

Bellary Support Group

Policies

Contents

	<u>Page</u>
1) Governance Policy	3
2) Financial Reserves Policy	5
3) Financial Controls & Review Policy	7
4) Ethical Fundraising Policy	9
5) Conflict of Interests Policy	10
6) Raising Concerns Policy	11
7) Feedback Policy	13
8) Expense Policy	15
9) Safeguarding Policy	17

Governance Policy

Definitions

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

This Policy sets out the basis on which the Organisation will be managed, in particular relating to the appointment of Trustees and conducting of the Organisation's business.

To whom the Policy applies

The Policy applies to Trustees and Staff working on behalf of the Organisation.

Policy

Trustee Appointment

The Organisation is governed by a board of Trustees who are Volunteers, appointed by the Trustees and acting in accordance with the Constitution, the Law and Charity Commission requirements.

The law requires that a charity should take reasonable steps to ensure that its trustees are eligible to act.

In accordance with Charity Commission requirements, new Trustees must complete:-

- Charity Commission *Declaration of Eligibility for newly appointed Trustees* (CC Form CSD-1382) confirming that they are not disqualified.

In addition to receiving the Declaration of Eligibility, before appointing a new trustee, the board of Trustees should satisfy themselves that the new trustee has not been disqualified, by the Secretary and Chairman:-

- Searching the register of removed trustees, at: <http://forms.charitycommission.gov.uk/about-charities/register-of-removed-trustees>
- Checking the insolvency register, at: www.gov.uk/search-bankruptcy-insolvency-register

A record of this eligibility check should be retained by the Secretary.

Annual confirmation of on-going willingness to serve, and eligibility

Trustees may serve for a finite or unspecified period.

A trustee may resign from their position as Trustee at any time. Given the nature of the organisation, they are requested to provide as much notice as is possible to enable smooth hand-over of responsibilities.

Reflecting their position as Volunteers, freely giving of their time, on an annual basis approaching the Organisation's year-end (June):-

- The Chairman will confirm with each Trustee that they are happy to serve for the coming year; and
- All Trustees are to be asked to re-confirm their eligibility, collectively signing Charity Commission *Trustee Declaration Form CC5c*. (Note: This Form is used for the set-up of a Charity but also recommended for use by the Charity Commission for annual re-confirmation of eligibility of all of the trustees.

This confirmation will be recorded in the minutes at the next Trustees Meeting.

On an annual basis and at any time when deemed appropriate, to assure the organisation that a trustee has not been disqualified at some point through the year, the Chairman or appointed person will:-

- Search the register of removed trustees, at: <http://forms.charitycommission.gov.uk/about-charities/register-of-removed-trustees>

- [Check the insolvency register](http://www.gov.uk/search-bankruptcy-insolvency-register) at www.gov.uk/search-bankruptcy-insolvency-register

The performance of these checks will be recorded by the Secretary.

If at any time a Trustee becomes ineligible or disqualified from acting as a trustee, they must report this to the Chairman as soon as is reasonably possible, and must immediately cease from performing any duties or purporting to represent the Organisation.

Organisation Governance

Governance structure and process for the Organisation is defined in the Constitution which is through a board of Trustees.

Formal Trustee roles with specific responsibilities include:-

- Chairman
- Secretary
- Treasurer

Trustee Meetings

The Board of Trustees will meet at least twice per year to:-

- Review progress of projects being supported
- Review finances
- Decide on new projects to be supported and in what way
- Approve the Accounts
- Approve the annual report to the Charity Commission
- Perform other duties as defined by Charity Commission. (See document CC3 “The Essential Trustee”).

Minutes are to be recorded of all Trustee meetings by the Secretary to the Trustees for subsequent circulation.

Provision of Support

On an ad-hoc basis, Trustees may be called upon to support the operation of the Organisation in a variety of ways, including:-

- Visiting the projects in India to review progress and strengthen links there
- Communicating with stakeholder contacts in India
- Fundraising
- Publicity, Communications and presenting the Organisation to other parties
- Investigating Feedback or Concerns

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	2/12/16	P Gibson	New Policy	9/12/16

Financial Reserves Policy

Definitions

Donor(s): Individuals or organisations donating money from time-to-time to the Organisation.

Financial Supporter(s): Individuals or organisations providing regular financial support and/or sponsorship to the Organisation.

