

Guidance document for self-organizing social activist groups (or, some help to promote the safety of volunteers and beneficiaries during Covid-19)

Collated by Hambleton Community Action, but available to anyone who might find it helpful

### Information and advice

For up to date advice from the NHS for individuals who are concerned about their own health, please visit: <https://111.nhs.uk/covid-19> or <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Guidance available in other languages:

[https://drive.google.com/open?id=193qQN9I04Dvf0N9L5zeWTiXK\\_DRbrAyg](https://drive.google.com/open?id=193qQN9I04Dvf0N9L5zeWTiXK_DRbrAyg)

The consequences of Covid-19 will be broad – please keep referring to the regularly updated government advice:

[Coronavirus \(COVID-19\): guidance](#)

[COVID-19: residential care, supported living and home care guidance](#)

[COVID-19: guidance for employees, employers and businesses](#)

[Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults](#)

The government advice is regularly being updated – we recommend that people refer regularly to the gov.uk website and adhere to the guidelines on hygiene, self-isolation and social-distancing

Here's an easy-read guide from Healthwatch North Yorkshire: [Advice about coronavirus – easy-read-online.co.uk](https://www.healthwatchnorthyorkshire.co.uk/advice-about-coronavirus-easy-read-online)

VODA ([www.voda.org.uk](http://www.voda.org.uk)) has prepared four short animations – one aimed at administrators and co-ordinators of self-organizing groups, and three for volunteers. These can be accessed at:

- Supporting Volunteers - aimed primarily at informal volunteering groups - <https://vimeo.com/399518437>
- Staying Safe When Volunteering - <https://vimeo.com/398994115>
- Safeguarding Tips - <https://vimeo.com/398761329>
- Telephone Befriending Advice - <https://vimeo.com/399001298>

### Considerations

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## Safety

### a) General hygiene

- Ensure all volunteers have clear guidance/training on good hygiene practices to protect both they and their clients.
- Key message is about regular handwashing with soap and water, and about being responsible in terms of self-isolating if you have covid-19 symptoms (or if someone in your household does)
- Very important for volunteers to have thorough clean-up between clients if going to several houses!
- You might also want to think about matching volunteers to clients on a regular basis (rather than several volunteers per client, and several clients per volunteer)
- If using sanitizer not soap, optimum alcohol concentration is 70%

### b) Specific disinfection protocols

- Queercare resource is very detailed and thorough!
- Key advice is regular handwashing/sanitising - remember that most money (coins, polymer notes) can be washed, with soap and water

### c) Lone volunteering

- Even though volunteers should not visit people in the home, there is still a personal safety risk. We recommend that volunteers always tell a friend or relative (or the co-ordinator) where they are going, when they will be back, and ensure they report in on completion.

### d) What to do if someone doesn't answer the door / phone

- Give it five minutes and try again – they may be having a nap or using the loo
- Try another door or phone, if there is one; look through windows, call out (they may not have heard you)
- Ask a neighbour, if possible – more people are going to be at home, and neighbours may know if someone has, say, left with a relative or in an ambulance
- Contact the co-ordinator – they may hold next of kin details [groups need to think about whether they can/should hold these] to seek advice/information
- If you still cannot get the person's attention, and they are expected to be in the house, you will need to contact emergency services, as the person may need urgent assistance.
- [in most cases, volunteers shouldn't break into houses!]

## Safeguarding

### a) Understanding the risks and identifying potential mitigation for these risks

- Safeguarding is everybody's responsibility. The lack of physical contact / social distancing does not negate all risk.
- Safeguarding protocols apply when someone is considered vulnerable to or at risk of abuse (for example someone who is physically disabled, has a learning disability, has significant mental health issues, or requires the assistance of carers, whether paid or unpaid)
- For Covid-19, main risks are likely to be around financial abuse, neglect, coercion. Where couples are self-isolating together, there may be an increased risk of domestic violence.

### b) Identifying which clients are vulnerable / at risk

- Normal practice is that where an individual is working without direct supervision with children and/or vulnerable adults / adults at risk they should be DBS- and reference-checked
- DBS-checks can take time, involve cost, and have to be submitted through approved centres, so obtaining new DBS checks for community group volunteers is unlikely to be practical.
- We suggest trying to identify whether someone who wants assistance is likely to be considered an adult at risk, and/or vulnerable for reasons other than age, and assigning volunteers who already have DBS checks to these people.
- Where people are intending to continue volunteering with an established charity afterwards, it may be worth discussing with that charity whether they would carry out a DBS check. E.g. HCA position is to DBS-check volunteers where there is a commitment to ongoing volunteering, but does not do so where the engagement is short-term or ad-hoc. Other charities are likely to have a similar position.

### c) Alternative vetting for lower risk self-isolators

- You may like to consider checking that people are not on the individual insolvency register <https://www.insolvencydirect.bis.gov.uk/eiir/> or the register of disqualified company directors <https://www.gov.uk/search-the-register-of-disqualified-company-directors> (and if they appear on either, have a quiet chat with them)
- You may also choose to take a personal reference, or take on trust.
- One of the best safeguards against abuse is to keep things very local – people are less likely to mistreat people they know

### d) Financial abuse

One of the key issues that we're all struggling with is how to do someone's shopping!

