geographically remote location.

To exercise the statutory right to be accompanied workers must make a reasonable request. What is reasonable will depend on the circumstances of each individual case. A request to be accompanied does not have to be in writing or within a certain timeframe. However, a worker should provide enough time for Hodan to deal with the companion's attendance at the meeting. Workers should also consider how they make their request so that it is clearly understood, for instance by letting the Director or Chair of Trustees know in advance the name of the companion where possible and whether they are a fellow worker or trade union official or representative.

If a worker's chosen companion will not be available at the time proposed for the hearing, Hodan must postpone the hearing to a time proposed by the worker provided that the alternative time is both reasonable and not more than five working days after the date originally proposed.

Step 3: Appeal to Management Committee

The employee informs the Chair of the Management Committee if they wish to appeal. If this is the case, the Management Committee will convene an extraordinary meeting to discuss the grievance and invite the employee to explain their grievance, why they were dissatisfied with the outcome of the previous meeting, and how they think the issue should be resolved. The Director will attend the meeting only if they are not the subject of the grievance.

After stating their case, the employee will leave the meeting and the Management Committee will reach its final decision. The Secretary of the Management Committee will inform the employee of the final decision no more than two working days after the meeting. The decision of the Management Committee shall be final.

Hodan makes it very clear to any third party that grievances are taken seriously and action will be taken to protect their employees.

4.2. Group grievance

Where a group of employees has a collective grievance, the procedure should start at Stage 2 above. The employees may attend the meeting together or nominate one or more people to represent them in the meeting.

The right to be accompanied by a trade union representative or employed union official still applies in the event of a group grievance and the same procedures will apply as in section 4.1.

5. Informal meetings

The procedural steps detailed above will not preclude any informal meetings which may from time to time be considered mutually to be appropriate.

6. Records

Records should be kept detailing the nature of the grievance raised, the employer's response, any action taken and the reasons for it. These records should be kept confidential and retained in accordance with the Data Protection Act 2018 which requires the release of certain data to individuals on receipt of a Subject Information Request.

Copies of any meeting records should be given to the individual concerned although in certain circumstances some information may be withheld, for example to protect a witness.

7. Related Policies

This policy should be read in conjunction with the Staff Code of Conduct, Disciplinary Policy and Procedure, and Whistleblowing Policy.

8. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Grievance Policy and Procedures (formerly 'Grievance Procedure')
Last reviewed	12 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

D4.5c: Whistleblowing Policy and Procedures

1. Introduction

Hodan is committed to being open, honest and accountable. It encourages a free and open culture in its dealings between the Management Committee and workers.

This policy aims to help Hodan employees to raise any serious concerns they may have about colleagues or their employer with confidence and without having to worry about being victimised, discriminated against or disadvantaged in any way as a result. The term 'employees' should be taken to include all paid staff, volunteers, consultants hired by the organisation, and people commissioned to provide services to the organisation.

This procedure has been designed to operate in accordance with the provisions of the Public Interest Disclosure Act 1998, as updated by the Enterprise and Regulatory Reform Act 2013, which gives protection to people who disclose reasonable concerns about serious misconduct or malpractice at work. This is sometimes known as Whistleblowing.

2. Scope

This procedure should not be confused with other existing procedures such as the individual or collective grievance procedures that exist to enable employees to raise concerns about their own employment, such as bullying, harassment or discrimination. It is designed to deal with major issues that fall outside of the scope of those procedures. Therefore, any matter which is more appropriately covered by those procedures is excluded from being considered under the "Whistleblowing" procedure.

Issues falling within the scope of this procedure include any conduct which is a criminal offence or a breach of the law, and other unethical conduct of a serious nature. This could include, for example:

- Sexual or physical abuse of service users, colleagues or other individuals
- Major health and safety risks to service users, colleagues, or the public
- Fraud or corruption
- Neglect of vulnerable service users
- Emotional/verbal bullying of a service user, volunteer or staff member
- Miscarriage of justice
- Environmental damage, or risk of environmental damage

Disclosures made under this procedure are likely to be of a sensitive nature and all parties should preserve confidentiality at all times.

Employees should know what is expected and what practices are regarded as unacceptable. It is important to check all the relevant policies carefully (especially the Staff Code of Conduct, Disciplinary Policy, Customer Care Charter and Standard Operating Procedures) and discuss

anything that seems unclear with the Director, and if not sure what to do in any given situation, ask before taking any action.

3. Principles

Hodan recognises that it is never easy to report a concern, particularly one that may relate to abuse, neglect, fraud or corruption. Employees are urged to come forward at an early stage with any concerns that they may have, to prevent problems from becoming more serious than they need to be.

Staff and volunteers may choose to be accompanied by a colleague, a friend or any other advisor while reporting a concern.

Hodan will support concerned employees and will protect them from reprisals or victimisation. If an employee comes forward with a valid concern, they can be confident that this will not affect their career or position at Hodan. This applies equally if staff come forward in good faith with a concern which later turns out not to be justified.

Discouraging employees from coming forward to express a concern, and/or criticising or victimising an employee after a concern has been expressed, is a disciplinary offence.

When a problem is found, it will always be taken seriously. Hodan will always pursue fraud and serious abuse as vigorously as possible through disciplinary procedures, or if necessary, through the courts. Fraud will always be reported to the Police.

4. Procedures

Whom to contact

If employees have concerns about unethical or inappropriate practice within the organisation, they should contact the Director and ask for a confidential meeting. If this is not possible, e.g., if the issue relates to the Director, they should speak to the Chair of the Management Committee (or another member of the Management Committee if the Chair is unavailable). Employees should specify that they are making a disclosure under this procedure.

Employees are entitled to bring someone with them to the meeting – a friend, colleague or another advisor – or to be represented by a nominated person. All such contact will be treated in confidence. If any individual tries to victimise a staff member, volunteer or consultant because of their action, irrespective of whether the complaint was upheld, Hodan will treat this as a disciplinary offence.

The individual manager hearing the disclosure is encouraged to take advice from an appropriate service, such as a Citizens' Advice Bureau, without disclosing the names of the individuals concerned.

Step 1 – Raising a concern

In the first instance, concerns under this procedure should be raised with the Director who should then deal with the problem as quickly as possible. If the employee believes it is not appropriate to raise the matter with the Director, they may approach the Chair of the Management Committee or, in the absence of the Chair, another member of the Management Committee.

If our policies and procedures are working properly, employees should not need to contact an external agency to express concerns in the first instance. However, there may be exceptional or urgent circumstances where it would be more appropriate to contact an external agency, such as the following:

- If a criminal offence has been committed or there is reason to believe that a criminal offence is about to be committed, call the police.
- If an individual has seriously harmed themselves or another person or there is reason to believe that they are about to do so, call the emergency services.
- In the case of any fraud, contact the police (Fraud Squad). Suspected fraud should also be reported as soon as possible to the Charity Commission for England and Wales.

Within ten working days of a concern being raised, the Director (or the Chair of the Management Committee, if applicable) will write to the employee to acknowledge that the concern has been received. They should also indicate what initial steps they intend to take to deal with the matter and, where possible, provide an estimate of the time it will take to provide a final response.

Concerns may be raised orally or in writing, although written submissions are preferred wherever possible. These disclosures should provide as much information as possible about the matter, including dates, individuals involved, other possible sources of information, etc. Employees must be able to demonstrate to the person hearing the disclosure that there are reasonable grounds for making the allegations.

Although employees who wish to make an anonymous disclosure may do so, it may be important for the investigating manager to know the source of the information for a full and appropriate investigation to be possible. Furthermore, the Director would need to take into account the nature and credibility of an allegation before deciding whether to proceed with an investigation. However, employees should be reassured that all disclosures will be treated in confidence and every effort will be made to preserve anonymity. The Act provides protection against victimisation of anyone who makes a protected disclosure in good faith.

Step 2 – Determine whether it is a Protected Disclosure

Following a disclosure made under this procedure, the person who has received the concern must determine whether the disclosure is a 'qualifying disclosure' under the Act, by considering the following:

- Whether any information was actually disclosed, as opposed to opinion only, to the employer (or relevant person);
- Whether the employee believed that the information tended to show that one of the matters in the Act has occurred, is occurring or is likely to occur (see below); and
- Whether that belief was reasonable.

The following is a list from the Act showing qualifying disclosures, which, if a person discloses them having reasonable belief of their validity, would be a protected disclosure under the Act.

- (a) that a criminal offence has been committed, is being committed or is likely to be committed,
- (b) that a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject,
- (c) that a miscarriage of justice has occurred, is occurring or is likely to occur,
- (d) that the health or safety of any individual has been, is being or is likely to be endangered,
- (e) that the environment has been, is being or is likely to be damaged, or
- (f) that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

If the above criteria are met, the disclosure will qualify as a protected disclosure, and the following procedure will apply. If the criteria are not all met, the disclosure will not meet the conditions of the Act, but if the employee's disclosure was made in good faith, investigations should still take place into the allegations, and the employee should not be discriminated against because they have raised such an allegation.

Step 3 - Investigation

A preliminary investigation will need to be undertaken to establish whether the allegation could actually have occurred, be occurring or be likely to occur in the future. The investigation is not, at this stage, to determine whether the allegation has actually occurred, but to determine the facts of the case (e.g. was the alleged individual actually where they were purported to be, what does the evidence show). The person making the disclosure will not have a say in how it is dealt with.

Allegations that have some foundation to them should be followed up with a full internal investigation, which may result in one or more of the following:

- No case to answer
- Disciplinary action taken against one or more individuals
- Referral to Social Services or the Police, or other relevant organisation

If the allegations are found to be unfounded (no evidence or proper basis that supports the allegation), or unsubstantiated (can neither be proven nor disproven), no action need be taken by the organisation, although it would be pertinent to determine why the employee felt the need to raise the allegation in the first place, e.g. is there a training need within the organisation?

If it is found that the allegation was made for malicious purposes or for personal gain, Hodan should deal with this under the disciplinary procedure.

Step 4 - Communication

Subject to legal constraints and the need to protect the rights of individuals, the employee raising the concern will be informed of the outcome of any investigation at the earliest practicable opportunity, to reassure them that appropriate action has been taken. Such information will not include confidential details about formal action taken against another employee.

For reasons of sensitivity and confidentiality, all communications with an employee who takes action under this procedure will be sent to their home address, unless an alternative arrangement has been mutually agreed.

Step 5 - Taking the matter to the Management Committee

In the event that an employee feels that their concerns have not been resolved through the above process, they may write to the Chair of the Management Committee, if they have not already been involved, outlining their concern, the action taken to date and the reasons for their dissatisfaction.

Within 10 working days of a concern being raised, the Chair of the Management Committee will write to the employee to acknowledge that the concern has been received and indicate when the Committee will meet to discuss the matter, as well as providing an estimate of the time it will take to provide a final response. The Chair of the Management Committee will then inform the employee of the outcome of this process on the same basis as required of the Director above.

Step 6 – Taking the matter further

In the event that the matter cannot be satisfactorily resolved within the organisation, the employee may escalate their concerns further. Employees can raise their concerns, as

appropriate, subject to the concern being a protected disclosure in the public interest (see step 2), with any of the following:

- A local Member of Parliament
- A Government minister
- A legal adviser
- A 'prescribed person' as designated by the Act:
 - The Office of the Children's Commissioner, Tel: 020 7783 8330, Email: info.request@childrenscommissioner.gsi.gov.uk
 - The National Society for the Prevention of Cruelty to Children, tel. 020 7825 2500, E-mail: help@nspcc.org.uk
 - The Information Commissioner (for disclosures relating to data protection), Tel: 0303 123 1113, Email: casework@ico.org.uk
 - The Environment Agency (for disclosures relating to actual harm or risk of harm to the environment), Tel: 03708 506 506, Website: www.gov.uk/environment-agency
 - The Health and Safety Executive, Tel: 0300 003 1647, Online form: www.hse.gov.uk/contact/concerns.htm

Employees can only make a disclosure to a prescribed person if they:

- Reasonably believe the information is substantially true
- Reasonably believe they are disclosing the issue to the appropriate person or body

In taking their concern outside of the organisation, employees must ensure that, as far as possible, the matter is raised without personal information relating to other employees, or confidential information about unrelated matters, being disclosed. An employee who approaches an accredited legal advice centre, e.g. Public Concern at Work (0207 404 6609 or www.pcaw.org.uk) or Citizens Advice Bureau, must not breach the duty of confidence in this procedure.

Failure to follow this procedure

Any employee who unreasonably and without justification raises whistleblowing issues on a wider basis, such as with the media (including social media), without following the steps and advice in this procedure, may be liable to disciplinary action. It should also be noted that in accordance with the Public Interest Disclosure Act 1998, whistleblowers reporting their concern to the media lose their whistleblowing law rights.

5. Further Guidance

The UK Government's latest guidance on whistleblowing can be found at: [Print Whistleblowing for employees: What is a whistleblower - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/guidance/print-whistleblowing-for-employees-what-is-a-whistleblower)

Employees who require further guidance or confidential advice on whistleblowing can contact:

- the Advisory, Conciliation and Arbitration Service (ACAS) on 0300 1231100 (Monday to Friday, 8am to 6pm)
- the whistleblowing charity Protect (formerly Public Concern at Work) on 020 7404 6609 or 020 3177 2520 or via e-mail at whistle@protect-advice.org.uk
- their trade union, if applicable.

6. Related Policies

This policy should be read in conjunction with the Staff Code of Conduct, Disciplinary Policy and Procedure, and Grievance Policy and Procedure.

7. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Whistleblowing Policy and Procedures (formerly 'Whistleblowing Policy')
Last reviewed	12 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

D4.5d: Staff Code of Conduct

1. Preamble

Our Code of Conduct outlines our expectations regarding employees' behaviour towards their colleagues, service users and the general public while fulfilling their duties.

We promote freedom of expression and open communication, but we expect all employees to follow our code of conduct in order to create an atmosphere of dignity and respect for everyone.

Employees should avoid causing deliberate offense, harassing others, participating in serious disputes and disrupting our workplace. We also expect them to foster a well-organized, respectful and collaborative environment.

2. Scope

This policy applies to all our employees, regardless of employment agreement or rank. The term 'employees' should be understood to include volunteers, consultants, members of the Management Committee, and anyone commissioned to provide services to Hodan.

3. Principles

3.1. Compliance with laws, guidelines, policies and quality criteria

All employees must protect our organisation's legality. They should comply with all environmental, safety and fair dealing laws, as well as all the requirements of the Charity Commission and the Advice Quality Standard, and Hodan's internal policies and procedures. We expect employees to be ethical and responsible when dealing with our organisation's finances, service provision, partnerships and public image.

3.2. Respect and dignity in the workplace

All employees should respect their colleagues, service users, and any members of the general public that they encounter in the course of their duties. Hodan will not tolerate any form of discriminatory behaviour, bullying, harassment or victimization and will deal with any such incidents in accordance with the Disciplinary Policy. Employees should conform with our Equality, Diversity and Inclusion Policy in all aspects of their work, from recruitment and performance evaluation to interpersonal relations.

3.3. Protection of property

All employees should treat our organisation's property, whether material or intangible, with respect and care.

Employees should not misuse equipment belonging to the organisation, use it frivolously or carelessly, or (unless prior written agreement has been obtained from the Director) use it for non-work purposes.