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

This Policy sets out the financial basis on which the Organisation will be managed, in particular relating to reserves and for the Trustees to ensure it remains a going concern.

To whom the Policy applies

The Policy applies to Trustees and Staff working on behalf of the Organisation.

Policy

Introduction

The trustees are committed to ensure that the Organisation is well placed to manage its financial obligations, deliver on its commitments to all related stakeholders and remain financially solvent whilst fulfilling its objectives aligned to its charitable goals.

Summary

The Organisation will secure funds from a wide range of sources including charitable donations, private giving, church donations, national and local charitable organisations.

It is anticipated that expenditure commitments would be made only when funds are anticipated and that no attempt will be made to commit financial resources without there being a confirmed source of funds to meet any committed expenditure.

Cash balances are tracked monthly. They are reported and verified against bank statements on a monthly cycle. Any account that is not recorded and verified will be raised to the Trustees for evaluation.

Cash balances and reserves

It is the goal of the Trustees to ensure that the charity remains an ongoing concern and that there are funds in hand to meet all obligations.

It is anticipated that the Organisation will typically undertake both on-going project commitments (eg the running cost of an institution such as a children's home in the Bellary area), and capital grants (eg the construction of specific facilities or improvement to facilities).

To do this the Organisation has a policy on reserves which ensures that cash is available to fund ongoing expenses and budgeted activities, and that additional funds are in place to anticipate material changes in unplanned expenditure.

The Organisation will hold restricted and unrestricted funds and has a policy on each of these types of funds.

Restricted Funds

Restricted funds are monies given by a donor for a specified purpose, therefore the Organisation will hold restricted funds in accordance with these directives. Though they may be held in shared accounts, restricted funds will be accounted for and reported separately, and will not be used for unrestricted activities.

Unrestricted Funds

In addition to restricted funds, the Organisation will hold cash reserves to ensure that all of its budgeted operations are appropriately funded, with a goal to secure an ongoing balance of 9 months of budgeted unrestricted funding activities and Organisation running costs. Unrestricted funds are tracked and verified monthly and are reported to the Trustees at regular Trustee meetings.

The Trustees will be alerted to material shortfalls to this 9 month objective and actions to address any shortfall will be recommended. In the event that funding of unrestricted funds fall to a level of less than 3 months budgeted funding of unrestricted activities, the charity will recognize its shortfall and recognize itself as failing to be a going concern.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	2/12/16	P Gibson	New Policy	9/12/16

Financial Controls and Review Policy

Definitions

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

This Policy sets out the principles and guidelines governing Financial Controls and Review, to ensure good practice within the Organisation and the avoidance of fraud or inappropriate use of the Organisation's assets and financial resources.

To whom the Policy applies

The Policy applies to all Trustees and Staff acting on behalf of the Organisation who may handle or have oversight of funds or assets belonging to the Organisation

Policy

Introduction

As a charity reliant on outside donations of time, money and other resources, the Organisation must prudently use and give account for its financial resources.

The Organisation is governed by its Constitution and Objectives as registered with the Charity Commission, and the Trustees have overall responsibility for ensuring appropriate financial oversight and that all monies and assets are used in accordance with those Objectives and the law.

Financial Governance Framework

At periodic Trustees Meeting, the Organisation decides on the allocation of available funds to specific projects. These may be on-going commitments (for example the funding of a children's home for a period of time) or one-off capital projects (for example the construction of facilities).

The commitment or usage of financial resources by the Organisation will only be on the basis of the decision of the Trustees at a Trustees Meeting.

On a regular basis Trustees Meetings are held to receive reports and review progress of projects against plan, and the overall financial position.

Principles

Financial Controls within the Organisation are shaped by the following key principles:-

- **Separation of Duties:** meaning more than one person is required to complete a financial task, for example:-
 - Requesting, making and reconciling a payments being performed by different people.
- **Transparency:** ensured for example through:-
 - Policies: Such as Conflict of Interests Policy; Raising Concerns (“whistle-blower”) and Feedback policies and procedures which encourage openness.
 - Practices: Such as:-
 - Written acknowledgements of all donations
 - Written accounts of usage of Grants to the grant-making organisation, including receipts where possible.
 - Notifying the Church of South India Treasurer of monies being transferred to their account, and also at the same time the manager responsible for the project for which it is intended.
 - Requesting an annual report from the Church of South India of monies received, used and on-hand.

