

# SOCIAL BUDDIES

## PROCESS MANUAL

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**“DON'T WALK IN FRONT OF ME... I MAY NOT FOLLOW  
DON'T WALK BEHIND ME... I MAY NOT LEAD  
WALK BESIDE ME... JUST BE MY FRIEND”**

**– Albert Camus**

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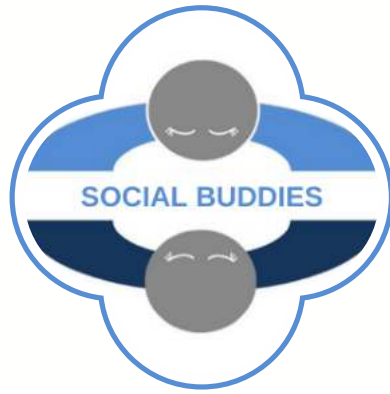
# OVERVIEW OF THE SERVICE

The Social Buddies programme is a befriending service which matches volunteers with individuals with Intellectual Disability for leisure purposes. The service assists HSE day services, section 38/39-day services, and private organisations who work with people with intellectual disability to realise social goals that their service users have identified in their PCP plan. The programme is informed by the HSE New Directions policy and uses a person-centred approach where individuals with intellectual disability can pursue an activity of their choice in their own community or online assisted by a volunteer. The service is designed to operate after 5pm and at weekends when day services are closed.

Participants are matched with volunteers based on common interests, age and location with the view to developing social connections for individuals outside of service settings. Linking with volunteers gives people direct access to the wider community and improves social outcomes for people who wish to take part in social activity in their own community or online. All expenses related to attending social events are covered by participants and volunteers themselves.

Outings may cover a range of social activities such as going for coffee, participating in sport, and leisure - swimming, art, craft, cinema and more. Participants in the programme will be supported by the social buddies coordinator until the participant and volunteer feel comfortable to continue the activity on their own. All outings are monitored by the Social Buddies Coordinator beforehand and after each social outing. Volunteers and participants /families give feedback to the coordinator after every outing on how successful the outing was. A risk assessment is carried out in advance of activities to ensure health and safety of all involved. Volunteers are trained and are Garda vetted before matching takes place.

E-Social Buddies is an online version of the social buddies' programme where individuals can connect with friends and meet new people. Participants meet in small groups doing fun activities online. This may include teatime chats, music sessions, dancing and much more. Activities are supported by volunteers. Volunteers.



## VALUES

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***Social Buddies values an individuals right to live a socially fulfilling life of their own choosing in a socially inclusive and diverse Society.***

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## AIM

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***The aim of the Social Buddies Service to support individuals with intellectual disability to connect to the local community, fulfil social goals and make new friends assisted by a trained and vetted Volunteer***

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## REFERRAL PROCESS

A step-by-step process has been developed for the processing and monitoring of referrals to the Social Buddies programme.

### 10 STEP REFERRAL PROCESS

- 1 COMPLETE REFERRAL FORM
- 2 REFERRAL MEETING -SB COORDINATOR AND KEY WORKER /NOK
- 3 COMPLETE PCP THINKING TOOLS
- 4 PCP RESULTS MEETING -SB COORDINATOR AND KEY WORKER/NOK
- 5 GENERAL RISK ASSESSMENT
- 6 COMPATABILITY ASSASSMENT
- 7 MEET AND GREET AND FEEDBACK SESSION
- 8 ACTIVITY ACTION PLAN
- 9 COMPLETE FEEDBACK FORM WITH REFERRED PERSON
- 10 FEEDBACK/MONITORING SESSION KEY WORKER/NOK SBCOORDINATOR



## STEP ONE COMPLETE SOCIAL BUDDIES REFERRAL FORM

The referral form is completed by The Key Worker in day service or NOK and the referred person. If the referral is carried out through the day service The Staff team process the referral through the day service.



A key Worker is designated by the Service manager to work with the Social Buddies Coordinator to process referrals. The Key Worker has a central role in the referral process. They can provide important information on the support needs of the referred person. If the person is being referred by an NOK the same process is carried out and the NOK acts as a key worker.



## Social Buddies Referral Form

{All information supplied will be treated with strictest confidence and will be used solely in relation to volunteering activities}

Name of Individual who requires a Social Buddy	
DOB	DAY.....MONTH.....YEAR.....
Next of Kin	
Home Tel No.	
Mobile	
Address	
EIRCODE	
Name of Day Servic	



<p>What is my disability</p>	
<p>What are my support needs (sensory, behaviour, Medical)</p>	
<p>Reason for the referral: What would you be interested in obtaining from the initiative?</p>	
<p>Are there any particular skills, interests &amp; personal qualities necessary that the volunteer might require?</p>	

<p>Brief description of my abilities &amp; interests:</p>	
<p>Which days and at what times per month might the volunteer be required?</p>	

Referred By: \_\_\_\_\_

Contact number: \_\_\_\_\_

Signed by individual: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed forms to:

(Name of Coordinator)

.....

Phone No.....

Email: .....



## STEP 2

# REFERRAL MEETING - THE SOCIAL BUDDIES CO-ORDINATOR AND THE KEY WORKER /NOK



When the referral has been processed by the Social Buddies Coordinator a meeting between the Key Worker/NOK and the Social Buddies Coordinator is held to discuss the referral in more detail. This meeting is for the purpose of identifying what social supports the referred person will need and what personality type will suit the referred individual. Building good communication with the Key worker/NOK is an important element in the success of the Social Buddies process.



Referred person \_\_\_\_\_ Key worker: \_\_\_\_\_

Date: \_\_\_\_\_

Topic of discussion:

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Key areas to consider re referral form:

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Social Buddies Co-ordinator signature: \_\_\_\_\_

Key worker signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STEP 3

# COMPLETE INTEREST CHECKLIST AND MY ONE PAGE PROFILE -



The Key worker /NOK assists the referred person to complete the "***My one page profile***" which allows the referred person to identify their strengths, what's important to them and what their support needs are.

***"The Interest checklist"*** is used to identify particular social activities the referred person has an interest in pursuing in the local community. It also allows the person to clarify activities they do not enjoy participating in.

Name: .....  
Age:.....  
Where I'm From:  
.....

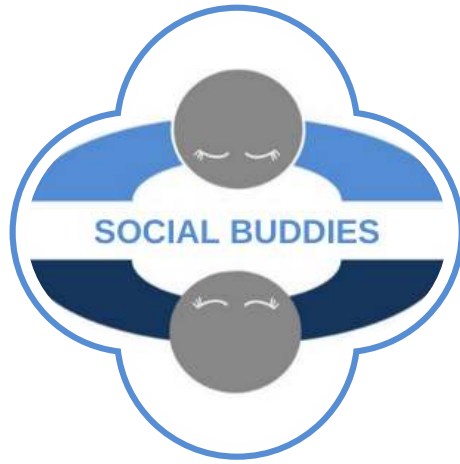
INSERT  
SERVICE  
LOGO

# MY ONE PAGE PROFILE

WHAT PEOPLE APPRECIATE ABOUT ME

WHATS IMPORTANT TO ME:

WHAT MY SUPPORT NEEDS ARE:







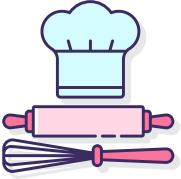





## INTEREST CHECKLIST:










Name: \_\_\_\_\_


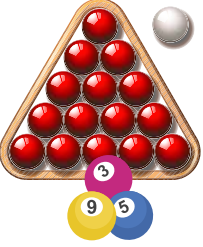

Facilitated by: \_\_\_\_\_






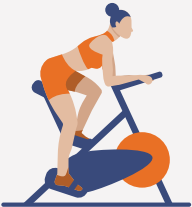





Date: \_\_\_\_\_

EDUCATION / UP SKILL	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	COOKERY CLASS				
	GARDENING				
	IT SKILLS TRAINING				
	READING & WRITING				
	MONEY MANAGEMENT				
	INDEPENDENT LIVING SKILLS				



EDUCATION / UP SKILL	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	<p><b>PERSONAL &amp; SOCIAL SKILLS</b></p>				
	<p><b>TRAVEL TRAINING</b></p>				
	<p><b>FOOD SHOPPING</b></p>				
	<p><b>ADVOCACY</b></p>				
	<p><b>ART &amp; CRAFTS</b></p>				







HEALTH AND FITNESS	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	GOLF				
	HORSE RIDING				
	SNOOKER/POOL				
	FITNESS CLUB				
	BASKETBALL				
	BOWLS				

HEALTH AND FITNESS	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	CYCLING				
	GYM				
	SWIMMING				
	TENNIS				
	WALKING				
	YOGA				
	FOOTBALL				

HOBBIES	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	NEEDLE WORK				
	SPA / RELAXATION				
	MANICURE / PEDICURE				
	REFLEXOLOGY				
	FACEBOOK				
	INSTAGRAM				
	WHATSAPP				










HOBBIES	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	VIBER				
	I POD/ MUSIC STREAMING				
	RADIO				
	TELEVISION				
	I PAD /COMPUTER				
	BINGO				

HOBBIES	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	BOOKS				
	BOARD GAMES				
	XBOX				
	PLAYSTATION				
	PUZZLES / JIGSAWS				

HOBBIES	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	YOUTUBE				
	CAR VALET				
	MUSIC				
	NEWSPAPERS				
	PLAYING CARDS				

<b>LEISURE ACTIVITIES</b>	<b>ACTIVITY</b>	<b>LIKE</b> 	<b>OK</b> 	<b>DON'T LIKE</b> 	<b>WOULD TRY</b> 
	<b>RESTAURANTS / EATING OUT</b>				
	<b>THEATRE</b>				
	<b>CINEMA</b>				
	<b>BOWLING</b>				
	<b>SIGHT SEEING</b>				



	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	RELIGION/FAITH				
	FESTIVALS				
	COMMUNITY EVENTS				
	NIGHT CLUB				
	MUSIC NIGHTS				

	ACTIVITY	LIKE 	OK 	DON'T LIKE 	WOULD TRY 
	HOLIDAYS				
	FOOTBALL MATCH				
	SPECIAL OLYMPICS				
	CLOTHES SHOPPING				
	MAKE -UP				

**ANY OTHER RELEVANT INFORMATION?**

**INTEREST CHECKLIST SUMMARY**

<b>LIKES</b>	<b>WANT TO TRY</b>

<b>SHORTLIST</b>		<b>ACTION PLAN</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		



## STEP 4

# MEETING – SB COORDINATOR AND KEY WORKER/NOK TO DISCUSS RESULTS.



When the referred person has completed the pcp thinking tools the Key worker/NOK returns the forms to the SB coordinator. At this point the key worker and SB coordinator will have a meeting to discuss the results. The information gathered is used to build a profile of the person which can be used when matching them with a compatible Volunteer with similar interests.