Employees should respect all kinds of intangible property, including trademarks, copyright and other property (information, reports etc.), and should use them only to complete their job duties.

Employees should protect company facilities and other material from damage and vandalism, whenever possible.

3.4. Professionalism

While Hodan does not prescribe a specific dress code or personal appearance guidelines, we expect our employees to dress and behave in a professional way while in the workplace. This includes employees who may be working from home but potentially visible to service users or members of the public, e.g., on video calling software such as Zoom. Employees using these services should be aware of when their camera and microphone are switched on during a video call, and adhere to the same professional standards as they would normally do in a face-to-face encounter.

3.5. Avoidance of corruption

We discourage employees from accepting gifts from clients or partners. We prohibit bribery for the benefit of any external or internal party. We expect employees to avoid any personal, financial or other interests that might hinder their capability or willingness to perform their job duties, in accordance with our Conflict of Interest Policy.

3.6. Job duties and authority

All employees should fulfil their job duties with integrity and respect toward colleagues, service users and the community. Supervisors and managers must not abuse their authority, but should delegate duties to their team members appropriately, taking into account their competences and workload. Likewise, team members should follow team leaders' instructions and complete their duties with skill and in a timely manner. We encourage mentoring throughout our organisation.

3.7. Absenteeism and tardiness

Employees should follow their schedules. We can make exceptions for occasions that prevent employees from following standard working hours or days, but generally we expect employees to arrive and leave (or, if working from home, to be ready and available for work) at the times that have been agreed with the Director or their line manager.

3.8. Collaboration

Employees should be friendly and collaborative. They should try not to disrupt the workplace or present obstacles to their colleagues' work. All employees must be open for transparent and honest communication with their colleagues, supervisors, service users or the general public, as required to fulfil their job duties.

3.9. Benefits

We expect employees to not abuse their employment benefits. This can refer to time off, insurance, facilities, subscriptions or other benefits our organisation offers.

3.10. Policies and Procedures

All employees should read and follow our organisation's policies and procedures. If they have any questions, they should ask their line manager.

4. Related Policies

This policy should be read in conjunction with the Recruitment and Selection Policy, Conflict of Interest Policy, Induction Policy, Training and Personnel Development Policy, Supervision Policy, Performance Appraisal Policy, Disciplinary Policy and Procedure, Grievance Policy, and Whistleblowing Policy.

5. Review

The Code of Conduct will be reviewed at least annually, or earlier if necessary. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if necessary.

Policy name	Staff Code of Conduct
Last reviewed	12 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Expand 'Professionalism' section to clarify requirements for appropriate behaviour as well as dress code during video calls
Next review due	September 2024

D4.5e: Health and Safety Policy

1. Policy Statement

Hodan Somali Community recognises its responsibility to provide and maintain safe and healthy work conditions, on its premises and in other locations where its staff and volunteers are working, which comply with all statutory requirements and codes of practice.

We will therefore take all reasonable precautions to:

- Maintain safe working environments, which are without risks to health;
- Provide adequate facilities and arrangements for wellbeing at work;
- Monitor these practices and ensure that all staff are widely consulted and kept informed about them.

Our aims are to:

- Understand the health and safety risks arising from our activities, and maintain adequate control of those risks
- Provide information, instruction, training and supervision, in order to ensure the health and safety at work of employees, volunteers, contractors, service users, and the public
- Encourage and promote good working practice
- Regularly review safety policies and procedures.
- Consult with staff on matters affecting their health, safety and wellbeing
- Provide and maintain safe working environments, systems, and equipment
- Comply with all relevant legislation
- Ensure that all significant incidents are recorded in an appropriate Incident Report Form and that lessons are learned from these incidents to minimise the risk of them happening again
- Develop and maintain a positive health and safety culture through communication and consultation with staff and volunteers on health and safety matters

Our health and safety management system has been developed to ensure that the above commitments can be met. All staff and volunteers are instrumental in its implementation.

2. Responsibilities

The overall responsibility for health and safety at Hodan is held by the Executive Director, Mohamed Farah, who will:

- Ensure that health and safety has a high profile
- Ensure adequate resources for health and safety are made available
- Periodically monitor and review local health and safety arrangements
- Periodically update the Management Committee and/or the Site Manager for Canalside House, as appropriate, of any relevant issues
- Produce, monitor and periodically review all local safety policies and procedures

2.1. Health and Safety Officer

The Health and Safety Officer for the Advice and Information Service is Khalid Ali, who will:

- Ensure a safe and healthy environment and provide suitable welfare facilities
- Maintain a health and safety culture throughout the organisation
- Make operational decisions regarding health and safety, in consultation with the Site Manager for Canalside House if appropriate
- Maintain a well-stocked first aid kit and administer basic first aid if required
- Ensure periodic safety tours, inspections and drills are carried out
- Ensure significant hazards are assessed and risks are managed to prevent harm
- Consult staff, volunteers and contractors, and provide information, training and instruction so that they are able to perform their various tasks safely and effectively
- Ensure staff, volunteers, and contractors are aware of their health and safety responsibilities, including incident reporting
- Ensure that any new employee, volunteer or contractor is, as part of their induction, trained in basic Health and Safety, including any precautions and procedures appropriate to their specific jobs.
- Ensure that all new members of staff, including volunteers, are shown the location of first aid boxes, emergency exits and fire-fighting equipment
- Ensure that lessons learned from significant incidents are effectively communicated to all staff, volunteers, and contractors

2.2. All Staff and Volunteers

All staff and volunteers have a statutory obligation to co-operate with the requirements of this policy and have a responsibility to maintain a healthy and safe workplace and to take reasonable care of themselves and others. Specifically, all staff and volunteers must:

- Follow the organisation's health and safety procedures
- Report all potential safety risks immediately to the Health and Safety Officer
- Immediately report any incident which has led, or could have led, to injury or damage by completing an appropriate Incident Report Form
- Assist in investigations of serious accidents, dangerous occurrences or near-misses, as required by the Executive Director
- Ensure their own work area remains safe at all times
- Not interfere with health and safety arrangements or misuse equipment
- Undertake risk assessments as required by the Executive Director

The daily responsibility of applying local safety procedures rests with all staff and volunteers. Where any new process or operation is introduced in the area of their responsibility, staff members (and volunteers if applicable) are to liaise appropriately with the Health and Safety Officer so that the associated risks are assessed and any necessary precautions implemented.

2.3. Management Committee

The Management Committee will review the findings of any investigations into serious incidents and, if required, comment on any other health and safety issues at its regular meetings. Additional meetings of the Management Committee may be convened if necessary to deal with urgent health and safety concerns.

2.4. Contractors

Any contractors funded by Hodan to provide services to its users must have their own public liability insurance. They are responsible for ensuring that:

- A risk assessment for the activity is completed.
- The premises are safe for use and always inspected prior to, and after each use
- Means of general entry and exit are safe for use by all users
- All provided equipment is safe for use
- Fire escape routes and transit areas are safe and clear of hazards
- Users are formally made aware of fire safety procedures and equipment

2.5. Service Users

Service users are required to take reasonable care of themselves and others while on the premises, observe safety rules and procedures as advised, and not interfere intentionally or recklessly with equipment provided for safety or health. It is the responsibility of staff to ensure that service users are aware of and understand the organisation's safety procedures, including fire safety, and that they carry them out.

Service users must be reminded of the need to report health and safety concerns to a member of staff and to notify a member of staff immediately if they see anything suspicious or notice anyone acting suspiciously.

2.6. Health and Safety Monitoring

The Executive Director and the Health & Safety Officer will jointly monitor and discuss organisational health and safety performance regularly and recommend any actions necessary if this performance appears or proves to be unsatisfactory. Staff will be kept informed of all changes in practices and procedures, new guidance, accidents, incidents and risk-related matters.

The Executive Director leads on investigating all accidents to staff, visitors and contractors, including any accidents that involve staff or service users participating in offsite activities sponsored or supported by Hodan (e.g., excursions, Zumba classes, or home visits).

2.7. Fire Safety

The Health and Safety Officer is the competent person for fire safety on the premises. They will attend a fire safety training course and refresh this training every three years. The Health and Safety Officer is responsible for the local management and completion of day-to-day fire safety related duties.

The Health and Safety Officer is to work within their level of competence in relation to fire safety and should seek appropriate guidance and direction from the Executive Director and/or the Site Manager for Canalside House as required.

3. Procedures

The following procedures for health and safety have been developed in accordance with the Management of Health and Safety at Work Regulations 1999. These arrangements set out all the health and safety provisions for Hodan and are to be used alongside other current organisation procedures & policies.

In carrying out their normal functions, it is the duty of all staff to act and do everything possible to prevent injury and ill-health to others. This will be achieved in so far as is reasonably practicable, by the implementation of these arrangements and procedures.

3.1. Incident Reporting

Any accident, incident or near-miss involving staff, service users, visitors, or contractors working onsite is to be reported and recorded immediately by using an Incident Report Form. The form must be countersigned by the Health and Safety Officer (if they are not the person making the initial report) and must be kept in the incident Reporting folder held in the office.

Any incidents occurring during offsite activities led by a contractor must be reported to the Health and Safety Officer immediately. The contractor may do this either by (a) completing and submitting an appropriate incident report form, or (b) providing the information required for the Health and Safety Officer to complete the form themselves. This may be done via electronic messaging (e.g., WhatsApp), email, or any other appropriate means.

Any ongoing health and safety implications of an incident must be recorded in writing by the Health and Safety Officer on the form and acted upon as soon as reasonably practicable. This may include notifying other staff, service users, visitors and/or contractors of the potentially hazardous situation and/or restricting access to the area as appropriate.

All incident reports will be monitored by the Health and Safety Officer for trend analysis so that repetitive causal factors may be identified to prevent reoccurrences.

3.2. Investigation of Serious Incidents

The Health and Safety Officer will immediately report all serious accidents, incidents and near-misses to the Executive Director. The Executive Director will conduct a documented investigation into more serious incidents.

The purpose of the investigation is to identify the immediate and underlying causes of the incident, so that appropriate measures can be taken to prevent reoccurrence.

The Executive Director will ensure that the Management Committee and, if applicable, the Site Manager of Canalside House are appropriately informed of all incidents of a serious nature.

The more serious accidents that are notifiable to the Health & Safety Executive (HSE) are to be reported using the HSE's online RIDDOR F2508 reporting system.

3.3. Compulsory Display of Notices

The following compulsory notices will be posted in the Organisation Office:

- Details of the location of the first aid box(es) and contact details for trained first aiders
- Information on fire precautions and emergency evacuation routes
- Professional indemnity and public liability insurance certificates
- A copy or abstract of relevant regulations

3.4. Display Screen Equipment

Staff and volunteers who are using display screen equipment (DSE: laptops, phones, or tablets) for long periods of time can experience physical symptoms including fatigue, eye strain, upper limb problems and backache.

The Health and Safety Officer (HSO) will conduct an annual review of the risks associated with using DSE equipment and any special needs of individual staff in accordance with the Health and Safety (Display Screen Equipment) Regulations 1992. This will be done by encouraging staff members to complete individual checklists to ensure that they are comfortable at their workstation. If any issues are identified, the HSO will advise staff members on how to adjust furniture, how to organise the workplace to avoid awkward or frequently repeated stretching movements, and how to clean the screen and mouse.

All staff members should take frequent breaks and report any relevant symptoms, including any hand or arm pain, tingling or numbness, backache, regular headaches, etc., to the Health and Safety Officer.

Hodan will pay for an annual eye test if a staff member is concerned that DSE use may be causing them visual fatigue. If the test shows that the user needs glasses specifically for DSE work, Hodan will pay for a basic set of frames and lenses.

More information on DSE risks and responsibilities can be found in the leaflet [Working with display screen equipment \(DSE\) \(hse.gov.uk\)](https://www.hse.gov.uk/working-with-dse/).

3.5. Electrical Equipment

The Health and Safety Officer will ensure that:

- Only authorised and competent persons are permitted to install or repair equipment
- Equipment is not to be used if found to be defective in any way
- Defective equipment is reported and immediately taken out of use until repaired
- All portable electrical equipment is tested annually by a competent person
- Private electrical equipment is not used on the premises until it has been tested
- Full records of approved equipment are maintained in the Organisation Office
- Mains wiring issues are reported immediately to the Site Manager of Canalside House.

All staff and volunteers are responsible for ensuring that defective or suspected defective equipment, systems of work, fittings etc. are reported to the Health and Safety Officer and attended to as soon as possible.

3.6. Emergency Evacuation Procedures

All staff will receive a brief and/or a copy of the emergency evacuation plan at induction, and they will be periodically provided with updated information as the emergency evacuation plan is routinely reviewed and amendments are introduced.

Personal Emergency Evacuation Plans are to be completed by staff where appropriate, provided and exercised for any vulnerable service users to be able to ensure safe, assisted evacuation in the event of an emergency incident.

3.7. Fire Safety

The Health and Safety Officer (Khalid Ali) is the fire safety co-ordinator and the immediate point of contact for all fire safety related enquiries on site. The Executive Director, Mohamed Farah, is the first contact in the event that the Health and Safety Officer is unavailable. Both are competent persons for fire safety on the premises as defined by the Regulatory Reform (Fire Safety) Order 2005(b).

The Health and Safety Officer, with assistance from the Executive Director as appropriate, will ensure that:

- All staff are made aware of the fire safety procedures
- Fire safety procedures are readily available for all staff to read
- Fire safety information is provided to all staff at induction and periodically thereafter
- Fire safety notices are posted in the key areas of the building close to the fire points
- Evacuation routes and assembly points are clearly identified
- Emergency routes and exits are kept clear and checked daily
- Staff are aware of their own responsibilities for knowing the location of fire points and fire exits. They should also know the location of the assembly point in the event of fire
- All staff are familiar with the flammable potential of materials and substances that they use and exercise maximum care in their use
- The fire risk assessment is reviewed annually by the Health and Safety Officer, and amended as soon as new hazards or required amendments are identified

3.8. First Aid

First aid is never to be administered by anyone except first aid trained staff with in-date training certification, operating within the parameters of their training.

The organisation will keep a well-stocked first aid box that is available at all times. The replacement of first aid supplies is the responsibility of the Health and Safety Officer.

3.9. Good Housekeeping

Tidiness, cleanliness and efficiency are essential factors in the promotion of good health and safety. The following conditions are to be adhered to at all times:

- All corridors and passageways are kept tidy and free from obstruction
- Shelves in storerooms and cupboards are stacked neatly and not overloaded
- Floors are kept clean and dry, and free from slip and trip hazards
- Emergency exits and fire doors are not obstructed in any way
- Supplies are stored safely in their correct locations
- Rubbish and litter are cleaned and removed at the end of each working day
- Poor housekeeping or hygiene conditions are immediately reported

3.10. Inspections and Monitoring

Daily monitoring of the premises, through working routines and staff awareness, is expected to identify general safety concerns and issues which should be immediately reported to the Health and Safety Officer.

Routine documented inspections of the premises will be carried out every half year. The Health and Safety Officer will notify the Executive Director and/or the Site Manager of Canalside House, as applicable, of any defects that require immediate attention.

3.11. Wellbeing at Work

If staff members or volunteers have any concerns relating to their wellbeing at work, including their mental health, they should discuss these with their supervisor at the earliest opportunity. This is *in addition to*, and does not replace, their statutory responsibility to report any health and safety concerns to the Health and Safety Officer.