- Independent examination of the accounts.
 - Trustee-level Board oversight.
- **Dual controls:** for example:-
 - Requiring dual signatures or for making electronic bank payments
- **Safe Custody of Assets:** ensured through:-
 - Physical controls which reduce the risk of electronic theft (eg of account numbers and passwords required for transferring money being kept secure).

Petty Cash

It is the policy of the Organisation not to hold petty cash.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	2/12/16	P Gibson	New Policy	9/12/16

Ethical Fundraising Policy

Definitions

Donor(s): Individuals or organisations donating money from time-to-time to the Organisation.

Financial Supporter(s): Individuals or organisations providing regular financial support and/or sponsorship to the Organisation.

Organisation: Bellary Support Group.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

To provide an outline of the guidelines and general principles for the fundraising activities of the Organisation. This will ensure that no conflicts arise with the objects of the Organisation.

To whom the Policy applies

The Policy applies to all Staff working on behalf of the Organisation. It is especially relevant to Trustees or Staff who communicate in any way with Donors and Financial Supporters of the Organisation.

Policy

The Organisation is committed to its charitable aims, and raises funds in order to support projects in the Bellary Area of India which alleviate the poor.

The Organisation seeks to be open, honest and responsible in all its fundraising activities.

The Organisation complies fully with the Charity Commission and UK law in every respect, particularly regarding openness and honesty with Supporters, members of the public, and in all fundraising practices.

The Organisation presents clear information on how it spends donated monies.

The Organisation manages Donors' information responsibly. We will respect the privacy and contact preferences of all Donors. We will respond promptly to requests to cease contacts or complaints and act as best we can to address their causes.

The Organisation abides by the law requiring that, in deciding whether to accept or refuse a donation, it should consider which course of action is in the best overall interest of the Organisation.

The Organisation will not accept donations made by Donors whose activities appear to be in conflict with the best interests of the beneficiaries.

The Organisation will not engage with organisations or individuals who participate in any activities that may cause detriment to the reputation of the Organisation or which could decrease the amount of other donations or in some way reduce the effectiveness of the work of the Organisation.

The responsibility for decisions as to whether the Organisation should refuse a donation lies with the Trustees.

If Donors wish to make a donation for a specific area of the Organisation's work, then they may make a restricted donation by providing written instructions to this effect with their donation.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	02/12/16	P Gibson	New Policy	9/12/16

Conflict of Interests Policy

Definitions

Conflict of interest (COI) is a situation in which there is a conflict between the private interests of an individual in a position of trust and their responsibilities as a member of the Organisation.

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

To set out the Organisation's policy to avoid actual or perceived conflicts of interest, and the procedures that should be followed

To Whom the Policy Applies

This policy applies to all Trustees, Staff and persons acting on behalf of the Organisation.

Policy

Introduction

The Organisation seeks to operate to the highest standards of integrity at all times and in all matters. The purposes of this policy is to protect the integrity of the Organization's decision-making process, to enable all stakeholders to have confidence in our integrity, and to protect the integrity and reputation of the Organisation.

Statement

All Trustees will strive at all times to avoid any conflict of interest between the interests of the Organization on the one hand, and personal, professional, and business interests on the other. This includes avoiding the perception of conflicts of interest as well as actual conflicts of interest.

Disclosure

If a Trustee has an actual or perceived conflict of interest in any activity, transaction or decision then this should be immediately disclosed to others present, and the matter be referred to the Chairman of the Organisation.

This disclosure should be notified to the Secretary and documented. The person with the actual or perceived conflict should not participate any further in that activity or decision making process without the express agreement of the other Trustees until the matter has been investigated by one or more appointed Trustees and a report presented to the Board which will determine the appropriate actions to be taken.

Suspicion of Conflicts of Interests

If a Trustee suspects that another person has a conflict of interests, then they should seek to bring this matter to their attention. If it is not possible to do this face-to-face then it should be brought to the attention of the Chairman or another Trustee.

The matter will then be investigated by one or more Trustees in accordance with the Feedback and / or Raising Concerns Policies, and a report presented to the Board of Trustees to determine the appropriate actions to be taken.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	2/12/16	P Gibson	New Policy	9/12/16

Raising Concerns (Whistle-blowing) Policy

Definitions

Concerned Party: Staff who wish to raise an issue or concern.