Purpose of the Meeting

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Date: \_\_\_\_\_

Summary of results :

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Identify special Interests:

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additional support information :

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Signed by Social Buddies Co-ordinator \_\_\_\_\_

Date \_\_\_\_\_

Signed by Key worker \_\_\_\_\_



## STEP 5

# GENERAL RISK ASSESMENT



A general risk assesment is carried out by the Key worker/NOK and the SB coordinator to identify any potential risks or hazards. The risk assesment is completed before each social outing . Positive risk is an important aspect of fulfilling social goals, however risk reduction or elimination is essential for health and safety of all participants .

# Risk Assessment Form

<b>Division:</b>			<b>Source of Risk:</b>		
<b>HG/CHO/NAS/Function:</b>			<b>Primary Impact Category:</b>		
<b>Hospital Site/Service:</b>			<b>Risk Type:</b>		
<b>Dept/Service Site:</b>			<b>Name of Risk Owner (BLOCKS):</b>		
<b>Date of Assessment:</b>			<b>Signature of Risk Owner:</b>		
<b>Unique ID No:</b>			<b>Risk Co-Ordinator</b>		
<b>*Risk Assessor (s):</b>					
HAZARD & RISK DESCRIPTION		EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
INITIAL RISK			RISK STATUS		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed





## STEP 6

# COMPATABILITY ASSESSMENT



A compatibility assessment is undertaken by the SB coordinator for the purpose of matching a potentially suitable Volunteer with the referred person. The compatibility assessment is based on Interests, age and location. The aim is to match referred individuals with a volunteer of a similar age who enjoys the same social activities and who lives in the local community .

# Social Buddies Compatibility Assessment



<b>DATE</b>	
<b>NAME OF INDIVIDUAL</b>	
<b>NAME OF VOLUNTEER</b>	
<b>NAME OF KQW WORKER/NOK</b>	
<b>NAME OF SB COORDINATOR</b>	
<b>ANY OTHER RELEVANT INFORMATION</b>	



A large, empty, rounded rectangular box with a blue border, intended for writing notes related to common interests.



A large, empty, rounded rectangular box with a blue border, intended for writing notes related to location.



A large, empty, rounded rectangular box with a blue border, intended for writing notes related to age group.



## STEP 7

# MEET AND GREET AND FEEDBACK SESSION



Once a compatible match is found a "Meet and Greet" is arranged for the volunteer and the referred person at the service day centre or as arranged with NOK. The SB coordinator and the Key worker/NOK attend the meeting to facilitate introductions. After the meeting has taken place a feedback session is carried out with the referred person. The Key worker/NOK and referred person complete the first meet feedback form .

## FEEDBACK FORM - MEET AND GREET



HOW DID YOU GET ON WITH THE VOLUNTEER?



GOOD



OK



NOT GOOD

YOUR NAME \_\_\_\_\_

DATE \_\_\_\_\_

WOULD YOU LIKE TO MEET THEM AGAIN?



ANY OTHER COMMENTS

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## STEP 8

# ACTIVITY ACTION PLAN-CONSENT FORM



When the referred person is happy to continue with the match an activity plan is made. The Key worker /NOK assists the person to find a social activity they would like to attend in the local community with their Social Buddy. The photo and video consent form is also completed at this time. The SB coordinator liaises with the Key worker/NOK and the Volunteer to finalise a timetable for the social outing.

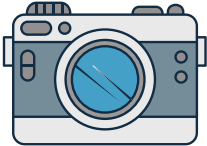




# ACTIVITY ACTION PLAN & CHECKLIST

Date		
		
Time		
Activity- What activity are we doing?		        
Transport/Travel How will I get there?		   
What do I need to bring?		    
Contact information I need to have		



# REFERRED PERSON CONSENT FORM

<p><b>DO YOU AGREE TO PHOTOGRAPHS BEING TAKEN OF YOU ON SOCIAL OUTINGS WITH YOUR BUDDY (VOLUNTEER)?</b></p>		<p><b>YES</b></p>	<p><b>NO</b></p>
<p><b>DO YOU AGREE TO BE VIDEOED WHEN YOU ARE OUT ON SOCIAL OUTINGS WITH YOUR BUDDY (VOLUNTEER)?</b></p>		<p><b>YES</b></p>	<p><b>NO</b></p>
<p><b>IF YOU HAVE ANSWERED YES ABOVE: I HAVE BEEN TOLD THAT I MAY ASK AT ANY TIME FOR SOME OR ALL OF THE CONTENTS OF THE PHOTO/VIDEO TO BE DESTROYED.</b></p>			
<p><b>SIGNATURE .....</b></p> <p><b>DATE .....</b></p>			





## STEP 9









# COMPLETE FEEDBACK FORM WITH REFERRED PERSON



After each activity the Key worker/NOK carries out a feedback session with the referred person to assess the success of the activity from the the participants perspective. The Key worker facilitates the referred person to complete the "Activity Feedback Form" . The Key worker will take note of how confident the person feels about going out again with their matched volunteer.



# ACTIVITY FEEDBACK FORM

NAME			
DATE			
WHAT ACTIVITY DID YOU DO?			
WAS THE ACTIVITY GOOD?			
	GOOD	OK	NOT GOOD
HOW ARE YOU GETTING ON WITH YOUR BUDDY- VOLUNTEER?			
	GOOD	OK	NOT GOOD
WOULD YOU LIKE TO GO OUT WITH YOUR SOCIAL BUDDY AGAIN?			
ANY OTHER COMMENTS:			



## STEP 10

# MONITORING MEETING - KEY WORKER/NOK AND SB COORDINATOR



When the referred person has completed the feedback form the Key worker /NOK and the SB coordinator hold a monitoring meeting to discuss feedback from the referred person on how well the social outing went. The purpose of the monitoring meeting is to assess what worked well and what didn't work well for the referred person and what adjustments need to be made to improve the experience for them going forward. This process of monitoring is carried out after every social outing.



## SOCIAL BUDDIES PARTICIPANT MONTHLY ACTIVITY TRACKER

ACTIVITY/NAME/ DATE	ACTIVITY FEEDBACK	SB COORDINATOR/KEY WORKER SIGNATURE
ACTIVITY:  NAME: DATE:  TIME :		
ACTIVITY:  NAME: DATE:  TIME :		
ACTIVITY:  NAME: DATE:  TIME :		
ACTIVITY:  NAME: DATE:  TIME :		



*“There’s a very deep connection among human beings.  
All we have to do is open our minds to it.”*

*Yanni*



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## PART II

# VOLUNTEER APPLICATION PROCESS

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**A step-by-step process has been developed for the processing and monitoring of volunteers to the Social Buddies programme.**

## **10 STEP VOLUNTEER PROCESS**

- 1 COMPLETE APPLICATION FORM**
- 2 GARDA VETTING PROCESS**
- 3 INTRODUCTION /INTERVIEW**
- 4 INDUCTION**
- 5 TRAINING SCHEDULE**
- 6 COMPATABILITY ASSASSMENT**
- 7 MEET AND GREET AND FEEDBACK SESSION**
- 8 CREATE ACTIVITY ACTION PLAN AND PUT INTO ACTION**
- 9 FEEDBACK SESSION/ COMPLETE VOLUNTEER FEEDBACK FORM**
- 10 MONTHLY MONITORING MEETING- SB COORDINATOR AND VOLUNTEER**



# STEP 1

## RECRUITMENT AND SELECTION OF A SOCIAL BUDDY VOLUNTEER



On enquiry by the volunteer it is explained that the procedure for recruitments is as follows:

- Applicants must be over 18.
- Applicants must Complete a detailed application form.
- A self declaration form is completed by applicants
- 2 referee written checks, one of whom must be a recent employer. Volunteers are made aware that referees will be contacted by phone, by team.
- A Garda vetting check to be completed.
- Induction meeting with the Social Buddy Co-ordinator.
- Applicants must complete mandatory training for the role.
- there will be a trial period (6 months) when matched with a buddy.

New volunteers are to be made aware that all criteria must be completed before they are deemed to be a suitable volunteer.