Frontline advice staff should be encouraged to complete Mental Health First Aider training to improve their awareness of common mental health conditions and how to reduce the risk of suicide. They should be proactive in taking steps to protect their own, and each other's, mental health as well as that of service users – e.g., taking adequate breaks and annual leave as required, attending supervisions, and checking in with each other if they notice any significant changes in appearance or behaviour.

Hodan will provide support to staff members whose mental wellbeing has been affected by a difficult or emotionally challenging situation that has arisen in the course of their work, or who are showing symptoms of burnout. This will include signposting to appropriate professional help, and/or covering reasonable expenses for counselling if applicable.

4. Related Policies

This policy should be read in conjunction with the Risk Management Policy and Safeguarding Children and Vulnerable Adults Policy.

5. Policy Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, but assistance may be sought from an appropriate external consultant if necessary.

Policy name	Health and Safety Policy
Last reviewed	12 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Add subsection 3.4 on 'Display Screen Equipment', subsection 3.5 on 'Electrical Equipment', and subsection 3.11 on 'Wellbeing at Work'
Next review due	September 2024

E1.1, E1.3: Data Protection Policy, Procedures and Guidance

1. Preamble

Hodan is committed to treating all personal and sensitive data of employees, service users, Management Committee members and other interested parties with the utmost care and confidentiality.

The organisation respects the UK General Data Protection Regulation principles of (1) lawfulness, fairness and transparency; (2) purpose limitation; (3) data minimisation; (4) accuracy; (5) storage limitation; (6) integrity and confidentiality; and (7) accountability. Through this policy, we ensure that we gather, store and handle data fairly, transparently and with respect towards individual rights, in accordance with UK and EU law.

To exercise data protection we are committed to:

- Restrict and monitor access to sensitive data
- Develop transparent data collection procedures
- Train employees in online privacy and security measures
- Use secure platforms to protect online data from cyberattacks
- Establish clear procedures for reporting privacy breaches or data misuse
- Include contract clauses or communicate statements on how we handle data
- Establish data protection practices (document shredding, secure locks, data encryption, frequent backups, access authorisation etc.)

2. Scope

This policy refers to all parties (employees, volunteers, job applicants, service users and their families, suppliers, consultants, etc.) who provide any amount of information to us. All employees and volunteers of our organisation must follow this policy. Contractors, consultants, partners and any other external entity are also covered. Generally, our policy refers to anyone we collaborate with or acts on our behalf and may need occasional access to data.

The member of staff with overarching responsibility for data protection is the Director, who will report annually to the Management Committee.

3. Legal Standards

The legal standard underpinning this policy is the UK General Data Protection Regulation (UK GDPR), which came into force in the UK in May 2018 to supersede the Data Protection Act 1998, and the Freedom of Information Act 2000, which governs an individual's right to access the data that is held about them. The UK GDPR is a retained EU law and is likely to be superseded by the Data Protection and Digital Information Act 2023. The Director is responsible for ensuring that Hodan stays up-to-date with changes in UK data protection law and amends its policies promptly to ensure that full compliance is maintained.

4. Definitions

Personal data is defined as information relating to identifiable individuals, such as service users and their families, job applicants, current and former employees, contractors, consultants, suppliers and marketing contacts. Personal data we gather may include: individuals' contact details, educational background, financial and pay details, details of certificates and diplomas, education and skills, marital status, nationality, job title, and CV.

Sensitive data is defined as personal data about an individual's racial or ethnic origin, political opinions, religious or similar beliefs, trade union membership (or non-membership), physical or mental health or condition, criminal offences, or related proceedings. Any use of sensitive data is strictly controlled in accordance with this policy.

5. Policy Statements

As part of our operations, we need to obtain and process information. This information includes any offline or online data that makes a person identifiable such as names, addresses, usernames and passwords, digital footprints, photographs, social security numbers, financial data etc.

Our organisation collects this data fairly, lawfully and in a transparent way, and only with the full cooperation and knowledge of interested parties.

Once this information is available to us, we will ensure that it is:

- Kept only for one or more specified and lawful purposes, according to the General Data Protection Regulation
- Adequate, relevant, and not excessive for these purposes
- Used and disclosed only in ways compatible with these purposes
- Kept complete, accurate and up-to-date
- Protected by appropriate technical and organisational measures against unauthorised or unlawful processing and against accidental loss, destruction or damage

Our data will not be:

- Communicated informally
- Retained longer than necessary for the specific purpose(s) for which it was obtained (see Case Closure, Archiving and File Destruction Policy)
- Transferred to organisations, states or countries that do not have adequate data protection policies
- Distributed to any party other than the ones agreed upon by the data's owner (exempting legitimate requests from law enforcement authorities)

In addition to ways of handling the data the organisation has direct obligations towards people to whom the data belongs.

Specifically we must:

- Let people know which of their data is collected
- Inform people about how we'll process their data
- Inform people about who has access to their information
- Have provisions in cases of lost, corrupted or compromised data
- Provide people, on request, with a copy of personal data that we hold about them
- Allow people to request that we modify, erase, reduce or correct data about them that is contained in our databases

6. Procedures

6.1. Registration as a Data Controller

Our data processing activities will be registered with the Information Commissioner's Office (ICO) as required of a recognised Data Controller. Details are available from the ICO:

<https://ico.org.uk/about-the-ico/what-we-do/register-of-data-controllers/>

Changes to the type of data processing activities being undertaken shall be notified to the ICO and details amended in the register.

6.2. Data collection

- When collecting new personal or sensitive data, Hodan Somali Community will supply a privacy notice advising the individual of:
 - How we intend to use and share the data
 - The legal basis for processing the data
 - The period for which the data will be retained
 - Their right to request a copy of the data that we hold about them
 - Their right to correct inaccurate data
 - Their right to complain to the Data Protection Authority if they feel that their data is not being, or has not been, properly and lawfully handled
- Privacy notices will be made available through appropriate channels, and in clear and easily understandable ways, to the people concerned - taking into account their age (in the case of children under 18), their language ability and their literacy level.
- In most cases where we process sensitive data we will require the data subject's *explicit* consent to do this, unless exceptional circumstances apply or we are required to do this by law (e.g. to comply with legal obligations to ensure health and safety at work).
- All staff and volunteers will ensure that consent to the use of personal data is freely given, specific, informed, and unambiguous. Consent cannot be inferred from silence, pre-ticked boxes or inactivity. Consent must be explicit for sensitive data. Prior to giving consent, individuals must be informed of their right to withdraw consent at any time, and it must be easy for them to do so.
- Where consent cannot be obtained in writing, e.g. because the person in question cannot read or write English or because in-person appointments have been suspended for public health reasons, Hodan will ensure that verbal consent is recorded and documented on the CRM platform (currently Advice Pro). If verbal consent is recorded, the staff member in question should complete and sign the consent form themselves after reading out each

statement to the client and obtaining a clear 'yes' or 'no', and should mark it 'Client's verbal consent recorded on [date] due to [reason, e.g., illiteracy or COVID-19 restrictions]'.

- If verbal consent has been obtained only because in-person appointments have been suspended for public health reasons, the staff member should endeavour to gain written consent as soon as practicable, e.g., by mailing a copy of the form to the client and asking them to sign it as soon as appointments resume.
- In the case of Advice and Information Service users, consent to hold and use data should be recorded by the relevant staff member in the 'Case Progress' section on Advice Pro.
- Consent to the collection and/or use of personal data about a child under the age of 18 will only be valid if it is either given or authorised by the child's parent, or a legal guardian with parental responsibility.

6.3. Use of data

- All personal or sensitive data will only be used in a professional capacity according to one or more of the following legal bases:
 - Providing, monitoring and improving services
 - Compliance with our legal, regulatory and organisational governance obligations and good practice, including independent file reviews and AQS audits
 - Gathering information as part of investigations by regulatory bodies or in connection with legal proceedings or requests
 - Ensuring organisational policies are adhered to (such as policies covering email and internet use)
 - Operational reasons, such as recording transactions, training and quality control, ensuring the confidentiality of personal and sensitive information about service users, and safeguarding children and/or vulnerable adults
 - Investigating complaints
 - Checking references
 - Ensuring safe working practices
 - Monitoring and managing staff access to systems and facilities, and staff absences, administration and assessments
 - Monitoring staff conduct, disciplinary matters
 - Marketing or promoting our organisation
- Service users and their circumstances will not be discussed with families, friends, other service users, other workers not concerned with the case, or in any public setting, without their written consent.
- Information obtained for one purpose will not be used for another without the consent of the person concerned, except as qualified below.

6.4. Secure storage of data

- In order to assure the protection of all data being processed and inform decisions on processing activities, we shall undertake an assessment of the associated risks of proposed processing and equally the impact on an individual's privacy in holding data related to them.
- Hodan staff members will use only appropriately secured and licensed Customer Relationship Management platforms for processing and using client data. The default is Advice Pro, which has been specifically developed for the advice sector to maintain a high level of security. Should the Director wish to use an additional or alternative CRM platform, they should commission a suitably experienced consultant to ensure that the chosen platform is secure enough to conform to data protection legislation.
- The security arrangements of any organisation with which data is shared shall also be considered and these organisations shall provide evidence of the competence in the security of shared data.
- Manual records (including files and computer printouts) and all CDs, portable hard drives and memory sticks will be secured against unauthorised disclosure by placing them in a secure cabinet. Printed data will be shredded when it is no longer required.
- Information will only be removed from secure storage when this is necessary for operational reasons, and precaution against access by any unauthorised person will be taken while it is in use.
- Computer-generated records containing personal and sensitive data will be protected with strong passwords, which will be changed frequently and may not be disclosed to any unauthorised person. Proportionate technical measures will be used to protect data against viruses, malware and other threats.
- All servers containing sensitive data must be protected by security software and a strong firewall. Sensitive data must never be saved directly to mobile devices such as laptops, tablets or smartphones.
- The Director is responsible for ensuring the effectiveness of the controls implemented and reporting on their performance to the Management Committee at least annually. This includes ensuring that all systems, services, software and equipment meet acceptable security standards; checking and scanning security hardware and software regularly to ensure it is functioning properly; and maintaining adequate records.

6.5. Information audit

- A full information audit will be undertaken every three years to identify which types of personal data are held by Hodan Somali Community, where they came from and who they are shared with. This will include a review of how the organisation is seeking, obtaining and recording consent, and whether any changes are needed. In the case of data that may relate to children under 18, Hodan will ensure that ages are verified and the consent of a parent or legal guardian with parental responsibility is obtained.

- All privacy notices will be reviewed and revised as necessary every three years, or sooner if there is a change in the law.
- Hodan will ensure that adequate systems are in place for record-keeping and documentation, in order to demonstrate an effective audit trail to the Data Protection Authority on request. These systems will be reviewed annually and updated as necessary.

6.6. Subject access requests

The Freedom of Information Act 2000 grants individuals ('data subjects') the right to view any information that organisations hold about them. Obtaining such information is referred to as a 'Subject Access Request'. Procedures for handling Subject Access Requests are as follows:

- If an individual (data subject) wishes to request a copy of the data that is held about them, they should contact the Director verbally or in writing.
- The requested data will be supplied to the subject in a password-protected or encrypted e-mail, or on a memory stick as a password-protected file, within one calendar month of the request. The password will be separately supplied to the individual in person or through an encrypted mobile phone application, e.g., WhatsApp. If the individual in question is not literate in English, the Director will report verbally on the data held by Hodan in a one-to-one appointment in person or by phone.
- No fee will be charged for processing such requests.
- Individuals may ask that we correct inaccurate personal data relating to them. If a staff member or volunteer believes that information is inaccurate, they should record the fact that the accuracy of the information is disputed and inform the Director.
- Individuals should take reasonable steps to ensure that the personal data which Hodan holds about them is accurate and updated as required, e.g. by informing the Director if their personal circumstances change.

6.7. Data breaches

- If Hodan becomes aware that there has been a breach of data security, this will be reported to the individual concerned and to the ICO without undue delay and, where feasible, within 72 hours. Any delay in making these notifications must be justified.
- Hodan will keep an internal record of all data breaches, and will ensure that the appropriate changes to policies and procedures are made in a timely fashion to restore and maintain the security of all personal data.

6.8. Training for staff and volunteers

- All new staff and volunteers should be trained in confidentiality and data protection at induction, with refresher training as necessary, and especially if there is a change in the regulations. This will include training in how to detect, report, investigate and document a personal data breach.

7. Disciplinary Consequences

All principles described in this policy must be strictly followed. A breach of data protection guidelines will invoke disciplinary and possibly legal action.

8. Related Policies

This policy should be read in conjunction with the Confidentiality Policy and the Information Technology Policy and Procedures.

9. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. **It is highly likely that this policy will need to be updated before January 2024 to maintain compliance with new legislation.** The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Data Protection Policy, Procedures and Guidance
Last reviewed	11 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Section 3: Add reference to likely replacement of UK GDPR, as a retained EU law, with new legislation in 2023 Section 6.3: Add statement about recording consent in the Case Progress section in Advice Pro Section 6.5: Change 'children under 16' to 'children under 18' Section E1.9-1a (Consent to Hold and Use Personal Information): clarify that this form is not intended for service users, who should complete E1.9-1b Section E1.9-1b (Authorization): Add 'information and guidance' Section E1.9-1c (Privacy Notice): Simplify wording about encryption of emails
Next review due	September 2024 or on publication of new UK data protection legislation, whichever is the earlier (NB: Privacy Notice is due for review in January 2026, unless covered by new legislation)

E1.1-1a: Consent to Hold and Use Personal Information

This form should be used for recording consent to hold and use personal information for the purpose of communicating information about Hodan's services. **It does not comprise an Authorization to Act. Current or prospective service users must complete Form E1.9-1b instead.**

Hodan Somali Community would like to hold and use your information for the purposes set out below. Please tick 'yes' against all relevant items or say a clear yes to all relevant items to indicate your consent. You may consent to all the purposes, any number of the purposes or none of the purposes. If you do not consent to Hodan Somali Community using your information for the purposes listed below then we will not contact you.

	YES	NO
I give consent for my contact details - name, address, email, phone number(s) - to be included in Hodan's database of staff and supporters. This database is made available to Hodan staff, Trustees, consultants and volunteers only.		
I consent to receive news updates from Hodan, e.g., services, activities and events.		
I consent to receive information on specific fundraising events or campaigns.		

Hodan may contact me for the above purposes by:

	YES	NO
Post		
Email		
Phone or phone-based text messaging (e.g., SMS, WhatsApp, Signal)		
Video calling platforms (e.g., Zoom)		
Social media (e.g., Facebook, Twitter)		

If any of my personal data changes I will notify the Director. I understand that under the Freedom of Information Act 2000, I have the right to view the data that Hodan holds about me, and that I can contact the Director verbally or in writing to submit a Subject Access Request.

Name:	E-mail:
Address:	
Mobile Phone:	Landline (if applicable):

NOTE: You can change your consent preferences or withdraw your consent completely by contacting us verbally or in writing. Please contact Mohamed Farah, Director, Hodan Somali Community, Office 4, Canalside House, 383 Ladbroke Grove, London W10 5AA, Tel. 0208 960 5813, E-mail hodan_somalicomunity@yahoo.co.uk. The use of your information will cease immediately except where we are required by law or under the terms of a contract to use your information e.g for the payment of wages where you are an employee of Hodan.