Delivery Partners: the agencies with which the Organisation works.

Organisation: Bellary Support Group.

Person of Concern: Staff, Delivery Partners or Participant(s).

PIDA: the Public Interests Disclosure Act 1998.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

Every organisation faces the risk of things going wrong, be it an error of judgment or deliberate intent. Quickly identifying the potential for such a situation is crucial and will enable the Organisation to act swiftly to avoid harm. Encouraging openness within the team will enable the Organisation to 'nip in the bud' anything that raises concern.

This Policy enables Trustees and Staff to raise any concerns they may have regarding the conduct or behaviour of other Staff, or Delivery Partners or regarding working practices of the Organisation, which they consider may be inappropriate or harmful to others or the Organisation.

To whom the Policy applies

The Policy applies to Trustees and Staff working on behalf of the Organisation.

The Policy

Trustees and Staff may raise any concerns they may have regarding the conduct or behaviour of other Trustees / Staff that they consider may be inappropriate or harmful to others or the Organisation.

Reporting an issue of this nature will not prejudice anyone's position within the Organisation. The aim is to ensure that all reported matters are resolved quickly and effectively. In addition, the person making a protected disclosure is given statutory protection under PIDA. PIDA also protects against any form of mistreatment or victimisation and requires the Organisation to respect confidentiality in any subsequent enquiry.

As far as possible, confidentiality will be maintained through any investigation process. Action will be taken against anyone engaging in victimisation.

Raising a matter of concern should not be done without due consideration, nor as a result of personal dislike. It should be a considered action as a result of evidential knowledge or a prolonged feeling of discomfort with a situation. Action will be taken against anyone deliberately raising false or malicious allegations.

Outlined below are some examples of the issues that might be a matter of concern.

- A criminal offence.
- A failure to comply with any legal obligation.
- A miscarriage of justice.
- Putting of the health and safety of any individual in danger.
- Deliberate concealment of any malpractice relating to the above.
- Infringement of a position of trust by Staff or service providers.
- Financial impropriety.
- Coercion or duress in decision making.
- Personal conduct.
- Inappropriate communication, language or humour.
- Unwarranted discrimination.

- Misuse of social networking.

Procedure

If a Trustee or Staff member feels uncomfortable or alarmed by the conduct of another Trustee or Staff member or someone that may be in a position of trust, or a working practice or procedure of the Organisation, then they should raise the concern with a Trustee. If the Person of Concern is related to or is in a close relationship with the Trustee, then the Concerned Party should communicate directly with another Trustee.

The Organisation will treat the issue raised seriously and act according to the Policy. The Concerned Party will not be asked to prove anything. The matter will be treated in confidence if requested and the Organisation will only make disclosures with the Concerned Party's consent.

1. If appropriate, verbal clarification should be sought by the Concerned Party directly from the Person of Concern regarding the issue raised (e.g. 'did I hear you say...?').
2. If the outcome of that clarification is:
 - Unsatisfactory; or
 - the situation is deemed sufficiently serious as to warrant direct management help; or
 - the issue has been made known to or mentioned by an outside party; or
 - the issue relates to a working practice or procedure;

then it should be verbally reported to a Trustee.

3. The Concerned Party will be requested to document the concern.
4. A written response from the Chairman or appointed investigating Trustee should follow within 48 hours, outlining the immediate action to be taken and will then take appropriate action, which may involve direct conversations with the Person of Concern.
5. Issues regarding Staff behaviour will necessitate the Person of Concern to be interviewed by two representatives of the Organisation, including a Trustee, and given the opportunity to explain their conduct.

Outcomes

The appointed investigating Trustee will be responsible for the outcome of this Raising Concerns Procedure and will document the issue or concern and indicate what steps have been/should be taken to resolve it.

The investigating Trustee will inform the Concerned Party, in writing, of the decision and actions to be taken, and their right of escalation, normally within ten working days of receiving the investigation report or of the final concern meeting/hearing. The Concerned Party will be given an explanation if this is not possible and will be advised when a response can be expected. Any Person of Concern named will also be advised, in writing, of the decision.

The Trustees will be kept informed at all stages.

Escalation

If the Concerned Party remains dissatisfied with the outcome of this process then they will be informed that they have the right to consult an independent advisor, or the Charity Commission, and the Trustees will take advice from a legal representative.