## **INTRODUCTORY PHONECALL BETWEEN SOCIAL BUDDIES CO-ORDINATOR AND THE VOLUNTEER:**



### ***Conversation prompts to guide you:***

Social Buddies Co-ordinator and volunteer.

Hello & thank you for applying to be part of the Leisure Buddies Initiative. Introduce yourself. Explain about the initiative in more detail and clarify anything needed before the application pack sent out.

### ***Ask a few informal questions:***

- What motivated you to apply for the role?
- Where did you see the advertisement?
- Are you happy to meet for a chat with the team and complete appropriate training/induction to your role?

**Volunteer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Record of discussion:**

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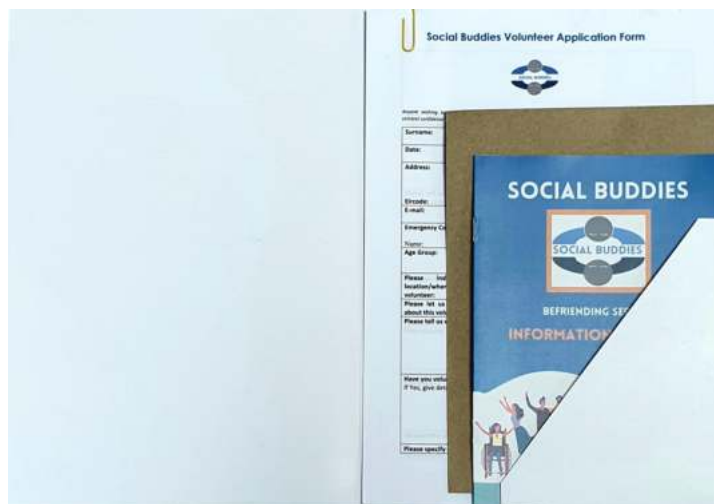
**Social Buddies Co-ordinator signature:**

-----  
**Date:** \_\_\_\_\_



## **VOLUNTEER APPLICATION PACK INCLUDES:**

- Detailed application form & cover letter
- Garda Vetting Form & GV guidelines
- Self-declaration Form
- Countries of residence
- International Police Clearance (if applicable)



## **REFERENCE FORMS INCLUDE:**

- Volunteers give contact details (address & phone numbers) of 2 referees that can be contacted for a written reference, one of whom must be a recent employer. If this is not feasible the volunteer must provide explanation for these details being omitted.
- Volunteers are informed that the referees will be contacted by phone by the HR team.
- They are also informed that friends or relatives are not deemed suitable referees.
- Standard reference forms are e-mailed (preferably) or posted to referees with a cover letter explaining the role/position sought by the volunteer.
- Copies of previous reference(s) produced by the volunteer are not acceptable, only template supplied by the Social Buddies Initiative.



# SOCIAL BUDDIES VOLUNTEER APPLICATION FORM

Anyone wishing to participate as a volunteer must be 18 years of age or over. Information will be treated in the strictest confidence.

Please attach a picture of two photo Id's (PASSPORT/PPS CARD / DRIVING LICENCE) side by side along with the Application form.

SURNAME:		FIRST NAME:	
DATE:		TEL:	
ADDRESS:			
EIRCODE:			
EMAIL:		GENDER:	
EMERGENCY CONTACT DETAILS		NAME RELATIONSHIP : TEL:	
CURRENT LOCATION- WHERE YOU WOULD LIKE TO VOILUNTEER:			
WHY WOULD YOU LIKE TO VOLUNTEER WITH SOCIAL BUDDIES?			
AGE GROUP	18-25 <input type="checkbox"/>	26-40 <input type="checkbox"/>	41-55 <input type="checkbox"/>
	OVER 55 <input type="checkbox"/>		

**HAVE YOU VOLUNTEERED BEFORE?  
IF YOU HAVE, PLEASE GIVE DETAILS OF ROLE .**

**PLEASE SPECIFY ANY WORK-RELATED EXPERIENCE:**

**WHAT HOBBIES/SKILLS/INTERESTS/PERSONAL QUALITIES DO YOU HAVE THAT MAY BE RELEVANT TO THE  
VOLUNTEER ROLE YOU HAVE APPLIED FOR?**

**PLEASE TELL US ABOUT ANY EDUCATIONAL BACKGROUND, WORKOR VOLUNTARY EXPERIENCE YOU HAVE THAT  
WOULD BE RELEVANT TO THE ROLE YOU ARE APPLYING FOR:**

**WHEN ARE YOU AVAILABLE TO VOLUNTEER?  
PLEASE SPECIFY DAYS OF WEEK AND TIME OF THE DAY.**

HAVE YOU ANY QUESTIONS OR CONCERNS ABOUT THE WORK?

IS THERE ANY PERSONAL OR HEALTH ISSUES THAT MAY AFFECT YOUR WORK AS A VOLUNTEER ?  
IF SO, GIVE DETAILS:

DO YOU HAVE A FULL DRIVERS LICENCE?

YES

NO

WHERE DID YOU HEAR OF THIS IVOLUNTEERING ROLE?

**PLEASE NOTE GARDA VETTING IS A REQUIREMENT OF THE SOCIAL BUDDIES VOLUNTEERING ROLE**

PLEASE RETURN COMPLETED FORM TO:

.....  
.....  
.....  
.....  
.....  
.....



PLEASE COMPLETE THE FOLLOWING SECTION IF YOU WOULD LIKE TO BECOME AN E-SOCIAL BUDDY

DO YOU WISH TO BECOME AN E-SOCIAL BUDDY

YES

NO

WHAT IS YOUR EXPERIENCE USING ONLINE PLATFORMS?  
E.G WATSAPP/ZOOM

**REFERENCES- PLEASE SUPPLY NAME, ADDRESS AND CONTACT DETAILS OF TWO REFEREES (NON RELATIVE) WHOM YOU HAVE KNOWN FOR TWO YEARS. ONE MUST BE A RECENT EMPLOYER**

<b>name</b>	<b>name</b>
<b>ADDRESS</b>	<b>ADDRESS</b>
<b>TEL:</b> <b>EMAIL:</b>	<b>TEL:</b> <b>EMAIL:</b>

SIGNED-----Volunteer

DATE-----

-

singed-----Social Buddies Coordinator

DATE-----



**SOCIAL BUDDIES VOLUNTEER REFERENCE FORM (PRIVATE & CONFIDENTIAL)**

**Applicant's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you known the applicant?

What is your relationship with the applicant?

**How would you rate the applicant from your perspective in the following areas?**

	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY
Communication & Interpersonal Skills				
Punctuality / Time keeping				
Dependability / Reliability				
Honesty / Trustworthiness				
Flexibility				
Values & Attitudes				
Ability to show initiative				

**From your knowledge of the applicant, are you aware of any reasons why we should not accept their application to become a volunteer?**

**Please give your impressions of the applicant's suitability as a volunteer and their ability to engage & work with people with a disability:**

**Any other comment's that you wish to add:**

**Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Contact Phone No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICAL USE ONLY:**

**Date received:** \_\_\_\_\_

**Reference verified by Phone:** \_\_\_\_\_





## SELF-DECLARATION FORM

I \_\_\_\_\_ declare that I am currently physically and mentally fit for the purpose of the volunteer work that I am intending to do within CHO1 Disability Services.

Signed \_\_\_\_\_ Volunteer.

Date: \_\_\_\_\_

Signed \_\_\_\_\_ Social Buddies Co-ordinator.

Date: \_\_\_\_\_





## STEP 2

### GARDA VETTING PROCESS



Garda vetting/Police Clearance can be a time-consuming process. In order to streamline the process, Volunteer centres in each county offer a Garda vetting service. To avail of the service the initiative must first become an affiliate of Volunteer Ireland. The initiative can then enter a service delivery agreement with the volunteer centre in the local area to process all Garda vetting for the programme. Applicants complete and return the Vetting invite form to the SB coordinator who then passes it on to the Volunteer centre for processing.

(Please note a photocopy of the form will not be accepted). a picture of two photo ID (passport/driving licence/pps card) must accompany the vetting invite. When the vetting invite has been processed by the Volunteer centre the applicant will be notified by email with a link to complete the vetting process online.



## GARDA VETTING PROCESS:

- The standard Garda Vetting form (NVB 1) Vetting Invitation, the ID checklist and FAQ form are read, completed and returned by post to the SB coordinator by the Volunteer applicant. (a photocopy of the form will not be accepted)
- Volunteers must produce 2 forms of Identification (100pts) -refer to ID checklist.
- International police checks are provided (if applicable).
- The signed and completed vetting form (NVB 1), 2 x forms of ID are processed through the Garda vetting portal.
- The Garda Vetting process takes on average 3-6 weeks.
- In order to receive international vetting applicants must contact their national embassy and request the necessary forms. (Your embassy will advise you of the process involved).

A photocopy of two official ID cards must be attached to Garda vetting invitation





volunteer centre  
Ionaid d'Obair Saorálaí Chonradáir Éireannach nGall

Your Ref:

--

Form NVB 1

## Vetting Invitation

### Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):																						
Middle Name:																						
Surname:																						
Date Of Birth:																						
Email Address:																						
Contact Number:																						
Role Being Vetted For:																						
Current Address:																						
Line 1:																						
Line 2:																						
Line 3:																						
Line 4:																						
Line 5:																						
Eircode/Postcode:																						

### Section 2 – Additional Information

Name Of Organisation:

--

I have provided documentation to validate my identity as required *and* I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box

Applicant's  
Signature:

--

Date: 

--	--	--

 / 

--	--	--

 / 

--	--	--	--

Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.