For full details of how Hodan uses your information, please refer to the attached Privacy Notice.

E1.1-1b, E1.3: Client Consent and Authorization to Act

Permission to collect and use your data

To help with your enquiry we may need to record details of your case. These details may include personal and sensitive data. To comply with the General Data Protection Regulations (2018) we must ask for your permission to store and process your personal and sensitive data for this purpose. **You do not have to share this information with us**, but if you do not share it, we may not be able to provide services to you effectively.

Please read the attached privacy notice **carefully** before completing this consent form. Make sure that you understand the notice fully. If there is anything that you do not understand, or are unsure about, please ask a member of staff.

Permission to share data for quality and training purposes

We want to make sure we provide our clients with the best possible service. To help us do this, you may choose to allow us to contact you and ask for feedback, and/or share your personal details with a trusted research partner or external assessors.

Authorization to act

By ticking the box below you confirm that you have read and understood the limits to confidentiality and authorise Hodan to provide you with advice services.

Changing your mind

If you no longer wish to receive advice from us, you have the right to change your mind at any time. This is called revoking consent. You can revoke your consent verbally or in writing.

	Yes
I give my consent to Hodan recording sensitive personal information about me, and confirm that I understand the limits to confidentiality	
I give consent for Hodan to share my Personal Data or Sensitive Data with other professionals to advocate on my behalf or help me to solve a problem	
I give my consent to Hodan sharing my personal information with trusted research partners or AQS assessors to monitor the quality of its services	
I authorise Hodan to provide me with relevant advice, information, or guidance services	
I understand that I have the right to revoke consent (change my mind) at any time	
I understand that I have the right to view the information that Hodan holds about me and can request a copy of this information at any time by writing to the Director.	

Signed: _____ Date: _____

Full Name: _____

Signature of staff member receiving form: _____

E1.1-1c: Privacy Notice

Your privacy is important to Hodan and we are committed to letting you know how we use your personal information and to making only responsible use of your data.

References to “we”, “us”, “you” or “our” in this Privacy Notice are references to Hodan Somali Community, a company limited by guarantee registered in England and Wales, registered company number: 8179170; and a charity registered in England and Wales, registered charity number: 1150732.

When will Hodan collect personal data?

We will collect personal data from you when you enquire about our activities, register as a member with us or subscribe to one of our services. This may include (but is not limited to) your name, title, email address, physical address and telephone number(s).

If you are a service user, we may also ask for additional data to help us understand the problem(s) for which you have asked us to provide advice and/or information. This may include (but is not limited to) information on your health status, gender identity, sexual orientation, religion, ethnicity, housing situation, immigration status, financial position, welfare benefits that you are receiving or have received, or previous criminal convictions.

Do I have to provide Hodan with my data?

No, but Hodan will not be able to advise you without generating an anonymous record of your enquiry (needed for quality assurance purposes).

You should be aware that if you choose not to share your data with us, we may be unable to handle your enquiry effectively and we will not be able to refer you on to other service providers.

How will Hodan use my data?

We will use your data to process your requests, to provide you with our services if applicable, and to provide you with information relating to our services and other services which we think you may be interested in.

Who will Hodan share my data with, and why?

We may share your information with members of the Management Committee, external evaluators, and/or Advice Quality Standard (AQS) assessors in order to monitor and improve the services that Hodan provides to its clients. We may also share your data with other agencies, either in order for them to assist you if we are unable to resolve your enquiry, or if we are required to do so by law.

We are legally required to share your data externally:

- (a) If you tell the service something that leads Hodan to believe that you or someone else may be at risk of serious harm, suicide or abuse, or assisting a serious criminal offence;
- (b) If people working within the service would otherwise be assisting a criminal offence;
- (c) If there is a court order for disclosure.

Will my data be encrypted?

We may send messages about our service by email, but we will not encrypt them unless you ask us to. You should be aware that email is not fully secure unless it is encrypted. Whilst we try to keep our systems and communications protected against viruses and other harmful effects, we cannot guarantee that all messages are virus-free.

Where and how will my data be stored?

Paper copies of your data will be stored securely in a locked cabinet. An electronic record of your case will be stored in our password-protected electronic case management system.

How long will my data be kept for?

We will close your file when we have either resolved your enquiry, or referred you on to another service provider if we are unable to help you. We will let you know in writing when we have closed your file. Your data will normally be kept for seven years from the date of this letter and then securely destroyed. However, files may be kept for up to 15 years in some circumstances, e.g. if your case has been particularly complex or has involved other agencies.

How can I find out what information you hold about me?

You have the legal right to receive a copy of the information that we hold about you. You can make this request verbally or in writing, including electronically.

Hodan Somali Community will respond to all data access requests without undue delay and within one month of receipt. We will not charge a fee for responding to such requests.

What happens if the data you hold about me is inaccurate?

If any of the data we hold about you is inaccurate, you have the legal right to ask us to modify, erase, reduce or correct it. We will respond to all such requests within one calendar month.

What happens if I have a complaint?

Our complaints procedure can be found on our website and is also available from the Director.

Please note that this privacy statement may be updated from time to time. We will let you know if this happens. This privacy notice does not cover links from our website to other sites.

E1.2. Information Technology Policy and Procedures

1. Preamble

Hodan Somali Community understands and values the pivotal role that Information Technology (IT) plays in our ongoing mission to offer support and empowerment to the Somali and wider BAME community in west London. IT serves as an essential set of tools that ease communication, streamline processes, and enhance our ability to fulfil our charitable objectives effectively.

This policy serves as the cornerstone of our commitment to responsible IT governance, guiding us in setting up and maintaining practices that not only safeguard our technological resources but also ensure their optimal use for the betterment of our community. At the heart of this policy is our unwavering dedication to protecting sensitive data.

By adhering to stringent security protocols, we can instill trust and confidence in all those who entrust us with their information. It articulates our commitment to responsible IT management, data security, and a secure and productive computing environment.

All staff and volunteers should refer to the National Cyber Security Centre Charity Guidance: <https://www.ncsc.gov.uk/collection/charity>

2. Cybersecurity Measures

Given our reliance on electronic devices, as well as the potential for remote working and remote delivery methods, cybersecurity is paramount. To mitigate the risk of cyber-attacks and unauthorized access, the following measures are mandated:

2.1. Regular Updates

All staff and volunteers must ensure that all their devices and software applications are kept up to date with the latest security patches and updates.

2.2. Antivirus and Anti-Malware Software

All staff and volunteers must install and maintain reputable antivirus and anti-malware software on all devices that they use for Hodan work.

2.3. Firewall Protection

The Director should collaborate with the Premises Manager at Canalside House to ensure that firewall solutions are used to secure internet connections and protect our network from external threats.

2.4. Password Policies and Multi-Factor Authentication

All staff and volunteers should use strong, unique passwords and implement multi-factor authentication or 2-step verification where possible.

2.5. Secure Device Configuration

The Director should work with an external consultant to ensure that all devices used for Hodan work are configured to require user login before use and adhere to secure configuration guidelines.

3. User Access Management

User access management is a critical part of our IT policy, designed to ensure the security and integrity of our digital resources, including both local and cloud-based services, as well as the specialised software, AdvicePro, that we rely on for case management and handling personal information.

3.1. User Account Levels

One of the core principles of our user access management is the definition and assignment of user accounts with varying levels of permissions. This approach allows us to tailor access rights based on job roles and responsibilities within Hodan. By implementing a tiered system of permissions, we strike a balance between enabling our team members to perform their tasks efficiently and safeguarding sensitive data. For example, staff involved in financial management may require access to certain financial records and tools, while volunteers involved in non-sensitive activities would have more restricted access.

The Executive Director is responsible for ensuring that user accounts are set up and maintained with the correct levels of permissions.

3.2. Administrator Permissions

To further bolster our security posture, we meticulously control administrator permissions. Only key personnel with a demonstrated need for elevated access levels are granted administrator rights. This ensures that critical aspects of our IT infrastructure and sensitive data are overseen by trusted individuals.

In the rare event that a device is used by more than one staff member, stringent security protocols. For instance, devices used by multiple staff members are equipped with individualised user accounts, and access control is rigorously maintained.

3.3. AdvicePro

Given the specialised nature of our work and our reliance on the AdvicePro software for managing cases and personal information, we apply a specific set of access controls to this platform. Access to AdvicePro is meticulously managed, with permissions aligned closely with roles and responsibilities. Our IT policy underscores the importance of using AdvicePro responsibly and in accordance with relevant data protection regulations.

The Executive Director is responsible for ensuring that user access to the software is closely monitored and adjusted as necessary to reflect changes in job roles or responsibilities, and that all data stored and processed within AdvicePro are encrypted and backed up regularly, providing an additional layer of security.

4. Data Handling

Data handling is of paramount importance to Hodan Somali Community, as we recognise that the data we collect, particularly that of our staff and service users, is a vital asset that must be treated with the utmost care and responsibility. As set out in our Data Protection Policy, our commitment to safeguarding this data encompasses both the specific information housed within the AdvicePro platform and other data relevant to our operations.

This IT Policy sets out an approach to data handling that is grounded in best practices and principles of data protection. We diligently adhere to these principles to ensure the integrity, confidentiality, and availability of data. This includes not only data security but also the responsible and ethical use of information.

- We categorise data based on its sensitivity, ensuring that access is granted only to those with a legitimate need, and that it is used only for authorized purposes. We also employ encryption and access controls to protect data from unauthorized disclosure or alteration.
- Within the AdvicePro platform, where we manage sensitive information related to our service users, we apply these principles rigorously. Our staff is trained to handle such data with care, and we ensure that access to AdvicePro is restricted to authorised individuals whose roles need such access.
- We maintain a clear data retention policy, which includes the secure and responsible disposal of data when it is no longer needed.

4.1. Backup Procedures

Data loss can be a significant setback, and to mitigate this risk, we have established comprehensive backup procedures tailored to each method of data storage we employ. Whether data is stored in the cloud, on local servers, or even in paper format, we have robust backup protocols in place. These procedures are not only designed to prevent data loss but also to enable swift data restoration in the event of any unforeseen incident.

For cloud-based data storage, we leverage the redundancy and backup features provided by our cloud service providers. This ensures that data is continuously backed up and can be quickly restored in case of accidental deletions or system failures.

For data stored on our local servers, we have implemented regular automated backups, with redundant storage locations to further enhance data resilience. These backups are scheduled to occur at times that minimise disruption to our operations.

Even when dealing with paper-based data, we have established secure storage and archival practices to safeguard the information contained therein. This includes the use of locked filing cabinets and restricted access to physical records.

5. Training and Awareness

The Executive Director is responsible for ensuring that Training and Development Plans for all staff include relevant courses or modules on cybersecurity awareness and skills. Staff are also encouraged to use resources from the National Cyber Security Centre (NCSC) and other appropriate providers to ensure that they stay updated on cybersecurity best practices.

5.1. Training of Trainers

The digital literacy Training of Trainers provided to new staff and volunteers involved in Hodan's digital skills programme should include a cybersecurity component that empowers them to conduct Cybersecurity Awareness campaigns with service users, supporting them to complete the respective sections of the Digital Literacy Framework.

Digital literacy trainers should ensure all new service users enrolled in the Digital Literacy Skills Programme are informed about safe online practices, and that information on any new threats to cybersecurity are shared as widely as possible within the service user community.

6. Monitoring and Compliance

Regular monitoring and compliance checks are fundamental elements of our commitment to maintaining a secure IT environment that aligns with the unique needs of Hodan Somali Community. To uphold our dedication to compliance and accountability, we have established specific measures and practices within our IT policy.

6.1. Audits and Reviews

We recognise the importance of conducting regular IT audits to assess our compliance with this policy and to identify areas where improvements can be made. These audits are a proactive means of ensuring that our IT practices align with the policy's standards and that we remain vigilant in maintaining the security and integrity of our digital infrastructure. By regularly reviewing our IT processes, we can adapt to emerging threats and technological advancements, continuously enhancing our IT environment to meet the evolving needs of our charity.

An IT audit will be conducted annually by an experienced consultant as part of the service evaluation (see 'Monitoring and Evaluation Policy'). Any issues identified during the audit will be addressed immediately by the Executive Director or an appropriate staff member.

6.2. Incident Reporting

Our IT policy places significant emphasis on the establishment of a clear and well-defined procedure for reporting and addressing IT and cybersecurity incidents. We understand that prompt identification and resolution of incidents are paramount to maintaining a secure IT environment.

Staff and volunteers must report any suspicious activities, breaches, or anomalies promptly to the Executive Director. This ensures that incidents are swiftly addressed, mitigated, and, when necessary, reported to relevant authorities or stakeholders.

If an IT-related incident occurs, the Executive Director is responsible for conducting a post-incident review to identify root causes and implement preventive measures to reduce the risk of recurrence.

In the context of our work, where the confidentiality and integrity of data are paramount, these measures are especially critical. Our commitment to regular monitoring and compliance checks underscores our dedication to upholding the highest standards of IT security and safeguarding the sensitive information of our service users, staff, and volunteers.

7. Related Policies

This policy should be read in conjunction with the Data Protection Policy, the Confidentiality Policy, the Risk Management Policy, and the Monitoring and Evaluation Policy.

8. Review

Technology and cybersecurity landscapes are evolving rapidly. As such, this policy will be reviewed and updated at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Information Technology Policy
Date created	5 October 2023
Created by	Kestral Gaian, Ashley Brockwell, and Mohamed Farah
Review due	October 2024

E1.4: Conflict of Interest Policy and Procedures

1. Policy Statement

Hodan is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective and fair. A conflict of interest may affect the way a person acts, decisions they make, or the way they vote on group decisions.

Conflicts of interest must be identified and action taken to ensure that personal or individual interests do not impact on the organisation's services, activities or decisions. The most important message in Hodan's conflict of interest policy and procedure is that staff should always disclose an activity if they are in doubt about whether it represents a conflict of interest.

All Management Committee members, staff, volunteers and contractors are required to act in the interests of the organisation at all times, and to notify the organisation when this conflicts with other interests or commitments.

Declaration and management of conflicts of interest are specifically required for Management Committee as part of their legal responsibilities as charity trustees.

2. Scope

This policy applies to all Hodan personnel, including staff, Management Committee members, consultants, honorary appointments and volunteers. A reference in this policy to staff includes any person within the scope of the policy.

It is the responsibility of each individual to recognise situations in which they have a conflict of interest, or might reasonably be seen by others to have a conflict; to disclose that conflict to the Director or the Chair of the Management, as applicable; and to take such further steps as may be appropriate as set out in more detail under the procedure below.

If an individual is uncertain about how this policy might affect their activities or has any questions about its application, they should contact the Director or their line manager.

3. Recognising Conflicts of Interest

A conflict of interest arises where the commitments and obligations owed by an individual member of staff to Hodan or to other bodies, for example a funding body, are likely to be compromised, or may appear to be compromised, by:

- that person's personal gain, or gain to immediate family (or a person with whom the person has a close personal relationship), whether financial or otherwise;
- the commitments and obligations that person owes to another person or body.