This must be considered a last resort and should be understood by all concerned that this may reflect badly on the work of the Organisation.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	02/12/16	P Gibson	New Policy	9/12/16

Feedback Policy

Definitions

Feedback: Comments, compliments or complaints.

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

The Policy sets out the principles on making known Feedback about the Organisation, Staff, stakeholder organisations, contacts or working practices of the Organisation or its Delivery Partners.

To Whom the Policy Applies

The Policy applies to all Trustees, Staff, or other contacts or interested parties who may wish to submit either positive or negative Feedback about the Organisation, its stakeholders or Delivery Partners.

The Policy

The Organisation always welcomes Feedback, whether good or bad. This is needed in order to maintain the high standards the Organisation strives to achieve.

In the event of any Feedback, there is a procedure to deal with it and to offer a basis for learning and improvement.

All Feedback should be noted and documented as a hard copy accessible to the Trustees of the Organisation.

All Feedback should be acknowledged and acted upon in accordance with the procedure.

The documented Feedback, the procedures followed and the corresponding outcomes are fully available under the requirements of the Data Protection Act 1998 and in accordance with the Organisation aims of transparency and openness in all its dealings.

Feedback is categorised (according to potential impact) as follows:

Positive: Compliments, suggestions, encouragements, reference stories, introductions, quotes.

Minor Negative: Procedural irritation, third party comments or reservations, unsubstantiated claims, subjective dislikes, conflicts of interest, external concerns.

Major Negative: Substantial crossing of boundaries, illegal or unethical behaviour, harassment of any kind, misappropriation of the charity funds or property.

The general principles of English law are followed in pursuit of all resolutions. Specifically, any Major Negative Feedback will be considered a statement of opinion until the subject of the complaint has been proven factual and without substantive mitigation (i.e. innocence until guilt is proven).

Feedback Procedure

Feedback is to be categorised (according to potential impact) as Positive, Minor Negative or Major Negative

All Feedback should be recorded and periodically reviewed in order to constantly maintain and improve the Organisation's practices.

Feedback Sources are asked to document their feedback in writing, setting out the Feedback Subject and the events surrounding it.

It is necessary to document such Feedback to evidence our awareness and our resolution of issues, along with the actions taken to avoid repeat incidents. The documented feedback, including the outcomes, will be retained by the Secretary and made available to the Trustees who will also be made aware of all new feedback.

Any learning from Feedback will be acknowledged by the Organisation and, if necessary, new policies and procedures instigated as a result.

Positive Feedback

All positive comments should be documented and reported at the next Trustee Meeting.

If appropriate, permission should be sought from the person giving the Feedback to use the comments publicly (e.g. 'would you mind me quoting you...?').

Minor Negative Feedback

All should feedback must be documented. Usually, concerns can be sorted out or clarified informally. However, if this does not resolve the issue the comments will be investigated informally by an appropriate Trustee. The outcome and any actions taken should be documented, presented to the Trustees at the next Meeting, and filed by the Secretary.

Any resolutions may be communicated to the Feedback Source as considered appropriate to the case.

Major Negative Feedback

All such Feedback must be documented and submitted to the Chairman or to one of the Trustees.

The Feedback Source will be contacted within five working days and arrangements made for a Trustee to meet the Feedback Source in a convenient location and in confidence. It is acceptable for that person to bring someone to the meeting to provide support or practical assistance if they wish.

Following the meeting the Organisation will consider the issues raised and undertake a formal investigation if deemed appropriate. The Trustees will then be informed and they will appoint one or two Trustees to act as investigating officer(s). Where the Feedback relates to a Trustee or Staff member, the individuals involved will be informed in writing of the nature of the complaint and will be given the opportunity to submit a response.

The results of the investigation will be provided to the Trustees in the form of an investigation report. Following the investigation, the Trustees may deem it appropriate to hold a further meeting with the Feedback Source. The purpose of the meeting would be to seek clarification on any further issues that might have arisen and to allow the Feedback Source to comment on the findings of the investigation. In some cases it might be appropriate to hold a hearing with the Feedback Source and the Feedback Subject.

The Feedback Source would then be contacted again with a response and suggestions for resolving the issue. The Organisation will attempt to agree a way forward together with the Feedback Source. If this does not resolve the issue satisfactorily the Feedback Source will be asked to contact the Organisation again within two weeks and arrangements will then be made for a meeting with two non-conflicted Trustees. The Trustees will follow the above procedure again and make every attempt to resolve the situation to everyone's satisfaction.