## STEP 3

### INTRODUCTION /INTERVIEW

An interview with the vetted volunteer is carried out by the Social Buddies Coordinator to introduce them to the programme .This can be carried by video call



*Important areas to focus on during the interview are as follows:*

- Explain the role of the volunteer in the Social Buddies programme
- The volunteer's experience in volunteering.
- Ascertain the candidate's knowledge of supporting individuals with social needs.
- Discuss the days/hours the candidate is available.
- Outline what training/supports will be available to them.



## SAMPLE INTERVIEW QUESTIONS



- **Have you volunteered before (asked on application form)? Tell me about it. Tweak question to suit potential volunteer.**
- **What interests you most about volunteer work? What made you choose the Leisure Buddies Initiative to volunteer with?**
- **What would you like to get out of the volunteering experience? What kind of satisfaction do you get from this type of work?**
- **Have you ever worked/ volunteered with someone who has a disability? If so, what was that experience like for you?**
- **What do you do in your spare time? (By finding out you may have clues to their skills and talents which will help place them in the appropriate role)**  
Q. **Similar question: What are your hobbies and interests?**
- **Are you willing to attend training/ induction session to assist you in your volunteer role?**

### **Availability:**

We ask that volunteers commit to a year volunteering obviously can volunteer longer than this but we ask for this commitment to avoid disappointing the individuals who use our service by forming a friendship and then leaving in a couple of months.

Q. How will volunteering with Social Buddies affect the time balance in your life? How will you plan for that?

(This question emphasises the need for prospective volunteers to consider their volunteer commitment seriously and plan for the change it will create in their lives)

### **Any Questions?**

The next stage is training, then matched up with an participant then introduced to their new buddy/group.

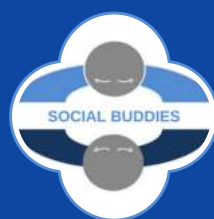
Let the person know when they can expect to hear from you- a week.

Thank volunteer for coming and for their interest in the initiative

The Social Buddies Coordinator will arrange a meet and greet opportunity with the candidate and the participant. They will consist of the following: -

Referred participant

Social Buddies Coordinator.



## STEP 4

### INDUCTION

FORMS TO BE SIGNED AT  
INDUCTION



- Volunteer self declaration
- Volunteer confidentiality agreement
- Volunteer privacy statement declaration
- Use of photographs/ videos on social outings declaration
- Policy procedure protocol and guideline signature sheet
- COVID-19 Symptom free health declaration (day before social outing)
- Important contact details of your buddy
- One page profile
- My needs and what to be mindful about on social outings - Risk assessment details for volunteer
- Social Media & Digital Policy



## **THE SOCIAL BUDDIES CONFIDENTIALITY AGREEMENT**

### **Confidentiality:**

**In the course of the Leisure Buddies Volunteering programme's daily duties, you may have access to, or hear information concerning the medical or personal affairs of service users or staff, or other health service business. Such records and information are strictly confidential. On no account must information concerning staff, individuals who use the service or other health service business be divulged or discussed inappropriately inside or outside your role as a Leisure Buddies volunteer or at any time thereafter.**

**In addition records must never be left in such a manner that unauthorised persons can obtain access to them and records must be kept in safe custody when no longer required.**

**Please sign below if you have read and understood the content of this statement.**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## VOLUNTEER AGREEMENT

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Commencement Date: \_\_\_\_\_

End Date: (Minimum 1-year commitment)

\_\_\_\_\_

Area of Assignment \_\_\_\_\_

Number of hours per month: \_\_\_\_\_

### **Description of the Role:** (See 'Role of the Volunteer')

It is important that you do not carry out any tasks not listed in this document for example intimate care, administering medication.

### **Probationary Period**

Confirmation of continued volunteering will be subject to satisfactory completion of a probationary period which will be six months, but may be extended at the discretion of the \_\_\_\_\_ Disability Services.

### **Notice**

You are requested to give at least one month's notice of your intention to cease volunteering duties.

### **Induction**

Before commencing volunteering duties, you will be required to attend an induction to familiarise yourself with the environment, the health & safety principles and many other facets of working as a Social Buddies volunteer within the \_\_\_\_\_ Disability Services.

## **Unavailability to Attend**

Should you be unavailable, for any reason, to fulfil your volunteering commitment, you are required to inform the Individual who uses the service, Leisure Buddies Co-ordinator / key worker/ on call nominated person at the earliest possible opportunity.

## **Insurance**

You will be covered for insurance purposes for personal injury under the Disability Adult Services' public liability policy. \_\_\_\_\_ Disability Services do not accept responsibility for the loss of any personal possessions or valuables.

Volunteers who wish to use their own vehicles are responsible for notifying their own insurer of any driving activities by informing them that they are working in a voluntary capacity and request a letter of indemnification stating that the HSE is indemnified. The letter should also state the car registration number and when the policy is due for renewal. State indemnity cannot be extended to cover an individual's negligence while using his or her own private vehicle in a volunteer role. A copy should be forwarded to the Leisure Buddies Co-ordinator who will in turn contact the HR Department in relation to this development.

The State Claims Agency (SCA) confirms that the Health Service Executive (HSE), its servants and/or agents, will be indemnified by the State in respect of any claims for personal injury and third party property damage, arising from the negligence of the HSE, its servants and/or agents in respect of volunteers engaged by the HSE. This indemnity extends to cover only the negligence of the HSE, its servants and/or agents, and does not extend to indemnify any third party, its servants and/or agents concerning any negligent act or omission by the latter by reference to Statute or at Common Law.

## **Health & Safety**

You have a responsibility to ensure that whatever activity you are engaged in is carried out with due regard to your own safety and the safety of others, especially individuals who use the service. Appropriate health and safety awareness is part of the training volunteers receive.

## **Responsibility for Disability Services Property**

You have a responsibility to take care of any Disability Services property that comes into your possession or under your control, and to ensure that no Disability Services property is removed from the Disability Services or left unsecured.

## **Wills and Legal Documents**

It is important that you do not witness a will or other legal document for an individual who uses the service, resident, or relative or friend of a resident.

Contact the Leisure Buddies

Co-ordinator/ Nominated person.

## **Confidentiality**

You may come across information concerning the medical or personal affairs of individuals who use the service, their relatives or staff. Such information is strictly confidential and must not be discussed or divulged to anyone.

The volunteer signs a confidentiality agreement at the induction stage.

Variation of Agreement

The terms of this agreement may be varied at any time by mutual consent.

Any changes to the agreement will be confirmed in writing.

I \_\_\_\_\_, confirm that I have read and fully understand the terms of this agreement and I confirm that I will abide by the provisions contained therein. I accept that there will be no remuneration paid in respect of my voluntary service.

Signed: \_\_\_\_\_ Volunteer

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Leisure Buddies Co-ordinator

Date: \_\_\_\_\_

On behalf of the .....Disability Services.



## Policy, Procedure, Protocol and Guideline Signature

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol and Guideline:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Area of Work \_\_\_\_\_

Date \_\_\_\_\_



## Risk assesment Signature

Please tick the box when you have read all risk assessments relevant to your role as a volunteer

I \_\_\_\_\_ as a volunteer have read the relevant risk assessments and am happy to proceed with my buddy on social outings monthly.

Volunteer Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Social Buddies Co-ordinator

\_\_\_\_\_



## Social Buddies Self Declaration:

I \_\_\_\_\_ declare that I am currently physically and mentally fit for the purpose of the volunteer work with Leisure Buddies that I am intending to do within \_\_\_\_\_ HSE Disability Services.

Signed \_\_\_\_\_ Volunteer.

Date: \_\_\_\_\_

Signed \_\_\_\_\_ Leisure Buddies Co-ordinator.

Date: \_\_\_\_\_

Self-Declaration \_\_\_\_\_



## IMPORTANT CONTACT DETAILS

<b>Buddy's contact number (if applicable)</b>	
<b>Next of Kin first name:</b> <b>Tel no:</b>	
<b>Leisure Buddies Co-ordinator:</b>	
<b>Day Service Centre Contact Number:</b>	
<b>Emergency services:</b>	<b>999 or 112</b>
<b>Centre Coordinator:</b>	
<b>Key worker:</b>	
<b>HSE On Call Management Team after 5pm weekdays &amp; all weekend:</b>	

Name: .....  
Age:.....  
Where I'm From:  
.....