There can be situations in which the appearance of conflict of interest is present even when no conflict actually exists. Thus it is important for all staff and volunteers, when evaluating a potential conflict of interest, to consider how it might be perceived by others. The duty to declare a possible conflict applies to the **perception of the situation** rather than the actual existence of a conflict. However, the duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest.

3.1. Financial conflicts of interest

A financial conflict of interest, for the purposes of this policy, is one:

- where there is (or appears to be) opportunity for personal financial gain, or financial gain to close relatives or close friends; or
- where it might be reasonable for another party to take the view that financial benefits might affect that person's actions.

Financial interest means anything of monetary value, for example:

- payments for goods or services;
- equity interests (e.g. stocks, stock options or other ownership interests);
- resources and assets, including equipment, technical staff and facilities and/or
- intellectual property rights (e.g. patents, copyrights and royalties from such rights).

The level of financial interest is not the determining factor as to whether a conflict should be disclosed. What might be 'not material' or 'not significant' for one person might be very significant for another. Good practice in many situations will mean the disclosure of **any** financial interest, however small.

A conflict will arise if the interest might provide, or be reasonably seen by others, to provide an incentive to the individual which affects their actions in respect of a management decision or activity within Hodan.

This could happen if, for example, a staff member takes part in the negotiation of a contract between Hodan and a company, where the staff member or his or her family or a close personal friend has a financial or non-financial interest (e.g. a directorship) in that company.

As a registered charity, Hodan is governed by charity law and by its own constitution in respect of financial benefit to members of the Management Committee.

3.2. Non-financial conflicts of interest

Non-financial interests can also come into conflict, or be perceived to come into conflict, with a person's obligations or commitments to Hodan as an organisation or to an individual Hodan service user. Such non-financial interest may include, for example:

- Participating in the hiring or commissioning of a person with whom the staff member has a family or personal relationship.
- A family or personal relationship between two members of staff, where one member of staff is involved in any decision or process affecting the other, including induction, promotion, remuneration, appraisal, discipline or grievance.
- A Hodan staff member giving advice to a member of their own family, or someone with whom they have a close personal relationship
- Giving advice to, or acting on behalf of, two different individuals engaged in the same dispute, or accepting an individual as a new client whose case involves (or potentially involves) an existing client.
- Giving advice to a client whose case involves (or potentially involves) a member of the organisation's staff or Management Committee
- Giving advice to a client whose case involves (or potentially involves) taking action against Hodan or one of its funders, partner organisations or external consultants, or a member of a consortium to which Hodan belongs
- A Hodan staff member giving advice to a client when they know or suspect that their case is based on false information
- A client requesting collusion with fraud or illegal activity

4. Procedures

It is the duty of every member of staff to accurately and promptly disclose:

- a change in status of an existing actual, perceived, or potential conflict of interest and/or commitment
- a new actual, perceived, or potential conflict of interest and/or commitment.

4.1. Initial declaration and registration of known conflicts of interest

A register of pre-existing conflicts of interest will be kept and all Management Committee members, staff, volunteers and consultants will be asked to declare:

- Potential or actual conflicts of interest that exist when a person joins the organisation
- Conflicts of interest that arise during their involvement with the organisation.

The register will be maintained by the Director.

All potential and actual conflicts of interest that are present when the member, employee, volunteer or consultant takes up their position will be recorded in the register, showing

- the name of the individual
- their position or role in the organisation
- the nature of the interest they hold
- the date of record
- any incidents that arise where the interest comes into conflict with the interests of
- the organisation, the date of the incident and a summary of how it was managed.
- Identification and declaration of conflicts of interest

REMEMBER: THE OVERRIDING PRINCIPLE IS THAT IF IN DOUBT, DISCLOSE.

4.2. Disclosure of new conflicts of interest

In addition to an initial declaration of any potential conflicts of interest at the beginning of their involvement with the organisation, all Management Committee members, staff and volunteers are required to declare any potential or actual conflicts of interest they are aware of by:

- At the beginning of any meeting or decision-making process, informing those present when a conflict or potential conflict becomes apparent.
- Outside of a meeting, informing the Director or providing formal notification in writing to the Secretary of the Management Committee when a conflict becomes apparent.

4.3. Managing conflicts of interest

Many situations will require nothing more than a declaration and a brief written record of that declaration, which must be held in Hodan's records.

Some instances will, however, need to be dealt with by agreeing how the conflict can be actively managed to eliminate the conflict, safeguard against prejudice toward Hodan's activities and provide continuing oversight. The approach adopted should be documented in a management plan and copies provided to the relevant parties.

A copy of the final plan must be held in Hodan's records. One or more of the following strategies may be appropriate to manage the conflict of interest:

- not taking part in discussions of certain matters;
- not taking part in decisions in relation to certain matters;
- referring to others certain matters for decision;
- resolving not to act as a particular person's supervisor;

- resolving not to accept a particular client, and to refer them on to another agency instead;
- divesting or placing in trust certain financial interests;
- publishing a notice of interest;
- standing aside from any involvement in a particular project; and/or
- declaring an interest to a particular sponsor or third party.

It is the responsibility of those affected to comply with the approach that has been agreed. Failure to follow the procedure set out in this policy or failure to comply with any stipulated management plan for managing the disclosed conflict will be considered a serious matter and may lead to disciplinary action being taken against the individual.

4.4. Conflicts of interest involving clients

If, during an advice session with a client, a staff member becomes aware that their case involves or potentially involves **another Hodan client**, they should:

- immediately inform the client that there is a conflict of interest and that they are not in a position to offer any further advice on that specific matter;
- reassure the client that they can still continue to advise them on other unrelated matters, if appropriate;
- continue the session with a focus on other matters, if applicable;
- reassure the client that they have not done anything wrong and that Hodan's aim is to ensure that both they and the other client are fairly treated;
- record the conflict of interest and the decision in writing in the case notes, and notify the Director as soon as possible after the end of the session;
- refer or signpost the client to an appropriate advice provider with AQS certification, in accordance with the Signposting and Referral Policy, in respect of that specific matter;
- if the client attempts to discuss the matter again in a future session, remind them that Hodan's policy does not allow it to act for both sides and that they should take up the matter with their other advice provider.

If, during an advice session with a new client, a staff member becomes aware that their case involves or potentially involves **a member of Hodan staff, the organisation itself, one of its funders, one of its partners or external consultants, or a member of a consortium to which Hodan also belongs**, they should:

- immediately inform the client that there is a conflict of interest and that they are not in a position to offer any further advice on this **or any other** matter;
- reassure the client that they have not done anything wrong and that Hodan's aim is to ensure that both they and the other client are fairly treated;
- record the conflict of interest and the decision in writing in the case notes, terminate the session immediately, and notify the Director as soon as possible;
- refer or signpost the client to an appropriate advice provider with AQS certification, in accordance with the Signposting and Referral Policy, in respect of all their concerns.

4.5. Request for collusion with fraud or illegal activity

Staff must not knowingly assist clients with fraudulent applications or illegal activities. If a staff member identifies a client who might knowingly or unknowingly be committing, or about to commit, a criminal offence, they must make the client aware of their obligations under UK law, the implications of their action and the steps they should take to rectify the situation.

If the client is unwilling to follow this advice, Hodan cannot continue to advise or represent them on this particular issue (other than to reiterate obligations and implications etc). Staff may continue to work with the client on unrelated issues.

Such cases should be discussed with the Director in the first instance and any decision to limit service provision should be clearly explained to the client and recorded in the case notes.

5. Related Policies

This policy should be read in conjunction with the Standard Operating Procedures.

6. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Conflict of Interest Policy and Procedures
Last reviewed	13 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

E2.1, E2.2, E2.4: Independent File Review Policy

1. Policy Statement

Independent file review is an important aspect of maintaining the high quality of our advice service, as well as adherence to standard operating procedures, and building a culture of continuous improvement.

In accordance with the requirements of the Advice Quality Standard, Hodan will organise a regular independent review of case files and ensure that any corrective actions recommended by the reviewer are implemented in a timely fashion.

2. Frequency of Reviews

Independent file review will take place at least quarterly, in order to ensure that corrective actions are identified and implemented in a timely fashion. The timing of the reviews should be scheduled to feed into the respective quarterly meetings of the Management Committee.

Reviews may be carried out more frequently, or additional one-off reviews may be conducted, in the following circumstances:

- (a) When new advisers have been recruited
- (b) When an adviser has taken on cases relating to an area of advice and information in which they are less experienced
- (c) When the volume of work has been particularly high
- (d) When one or more cases have been particularly complex, challenging, or problematic

3. Procedures

3.1. Selection of Reviewers

Independent file review will be outsourced to competent external professionals with experience in the voluntary sector, appropriate expertise in the area in question, and no conflicts of interest.

If Hodan is unable to identify a suitable reviewer within its network, the independent Online Peer Review Process (PROP) offered by the Advice Services Alliance may be considered.

3.12 Selection of Files for Review

The number of files to be reviewed will be determined by the external reviewer, in discussion with the Director. Typically, a quarterly review will involve 4-6 files, depending on the volume of work and the number of advisers working in the service.

The external reviewer will use the random case selector function in Advice Pro, with the 'Open Cases' option selected if necessary to ensure a good balance of closed and open cases.

Reviewers will be given 'view-only' access to Advice Pro to avoid any risk of accidentally deleting or altering important data.

3.2. Review Criteria

The criteria for file review are set out in the AQS File Review Form (Appendix A). They link to the wider evaluation criteria described in the Monitoring and Evaluation Policy.

3.3. Feedback and Corrective Actions

The external reviewer will provide feedback to the Director by returning the completed File Review Form in a timely manner and within 10 days of the completion of the review. The form may be completed and signed electronically for convenience.

The Director will respond to the reviewer's comments in writing as appropriate and will either ensure that any corrective actions prescribed by the reviewer are implemented as soon as possible, or explain why it is not feasible to implement the actions at the present time and outline a plan for their future implementation. The Response Form (Appendix B) should be completed in full within one calendar month of receipt of the File Review Form.

3.4. Record-Keeping

Copies of the completed File Review Form and Response Form will be incorporated into each of the reviewed files, as well as being stored centrally in a dedicated Independent File Review folder that is accessible to external evaluators and AQS auditors.

3.5. Individual Performance Management

A summary of relevant information from independent file review may be fed back to individual employees during their supervision sessions and/or performance appraisals and used as a starting point for conversations about improving performance, if applicable.

3.6. Role of the Management Committee

The Director will forward a summary of the findings from the most recent independent file review to each quarterly meeting of the Management Committee, highlighting any corrective actions prescribed by the reviewer and reporting on their implementation (including individual performance management implications if applicable).

3.7. Annual Review

The central record of independent file reviews will be reviewed annually by an external evaluator during the Full Service Evaluation and any potential organizational improvements will be reported to the Management Committee, if applicable.

4. Related Policies

This policy should be read in conjunction with the Monitoring and Evaluation Policy, Standard Operating Procedures, Performance Appraisal Policy and Supervision Policy.

5. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Independent File Review Policy
Last reviewed	13 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Numbering of subsections in Case Review Form updated to reflect AQS v4
Next review due	September 2024

E2.1-1. Case Review Form

Date of Review:

Reviewer Name:

File Ref:							
File Open / Closed?							
E1.3	Client made aware that file may be audited?						
Establishing facts and diagnosing the problem							
E1.4	Background and relevant facts of situation are recorded						
E1.4	Main or presenting problem is recorded so advice can be given						
E1.4	What customer wants to achieve is noted						
E1.6	Relevant key dates are identified and noted on the file						
Advice							
E1.4	Available options have been explained						
E1.7	Advice has been provided and action taken is clear						
E1.6	Relevant key dates are identified and noted on the file						
E1.4	Multiple enquiries recorded separately?						
Action or Support							
E1.4, E1.7	Action or support is sufficient to progress the case within any relevant time limits						
E1.4	It is clear who is going to take the action						
E1.4	Contact with third parties (by whatever means) recorded on file						
Signposting and Referral							
B1.6	Has Adviser identified where they are unable to help and offered an appropriate alternative source of help (internal or external)?						
B1.5	Has the signposting/referral procedure been followed and a referral been centrally recorded?						
B1.8, F1.3	Cost implications (if any) of signposting/ referral or opposing party discussed?						
B1.8	Was the customer given sufficient information to allow them to access the organization?						

Advice Records and Case Management							
E1.7	Records enable another Adviser to clearly follow and understand the facts of the case						
E1.4	Relevant personal and contact details recorded on the file?						
E1.4	Client information sheet or database record fully completed?						
E1.1, E1.4, A3.1	Data Protection / Conflict of Interest / ED&I monitoring recorded on file ?						
F1.9	Appropriate information leaflet/Service Charter/Complaints procedure shared?						
E1.1, E1.3	Signed consent form/authority to act on client's behalf recorded on file						
E1.1	Client made aware of right to access file under Data Protection Act 1998?						
E1.4	Adviser who dealt with enquiry clearly recorded?						
E1.4	Is the date of each enquiry clearly recorded?						
E1.4, E1.7	Clear and orderly written case records? Is the status clear?						
E1.7	Has file been progressed in a timely manner?						
F1.8	Client information confirmed in writing if required?						
E1.7	File indicates that where an outcome is known the client has been informed						
A3.1	Funder monitoring (e.g., ED&I) recorded if applicable?						
E1.8	If applicable, file distinguishable as 'closed'?						
Comments (continue on additional page if necessary):							
Corrective Actions Required (continue on additional page if necessary):							

Appendix B: File Review Follow-Up

Date of Review:

Reviewer Name:

Comment / Recommendation	Corrective(s) Action Taken	Date

Response to Comments (if required):

If any of the corrective actions cannot be implemented at this time, what plans have been put in place to implement them in the future?

Signed by Director:

Name:

Date:

E1.5, F1.5: Key Dates and Actions Policy

1. Policy Statement

The provision of good quality advice depends on appropriate and timely action, especially in cases that may be time-sensitive. Tracking key dates and actions helps staff and volunteers to ensure that deadlines are not missed and that clients receive the best possible service.

In this policy, the use of 'staff member(s)' encompasses volunteers and, where applicable, other personnel such as Management Committee members or external consultants.

2. Generic Key Dates

The Director will maintain a central list of generic key dates that are applicable to the particular area(s) of advice work covered by Hodan's remit, or to advice work in general.

These may include, but are not limited to:

- a) Deadlines for applying for primary school, secondary school, FE college and university places
- b) Deadlines for renewing tax credits or submitting self-assessment tax returns
- c) Dates of bank holidays, including those that change from year to year (Good Friday, Easter Monday)
- d) Dates of religious holidays or observances that may impact service provision (e.g. Ramadan)
- e) Dates of important events within the local community

Individual staff members are required to consult this list of dates when completing their Key Dates and Actions on Advice Pro case files for individual clients and on their own Advice Pro calendars.

3. Specific Key Dates

In addition, on registering a new client, staff will ask service users whether they are aware of any key dates connected with their specific case. These may include, for example:

- Court dates
- Dates by which rent must be paid in order to avoid eviction
- Dates by which replies should be received to specific letters, e-mails, etc. to prevent a case from being escalated

All staff and volunteers will ensure that these key dates and any necessary actions are clearly and prominently recorded in the client's file and in their own calendar on Advice Pro.

In addition to this default electronic mode of recording and monitoring key dates and actions, staff members may also choose to maintain a paper-based system but should be aware that they are still responsible for keeping their Advice Pro calendar up to date.