Outcome

The investigating Trustee(s) will determine the outcome of the procedure. They may conclude either that the Feedback is without substance or requires no action, or uphold the complaint and indicate what steps have been/should be taken to resolve it.

The investigating Trustee(s) will inform the Feedback Source, in writing, of the decision and their right of appeal, normally within ten working days of receiving the investigation report or of the final meeting/hearing. The Feedback Source will be given an explanation if this is not possible and will be advised when a response can be expected. Staff named in the grievance will also be advised in writing of the decision. The Trustees will be kept informed at all stages.

Escalation

If the Feedback Source remains dissatisfied with the outcome of this procedure then they will be informed that they have the right to consult an independent advisor, or the Charity Commission, and the Trustees will take advice from a legal representative.

This must be considered a last resort and should be understood by all concerned that this may reflect negatively on the work of the Organisation.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	2/12/16	P Gibson	New Policy	9/12/16

Expense Policy

Definitions

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

To define how, and the circumstances in which expenses incurred by Trustees or Staff whilst working for the Organisation will be refunded.

To whom the Policy applies

The Policy applies to all Staff and Trustees.

Policy

General

One of the principles underlying the values on the Organisation is that Trustees and Staff members will always seek to “do the right thing”. Consequently, the Organisation believes that:

- Trustees and Staff should be reimbursed for reasonable expenses incurred in the performance of their duties.
- Equally, as a charity reliant on outside donations of time, money and other resources, it must use its limited financial resources prudently.
- Whenever possible, alternatives should always be considered before engaging in activities or ways of working that incur expenditure. Examples include:-
 - Telephone / video-calls rather than journeys and face-to-face meetings
 - Use of e-mail rather than postage

Staff are expected in each situation to balance the varying demands and responsibilities and are trusted to make appropriate decisions which have financial implications.

If a Trustee or member of Staff is uncertain whether an item of expenditure may be claimed, then they should speak to another Trustee before the expense is incurred.

Expense payment

To be claimable, expenses must be wholly and exclusively for the purposes of the Organisation.

The BSG Expense Claim form is to be used for the recovery of all expenses.

Wherever possible, receipts (ideally VAT receipts) should be attached to the expense claim.

All expense claims are to be reviewed and approved by another Trustee before payment. If there is any uncertainty, then the claim must be discussed with the Chairman.

Wherever possible, payment of expenses should be via electronic transfer into the claimant’s bank account.

In accordance with good financial practice and separation of duties:-

- No Trustee or member of Staff may approve their own expenses.
- A Claimant may not pay their own expense claim.

Allowable Staff expenses

Below is a list of the most common allowable Staff expenses. This is not exhaustive and may be updated from time to time. Items not listed may be claimed but its validity should first be confirmed by the Chairman.

- Necessary stationary “consumables”
- Phone calls
- Mileage costs at 40p per mile
- Bus / train fares (standard class)
- Taxi fares (in emergency situations where no other means of transport is possible)
- Meal, accommodation and other costs incurred whilst travelling on Organisation business overseas.

All expenses expected to be for £100 or more must first be discussed and agreed by the Trustees.

False Expense claims

Knowingly submitting a false claim for expenses is to be regarded as gross misconduct, for which the penalty is summary dismissal.

Process

The process for claiming and paying expenses is as follows:-

- 1) Claimant fills out *BSG Expense Claim* form
- 2) Claimant sends / presents Expense Report together with available receipts to another Trustee to review and approve, or reject and return the claim
- 3) Approved Expense Report is sent to Treasurer for:-
 - a. Payment
 - b. Allocation of costs to correct budget
 - c. Filing

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1	16/12/16	P Gibson	New policy	16/12/16

Safeguarding Policy

Definitions

Organisation: Bellary Support Group.

Staff: Any person paid or unpaid who might be in a position of trust on behalf of the Organisation including trustees.

Trustees: Persons having the general control and responsibility for upholding the constitution of the Organisation.

Purpose of the Policy

This Policy sets out the principles and guidelines regarding Safeguarding.

To whom the Policy applies

The Policy applies to all Trustees and Staff acting on behalf of the Organisation.