**MY  
ONE PAGE PROFILE  
(Volunteer)**

**WHAT PEOPLE APPRECIATE ABOUT ME**

**WHATS IMPORTANT TO ME:**

**WHAT MY SUPPORT NEEDS ARE:**



## SOCIAL BUDDIES VOLUNTEER INTEREST CHECKLIST

EDUCATION/UPSKILL		DEGREE OF INTEREST			
INTEREST	ADDITIONAL INFORMATION (RELEVANT COURSES I HAVE COMPLETED )	LIKE	ITS OK	DONT LIKE	WOULD TRY
FORMAL LEARNING					
Cooking					
Mechanic					
Woodwork					
first aid					
Beauty therapy/self-care					
Literacy/Reading					
Art					
Gardening					
Photography					
Sewing					
Radio					
Puzzles					





HEALTH AND FITNESS		DEGREE OF INTEREST			
INTERESTS	ADDITIONAL INFORMATION	LIKE	ITS OK	DONT LIKE	WOULD TRY
GOLF					
SNOOKER/POOL					
YOGA					
AEROBICS					
MARTIAL ARTS					
BOXING					
BASEBALL					
BOCCIA					
CYCLING					
FOOTBALL					
WALKING					
GYM					



HEALTH AND FITNESS		DEGREE OF INTEREST			
INTERESTS	ADDITIONAL INFORMATION	LIKE	ITS OK	DONT LIKE	WOULD TRY
RUNNING					
BADMINTON					
TENNIS					

HOBBIES		DEGREE OF INTEREST			
INTERESTS	ADDITIONAL INFORMATION	LIKE	ITS OK	DONT LIKE	WOULD TRY
Farming YouTube Computers					
CARS					
ANIMALS					
RELAXATION					
POTTERY					
ARTS /CRAFTS					



HOBBIES		DEGREE OF INTEREST			
INTERESTS	ADDITIONAL INFORMATION	LIKE	ITS OK	DONT LIKE	WOULD TRY
FARMING					
CARS					
ANIMALS					
RELAXATION					
POTTERY					
ARTS /CRAFTS					
YOUTUBE					
COMPUTERS					
SINGING					
MUSIC					
JIGSAWS					
BAKING					
SHOPPING					



INTERESTS	ADDITIONAL INFORMATION	LIKE	ITS OK	DONT LIKE	WOULD TRY
SOCIAL MEDIA					
WRESTLING					
TV					
BINGO					
READING					
GAMING					
CARD AND BOARD GAMES					

SOCIAL ACTIVITY		DEGREE OF INTEREST			
ACTIVITY	ADDITIONAL INFORMATION	LIKE	IT OK	DONT LIKE	WOULD TRY
RESTURAUNT/PUB					
THEATRE/CINEMA					
OUTDOOR					
COMMUNITY EVENT/CONCERT					



**IS THERE ANY PARTICULAR AREA OF SOCIAL ACTIVITY YOU WOULD LIKE TO EXPAND ON ?  
IF SO PLEASE DISCUSS BELOW  
E.G. (I WOULD LIKE TO DO A COOKERY CLASS)**



### **E-social Buddies**

**THIS SECTION IS SPECIFICALLY FOR ONLINE SOCIAL ACTIVITY**

**WHAT ACTIVITIES/THEMES WOULD YOU FACILITATE ON AN ONLINE HANGOUT  
E.G. I WOULD FACILITATE AN ART ACTIVITY, A SHORT EXERCISE ROUTINE, A QUIZ ETC**



## STEP 5

### TRAINING SCHEDULE -COMPLETION

To become a Social Buddy there are three mandatory HSELand courses that volunteers must complete online . The three courses are as follows:

- **Children First**
- **Safeguarding vulnerable adults at risk of abuse.**
- **Communicating with a person with intellectual disability**

In addition to these courses the volunteer will receive internal training on important aspects of their role at induction





## HOW TO ACCESS TRAINING (ONLINE PLATFORM – HSELAND)

### STAGE 1 – Register online:

1. Google [www.hseland.ie](http://www.hseland.ie)  
This brings you to the home page  
Welcome to HSEland etc.

2. Go to the bottom of page and click on create an account as temporary health service contract or volunteer.

3. This brings you to the page privacy policy Read and if happy click on green button continue to bottom at right hand side.

4. This brings you to the registration page enter all details needed. Make sure you use an active email address (or if you don't have one or access to emails ask someone who you know well to use their email address as all the details in the registration process will come to their email, so you will have to link in with them to verify your details to complete the process.

**NB \* Please remember your username and password you will be asked for it again\***



5. This will bring you to the confirmation page you need to click the box to confirm that all information provided is accurate and up to date & click the green button Finish.
6. This will bring you to the page Email Validation – check that the email you provided is correct if so click on send validation email to your email.
7. Then it will bring you to the page Email Validation sent & then all you need to do is check your inbox.
8. You now need to follow the instructions provided in the email to verify your account.

## **STAGE 2: Log in to site -**

9. Log in with your username and password to get to the home page.
10. Click on the green area on home page – continue a course/ find a course you need to start:
11. Search for topic you need to complete e.g – Children First. Click on title, click enrol, click confirm enrolment and click launch. Complete the training and then X out of the box. Go straight to certificates in centre of screen at top. Click on blue writing for your training topic to print. Print and forward on to E-Leisure Buddies Facilitator.

When training is completed pdf of certificates are emailed to the SB coordinator.





## STEP 6

### COMPATIBILITY ASSESSMENT

A compatibility assessment is undertaken by the SB coordinator for the purpose of matching the volunteer with a compatible referred participant. The compatibility assessment is based on Interests, age and location. Matching volunteers with someone compatible will support the development of peer to peer friendships based on common interests with someone from the local community.





## Social Buddies Volunteer Compatibility Assessment

DATE	
NAME OF volunteer	
NAME OF REFERRED PERSON	
NAME OF KWY WORKER /NOK	
NAME OF SB COORDINATOR	
ANY OTHER RELAVANT INFORMATION	



A large, light pink rectangular box with rounded corners and a thin teal border, intended for notes or answers related to the "Common Interests:" label.



A large, light pink rectangular box with rounded corners and a thin teal border, intended for notes or answers related to the "Location:" label.



A large, light pink rectangular box with rounded corners and a thin teal border, intended for notes or answers related to the "Age Group:" label.



## STEP 7

### MEET AND GREET WITH MATCHED PARTICIPANT

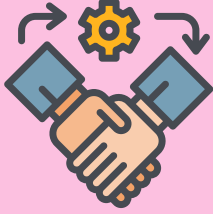
Prior to the first meet and greet with the matched participant the SB coordinator gives the volunteer guidance on how to communicate with their matched person. In particular if the person needs extra time or supports to communicate. This helps the volunteer to communicate effectively with their buddy.

The "Meet and Greet" is arranged for the volunteer and the referred person at the Service Day Centre or as arranged with NOK. The SB coordinator and the Key worker/NOK attend the meeting to facilitate introductions. After the first meet and greet the Volunteer and SB coordinator have a feedback session to assess how well the volunteer felt it went.





## VOLUNTEER FEEDBACK FORM - MEET AND GREET



HOW DID YOU GET ON WITH THE PERSON YOU WERE MATCHED WITH?



YOUR NAME \_\_\_\_\_

DATE \_\_\_\_\_

WOULD YOU LIKE TO MEET THEM AGAIN?

YES

NO

ANY OTHER COMMENTS

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-----

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## STEP 8

### CREATE ACTIVITY PLAN AND PUT INTO ACTION

The SB coordinator works with the matched volunteer using the information garnered through the interest checklists to make a plan to fulfil social goals the matched participant has identified as something they would like to pursue with the support of their social buddy.



The Social Buddies coordinator Liases with the Key worker and the Volunteer to finalise a timetable for the social outing .

A general risk assesment is carried out by the Social Buddies coordinator and the Volunteer to identify any potential risks or hazards. Having awareness of potential risks and hazards on a social outing is essential for Volunteers The risk assesment is completed before each social outing .

# VOLUNTEER -ACTIVITY ACTION PLAN



<b>NAME OF VOLUNTEER</b>	
<b>NAME OF REFERRED PERSON</b>	
<b>DATE</b>	
<b>TIME</b>	
<b>ACTIVITY- WHAT ACTIVITY ARE WE DOING?</b>	
<b>ADDRESS OF VENUE</b>	
<b>HOW WILL WE GET THERE?</b>	
<b>IMPORTANT CONTACT DETAILS</b>	
any other important information	



## Risk Assessment Form

Division:	Source of Risk:
HG/CHO/NAS/Function:	Primary Impact Category:
Hospital Site/Service:	Risk Type:
Dept/Service Site:	Name of Risk Owner (BLOCKS):
Date of Assessment:	Signature of Risk Owner:
Unique ID No:	Risk Co-Ordinator
*Risk Assessor (s):	

HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE

<b>INITIAL RISK</b>	<b>RISK STATUS</b>
---------------------	--------------------

Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed





## STEP 9

### FEEDBACK SESSION - SB COORDINATOR AND VOLUNTEER



A feedback session is carried out with the volunteer after the first meet and greet to assess how well the volunteer felt it went. The volunteer completes the Meet and Greet feedback form. The purpose of the feedback session is to ask if the volunteer felt comfortable with the referred person and if they are happy to continue with the match. If the volunteer did not feel compatible or comfortable with the person the match is not progressed beyond this point.



## VOLUNTEER ACTIVITY FORM

**YOUR NAME** \_\_\_\_\_

**ACTIVITY** \_\_\_\_\_

**DATE** \_\_\_\_\_

### HOW DID THE SOCIAL ACTIVITY GO



WHAT WENT WELL ?

WHAT WAS  
CHALLENGING ?

ANY OTHER COMMENTS



## STEP 10

### MONTHLY MONITORING MEETING- SB COORDINATOR AND VOLUNTEER

A monitoring meeting is held between the SB coordinator and the volunteer on a monthly basis. It is important to maintain regular contact and build a supportive relationship with the volunteer so that they feel confident and valued in their role as a social buddy. Regular contact with the volunteer builds trust and allows for issues that the volunteer might have to be discussed and any adjustments required to enhance and progress the social buddy relationship are put in place .





