



ST. PATRICK'S CENTRE, KELLS ROAD, KILKENNY.

Volunteer Policy

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| Prepared by: Aine Forde & Geri Wilson | Approval Date: 03.02.2020 | Review Date: 03.02.2021 |
| Policy Number 34 – Other Policies | Approval By Signed: _____ CEO (Interim) Signed: _____ Board Member | |

Mission Statement

To enable people to live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

To enable a supported self-directed living (SSDL) model of provision which is underpinned by our beliefs, values and vision.

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| Review Date: 03.02.2020 | Amendments required: | New Revision Status |
| Revision No: 1 | | 03.02.2021 |
| Authors: Geri Wilson, Isabel Gomez and Áine Forde | Approved by: Signed: CEO (Interim) | |

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1.0 Introduction

- 1.1. It is anticipated that the introduction of a Volunteer Programme to St Patrick's Centre, Kilkenny (SPC) will significantly contribute to enhancing both the supported persons' social image and life skills. Establishing meaningful social roles for people supported has the potential to help societally devalued people to gain greater access to the good things of life and to be spared some of the negative effects of social devaluation. There are two strategies for pursuing this goal for devalued people: -
 - Enhancement of the person's social image
 - Enhancement of their life skills
- 1.2. SPC recognises the important and valuable contribution made by Volunteers in promoting and enhancing the social lives of the people we support. Volunteers are not a substitute for paid employees of SPC. They are not duty bound but give of their time voluntarily because of an affinity for the person supported.
- 1.3. The Volunteer Programme aims to increase the societal value of the person supported as it will give a sense of belonging and continuity with the wider community outside of SPC.
- 1.4. It is the ultimate goal of SPC to develop our Volunteer Policy so that it will facilitate unpaid Volunteers supporting people without being accompanied by paid employees (subject to Garda Vetting). This will enable the development of freely given relationships and extend opportunities for people to spend time with unpaid people in a socially normative manner. However, Volunteers may also engage in other voluntary activities in SPC, not involving people supported.
- 1.5. The volunteer model developed in SPC is in line with the Citizen Advocacy Principles.

2.0 Process

2.1. Any request to become a Volunteer should be referred directly to the Social Work Department who will acknowledge same.

2.2. **The Social Worker establishes the Category of the Volunteer:**

- a. Employee Volunteer
- b. Subject matter expert or
- c. External Volunteer

Basic requirements for each category:

a. The Employee Volunteer: The Employee Volunteer will need to have completed their mandatory and mandated training and be aware of intimate care plans, risk assessments and any other relevant care plans in relation to the supported person.

It should be noted that Employee Volunteers are indemnified by SPC insurance when volunteering with the people supported, outside of their working hours.

b. Subject Matter Expert: The subject matter expert is not required to have Garda Vetting or training. This will be covered by the SPC employee who will accompany the subject matter expert at all times and the SPC employee will have the required vetting and training.

c. External Volunteer: The External Volunteer will not be required to have Garda vetting or training in relation to the supported person. The External Volunteer will be accompanied at all times by an SPC employee and the SPC employee will have the necessary training and vetting.

However, the External Volunteer, when not accompanying a person supported with a member of staff can make themselves available to carry out other voluntary activities, not involving a person supported.

2.3. The Social Work Team approves the initial application.

2.4. While the Volunteer may be known to the person supported, they will now be meeting them in a different capacity. A meeting should be convened where the person supported will meet with their Volunteer in the company of their employee team, to assess compatibility. If compatibility is established, then consent of the person supported needs to be ascertained.

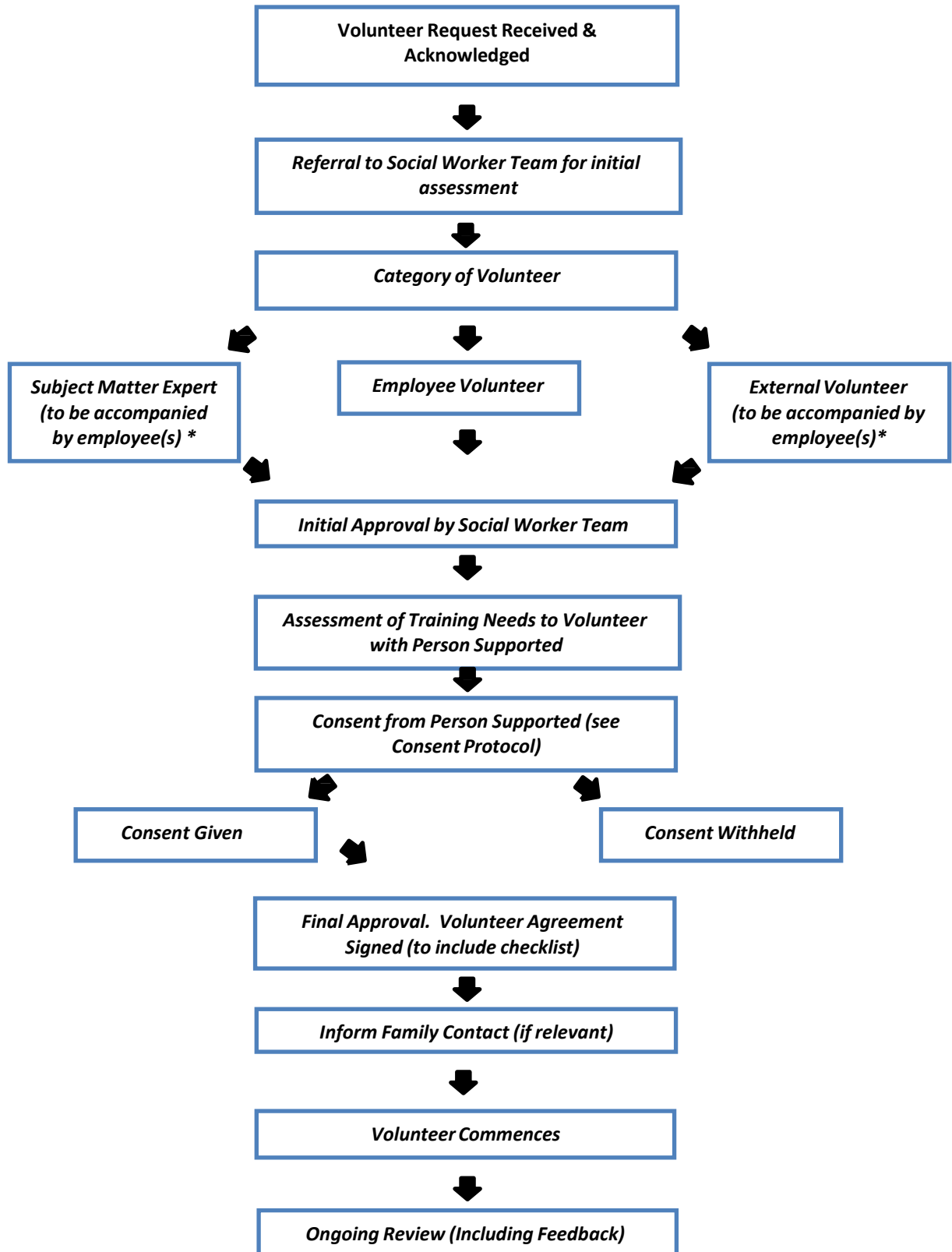
The member of the employee team should use the SPC Capacity and Consent Policy/Consent Protocol when seeking consent from the person supported.

