

First Give Safeguarding Policy

Designated Safeguarding Lead (DSL): Louisa Searle

First Give

First Give currently works in over 190 schools with approximately 30,000 children and young people every year across England and Wales. We provide a fully resourced scheme of work to be delivered by our partner schools' teachers and also deliver Assemblies, workshops and finals in schools.

Statement of intent

Due to the nature of our work, children and young people may sometimes disclose information about themselves that they might not ordinarily have done. This might happen at an Assembly, a Presentation Skills Workshop or at a School Final. First Give staff are often uniquely placed to pick up on safeguarding concerns and issues. As such it is key for those working directly with children or young people to know what to look for and how to respond.

First Give is committed to practising in a way that protects children and young people from harm.

The purpose of this policy is to:

- Protect all children and young people who take part in the First Give programme
- Ensure that all staff and volunteers are fully aware of their obligations with regard to safeguarding and are confident to respond appropriately.

This policy applies to all staff, including all full-time staff, freelance facilitators, senior managers, trustees and volunteers working on behalf of First Give.

Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance, Keeping Children Safe in Education and Working Together to Safeguard Children, and the Governance Handbook.

This policy is also based on the following legislation:

- Part 3 of the schedule to the Education (Independent School Standards) Regulations 2014, which places a duty on academies and independent schools to safeguard and promote the welfare of pupils at the school
- The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children

- Statutory guidance on the Prevent duty, which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- The Childcare (Disqualification) Regulations 2009 and Childcare Act 2006, which set out who is disqualified from working with children

Definitions of key terms

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Appendix 1 defines neglect in more detail.

Children includes everyone under the age of 18.

For the purposes of this policy, 'staff' or 'First Give staff' refers to those employed by or representing First Give (meaning full time, permanent employees, part time self employed facilitators, contractors, trustees or volunteers. 'Teachers' or 'school staff' refers to those employed by or representing our partner schools.

Roles and responsibilities

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers and governors in the school and is consistent with the procedures of our LA and Local Safeguarding Children Board (LSCB procedures). Our policy and procedures also apply to extended school and off-site activities.

All staff

All staff will be aware of:

- Our systems which support safeguarding, including the staff, behaviour policy and the role of the designated safeguarding lead (DSL)
- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation

Procedures

- First Give appoints a Designated Safeguarding Lead (DSL) who has overall responsibility on a day to day basis for our Safeguarding Policy. Currently this is **Louisa Searle**, Director of First Give. The DSL will undertake regular child protection training every two years and be given the time and resources to undertake this.
- The DSL will participate in Safer Recruitment training once every two years and will feed back this learning to other team members and ensure that First Give's recruitment procedures follow best practice.
- First Give has a designated trustee who has overall responsibility at board level for our Safeguarding Policy. Currently this **Rebecca Cramer**.
- First Give has an up to date Conduct, Language and Attire Protocol (Appendix 3) for all facilitators working with children and young people.
- First Give adopts a no touch approach. See Appendix 3: Conduct, Language and Attire Protocol for further details.
- All First Give staff will be subject to a DBS check and 2 references as a part of the recruitment process. DBS checks will be carried out every 3 years.
- All First Give staff will be given appropriate training to ensure they are confident in recognising and responding to safeguarding issues or concerns. This will take place within the context of facilitator training days (led by central team) and external training offered to central team (for example NSPCC training).
- All First Give staff will be provided with 2 copies of this Policy which they will be asked to read. They will then be asked to sign both copies acknowledging that they have seen, read and understood the policy. One signed copy will be retained by First Give for the duration of their association with the charity.
- This policy will be reviewed by the Board of Trustees annually and/or whenever there is a significant change in legislation.
- Everyone working with First Give is responsible for reporting any concerns regarding a colleague (either from First Give, a partner organisation or a school)
- All First Give staff and volunteers will be trained to
 - **Recognise** safeguarding issues
 - **Respond** appropriately
 - **Record** concerns or issues confidentially and appropriately
 - **Refer** safeguarding issues to the appropriate persons (School DSL and First Give DSL)

Confidentiality

- First Give recognises that all matters relating to Child Protection and Safeguarding are confidential.
- The First Give DSL will only ever disclose safeguarding concerns or issues on a 'need to know' basis

Photography and consent

In the course of celebrating students' achievements and of promoting First Give via online channels (the website/social media platforms), First Give staff may take photographs of children and young people.

- When First Give takes photographs or film of students for any reason, the Lead Teacher will be asked to collect parental consent and student consent (for over 13 year olds) using the template form in Appendix 4.
- Where First Give uses photographs of film, we will never publish alongside a full or partial name of the pictured student.
- Where First Give hires a professional photographer, they will be fully briefed and will be accompanied by a First Give staff member for the full duration of their visit to the school/event.

- First Give staff will not use personal devices to take photographs of students.
- Photographs stored by First Give will be stored securely.