## VOLUNTEER MONITORING FORM

Name of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Telephone Call

Meeting - Office

Meeting - Other

Discussion:

### Follow Up Required

Topic	actions	who/when

Signed Leisure Buddies Coordinator:

\_\_\_\_\_

Date:

\_\_\_\_\_



## VOLUNTEER MONTHLY ACTIVITY TRACKER

NAME OF VOLUNTEER	ACTIVITY	ACTIVITY FEEDBACK OUTCOME
	Date Activity	
	Date Activity	
	Date Activity	
	Date Activity	
	Date Activity	
	Date Activity	



# **SOCIAL BUDDIES POLICIES**

## Volunteer policy

Having a volunteer policy in place shows that you've thought about volunteering and that you care about your volunteers. For staff and volunteers it communicates how volunteers are involved in the organisation. For volunteers, they can find useful information about how they're engaged.

## Social Media policy

It is very important to have a Social Media Policy in place to educate participants on the legal and security risks involved in social networking. The policy can inform volunteers what they can do to protect themselves and the service. Placing importance on the need to use caution and good judgement must be a central part of the policy. This includes comments as well as posts on social media, as comments can spread despite the original post being removed. The policy will outline the appropriate use of social media and how to minimise the risk of online bullying or a confidentiality breach.



# SOCIAL BUDDIES VOLUNTEER HANDBOOK



**DEAR VOLUNTEER,**

**WELCOME TO SOCIAL BUDDIES! WE ARE SO DELIGHTED YOU HAVE CHOSEN TO SHARE SOME OF YOUR TIME WITH THE PEOPLE WHO USE THE SOCIAL BUDDIES SERVICE**

**WE HOPE THAT YOUR EXPERIENCE IS BOTH POSITIVE AND REWARDING. WE UNDERSTAND THAT YOUR TIME IS PRECIOUS, AND WE AIM TO ENSURE THAT EVERYONE WHO GIVES THEIR TIME AND ENERGY FEELS VALUED, UNDERSTOOD AND PROUD TO BE PART OF THE LEISURE BUDDIES PROGRAMME.**

**THIS HANDBOOK WILL PROVIDE THE ANSWERS TO MANY OF THE QUESTIONS YOU MAY HAVE REGARDING THE VOLUNTEER PROGRAMME WE OFFER. WE HOPE YOU'LL FIND THIS USEFUL. INSIDE, YOU'LL FIND THE PROGRAMME'S POLICIES AND PROCEDURES, AS WELL AS OUR MUTUAL RESPONSIBILITIES. YOU ARE RESPONSIBLE FOR READING AND UNDERSTANDING THE VOLUNTEER HANDBOOK. PLEASE DON'T BE AFRAID TO ASK QUESTIONS! YOU MAY DISCUSS ANY QUESTIONS OR CONCERNS YOU HAVE WITH YOUR SOCIAL BUDDIES COORDINATOR; I AM HAPPY TO HELP. THANK YOU ONCE AGAIN FOR DECIDING TO MAKE A DIFFERENCE!**





## PURPOSE OF THIS HANDBOOK

**THIS HANDBOOK HAS BEEN PROVIDED TO HELP YOU DO YOUR BEST IN YOUR ROLE AS A VOLUNTEER WITH LEISURE BUDDIES.**

**WE HOPE THIS WILL GIVE YOU MORE INFORMATION ABOUT THE LEISURE BUDDIES INITIATIVE, INCLUDING SOME OF THE BENEFITS OF BECOMING A VOLUNTEER. IN THIS HANDBOOK, WE HAVE OUTLINED WHAT YOU CAN EXPECT FROM US AND WHAT WE WILL EXPECT FROM YOU.**

**NO SINGLE HANDBOOK WILL EVER BE ABLE TO ANSWER EVERY QUESTION, SO IF YOU FEEL YOU HAVE ANY FURTHER QUESTIONS OR IDEAS, WE WOULD LOVE TO HEAR FROM YOU! WE SINCERELY BELIEVE YOU WILL ENJOY YOUR VOLUNTEER WORK AND GET AS MUCH OUT OF THIS EXPERIENCE AS YOUR NEW BUDDY WILL!**



## OUR MISSION

**THE SOCIAL BUDDIES INITIATIVE AIMS TO SUPPORT PEOPLE WITH AN INTELLECTUAL DISABILITY TO ACCESS SOCIAL SUPPORTS OUTSIDE THE TRADITIONAL DAY-SERVICE HOURS, AND TO FACILITATE FRIENDSHIPS AMONG PEERS IN THE LOCAL COMMUNITY, SUPPORTED BY A VOLUNTEER.**



## A LITTLE BIT ABOUT US

**THE SOCIAL BUDDIES INITIATIVE WAS ESTABLISHED AFTER AN OPEN-CONSULTATION WORKSHOP WAS CARRIED OUT IN MONAGHAN IN MARCH OF 2018 FOR PEOPLE WHO AVAIL OF DAY SERVICES. IT WAS FOUND THAT PEOPLE IN THE DAY SERVICES FELT THAT “ALL THE FUN HAPPENS OUTSIDE 9-5”. FURTHERMORE, THIS WAS FOUND TO BE CONSISTENT ACROSS THE ENTIRE CHO 1 AREA REGARDING IDENTIFYING A GAP IN DAY SERVICE SUPPORTS. IT WAS ALSO FELT THAT A TRULY PERSON-CENTRED SERVICE SHOULD PROVIDE SUPPORT FOR A FULL LIFE, WHICH INCLUDES EVENINGS AND WEEKENDS.**

**SOCIAL INTERACTION AND ACTIVITIES ARE AN IMPORTANT AND VALUED PART OF EVERYONE’S LIVES. THE OVERALL OUTCOME OF THIS EXPERIENCE SHOULD RESULT IN SOCIAL BENEFITS FOR BOTH THE VOLUNTEER AND TO THE PERSON WHO USES THE DAY SERVICE.**



## A LITTLE BIT ABOUT YOU

**VOLUNTEERING IS A COMMITMENT OF TIME AND ENERGY THAT ULTIMATELY BENEFITS SOCIETY, THE COMMUNITY AND THE ENVIRONMENT. WHEN YOU CHOOSE TO VOLUNTEER, YOU CHOOSE TO DO SO FREELY BY CHOICE AND UNDERSTAND THAT THERE IS NO FINANCIAL GAIN BY PARTICIPATING.**

**VOLUNTEERS MAY CHOOSE TO GET INVOLVED FOR A VARIETY OF DIFFERENT REASONS. SOME PEOPLE WANT TO MAKE A DIFFERENCE IN ANOTHER PERSON'S LIFE; SOME PEOPLE WANT TO MEET NEW FRIENDS AND HAVE FUN; AND SOME PEOPLE ARE KEEN TO LEARN NEW SKILLS AND GAIN EXPERIENCE.**

- **VOLUNTEERING CAN BOOST YOUR CAREER OPTIONS:**

**YOU CAN USE AND ENHANCE YOUR PERSON AND PROFESSIONAL SKILLS TO GAIN VALUABLE EXPERIENCE FOR YOUR FUTURE**

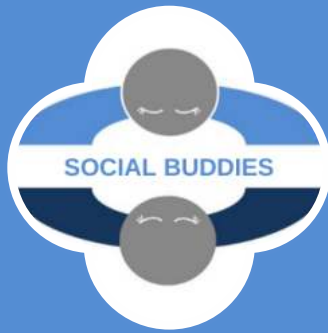
- **VOLUNTEERING CAN HELP BUILD CONFIDENCE:**

**YOU MAY ENCOUNTER CHALLENGES AT THE START OF YOUR ROLE, BUT BY SHARING AND WORKING THROUGH THESE CHALLENGES, YOU WILL DEVELOP CONFIDENCE FOR FUTURE EXPERIENCES.**

- **VOLUNTEERING ENABLES NEW FRIENDSHIPS:**

**BY JOINING THE SOCIAL BUDDIES PROGRAMME, YOU WILL MEET LIKE-MINDED PEOPLE WITH COMMON INTERESTS. THIS IS THE BASIS FOR STRONG FRIENDSHIPS. YOU MAY ALSO SHARE TIME WITH OTHER VOLUNTEERS AND SHARE EXPERIENCES, GIVING YOU A HIGHLY SOCIAL EXPERIENCE.**





**CONGRATULATIONS AND WELCOME! YOU HAVE DECIDED TO VOLUNTEER! ONCE YOU MAKE CONTACT WITH THE SOCIAL BUDDIES COORDINATOR, THE FOLLOWING STAGES WILL COMMENCE:**

**STAGE 1: YOU WILL HAVE AN INFORMAL CHAT WITH THE SOCIAL BUDDIES COORDINATOR ABOUT THE PROGRAMME; WHY YOU ARE INTERESTED IN BECOMING INVOLVED AND WHAT YOU HAVE TO OFFER AS A VOLUNTEER**

**STAGE 2: YOU WILL BE ASKED TO FILL IN A DETAILED APPLICATION FORM, SUPPLY THE NAMES AND CONTACT DETAILS OF THREE REFERENCES, AND UNDERGO A GARDA VETTING CLEARANCE CHECK.**

**STAGE 3: ONCE CHECKS ARE COMPLETE, YOU WILL HAVE A MEET & GREET OPPORTUNITY WITH THE LEISURE BUDDIES COORDINATOR AND AN INDIVIDUAL WHO USES THE SERVICE TO FURTHER EXPLORE YOUR INTERESTS, HOBBIES AND EXPERIENCES THAT WOULD BENEFIT YOU DURING YOUR TIME IN THE PROGRAMME.**

**STAGE 4: YOU WILL BE MATCHED WITH AN INDIVIDUAL IN THE DAY SERVICE BASED ON SIMILAR INTERESTS, AGE AND LOCATION. YOU WILL ATTEND A MEET & GREET WITH THE SOCIAL BUDDIES COORDINATOR, YOUR NEW BUDDY AND HIS OR HER KEYWORKER FOR AN INITIAL INTRODUCTION.**