4. Procedures

4.1. Monitoring key dates and actions

Key Dates and Actions forms and/or electronic records will be checked by the individual staff members in question at least weekly, or more frequently when the dates are imminent. Staff members are responsible for checking that all key dates and actions have been accurately recorded in their personal Advice Pro calendar or, if there is a shared calendar across the whole team, that each action is clearly delegated to a named individual.

Key Dates and Actions forms and/or electronic records will be reviewed with supervisors during supervision sessions, where the supervisor has concerns that the employee may be at risk of missing key dates.

4.2. Covering for staff absence

If a staff member knows that one or more key dates fall within a period when they will be on annual leave or other pre-planned absence, e.g. a training course, they will advise the Director at least two weeks in advance.

If a staff member is unexpectedly absent, e.g. due to sickness, the Director will check their Advice Pro calendar to ensure that there are no upcoming key dates that are likely to require action before the staff member returns.

In the event that a key date falls within a period of staff absence, whether planned or unplanned, the Director will be responsible for delegating another suitably competent staff member to take the required action(s) during the period of absence. If there is no such person available, the Director will take the required action(s) themselves in order to ensure that deadlines are not missed.

4.3. Coordinating key dates and actions between staff members

Where two or more staff members are working on different issues for the same client, one of them (usually the more senior staff member if applicable) will take responsibility for coordinating Key Dates and Actions across both issues to ensure consistency of service provision to the client.

4.4. Ensuring matters that cannot be addressed immediately are dealt with in the future

If a matter raised by a client cannot be dealt with immediately, the staff member dealing with the enquiry is responsible for making sure that it is addressed at an appropriate time in the future. The procedure to be followed will be dependent on the reasons for the delay:

- If it is important that action is taken on or after a known date, the staff member should log it in the **Key Dates Diary** on Advice Pro.
- If the matter is not associated with a specific date but should be addressed within a known timeframe (e.g., after a public holiday, school holidays, the relaxation of specific lockdown restrictions or the end of Ramadan), the staff member should **create a Task in Advice Pro** for the first weekday in that period and assign it to themselves or a colleague. This should also be recorded in the client's case notes. The designated staff member should

ensure that they address the matter on, or as soon as possible after, the appointed date.

- If the matter cannot be addressed until other matters have been resolved or the client's circumstances have changed, or is contingent on an unknown event (e.g., the ending of an indeterminate lockdown period), the staff member should estimate when it likely to be possible to address it. They should then create a Task in Advice Pro for this estimated date and assign it to themselves or a colleague. If it is not possible to address the matter on the appointed date, the assigned staff member should continue creating new Tasks for future dates until the outstanding matter can be addressed. Each new date should be recorded in the client's case notes.

5. Related Policies

This policy should be read in conjunction with the Standard Operating Procedures.

6. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Key Dates and Actions Policy
Last reviewed	13 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

E1.8: Case Closure Policy and Procedures

1. Policy Statement

The aim of Hodan's advice and advocacy work is to inform and empower service users to the point that they are able to access mainstream services, or no longer require specialist service provision. To this end, we will work towards case closure or referral to other agencies where this is possible and appropriate.

In making decisions about case closure we will take Hodan's capacity and human resources into account, and ensure that the number of cases open at any one time is manageable without any detriment to the quality of service provision.

2. When to Close a Case

Cases may be closed for any of the following reasons:

- In agreement with the service user, if the work that Hodan was asked to undertake is complete;
- If the service user requires a service that Hodan does not provide, and has been signposted or referred to another agency in accordance with the Signposting and Referral Policy;
- If Hodan has been unable to make progress with the work, and the Director has taken the decision to signpost or refer the service user to another agency;
- If the service user is dissatisfied with Hodan and has requested to leave;
- if the service user has not made contact with Hodan for more than three years;
- If the service user is deceased.

Staff members and volunteers may make recommendations to their line manager or supervisor (who will usually be the Director) at any time. However, the final decision to close a case must be taken by the Director or, in their absence, by the Chair of the Management Committee. Any disputes about case closure must be referred to the Management Committee.

When a case is approved for closure, the Director or their appointed representative should write a letter to the service user to indicate that the case has been officially closed and inform them when their file(s) will be destroyed (usually after seven years from the date of the letter).

3. Practicalities of Case Closure

The practicalities of case closure will vary, depending on the system that has been used, as follows:

- For cases that were initially opened before March 2020 using the paper-based file system and have never been active on the electronic case management platform, case

closure will only require the archiving of the paper-based files in accordance with the Archiving and File Destruction Policy.

- For new cases that were opened since March 2020 using the electronic case management platform (Advice Pro) and have never been associated with a paper file, case closure will only require a change in status of the electronic case file from 'Open' to 'Closed' and the recording of the closure date in the Case Notes section.
- For cases that were initially opened using the paper-based file system and subsequently transferred to Advice Pro, case closure will typically require *both* the archiving of the paper file *and* closure of the electronic case file.

4. Ending a Working Relationship with a Service User

Staff and volunteers should ensure that communication with the service user is transparent and that they understand why the case is being closed. It is important not to make promises or false reassurances, e.g., in respect of future communication, that may be difficult to keep and can lead to a blurring of professional boundaries.

If the service user is being referred to another agency, the staff member or volunteer should act in accordance with the Signposting and Referral Policy.

Staff and volunteers should be aware of their own feelings around case closure and be willing to explore this in supervision sessions.

5. Related Policies

This policy should be read in conjunction with the Archiving and File Destruction Policy, the Confidentiality Policy and the Data Protection Policy.

6. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Case Closure Policy and Procedures
Last reviewed	15 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

E1.9, E1.10: Archiving and File Destruction Policy & Procedures

1. Policy Statement

The aim of this policy is to ensure that files are retained for an appropriate period of time and then securely destroyed. The file destruction policy helps to ensure that information is accessible for as long as it is reasonably likely to be needed, while also preventing Hodan's case management systems from becoming overloaded with files that no longer serve any useful purpose. The time periods for file retention are in line with best practice guidelines.

2. Archiving

2.1. Archiving paper-based files

After the Director or the Chair of the Management Committee has taken a decision to close a case that involves a paper-based file, this decision should be recorded in writing in the Closed Cases spreadsheet and the client file should be placed in an archive.

Archived files should be stored securely, and in a separate place from open case files. The required date of destruction of the file should be recorded on the file itself and in the Closed Cases overview file.

2.2. Archiving cases on the electronic case management system

After the Director or the Chair of the Management Committee has taken a decision to close a case that involves a case on the electronic case management system (Advice Pro), this decision should be recorded as a written note in the Notes section of the Client File, together with the required date of destruction of the Case File. The case status should be changed from 'Open' to 'Closed'. The Client File should be maintained on the system until the last closed Case File has been destroyed (see 3.1 below).

It is important to note that cases that were opened before March 2020 and still active at the time of transition to Advice Pro are likely to have **both** a paper-based file **and** a record on the electronic case management system.

2.3. File retention

Files should normally be retained for a period of seven years after case closure and then securely destroyed.

Files may be retained for up to 15 years if there are particular circumstances that would demand it, e.g. if the case was particularly complex, or the service user was overly demanding or prone to complaining.

2.4. Clients receiving advice on multiple issues

If a client is receiving advice about more than one issue, Hodan reserves the right to treat the different issues as separate files, and to close the files accordingly. For example, if a client originally approaches Hodan with a question about welfare benefits and subsequently asks for advice about their housing situation, the original file may be archived when the welfare benefit issue is resolved and then destroyed seven years later.

Staff and volunteers dealing with such cases should ensure that they are transparent in communication with service users, making it clear to them which files will be archived on which dates, and which files will remain open. This applies to both paper-based and electronic files. In the electronic system, the client details should be retained in the Advice Pro database even if there are no open cases, unless there is a compelling reason for not doing so.

3. File Destruction

3.1. Forewarning of file destruction

When a case is closed, Hodan should advise the service user of the date on which the respective Case File(s) will be destroyed, according to the Case Closure Policy.

If a service user has no remaining open cases, they should be advised that their Client File (which includes their name and contact details as a minimum and may also contain monitoring information, such as their ethnic group, gender, or age band) will also be destroyed on that date. They should also be informed that they can return to Hodan and reopen a new client file at any time, but that in order to do this they will need to provide their name and contact details again, and may also be asked to provide other information in order for staff to assist them with their enquiry in an efficient way (subject to the Data Protection Policy).

3.2. Secure data disposal

Hodan recognises that the secure disposal of redundant data is an integral element of compliance with legal data protection requirements, and an area of increased risk.

All data held in any form of media (paper, tape, electronic) shall only be passed to a disposal partner with demonstrable competence in providing secure disposal services.

All data shall be destroyed or eradicated to agreed levels meeting recognised national standards, with confirmation at completion of the disposal process.

Disposal of IT assets holding data must be carried out by an IT asset disposal company that is reputable, well-reviewed and certified in compliance with all relevant industry and government regulations, including ISO 14001, the Waste Electrical and Electronic Equipment (WEEE) Directive and the Environmental Protection Act 1990, as well as the UK GDPR.

4. Related Policies

This policy should be read in conjunction with the Data Protection Policy and Case Closure Policy.

5. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Archiving and File Destruction Policy and Procedures
Last reviewed	15 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

F3.1, F3.3: Confidentiality Policy, Procedures and Guidance

1. Policy Statement

All people who use the services provided by Hodan have the right to expect that our service will hold information about them in confidence.

Confidentiality is central to trust between clients and service providers and is one of the key principles underpinning independent advocacy. It is essential that all advocates, other workers and people who use Hodan services are aware of this policy and of its limitations.

2. General Principles

People who use Hodan's services have the right to believe, and be assured, that information given in confidence will only be used for the purposes for which it was given and will not be released to any person outside Hodan without their consent, unless conditions for breaching confidentiality are met.

Every effort will be made to explain this policy to all clients using Hodan's services and, where appropriate, the policy will be provided in writing or read to them before they discuss the reasons for approaching the organisation.

Staff members working from a location other than the Hodan office, and providing advice or information by telephone, are responsible for ensuring that their calls with clients cannot be overheard by a third party. If it is impossible to use the office because of the COVID-19 situation, staff members should work from home or another quiet and private location. Calls with clients should never be made or accepted in a place where they can be overheard by members of the public, other than in an emergency.

3. Breaching Confidentiality

The limits to confidentiality must be explained to the client before gathering information from them.

Confidentiality can only be breached:

- a) If a client tells the service something which leads Hodan to believe that they or someone else may be at risk of serious harm, suicide or abuse, or committing or assisting an act of terrorism or other serious criminal offence;
- b) If people working within the service would otherwise be assisting a criminal offence;
- c) If there is a court order for disclosure.

When confidentiality needs to be breached without permission, wherever possible the staff member shall inform the client at the earliest opportunity of the reasons for doing so, giving them opportunities to discuss other alternatives and to plan for likely outcomes.

Every effort should be made to ensure the client is given the maximum control possible over the process of breaching confidentiality, and to keep them informed at every stage of any action that Hodan intends to take.

3.1. Procedure for breaching confidentiality within office hours

Any information from any source which gives rise to concern for the safety or wellbeing of a person or people, directly or indirectly, should be made known to the worker's line manager (usually the Director) immediately.

Managers should ensure that their staff are aware of how to contact them in an emergency during the working day and out of hours, including ways of interrupting meetings.

Any decision to take further action will be made by the Director. This may be following discussion with the Chair of the Management Committee, or other Management Committee members.

In circumstances where information has been received, or actions observed, which indicates that people other than clients of the organisation are at risk of harm, this information may be passed by the Director to relevant agencies, without identifying the source of information.

3.2. Procedure for breaching confidentiality outside of normal office hours

The Director and the Chair of the Management Committee should provide staff and volunteers who are working outside of normal office hours with emergency contact numbers, which may be used only if there is an *immediate and significant* concern about the safety or wellbeing of one or more people.

These numbers are only to be used in circumstances where information has been received/observed which may require disclosure of information to relevant authorities.

3.3. Sharing information externally

When taking decisions about what information to share, Hodan staff should carefully consider how much information needs to be released. Data Protection legislation requires consideration of the legality of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Information that is shared externally should be:

- Adequate for its purpose
- Easy to understand
- Truthful and reliable
- Accurate and up-to-date
- Written in such a way that the reader can distinguish clearly between facts and opinions

If the information is historical, then this should be explained.

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if this could cause delays and therefore harm to a vulnerable adult or a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Where a Safeguarding investigation is being undertaken, Hodan may be asked to provide confidential information. Such information will not be routinely provided without client consent unless the situation is life-threatening or a criminal offence has been committed. If the client lacks capacity to agree to the disclosure of information, this will only be provided if a Police Force requests this via a formal process.

Information should always be shared in an appropriate, secure way. Staff must always follow their organisation's Data Protection, Information Security and Privacy policies on handling personal information.

3.4. Sharing information internally

Information about clients is confidential to Hodan as an organisation and not to individuals working in the name of Hodan. Information outside of internal meetings or supervision should only be shared with other Hodan staff members or volunteers if it is considered essential.

4. Clients who Lack Capacity to Give Consent

Information sharing, and respecting confidentiality, falls within guidance set out in the Mental Capacity Act Code of Practice for people assessed as lacking capacity to give consent. This provides a clear framework for staff to work to.

Staff and volunteers must remain respectful of the confidentiality of people who lack capacity to give consent. They must balance the duty to consult other people with the client's right to confidentiality. Any information requested or shared must be proportionate to the need, and should be shared in an appropriate, secure way, in the same manner as when working with clients who are able to consent.

5. Inappropriate Breaches of Confidentiality

Inappropriate breaches may be accidental careless breaches, or deliberate illegal acts, which occur in situations where the service is *not* legally obliged to breach confidentiality. Any breach of confidentiality not covered by Section 3 above is regarded as inappropriate.

A staff member who becomes aware that they or a colleague have breached a client's confidentiality inappropriately should immediately report this to their supervisor or to the Executive Director. They should indicate whether (to the best of their knowledge) the breach was accidental or deliberate. If they are reporting a breach made by a colleague they should refer to the Whistleblowing Policy.

The supervisor or Director receiving a report of a breach should immediately investigate the situation to determine whether, in their opinion, the breach was accidental or deliberate. Accidental careless breaches should be discussed in supervision and may require refresher training for the staff member in question, to ensure that they are aware of Hodan's policies and procedures on this important issue. Deliberate breaches are more serious and will result in disciplinary action in accordance with the Disciplinary Policy.

The supervisor or Director receiving the report should also determine whether any remedial action is necessary. If information has been disclosed to a third party, this person should be contacted and asked not to share the client's information further and, if it was provided in writing, to delete the respective message(s) immediately. If appropriate they should inform the client of the breach and any follow-up action that has been taken, and issue an apology.

6. Recording Information

All manual and electronic information will be held securely and confidentially. For further detail, please see Hodan's Data Protection Policy and Safeguarding Policy.

At the first contact with a client, the Client Consent and Authorisation to Act form should be completed to show that the confidentiality policy and its limits were explained to the client, and that, with the exception of clients who lack capacity, the client accepted the policy and consented to work with Hodan.