What to do when a child discloses a safeguarding issue

If a child discloses a safeguarding issue in the course of a session (either in a one-to-one conversation or as part of the group exercises):

- Remain calm.
- Listen to what they say carefully.
- Do not ask probing questions or push for extra details.
- Tell the child they were right to tell and that they are not to blame. Let them know that you understand that it is difficult to talk about these things. Thank the child.
- Do not promise to keep the disclosure secret.
- Inform the school's DSL and the contact teacher as soon as possible. The school's safeguarding procedure will ensue.
- Report your concern to the First Give DSL as soon as possible.
- Record the disclosure in the child's own words (as far as possible) and what you said in response *after* the child has left using the template form in Appendix 2. Email your report to the First Give DSL.
- If there is immediate risk of harm or danger, contact the emergency services, and then follow the above steps.

If a child is in immediate danger

Make a referral to children's social care and/or the police immediately if a child is in immediate danger or at risk of harm. Anyone can make a referral.

Tell the DSL as soon as possible if you make a referral directly.

To report child abuse to your local council:

<https://www.gov.uk/report-child-abuse-to-local-council>

If you discover that FGM has taken place or a pupil is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in Appendix 1.

Any member of staff who discovers that an act of FGM appears to have been carried out on a pupil under 18 must immediately report this to the police, personally. This is a statutory duty, and staff will face disciplinary sanctions for failing to meet it.

The duty above does not apply in cases where a pupil is at risk of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

Any member of staff who suspects a pupil is at risk of FGM a pupil age 18 or over appears to have been a victim of FGM, must speak to the DSL and follow our safeguarding procedures. This will include contacting Children's Services on 020 8583 6600 and calling Call the FGM helpline on 0800 028 3550 or emailing fgmhelp@nspcc.org.uk.

What to do when you recognise a potential safeguarding issue

If you observe indicators that might suggest a safeguarding issue:

- Inform the school's DSL and the contact teacher as soon as possible. The school's safeguarding procedure will ensue.
- Report your concern to the First Give DSL as soon as possible.
- Record any disclosure in the child's own words (if relevant) and/or your observations (eg, bruises) and anything you said in response *immediately after* the child has left using the template form in Appendix 2. Email your report to the First Give DSL.
- If there is immediate risk of harm or danger, contact the emergency services, and then follow the above steps.

Please note that the vast majority of disclosures are non-verbal.

What the DSL will do

Following a referral of a safeguarding concern, the DSL will:

- Record notes on the situation to be stored in a secure location.
- Refer the case to the relevant school's DSL.
- Ask the relevant school's DSL to confirm receipt of the referral.

Designated Safeguarding Lead (DSL):

Name	Email	Phone
Louisa Searle:	louisa@firstgive.co.uk	0207 443 5169

Complaints and concerns about First Give's safeguarding practices

Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitudes and actions of colleagues.

Please refer to First Give's policy on whistle-blowing (Appendix X and in the Staff Handbook).



Record-keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Policy Details

This policy was last updated in February 2020. It will be reviewed annually.

Declaration

I,..... (PRINT NAME) confirm that I have read, understood and will comply with this policy.

Signature.....

Date.....

Appendix 1:

Recognising Abuse

First Give subscribes to the NSPCC definition of abuse:

“Any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention.”

The 4 main types of abuse are:

1. **Physical Abuse:** Deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.
2. **Emotional Abuse:** The ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development.
3. **Neglect:** The ongoing failure to meet a child's basic needs
4. **Sexual Abuse:** A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online

This policy also covers Child Sexual Exploitation and FGM.

More detailed guidance on types of abuse can be found on the NSPCC website:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

It is important to be aware of signs of possible abuse in children. Below is a list of potential signs. It is essential to note that these are only indicators of possible abuse. There may be other, innocent, reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child or adult's behaviour.

Physical abuse

Physical signs include:

- Unexplained injuries
- Injuries that are inconsistent with the explanation
- Injuries that reflect an article being used e.g. an iron
- Bruising, especially the trunk, upper arm, shoulders, neck or fingertip bruising
- Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

Psychological/emotional signs include:

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover up clothing

Fictitious illness by proxy

- This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm onto a child, normally the child's mother. The child has commonly had genuine serious illness in the first year of life and a dependency on medical attention has developed in the mother. It is very difficult to diagnose/evidence.

Emotional abuse

The classic description of emotional abuse is a "Low Warmth, High Criticism" style of parenting.

Signs include:

- Physical, mental and emotional lags
- Acceptance of punishments, which appear excessive
- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self-harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

Neglect

Physical signs include:

- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Emaciation, potbelly, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

Psychological/emotional signs include:

- Constant hunger
- Constant tiredness
- Frequent lateness/non-attendance at school
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

Sexual abuse

Physical signs include:

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy, especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

Psychological/emotional signs include:

- Sexual knowledge inappropriate for the child's age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders

This list of indicators of potential abuse is not definitive and serves only as a guide to support you. In addition, the appearance of these or other symptoms should not be taken as proof that abuse is occurring.