**STAGE 5: YOU'RE READY TO GO! YOU'LL MOSTLY BE IN DIRECT CONTACT WITH YOUR BUDDY AND YOUR BUDDY'S KEYWORKER TO ARRANGE SOCIAL OUTINGS, AND YOU'LL REGULARLY CHECK-IN WITH THE SOCIAL BUDDIES COORDINATOR. AS A VOLUNTEER IN THIS PROGRAMME, YOU'LL BE EXPECTED TO GIVE A COMMITMENT OF A SOCIAL OUTING AT LEAST ONCE A MONTH. YOU'LL BE ACCOMPANIED ON YOUR FIRST OUTING BY YOUR BUDDY'S KEYWORKER FOR INITIAL SUPPORT UNTIL YOU AND YOUR BUDDY ARE COMFORTABLE GOING OUT TOGETHER.**



## WHAT TO EXPECT FROM SOCIAL BUDDIES?

**SOCIAL BUDDIES IS COMMITTED TO ESTABLISHING AND MAINTAINING A FAIR AND SUPPORTIVE RELATIONSHIP WITH OUR VOLUNTEERS. YOU CAN EXPECT FULL SUPPORT AND ADVICE FROM YOUR BUDDY'S KEYWORKER AND THE LEISURE BUDDIES COORDINATOR. YOU WILL BE TREATED WITH RESPECT AND DIGNITY AT ALL TIMES. YOU'LL RECEIVE ALL IMPORTANT AND RELEVANT INFORMATION ABOUT YOUR BUDDY, AND YOU'LL BE ABLE AND ENCOURAGED TO DISCUSS ANY CONCERNS YOU MAY HAVE REGARDING YOUR EXPERIENCES. YOU CAN EXPECT TO HAVE ACCESS TO TRAINING AND INDUCTION SUPPORT FOR YOUR NEW ROLE, AS WELL AS ALL RELEVANT POLICIES AND PROCEDURES FOR THE PROGRAMME.**

## WHAT SOCIAL BUDDIES EXPECTS OF YOU?

**AS A VOLUNTEER, YOU ARE COMMITTING TO THE PROGRAMME AND TO GIVING THE MINIMUM TIME AND FLEXIBILITY REQUIREMENTS. WE ASK THAT YOU TREAT ALL INDIVIDUALS WHO USE THE DAY SERVICE WITH DIGNITY, KINDNESS AND RESPECT TO THEIR RIGHTS AND INDIVIDUALITY. WE DON'T EXPECT YOU TO BE AN EXPERT IN YOUR ROLE – WE EXPECT YOU TO ASK FOR HELP WHEN YOU'RE UNSURE! ADDITIONALLY:**

- **ENSURE THE SAFETY OF YOUR BUDDY WHEN ON A SOCIAL OUTING**
- **INFORM FAMILY MEMBERS, THE KEYWORKER, AND THE SOCIAL BUDDIES COORDINATOR THE DETAILS OF EACH OUTING**
- **INFORM THE SOCIAL BUDDIES COORDINATOR, YOUR BUDDY, FAMILY MEMBERS AND THE KEYWORKER IF YOU ARE UNABLE TO ATTEND A PLANNED OUTING AND MAKE ARRANGEMENTS IF POSSIBLE, FOR AN ALTERNATIVE DATE.**
- **FOLLOW THE HEALTH & SAFETY GUIDELINES RELEVANT TO THE ACTIVITIES CHOSEN**
- **IN THE CASE OF AN EMERGENCY, FOLLOW THE EMERGENCY CARE PROCEDURES OF THE PROGRAMME AND THE PERSONALISED CARE PLAN FOR YOUR BUDDY**
- **MAINTAIN CONFIDENTIALITY AT ALL TIMES – INFORMATION SHARED WITH YOU ABOUT YOUR BUDDY OR BY YOUR BUDDY SHOULD NOT BE DIVULGED TO ANYONE WITHOUT PRIOR CONSENT.**
- **HOLD ADEQUATE CAR INSURANCE IF USING YOUR CAR TO TAKE YOUR BUDDY OUT – I.E. FULL DRIVER'S LICENSE, INSURANCE IN YOUR OWN NAME, A LETTER OF INDEMNITY FROM YOUR INSURANCE COMPANY STATING YOU WILL BE CARRYING OUT VOLUNTEER WORK, ROADWORTHY CAR, UPDATED NCT AND TAX.**
- **BE CONTACTABLE! HAVE YOUR PHONE ON YOU IN THE CASE OF AN EMERGENCY OR A NEED TO BE CONTACTED**

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## **BOUNDARIES:**

CLEAR BOUNDARIES ARE ESSENTIAL FOR EVERYONE PARTICIPATING IN THE PROGRAMME. THIS ENABLES EVERYONE TO CARRY OUT THEIR ROLES ACCORDING TO AGREED EXPECTATIONS. BE AWARE OF AND ABIDE BY YOUR ROLE DESCRIPTION OUTLINED ABOVE. YOU WILL BE PROVIDED WITH RELEVANT TRAINING BEFORE YOU PROCEED IN YOUR ROLE.

## **CONFIDENTIALITY:**

VOLUNTEERS MUST ALWAYS MAINTAIN CONFIDENTIALITY DURING AND AFTER THEIR TIME IN THE SOCIAL BUDDIES PROGRAMME. AT YOUR INDUCTION, YOU WILL SIGN A CONFIDENTIALITY DECLARATION.

## **HEALTH & SAFETY:**

SOCIAL BUDDIES IS COMMITTED TO LOOKING AFTER THE HEALTH, SAFETY AND WELLBEING OF EVERY VOLUNTEER WHO PARTICIPATES WITH US. IT IS IMPORTANT THAT YOU CARRY OUT ACTIVITIES THAT ARE SUITABLE TO YOU AND YOUR BUDDY WITHOUT ENDANGERING YOUR OWN OR YOUR BUDDY'S HEALTH, SAFETY AND WELLBEING. AT INDUCTION, YOU WILL PARTICIPATE IN HEALTH AND SAFETY TRAINING. YOU ARE EXPECTED TO COMPLY WITH ALL RELEVANT INSTRUCTIONS AND PROCEDURES IN THIS POLICY. YOU ARE EXPECTED TO INFORM YOUR SOCIAL BUDDIES COORDINATOR OF ANY PERSONAL HEALTH AND SAFETY REQUIREMENTS YOU MAY HAVE.

## **EXIT INTERVIEW:**

THE SOCIAL BUDDIES COORDINATOR WILL CARRY OUT AN INFORMAL EXIT INTERVIEW WITH YOU AS A VOLUNTEER IF OR WHEN YOU DECIDE THE PROGRAMME. THE INTERVIEW IS SOLELY TO RETAIN FEEDBACK FROM YOU, THE VOLUNTEER, ON YOUR EXPERIENCE AND TO GATHER SUGGESTIONS FOR IMPROVEMENTS. AFTER YOUR TWELVE MONTHS OF COMMITMENT IN YOUR ROLE, SOCIAL BUDDIES WILL PROVIDE YOU WITH A WRITTEN REFERENCE OF YOUR PARTICIPATION WITH THE INITIATIVE.

## **CODE OF CONDUCT:**

THE SOCIAL BUDDIES PROGRAMME IS COMMITTED TO ENSURING THAT THE VOLUNTEER EXPERIENCE IS BOTH PLEASANT AND POSITIVE. WE ASK THAT ALL VOLUNTEERS COMMIT TO A CODE OF CONDUCT THAT PROMOTES A POSITIVE ENVIRONMENT FOR ALL. WHERE VOLUNTEERS OPERATE OUTSIDE THIS CODE OF CONDUCT, THEY MAY BE ASKED TO LEAVE THEIR ROLE. THE FOLLOWING BEHAVIOURS ARE CONSIDERED TO BE IN BREACH OF THE CODE OF CONDUCT:



## GRIEVANCE/COMPLAINTS PROCEDURE:

SOCIAL BUDDIES HOPES YOU WILL ENJOY YOUR TIME VOLUNTEERING WITH THE PROGRAMME. HOWEVER, IF PROBLEMS DO ARISE, THE PROGRAMME OPERATES A GRIEVANCE AND DISCIPLINARY PROCEDURE:

IF SOCIAL BUDDIES DETERMINES THAT A VOLUNTEER IS UNSUITABLE FOR THE ROLE BASED ON HIS OR HER PERFORMANCE, MISCONDUCT OR NON-ADHERENCE TO POLICIES & PROCEDURES; WE RETAIN THE RIGHT TO REFER THE VOLUNTEER FOR FURTHER TRAINING AND ADDITIONAL SUPPORT. IF THE ADDITIONAL SUPPORTS DO NOT RESULT IN SIGNIFICANT PROGRESS AND RESOLUTION, LEISURE BUDDIES RETAINS THE RIGHT TO ASK THE PERSON TO DISCONTINUE IN THE PROGRAMME AND UNDERGO DISMISSAL AS A VOLUNTEER.

WHERE A VOLUNTEER IS ACCUSED OF SERIOUS MISCONDUCT (WHICH MAY INCLUDE BUT IS NOT LIMITED TO THEFT, ACTS OF VIOLENCE, HARASSMENT, MALICIOUS DAMAGE, SERIOUS BREACH OF CONFIDENTIALITY OR OTHER ORGANISATIONAL POLICY BREACH) THE VOLUNTEER IS REQUIRED TO SUSPEND THEIR PARTICIPATION IN THE PROGRAMME WHILE THE MATTER IS INVESTIGATED.