5.1. Temporary measures for securing consent and authorisation to act

A record should be made in the client's file of all subsequent reminders to clients of the confidentiality policy; these should be dated and timed. All decisions on whether or not to share information, where the client has not given consent or is unable to give consent, must be recorded in case files.

- If the decision is to share, reasons should be cited, including what information has been shared and with whom.
- If the decision is not to share, the reasons should be recorded, and it is good practice to discuss these with the person requesting the information.

All information received / actions observed which may indicate cause for concern, including inappropriate breaches of confidentiality, should be recorded in writing by the member of staff. Detailed reports should be written which include a chronology of events which are dated and timed, people involved/present, details of the issue(s)/concern(s); recording of exact wording used by client/other wherever possible, and actions taken by member of staff. All reports should be signed by the author.

Managers should record all action taken by them from the point at which they are alerted to a potential concern, issue and/or potential breach of confidentiality by a member of staff, including steps taken to contact senior manager(s); time of contacting a senior manager; action agreed to be taken and by whom; and progress on such action. All records should be dated, timed and signed.

7. Related Policies

This policy should be read in conjunction with the Customer Charter, Data Protection Policy, Safeguarding Children and Vulnerable Adults Policy, Disciplinary Policy, and Whistleblowing Policy.

8. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Confidentiality Policy, Procedures and Guidance
Last reviewed	15 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Added section 5 on 'Inappropriate Breaches of Confidentiality' and renumbered subsequent sections
Next review due	September 2024

F3.2, A2.4: Customer Care Charter

We want to ensure that you have a really positive experience of using our advice services. This charter sets out what we will do and what we ask of you.

1. Our Commitment to You

1.1. Confidentiality

Hodan will provide you with a confidential advice service. This means we will not tell other people (even your family or friends) or other agencies about your visit or your issues, unless we need to share your information in order to:

- prevent a crime from being committed
- protect someone who is at risk of serious harm
- comply with the law or a court order
- help another organisation to provide you with services

1.2. Respect

We will treat you fairly and respectfully. This means that we will not judge you or tell you what to do, nor will we treat one person better than another.

1.3. Quality

Our trained advisers will give you their full attention. The Director of Hodan or another senior manager will oversee our work with you and to ensure that the advice you are given is of high quality.

1.4. Time

We give everyone as much time as they need and we don't rush our work. This means that you may have to wait before speaking to one of our advisers. However *once it is your turn we will give you all the time you need.*

1.5. Feedback and Complaints

We encourage feedback on our service. Information about how to make a comment or a complaint is available at reception or from any of our team.

2. What We Ask of You

Please behave in a way which is sensitive and respectful of the needs of other clients and our team. If your behaviour is disruptive we will discuss this with you and we may ask you to leave.

In some extreme circumstances we may withdraw your access to our services, temporarily or permanently. An extreme circumstance would include if your behaviour has been aggressive, threatening, abusive, disruptive or another serious issue that prevents us from working effectively with you and progressing your case.

3. Access To Our Services

Access to our services is usually by telephone or in person at our Ladbroke Grove office. We can offer a limited number of home visits to people who are very vulnerable or isolated, have a disability that prevents them from coming to our office, do not have a telephone, or struggle to communicate by telephone (e.g., because of language barriers). If you require a home visit, please telephone to book an initial appointment, or ask a friend or relative to book one for you. You should make it clear if you require a Somali-speaking adviser to visit.

4. Advisers

All our advisers are trained to the same high standard and their work is supervised. We don't offer clients the option to select an individual named adviser.

Gathering and Processing Information About You

When you use our service we will invite you to complete a registration form and we will ask for your permission (consent) to store and process your data. You will have the option to remain anonymous if you wish to. During your interview we will take notes about you and your enquiry and the advice we provide. We ensure that information about you is held securely and our systems are compliant with GDPR and the relevant Data Protection legislation.

We are registered with the Information Commissioner's Office. You can find out about how we store and use data in our Privacy Notice. You will be given a copy of this notice to keep.

Sometimes we will ask you to wait until an adviser is available. Occasionally we may have to ask you to call back later.

5. Delivering Your Advice

At first we will be focused on making certain that we understand how we can help you. Once we have completed this assessment we will explain your options and next steps. It may be that you will need help from another adviser. Sometimes we will ask you to sit back in the waiting room or wait briefly on the phone line until someone is available. Occasionally we may have to ask you to come back or call again later.

6. Conflict of Interests

Very occasionally we are asked to help people who are in dispute with each other. We will not help both parties because this creates a conflict of interest.

We will also be unable to help you if:

- your case involves a Hodan staff member or Management Committee member
- you have a family relationship or a close personal relationship with a staff member
- your case involves taking action against Hodan or one of its funders, partner organisations or consultants, or a member of a consortium to which Hodan belongs
- the adviser knows or suspects that your case is based on false information
- the adviser knows or suspects that you are involved in fraud or other illegal activities.

If any of these situations arise, we will signpost you to another source of help.

7. Paperwork

We may need to see original copies of your documents, for example a tenancy agreement. We will give you back all your original paperwork. If you are unable to attend in person, you can provide scanned copies or photographs of documents electronically (e.g., via WhatsApp) or ask a friend or relative to do this for you.

8. Waiting

We are always trying to reduce our waiting times. When we are busy you may wait for more than an hour. We will do our best to give you an idea of how long you may be waiting and keep you informed at all times.

9. Customer Satisfaction

We want to make sure that you receive a high-quality service from us. Sometimes we will ask you to give us feedback.

10. Changing An Arrangement You Have With Us

If you need to change an arrangement we have made with you please e-mail us at hodan_somalicommunity@yahoo.co.uk or telephone us on our office number, which is available on the website. Please give us a minimum of 24 hours' notice.

11. Related Policies

This document should be read together with the Complaints Policy and Procedure.

12.Review

Document name	Customer Care Charter
Last reviewed	18 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

F4.1: Criteria for Other Service Providers

1. Preamble

The purpose of this document is to set out the criteria that Hodan will use in selecting and monitoring external service providers, including instructors, consultants, translators, interpreters and specialist advisers, with whom it intends to work in partnership. This ensures that contracts are awarded fairly and that Hodan works with appropriate individuals and/or organisations in order to sustain the high quality of the services that it offers to its clients, in accordance with the Advice Quality Standard.

2. Conflicts of Interest

Prior to the award of any contract, Hodan staff should engage in full and frank conversation with all prospective contractors and partners about the organisation's Conflict of Interest Policy and any actual or potential conflicts of interest should be declared in full. Contractors and partners should be reminded of the necessity to declare any new conflicts of interest as they arise, including the provision of services to other organisations that have the same remit as Hodan (or a substantially similar one) and work in the same geographical area.

3. Contracts and Terms of Service

The terms of service of all external service providers, including the amounts and expected payment dates of any remuneration and a clear statement of the service(s) to be provided, should be clearly set out in writing. This should usually be as a formal contract signed by both parties, except in the case of very short-term work (less than a month) or in other exceptional circumstances, e.g., when an external service provider is required very quickly to address the urgent needs of a client, when a written agreement via e-mail will suffice.

4. Specialist Instructors and Retained Consultants

Specialist instructors (e.g. fitness instructors for the Women's Wellbeing and Social Space programme) and retained consultants should be recruited through the same process of application, shortlisting and interview as employees, with appropriate job descriptions and person specifications, in accordance with the Recruitment Policy. The Director, as the organisation's Quality Representative, is responsible for ensuring that the qualifications and experience of specialist instructors and retained consultants meet the needs of the organisation and that they comply with any relevant professional standards.

Specialist instructors and retained consultants should be treated as self-employed individuals for tax purposes, and this should be clearly stated in their contracts. As such, Hodan is not required to provide them with training, supervision, or performance appraisal. However, the Director should monitor their work regularly in order to ensure that the required standards are being met (including, where applicable, all AQS criteria) and discuss any concerns with them at the earliest opportunity. Contracts should specify the procedures to be followed in the event of unsatisfactory service.

5. Translators and Interpreters

The Director is responsible for ensuring that translators and interpreters contracted to provide services to Hodan are fully fluent in the language in question, as well as in English. If they do not have formal qualifications in the respective language(s), interpreters should be interviewed by a native English speaker and a native speaker of the language in question to confirm their fluency, and translators should be asked to complete a written task that will be assessed by native speakers as appropriate.

For high-stakes linguistic work, i.e., where a mistake would be costly for Hodan or could have serious consequences for a client, Hodan should consider whether a second interpreter should be present and/or whether back-translation of documents into the original language by a second translator might be necessary to ensure accuracy.

6. Specialist Advisers

Any organisations with which Hodan works in partnership to provide advice and information services should be members of an appropriate professional body, such as Advice UK, and holders of an up-to-date Advice Quality Standard certification (with extensions for casework and/or telephone advice line provision, if applicable).

As stated in its remit, Hodan is not accredited to provide immigration advice, regulated financial services (including debt advice), medical advice, or legal services. Clients requiring advice on these issues should normally be signposted or referred to an appropriately qualified service provider in accordance with the Signposting and Referral Policy. However, there may be circumstances in which, at the discretion of the Director, Hodan wishes to contract an individual or organisation directly to provide specialist advice to one or more clients. In these instances, the Director is responsible for ensuring that relevant legal criteria are met as follows:

6.1. Immigration advice

'Immigration advice' is defined as advice relating to all matters pertaining to claims for asylum, applications for entry clearance or leave to enter or remain in the UK, immigration employment documents, nationality, citizenship, residence, deportation or removal, bail applications and appeals against deportation.

Providers of immigration advice must be registered with the Office of the Immigration Services Commissioner (OISC) at an appropriate level, in accordance with the Immigration and Asylum Act 1999, unless exempted on the grounds of membership of a professional body (General Council of the Bar, Law Society of England and Wales, Chartered Institute of Legal Executives, or Faculty of Advocates).

The commissioner recognises 3 distinct advice levels of competence. Details of these levels, the work permitted at each level and the relevant knowledge and skills required can be found at <https://www.gov.uk/government/publications/competence-oisc-guidance-2012/guidance-on-competence-2017-summary-of-levels>. Prior to contracting any individual or organisation to provide immigration advice, Hodan is responsible for ensuring that they are registered as competent at the appropriate level to meet the clients' advice needs.

6.2. Regulated financial advice

Certain types of financial advice are described as 'regulated financial advice' by the Regulated Activities Order 2001. These include:

- *Consumer credit*: debt counselling, debt adjusting, advising on regulated credit agreements for the acquisition of land, providing credit information services
- *Investment*: Advising on investments, pension transfers/opt outs and P2P (peer-to-peer) agreements
- *Regulated home finance*: Advising on regulated mortgage contracts, home reversion plans or home purchase plans
- Any advice relating to operating a dormant account fund

This is a non-exhaustive list, and where there is any doubt about whether a particular type of advice provision falls within the domain of regulated financial activities, Hodan should err on the side of caution and assume that it does.

Providers of regulated financial advice services must be registered with the Financial Conduct Authority. The Financial Services Register can be searched online to indicate whether a firm or individual is authorised or approved by the FCA or is exempt, whether a firm is covered by the Financial Ombudsman Service and Financial Services Compensation Scheme if applicable, which regulated activities the firm can provide, and its permissions for those activities:

<https://www.fca.org.uk/firms/financial-services-register>

Prior to contracting any organisation to provide financial advice, Hodan is responsible for ensuring that the organisation have the appropriate FCA authorisation or approval for the service(s) in question and that the appointed individual has completed a suitable training programme (e.g., Certificate in Money Advice Practice).

Hodan will work towards achieving the limited FCA authorization for non-profit organisations providing debt counselling, debt and training at least one adviser to the appropriate standard so that specialist advice on debt counselling, debt adjusting, and credit information services can be provided in-house. If this is successfully achieved then the policy will be adjusted accordingly.

6.3. Medical and health-related advice

The Medical Act 1993 requires doctors practising medicine in the UK to be registered with the General Medical Council and hold a licence to practice.

Hodan will signpost any individual requiring medical or health-related advice to a registered general practitioner, usually through an NHS GP surgery in the first instance, or to an official NHS health advice service run by allied health professionals (such as the 111 telephone service or a local urgent care clinic).

6.4. Reserved legal activities

The Legal Services Act 2007 defines legal services as either a reserved legal activity or the provision of legal advice, assistance or representation in connection with the application of the law or with any form of resolution of legal disputes.

There are six reserved legal activities, namely:

- Exercise of rights of audience (conducting proceedings in court on behalf of a client – note that only a barrister has right of audience in the superior courts);
- Conduct of litigation;
- Reserved instrument activities, i.e. certain activities concerning land registration and real property;
- Probate activities;
- Notarial activities;
- Administration of oaths.

All providers of legal services must be authorised by an approved regulator. Individuals or licensed bodies authorised by the Law Society or the Bar Council are entitled to provide all of the above categories of legal services, other than notarial activities. Providers of notarial activities are authorised by the Master of the Faculties.

Prior to engaging any organisation or individual to provide legal services, Hodan is responsible for ensuring that they are a member of the appropriate professional body and have the required certifications or authorisations.

7. Payments for External Services

Where Hodan intends to engage an external organisation or individual to provide a chargeable service to a client, the Director should ensure that the following points have been discussed with the client:

- (a) The rationale for outsourcing the service to the external provider
- (b) The full expected cost of the service, if applicable
- (c) Whether Hodan will (i) pay for the service in full; (ii) ask for a voluntary donation towards the cost of the service at the client's discretion; (iii) request the client to contribute a specific amount towards the cost of the service, based on a discussion about their ability to pay; or (iv) in exceptional circumstances, require the client to cover the full cost themselves
- (d) The date(s) when payment should be made, either in full or in instalments
- (e) The client's right to choose to decline the service and/or amend the terms of service (e.g. dropping out before the agreed number of sessions have been completed) and the financial implications of doing so, if applicable
- (f) Alternatives to the recommended service (including signposting or referral to other organisations in accordance with the Signposting and Referral Policy)

The Director will be responsible for ensuring that payments made by clients for external services are handled in accordance with Hodan’s Financial Procedures, and passed on to the respective service providers within one calendar month of receipt, if applicable.

8. Related Policies

This policy should be read in conjunction with the Customer Charter, Data Protection Policy, Safeguarding Children and Vulnerable Adults Policy, and Whistleblowing Policy.

9. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation’s Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Criteria for Other Service Providers
Last reviewed	10 January 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Expand information on regulated financial advice
Next review due	January 2024

G1.1: Complaints Policy and Procedure

Hodan Somali Community aims to provide high quality services which meet your needs. We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. Our Staff are responsible for providing an efficient, caring and professional service.

We believe we achieve this most of the time: if we are getting it right, please let us know.

If you have a complaint about our organisation, we want to hear about it and we will do our best to put it right.

1. Goals

Our Customer Complaints Procedure has the following goals:

- To deal with complaints fairly, efficiently and effectively
- To ensure that all complaints are handled in a consistent manner
- To increase customer satisfaction
- To use complaints constructively in the planning and improvement of all services.

2. Who can complain?

Anyone who:

- Is receiving a service from Hodan
- Is caring for a service user who has a complaint
- Has been refused a service which they think they may need.