2.5. The check list should be completed before final approval. The checklist forms part of the Volunteer Application Form attached to this policy (**see appendix 1**). Once the social worker is satisfied with same, then the Volunteer Application Form can be

signed and retained with the social work department, in accordance with the file retention policy.

- 2.6. Social Worker should inform family of the person supported that the Volunteer is commencing, as a matter of courtesy.
- 2.7. The Volunteer should provide an update every three months. The Social Worker will also seek feedback at that time. If an issue arises with the person supported or the Volunteer in the meantime, then they should bring it to the attention of the Social Work department.

St Patrick's Centre – Volunteer Pathway



3.0 Policy Review

- 3.1. The Volunteer Policy will be subject to a bi annual review by the Social Work Department in line with the SPC policy pathway and evidence based best practice.

4.0 Data Protection

- 4.1. All personal data collected will be processed in compliance with the SPC Data Protection Policy, legislation and regulations.

5.0 Appendix 1

- 5.1. Volunteer Application form

Volunteer Application Form



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|---|--|
| Volunteer Details Name: _____ Address: _____ _____ Mobile: _____ | Person Supported Details Name: _____ House: _____ |
| Category of Volunteer; Employee Volunteer <input type="checkbox"/> Subject Matter Expert <input type="checkbox"/> External Volunteer <input type="checkbox"/> | |
| Why would you like to volunteer at SPC? _____ _____ _____ _____ | |
| Applicant Signature: _____ Date: _____ | |
| Received & Acknowledged by Social Work Department: Name: _____ Signature: _____ Date: _____ | |
| Approval by Social Work Department: I _____ Approve/Do Not Approve of _____ Volunteering with SPC. I also confirm that I have informed the family of the person supported regarding the commencement of a volunteer. Signature: _____ Date: _____ | |
| Confidentiality Policy I _____ confirm that I have read and will comply with SPC Confidentiality Policy. Signature: _____ Date: _____ | |

Please complete the below 3 sections if you are an Employee Volunteer

1) Meeting with Team Leader/PIC

I _____ confirm that I have met with Team Leader/PIC _____ and that I've been made aware of the Intimate Care Plans, Risk Assessments and other relevant care plans related to the person supported.

Applicant Signature: _____ Date: _____

Team Leader/PIC Signature: _____ Date: _____

2) Checklist

Gardaí Vetting form completed & sent to HR with necessary ID
(This is only required if your current Gardaí Vetting is out of date)

This is not a requirement for an External Volunteer engaged in activities, not involving a person supported

Mandatory Training

- 1. Manual & Patient Handling
- 2. Fire Level 1
- 3. Introduction to Children First Online (www.hseland.ie)
- 4. Safeguarding Vulnerable Persons

Mandated Training: (Cross out ones that aren't required for Person Supported)

- 1. Epilepsy & Buccal Midazolam
- 2. Oxygen Therapy
- 3. Basic Life Support
- 4. Studio 3
- 5. Medication Administration
- 6. Food Hygiene
- 7. Dysphagia Training
- 8. Lámh Module One
- 9. Peg Care

3) Confirmation of Training & Gardaí Vetting

I _____ confirm that I have completed the above mentioned training and returned the completed Gardaí Vetting form to the HR Office (If required).

Signed: _____ Date: _____

3 Month Update

| | |
|---|--------|
| Date: _____ Sign: _____ Sign: _____ | Notes: |
| Date: _____ Sign: _____ Sign: _____ | Notes: |
| Date: _____ Sign: _____ Sign: _____ | Notes: |
| Date: _____ Sign: _____ Sign: _____ | Notes: |

Annual Review

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|---|--------|
| Date: _____ Sign: _____ Sign: _____ | Notes: |
| Date: _____ Sign: _____ Sign: _____ | Notes: |
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