Policy

Introduction

The purpose of the Organisation is to support projects of the Karnataka Northern Diocese (KND) in South India, in their work with poor communities, and in particular disadvantaged young people.

The Organisation does this through the provision of funds which are used primarily to enable these young people to access education.

At all times, the projects of the KND remain the responsibility of the KND, to provide the necessary management, supervision and oversight of its institutions and projects. These include schools and hostels and in accordance with legislation in India this is expected to include Statutory inspections.

The policy of the Organisation is not to contact or work directly with potentially vulnerable young people unless this is under the supervision of Officers or staff of the KND.

Before the Organisation commences supporting a new project which directly involves potentially vulnerable young people, and every year for currently supported projects directly involving young people, the Organisation will undertake due-diligence to be assured that the KND and also the project has appropriate safeguarding arrangements in place. Wherever possible evidence of inspections or certifications provided by Indian State statutory bodies will be obtained.

Where necessary, the Organisation will make available funds to perform any due diligence checks conducted by the Organisation.

One trustee will be appointed as the “Designated Safeguarding Lead” (“DSL”) for the Organisation.

All trustees must within 6 months of appointment successfully complete a recognized “Level-2” (or higher) safeguarding training and provide evidence to the DSL of this.

On an annual basis all trustees must successfully complete a recognized “Level-2” (or higher) safeguarding training and provide evidence to the DSL of this.

Procedure

Every two years, or more frequently if deemed necessary, the Trustees will appoint two Trustees to obtain appropriate evidence on a face-to-face basis from the KND to be assured that the KND has appropriate safeguarding policies and procedures in place, and to present their findings at a meeting of the Trustees.

This will involve questions to 1) Diocesan Officials, 2) The Warden and Manager of a supported Home, and 3) Where possible, a selected group of beneficiaries. See Appendix for potential questions.

On an annual basis, the Trustees will appoint two Trustees to obtain appropriate evidence using a questionnaire to 1) Diocesan Officials, and 2) The Warden and Manager of a supported Home.

Before the Organisation commences supporting a new project which directly involves potentially vulnerable young people the Trustees will appoint two Trustees to obtain appropriate evidence from the KND to be assured that the

KND has or will have appropriate safeguarding policies and procedures in place, and to present their findings at a meeting of the Trustees

At any time, if any person is concerned that the actions of the KND, the Organisation, Trustee or Staff contravene good safeguarding practice then this should be immediately brought to the attention of one of the Trustees and will be investigated in accordance with the Raising Concerns Policy.

Document Control & History

Version	Date	Author	Summary of Changes	Issue Date
1.0	18/4/18	P Gibson	New Policy	18/4/18
2.0	11/11/18	P Gibson	Updated to incorporate response to Charity Commission developments	TBC
3.0	5/5/23	P Gibson	Addition of Trustee Safeguarding training requirement and Designated Safeguarding Lead	TBC

Appendix

Potential Safeguarding questions for each Group

Questions for the Diocese

- 1) Who is currently responsible for Safeguarding across KND?
- 2) How many safeguarding incidents have been reported since our last review?
- 3) What actions have been undertaken to resolve these incidents
- 4) What Safeguarding training has been undertaken since our last review?
- 5) What references have been taken for new employees in post at the Homes?
- 6) When was the Safeguarding Policy last revised?
- 7) What safeguarding materials are made available to staff?

Questions for the Home Manager & Warden

- 1) If a young person feels vulnerable, what should they do?
- 2) How would they know what to do?
- 3) How many safeguarding incidents have been reported in your hostel since our last review?
- 4) What actions have been undertaken to resolve these incidents?
- 5) What should you do if a young person reports a safeguarding incident
 - about a colleague
 - about you
 - about family or friends at home
- 6) Is there any current investigation about you or other staff (including yourself)?
- 7) Do you feel that you have a safe way to report safeguarding issues?

Questions for the beneficiaries (*)

- 1) Have you ever felt unsafe while you have been at this hostel?
 - What did you do about that?
 - Has that resolved the issue?
- 2) Do you know what you should do if you feel unsafe?
- 3) Have any other boys complained to you that they feel vulnerable
 - What did you do about that?
- 4) Are you happy when you are here at the hostel?
 - What is the one thing you would change if you could?
- 5) What happens here if you do not follow the rules?

(It is recognised that asking these may require the assistance of a skilled, local person, in the language of the beneficiary).