3. Our promise to you

When you have a complaint, we will:

- Give you a confidential, impartial and quality service
- Ensure your enquiry is never shared with a third party without your consent
- Respect your privacy, offering a private area for discussion if required
- Be open and honest and explain how we can deal with your enquiry
- Ensure that staff take responsibility for resolving or dealing with your query, or that they refer it to an appropriate person/organisation that can help you
- Give as much information as possible to help you make informed choices
- Be welcoming, courteous and helpful at all times
- Act in accordance with the law.
- Deal with your case quickly and fairly

We would like you to:

- Give us the information we need to help you
- Treat all our staff fairly and with respect
- Give us your views and suggestions to help us to improve our services.
- Keep any appointments that you have with us.
- Tell us if you know of any other customers who need our help or feel they have not been treated fairly

4. Resolving complaints informally

Hodan Somali Community would like to sort out any complaint as soon as possible. Many complaints can be resolved informally. In the first instance contact Hodan and, if you feel able, speak to the member of staff who is working with you or ask to speak to the Director, who will try to sort the matter out. If the complaint is about the Director, you can make an appointment with the Chair of the Management Committee (see below).

If you make contact in person or by phone, make a note of the name of the person you speak to. If a solution is offered at this point, make a note of this as well.

Often we will be able to give you a response straight away. When the matter is more complicated we will give you at least an initial response within five working days.

5. Making a formal complaint

If you are not satisfied with the outcome of this informal complaint, you may make a formal complaint in writing. Write down your complaint and send it to The Director, Hodan Somali Community, Canalside House, 383 Ladbroke Grove, London W10 5AA.

If your complaint is about the Director, please send it to the Chair of the Management Committee at the same address, marking the envelope 'PRIVATE AND CONFIDENTIAL'.

All written complaints will be logged. You will receive acknowledgement of your complaint within 5 working days of its receipt.

You may be contacted to make sure that we have understood your complaint properly. You may be interviewed by the person investigating the complaint.

The aim is to investigate your complaint properly and give you a reply within fourteen working days, setting out how the problem will be dealt with. If this is not possible, an interim response will be made, informing you of the action taken to date or being considered.

We will respond fully to your complaint within 28 working days of its receipt.

We may need to contact our professional indemnity insurer about any formal written complaints that we receive. If needed, we will take advice from an organization like Advice UK that serves the advice sector.

6. Taking a complaint to the Management Committee

If you are not satisfied after receiving our response to your written complaint, please write to the Chair who will report the matter to the next meeting of the Management Committee, which will decide on any further steps to resolve the situation.

7. Does this always happen?

In all cases, a complaint will be given full and fair consideration.

However, if as a result of your complaint, disciplinary proceedings are taken against a member of staff, an internal procedure will apply. You will be informed that disciplinary proceedings have taken place, but as these proceedings are confidential, you will only be informed of the details or outcome of matters outside of this procedure. If a criminal offence is alleged, then the police will be informed.

8. Can you have someone with you when your complaint is discussed?

Yes, you can.

9. Can you take your complaint elsewhere?

You should always contact us in the first instance, following the steps above.

If you are unhappy about the way that the Management Committee has dealt with your complaint, you can contact the Charity Commission for England and Wales. You can do this online via <http://forms.charitycommission.gov.uk/raising-concerns/> or write to the Commission at the following address: Charity Commission, PO Box 211, Bootle, L20 7YX

10. How we learn from complaints

If we receive any complaints, we will review them systematically as part of our annual evaluation process. This will include, where necessary, thinking about the root causes of complaints and whether these root causes may affect other processes or services that have not been directly complained about. The findings and recommendations from this evaluation will be shared with the Management Committee at their next meeting, and the Committee will discuss them and decide whether any changes need to be made to our services.

If a specific complaint is judged by the Director to be particularly serious, it will be put on the agenda for the next Management Committee meeting (regardless of whether a full evaluation has taken place) or, in exceptional circumstances, an emergency meeting of the Management Committee may be convened.

11. Related Policies

This document should be read together with the Customer Care Charter.

12. Review

Document name	Complaints Policy and Procedure
Last reviewed	18 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Added a paragraph about contacting our professional indemnity insurer in section 5
Next review due	September 2024

G2.3: Procedures for Updating Quality Processes

1. Quality Manual

This Quality Manual represents the most up-to-date and complete version of all current Hodan policies and procedures and, as such, should be the first point of reference. If an individual policy is required, e.g., for a funding application, it should be copied and pasted from this manual rather than from any individual policy document.

It is recommended that this Quality Manual is reviewed and updated in its entirety in January, to maintain efficient use of time and resources and to avoid introducing different review timescales for different policies. However, if changes are required to individual policies at other times of the year, these changes should be logged in the version control box at the end of the respective policies *in addition to* the changes made during the previous annual review.

The Quality Manual or individual policies may be updated in the following ways:

- By the Director (as the nominated Quality Representative) in response to a change in legislation, circumstances or AQS guidelines, or if it becomes clear that the existing policy is not fit for purpose;
- By the Director or a suitable external consultant during the Annual Review
- At the request of the Management Committee, who should delegate the Director to make the necessary changes and may require them to report back when the changes have been made.

2. Annual Review of Quality Processes

The full Quality Manual will be reviewed annually in September/October, or sooner if there is a substantial change to relevant legislation or to AQS standards. The annual review of quality processes will be guided by the areas for improvement identified in the AQS Self-Assessment (Annual Internal Review of Compliance), together with any subsequent corrective actions that may be identified by the AQS Assessor.

The annual review may be carried out by the Director (as the lead person responsible for the AQS) or outsourced to an appropriate external consultant, as applicable. If it is outsourced, the Director will take responsibility for overseeing the consultant and ensuring the review is completed in a timely manner; that the policies and procedures are updated in the Quality Manual in accordance with the recommendations, unless any of these are disputed; and that the version control box is completed with the review date, a list of any significant changes, and the date of the next review.

2.1. Colour Coding

During the annual review and update of the Quality Manual, the colour scheme for the headings and tables should be changed, so that staff members can see at a glance if they are using an out-of-date policy. The colour scheme for 2023-24 is blue.

2.2. Disputed Recommendations

If the annual review is outsourced to an external consultant, some of the changes proposed by the consultant may be disputed by the Director on the grounds that they are unrealistic or impractical. Should this be the case, the proposed changes should be discussed informally in the first instance and an attempt made to revise the policy wording to the satisfaction of both parties. If a resolution cannot be reached, the matter should be reviewed to the Management Committee for discussion at its next scheduled meeting or, in urgent cases, at an extraordinary meeting of the Management Committee.

2.3. Communicating Updates to Staff.

A meeting of all staff and volunteers should be held immediately after the Annual Review. All staff members who have contact with clients will be advised immediately, issued with a copy of the new procedures, and asked to act accordingly.

If applicable, staff may be reminded of updates to quality processes during supervision sessions or annual appraisals.

3. Related Policies

This policy should be read in conjunction with the Monitoring and Evaluation Policy.

4. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Procedures for Updating Quality Processes
Last reviewed	18 September 2024
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	Colour code changed to blue
Next review due	September 2024

G3.1: Monitoring, Evaluation and Feedback Policy

1. Policy Statement

Hodan is committed to genuine consultation, critical analysis and the objective appraisal of our services. We will work in partnership with trusted independent research and evaluation partners to collect and analyse data from clients, and where applicable also from service providers and funders, to drive the continuous improvement of our services and to ensure that we remain a user-led organisation. We also monitor and evaluate referrals to other organisations.

The data collected from these evaluative activities will help us to gain knowledge and insight into the difference that our service is making for clients, to identify any changes that might be necessary, and to build the case for support to new funders.

2. Selection of Evaluators

Evaluation of Hodan's services and projects should be conducted by competent professionals with experience in the voluntary sector and appropriate expertise in the area in question.

The evaluator(s) or researcher(s) contracted to collect and analyse data should not be a member of Hodan staff, nor of the Management Committee, and must not have any conflict of interest (as per the Conflict of Interest Policy).

3. Evaluation of Advice and Information Services

Advice and information services will be subject to a systematic evaluation at least once per year.

3.1. Evaluation Criteria

In evaluating the quality of Hodan's advice and information services, evaluation will focus on the following linked elements, in accordance with the Advice Quality Standard (AQS) framework:

- Accuracy and appropriateness of the advice given to a client (e.g. through independent file reviews and peer feedback)
- Effectiveness and efficiency of the delivery (through client satisfaction, monitoring waiting times, caseloads, etc.)
- Extent the service meets the organisational objectives, as set out in the constitution and the Strategic Plan
- Extent the service meets funders' objectives, where applicable.
- Extent that services are reaching all parts of the target community according to Hodan's Equality, Diversity and Inclusion Policy (through analysis of demographic trends)

3.2. Independent File Review

Independent file review will be conducted in accordance with the separate Independent File Review Policy. Data from independent file reviews will be incorporated into the annual service evaluation.

3.3. Methods of Collecting Client Feedback

All clients should be encouraged to be open and frank in their provision of feedback, as this will help Hodan to keep improving and to provide the best possible service to future clients.

Clients who are literate in English should complete a Rapid Feedback Form and/or Client Satisfaction Questionnaire as appropriate and may also be invited to participate in an individual interview under certain circumstances. Those who are not literate in English will generally be asked to participate in an individual interview or focus group. All feedback forms and interview data will be collated and analysed by the external evaluator or research partner annually as part of the Full Service Evaluation, or more frequently if required.

- **Rapid Feedback Forms:** Clients with short-term enquiries (defined as enquiries lasting for three calendar months or less) will be asked to complete a Rapid Feedback Form as soon as their issue is resolved. The staff member dealing with the enquiry will give the form to the client and ask them to return it directly to the Director in a sealed envelope. The requirement to provide feedback may be waived at the adviser's discretion if the matter in question is extremely straightforward and resolved in a few minutes.
- **Client Satisfaction Questionnaires** may be given to clients requiring sustained provision of advice, either (a) if a specific case has not yet been resolved at the end of a three-month period, as counted from the date when the case file was opened, or (b) if they have multiple or recurring cases. The questionnaire includes a section on waiting times, which will be monitored by the Director to determine whether any measures need to be put in place to provide a more timely and efficient service. Clients may be asked if they would be willing to be contacted by an independent evaluator for a face-to-face or telephone interview to provide more detail about their experiences with Hodan.

Individual Interviews may be conducted with service users in the following circumstances:

- If the service user is not literate in English (users may be selected at random)
- To provide further information about any issues or problems that were mentioned in the Rapid Feedback Form and/or Client Satisfaction Questionnaire
- To develop case studies that can be used for marketing and PR purposes.

3.4. Procedures for Interviews

Interviews should be conducted with an independent professional evaluator or a consultant with expertise in evaluation. The Director will identify clients to be interviewed according to the above criteria, advise them of the reason(s) for the interview, and obtain their permission to share their telephone numbers with the evaluator. The evaluator will note the provisions of the Data Protection Policy and will delete the users' telephone numbers after completing the calls.

The evaluator may use their discretion in conducting the interviews but should be guided by the questions included in the Rapid Feedback Form in the case of short-term clients and the Client Satisfaction Questionnaire in the case of longer-term clients.

Interviews may be conducted in a structured or semi-structured style and may be extended at the evaluator's discretion to explore other areas of concern or interest, provided that the questions are directly relevant to evaluating or improving the quality of Hodan's services. The evaluator

should ensure that interviews are limited to a maximum of twenty minutes on any one occasion, unless a longer duration has been agreed in advance between the client and the Director.

To avoid disturbing clients with repeated requests for feedback, there should be no more than two telephone interviews with any given client in any three-month period, other than in exceptional circumstances.

3.5. Focus Groups

Focus groups may be used alongside forms, questionnaires or individual interviews, at the discretion of the Director or the external evaluator, to collect feedback from several clients at the same time. It should be noted that focus groups can be a source of group conformity bias and as such, they should not be used as the sole method of data collection.

3.6. Reporting

The external evaluator or researcher will be required to provide a full annual report, in writing, to the Director and the Management Committee. The report should include the areas of independent file review, client satisfaction and wait times, compliance with organisational and funder objectives, and the extent to which the service is reaching all parts of the target community as outlined in the Constitution and Strategic Plan.

Evaluation reports, and especially file review reports, should be used in advisers' support and supervision sessions as they contribute to improved performance and service quality.

4. Evaluation of Specific Funded Projects

Specific projects that have been supported by grant funding will be monitored and evaluated in accordance with the funders' requirements, which will usually have been outlined in the funding bid or the grant agreement, or both.

These requirements may include:

- Baseline data collection (e.g. on confidence levels or mental wellbeing)
- The regular collection of monitoring data, e.g. on attendance and participation (which may be disaggregated by demographic such as age, gender, ethnicity, disabilities, etc.) after every session of an activity
- Confirmatory process evaluations to check that the project is being delivered as planned
- Exploratory process evaluations, in the case of particularly innovative or early-stage projects, to understand how project delivery is proceeding
- Interim or mid-term outcome evaluations at clearly defined points in the project life cycle, to check that the project is on track and identify any barriers to delivering the outcomes
- Final evaluations of the extent to which the intended project outcomes were met.

Any projects that are funded from the organisation's general operating budget, and as such are not subject to specific evaluation requirements set out by funders, should be evaluated at least once a year in order to deliver continuous quality improvement.

5. Values-Centred Evaluation Framework

Hodan is working towards a Values-Centred Evaluation (VACE) framework, which aims to harmonise evaluation across the Advice and Information Service and the different funded projects. This is to ensure that evaluation is sensitive to the organisation's own values and strategic priorities, as well as to the requirements of the AQS process and funder criteria.

The VACE Framework will be used from 2022-23 in determining priorities and harmonising evaluation procedures across different projects to maximise efficiency in data collection and use. It will be reviewed annually, initially by the Director (with input as necessary from an external consultant) and subsequently in collaboration with the Service User Forum from 2023.

6. Responding to Evaluation Reports

Evaluation reports will be reviewed by the Management Committee, usually at its next quarterly meeting. At the discretion of the Director, the regular meeting of the Management Committee may be brought forward or an extraordinary meeting called in order to discuss any evaluation findings that give cause for concern, together with the evaluator's recommendations.

The Secretary of the Management Committee will produce a written response to the evaluation report, including a clear statement of which actions need to be taken, when and by whom in order to address the evaluator's recommendations.

If the Management Committee wishes to dispute the evaluator's findings or recommendations, they should do so in writing, explaining their reasons clearly and requesting the evaluator to respond appropriately (e.g. by reviewing the data set or collecting additional data). However, the Management Committee should be asked to bear in mind that an independent professional evaluator is unlikely to produce findings or recommendations that are inaccurate or misleading, unless they have an undisclosed conflict of interest.

4. Related Policies

This policy should be read in conjunction with the Customer Care Charter, Standard Operating Procedures, Performance Appraisal Policy and Supervision Policy.

5. Review

The policy and arrangements will be reviewed at least annually, or earlier if necessary, in the light of experience, changing circumstances, changes in legislation or non-statutory guidelines, and/or trends in best practice within the voluntary sector. The responsibility for monitoring and review rests with the Director, as the organisation's Quality Representative, but assistance may be sought from an appropriate external consultant or from a second-tier organisation such as Advice UK if required.

Policy name	Monitoring, Evaluation and Feedback Policy (formerly 'Monitoring and Evaluation Policy')
Last reviewed	18 September 2023
Reviewed by	Mohamed Farah and Ashley Brockwell
Any significant changes from previous version	None required
Next review due	September 2024