Some suggestions:

- Keep to essentials only
- Keep to low monetary value
- People, even when isolating, should NEVER hand over a debit or credit card, nor provide their online banking details to anyone (just as in "normal" times)
- We suggest that the self-isolator hands over cash or a prepayment card to the volunteers (remember, banknotes can now be sanitized because they are washproof but wear gloves during handover if self-isolation is linked to symptoms, and wear protection if using a mild bleach solution).
- Suggest the volunteers takes a copy of photograph of the receipt, change and shopping when delivering it (it sounds fuffy, but I would suggest washing the change

in soapy water or wiping with mild bleach solution and allowing to dry before returning it).

- If the person does not have cash, then it would be ok (where both parties agree) for volunteer to purchase shopping, provide receipt and then be reimbursed by client either through online banking or after self-isolation. I would suggest a note is kept of this, and both parties would retain receipts.
- We suggest you discourage volunteers from “bulk-buying” for multiple clients (i.e. ok to buy for several people, but each person’s shopping should be kept separate – this is both for financial transparency, but also to protect privacy).

**e) Coercive behaviour**

- Just because there’s no physical contact, this doesn’t mean it can’t be coercive. If shopping / prescription visits are in pairs, this should protect against that.
- It is also possible the self-isolator could try to coerce the volunteer
- Coercion is more of a risk over the phone; again, matching more vulnerable people to DBS-checked vols will reduce risk, as will keeping it very local.
- We also suggest having the same two vols keeping regular contact with each self-isolator – that way any changes are more likely to be picked up (and if the person is worried about speaking to one volunteer, they know they have someone else they can talk to)

**f) Responsibilities to report**

- Typically, volunteers report safeguarding concerns to whoever is co-ordinating.
- Encourage volunteers to feedback (securely, privately, not on an email round-robin or facebook post) to the co-ordinator or co-ordinating team if there is ANYTHING concerning them, whether health, wellbeing, or otherwise.
- Neglect may become an issue if people are isolating for a long time and struggling with loneliness – changes in shopping requests (all cheese and chocolate and no bananas; increasing quantities of alcohol; no personal hygiene items for several weeks, etc., etc.) should be noted.
- It’s really just about being aware of things that seem odd – and letting the co-ordinator know.

**g) How to report**

- Ideally, volunteers should first talk to the individual and explain that they are worried and ask if the person needs more or different support.
- Ideally, get the person’s permission to make the co-ordinator aware.
- However, if the volunteer (or co-ordinator) believe that someone is in danger, or poses a danger to others, you have a duty to report it.
- If the danger is immediate, you must ring 999.
- The Safeguarding Adults team at NYCC can offer advice (without you giving the person’s details) and are the reporting centre for concerns. HCA is happy to do this on your behalf, and or/offer advice.

**h) Protecting volunteers**

- Volunteers may be at risk from clients, from clients’ families, especially around financial transactions. Please ensure that whatever processes you adopt (it doesn’t have to be the ones suggested here), you take steps to protect volunteers from accusations of inappropriate behaviour.
- Volunteers may develop friendships with people who subsequently (or during the self-isolation) become seriously ill or die. If this happens, please encourage them to seek appropriate support as early as possible (HCA can signpost).

- Some online training may be helpful prior to deployment, and we would be happy to help with this.
- You may also want to consider some form of support and supervision for volunteers - it could be as simple as small group getting together with a facilitator (by phone or online) to talk about any problems or concerns they are experiencing.

## Respecting personal dignity and autonomy

### a) Diversity and non-discrimination

- Sometimes people who volunteer will engage with people whose opinions differ from their own; however, where people express opinions that are discriminatory (e.g. racist, sexist, ableist, homophobic, transphobic, etc.) or offensive volunteers are encouraged to ask them to stop.
- Volunteers who make their volunteering conditional on helping only certain groups of people (or refusing to help someone based on one of the protected characteristics) could be breaching the Equalities Act.
- There is also significant scope for ageism and ableism in the current guidelines to self-isolate based on age and medical history – everyone should be treated with respect and supported to live in dignity at all times

## Confidentiality / privacy

### a) GDPR

- The Data Protection Act of 2018 brought the infamous GDPR (General Data Protection Regs) into UK law.
- Basically, you should collect the minimum information about a person that you need, and store it securely, and only for as long as you need.
- Groups should work out what information they actually need in order to match volunteers and people in need, for example, contact details, what assistance people want, what assistance people are willing to help with, *relevant* medical conditions, and (probably) next of kin contact details.
- You will need also to have a secure way of collecting and storing this information, and a way of ensuring that when the current pandemic is over, people's information is deleted.

### b) Protecting and respecting volunteers' privacy

- Suggest you keep a record of who has volunteered, contact details, whether DBS-checked (or any alternate vetting), what type of volunteering they will do; you probably don't need to know their age, for example, because barring someone from volunteering because they are over 70 would be discriminatory.
- Also, would suggest you don't publish contact details for all volunteers – much better to have a single point of contact (or two or three) to ensure some level of co-ordination (and for safety, etc.)
- Volunteers should also protect their own privacy – and not discuss things they wouldn't normally with someone. After all, they'll be going back to being neighbours soon...

### c) Protecting and respecting client privacy

- Similar issues for clients (self-isolators) as for volunteers.
- What do you actually need to know in order to provide social contact, prescription delivery, shopping, etc?

- Suggest similar list to that above, plus next of kin details, and, possible GP details. Any special requirements/conditions that might affect how the help is provided.
- Again, should be securely held and not widely publicized.
- Volunteers should be asked not to discuss personal information about who they are helping beyond very general terms (e.g. "I'm shopping for Mrs X" is probably ok, but "you should see what Mrs X has put on her shopping list..." or "I'm shopping for Mrs X because she's self-isolating because of her COPD and she hasn't any family nearby" isn't).