IF YOU AS A VOLUNTEER HAVE A COMPLAINT OR CONCERN REGARDING THE PROGRAMME, REPORT TO THE SOCIAL BUDDIES COORDINATOR



## GENERAL EMERGENCY PLAN:

ALWAYS CARRY YOUR PHONE WITH YOU, IN CREDIT AND CHARGED. CARRY THE CONTACT DETAILS OF PARENTS/NEXT-OF-KIN/KEYWORKER/RESIDENTIAL UNIT OF YOUR BUDDY, THE SOCIAL BUDDIES COORDINATOR AND THE EMERGENCY SERVICES.

BE AWARE AND CONSCIOUS OF ANY SPECIFIC CONDITIONS, ILLNESSES OR ALLERGIES YOUR BUDDY MAY HAVE AND KNOW THE CARE PLAN AND SPECIFIC PROCEDURES TO FOLLOW.



IF YOUR BUDDY HAS SPECIFIC MEDICAL NEEDS, A SPECIFIC EMERGENCY ACTION PLAN ABOUT YOUR BUDDY WILL BE PASSED ON TO YOU BY YOUR BUDDY'S KEYWORKER, WHICH WILL OUTLINE PROCEDURES TO FOLLOW IN THE UNLIKELY EVENT OF AN EMERGENCY. YOU'LL NEED TO FOLLOW A SPECIFIC EMERGENCY PLAN IF YOUR BUDDY HAS AN ALLERGY TO MEDICATION OR FOOD, HAS EPILEPSY, HAS ASTHMA, HAS DIABETES, HAS A HISTORY OF CHALLENGING BEHAVIOUR, OR ANY OTHER MEDICAL OR DIETARY REQUIREMENTS

# MEETING YOUR BUDDY



**THE MOST IMPORTANT THING TO REMEMBER THROUGHOUT YOUR EXPERIENCE WITH SOCIAL BUDDIES IS TO BE YOURSELF!**

**INTRODUCE YOURSELF – TELL THE PERSON ABOUT YOURSELF AND WHAT YOU LIKE TO DO. IT'S EASIER TO CHAT WITH SOMEONE IF YOU ARE ENGAGED IN THE CONVERSATION TOGETHER.**

**MANY PEOPLE FIND MEETING SOMEONE WITH AN INTELLECTUAL DISABILITY TO BE AN AWKWARD EXPERIENCE BECAUSE THEY FEEL THEY MAY SAY OR DO THE WRONG THING. A POSITIVE AND RECEPTIVE ATTITUDE IS MOST IMPORTANT WHEN LEARNING TO COMMUNICATE AND CONVERSE WITH A PERSON WITH AN INTELLECTUAL DISABILITY.**

**WE ARE ALL UNIQUE INDIVIDUALS WITH VARYING ABILITIES AND DISABILITIES. TALK TO YOUR BUDDY AS YOU WOULD ANYONE ELSE. IT MAY HELP TO USE SIMPLE AND STRAIGHT FORWARD LANGUAGE. REMEMBER, A PERSON WITH AN INTELLECTUAL DISABILITY IS A PERSON FIRST AND IS NOT DEFINED BY HIS OR HER DISABILITY. IF YOU'RE FINDING IT DIFFICULT TO UNDERSTAND YOUR BUDDY AT FIRST, ASK HIM OR HER TO REPEAT THE SENTENCE. OVER TIME, YOU WILL LEARN AND ADAPT TO YOUR BUDDY'S SPECIFIC COMMUNICATION STYLES.**

## FREQUENTLY ASKED QUESTIONS



**DO I NEED TO TAKE OUT ADDITIONAL CAR INSURANCE?**

**ALL VOLUNTEERS INVOLVED IN A VOLUNTARY ROLE WHEN ACCOMPANYING PEOPLE WHO USE THE SERVICE ON OUTINGS HAVE A RESPONSIBILITY TO ACT REASONABLY AND TO ALWAYS TAKE DUE CARE.**

**YOU CAN BRING YOUR BUDDY OUT IN YOUR OWN CAR PROVIDING YOU HAVE INSURANCE IN YOUR OWN NAME. YOU WILL ALSO NEED TO PROVIDE A LETTER OF INDEMNITY FROM YOUR INSURANCE COMPANY TO STATE THAT YOU WILL BE VOLUNTEERING WITH THE HSE TO CARRY PASSENGERS IN THIS ROLE OCCASIONALLY. YOU'LL NEED TO MAKE SURE YOU HAVE A FULL DRIVER'S LICENSE, CURRENT NCT AND TAX.**

### **HSE INDEMNITY:**

**THE STATE CLAIMS AGENCY (SCA) CONFIRMS THAT THE HSE, ITS SERVANTS AND/OR AGENTS, WILL BE INDEMNIFIED BY THE STATE IN RESPECT OF ANY CLAIMS FOR PERSONAL INJURY AND THIRD-PARTY PROPERTY DAMAGE, ARISING FROM THE NEGLIGENCE OF THE HSE, ITS SERVANTS AND/OR AGENTS IN RESPECT OF VOLUNTEERS ENGAGED BY THE HSE. THIS INDEMNITY EXTENDS TO COVER ONLY THE NEGLIGENCE OF THE HSE, ITS SERVANTS AND/OR AGENTS, AND DOES NOT EXTEND TO INDEMNIFY ANY THIRD PARTY, ITS SERVANTS AND/OR AGENTS CONCERNING ANY NEGLIGENT ACT OF OMISSION BY THE LATTER BY REFERENCE TO STATUE OR AT COMMON LAW.**



### **WHO PAYS THE COST OF THE OUTING?**

**VOLUNTEERS AND BUDDIES PAY FOR THEMSELVES, INDEPENDENTLY. BUDDIES DO HAVE FREE TRAVEL PASSES THAT ENTITLE THEM TO BRING A COMPANION WITH THEM, AS WELL AS CONCESSIONS INTO CERTAIN ACTIVITIES THAT THE VOLUNTEER MAY ENGAGE IN WITH HIS OR HER BUDDY.**

### **WHAT SHOULD I DO IN THE CASE OF AN EMERGENCY?**

**IN THE UNLIKELY EVENT THAT AN EMERGENCY TAKES PLACE, DO NOT PANIC. CONTACT 999 OR 112 AND THEN CONTACT THE NEXT OF KIN TO YOUR BUDDY AS WELL AS HIS OR HER RESIDENTIAL UNIT CONTACT, THE KEYWORKER, AND THE SOCIAL BUDDIES COORDINATOR. YOUR BUDDY MAY HAVE AN INDIVIDUALISED EMERGENCY PLAN THAT YOU WILL ADHERE TO.**

### **WHO SHOULD I CONTACT IF I HAVE TO CANCEL A SOCIAL OUTING?**

**IF YOU ARE UNABLE TO MEET UP WITH YOUR BUDDY AS ARRANGED, PLEASE CONTACT THEM AS SOON AS POSSIBLE, AS WELL AS THE KEYWORKER. IF POSSIBLE, ARRANGE AN ALTERNATIVE DATE AT THAT POINT OR AS SOON AS POSSIBLE. PLEASE ALSO CONTACT THE SOCIAL BUDDIES COORDINATOR THE FOLLOWING DAY TO LET THEM KNOW OF THE CHANGE OF PLANS.**

## **CONFIDENTIALITY**

**ANY INFORMATION PASSED ON TO YOU REGARDING YOUR BUDDY MUST BE TREATED WITH RESPECT AND CONFIDENTIALITY. VOLUNTEERS ARE ASKED TO SIGN A CONFIDENTIALITY AGREEMENT FORM AT INDUCTION.**

### **USEFUL CONTACT INFORMATION**

**EMERGENCY SERVICES: 999 OR 112**

**SOCIAL BUDDIES COORDINATOR: 0894216204**

**SOCIAL BUDDIES COORDINATOR EMAIL : CAROLINEMD@SPRAOIAGUSSPORT.IE**

## **NOMINATED BUDDY'S CONTACT DETAILS**

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## **KEYWORKER CONTACT DETAILS**

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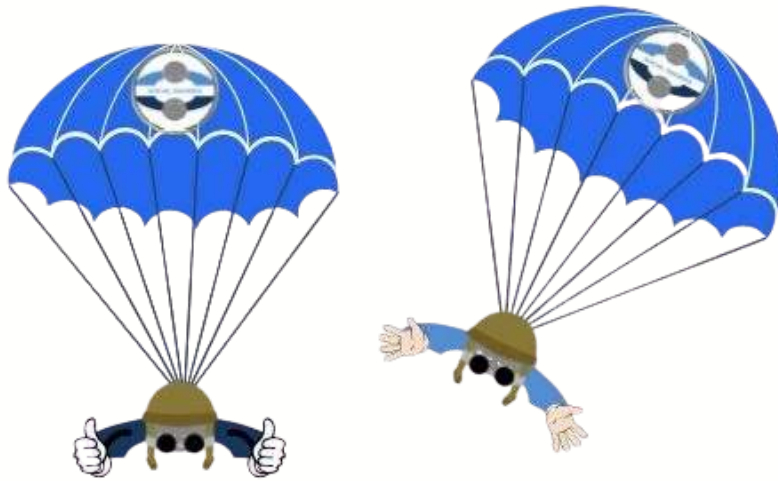
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## **NEXT OF KIN CONTACT DETAILS**

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**we're all friends here**