Child sexual exploitation (CSE)

Child sexual exploitation (CSE) is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that young people particularly aged 17 and 18 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation

- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

1.1 Female Genital Mutilation (FGM)

A cultural (not religious) procedure whereby parts of female genitalia are removed – also referred to as female circumcision. This is normally undertaken on pre-pubescent girls, who are either taken abroad for procedure or “practitioners” come to the UK. There can be no anaesthetic and no sterile equipment used. Complications include serious infection, septicaemia, numerous gynaecological problems and in some cases, death.

FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl’s age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 1.2 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a pupil is at risk of FGM.

Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues
- **A girl:**
 - Having difficulty walking, sitting or standing, or looking uncomfortable
 - Finding it hard to sit still for long periods of time (where this was not a problem previously)
 - Spending longer than normal in the bathroom or toilet due to difficulties urinating
 - Having frequent urinary, menstrual or stomach problems

- Avoiding physical exercise or missing PE
- Being repeatedly absent from school, or absent for a prolonged period
- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- **A girl:**
 - Having a mother, older sibling or cousin who has undergone FGM
 - Having limited level of integration within UK society
 - Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
 - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
 - Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
 - Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
 - Being unexpectedly absent from school
 - Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. For more information, please see the English or Welsh version of Working Together to Safeguard Children as appropriate, and/or the multi-agency guidance on FGM.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.)

1.2 Making a report regarding FGM or suspected FGM

It is recommended that you make a report orally by calling 101, the single non-emergency number. When you call 101, the system will determine your location and connect you to the police force covering that area. You will hear a recorded message announcing the police force you are being connected to. You will then be given a choice of which force to be connected to – if you are calling with a report relating to an area outside the force area which you are calling from, you can ask to be directed to that force. Calls to 101 are answered by trained police officers and staff in the control room of the local police force. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

You should be prepared to provide the call handler with the following information after explaining that you are making a report under the FGM mandatory reporting duty

1) Your details:

- name
- contact details (work telephone number and e-mail address) and times when you
 - will be available to be called back
 - role
 - place of work

2) Details of your organisation's Designated Safeguarding Lead:

- name
- contact details (work telephone number and e-mail address)
- place of work

3) The girl's details:

- name
- age/date of birth
- address

You will be given a reference number for the call and should ensure that you document this in your records.

Further Information and procedures for any concerns around FGM are set out in separate policy. The policy not only outlines what to do when there are concerns of FGM and information to help raise awareness of FGM.

Appendix 2

Safeguarding Disclosure Report

Name of staff member	
Role of staff member	
Name of child (if known)	
Gender of child (if known)	
Ethnicity of child (if known)	
School Name	
Contact at School	
Contact details of above (phone and email)	
Date and time of disclosure or observation	
Names of persons who witnessed the disclosure	
Observation (please do not interpret the observation, and where possible use the child's own words)	

Appendix 3:

Conduct, Language and Attire Protocol

Purpose

This document should be read in conjunction with our Safeguarding Policy. Its purpose is to set out best practice when facilitating First Give sessions in schools and to help all First Give staff to safeguard against allegations of impropriety from a child, young person or teacher.

At all times staff should take care not to put themselves in a vulnerable position with a child.

Conduct

- Wherever possible First Give staff should never be alone with a group of students. It is best practice to have a teacher in the room at all times.
- Direct contact with young people or children should only be made through a representative from their school. At no time should First Give staff have direct contact details of the child or young person. Under no circumstances should First Give staff have contact with a young person on a personal social media account (this includes, but is not limited to, accepting friend requests on Facebook).
- As per the Safeguarding Policy, First Give operates a “no touch” approach. An arm around the shoulder or a pat on the back can easily be misconstrued. If staff are trying to illustrate a point about body language, they should use their own body to demonstrate their recommendations.
- In the event that a member of First Give staff feels that physical contact is unavoidable (for example to support a distressed, sick or disabled child) the following should be taken into account:
 - Ensure another staff member or responsible adult is in the room;
 - Physical contact should only take place with the child’s consent;
 - The purpose of any physical contact must be clear.

Language

- First Give staff should never use language that is offensive or oppressive in relation to race, culture, age, gender, disability, religion, sexuality or political belief.
- First Give staff are strongly advised not to make any comments relating to gender or physical appearance.
- First Give staff are advised to call children and young people by their first names only and not by colloquial, non-specific endearments such as “Hun”, “Babe” etc... which could later be misconstrued.

Attire

- First Give promotes the development of the professional self, and professionalism is a key element of our brand identity. As such all First Give staff will look professional at all times. Attire should be smart casual. Jeans, trainers, t shirts and any revealing items of clothing are to be avoided.

Appendix 4:

Consent form for recording video/images of children

Usage

We would like to capture images/footage of students taking part in activities that are part of the First Give programme at school.

These images/footage may be used for productions we commission/education resources associated with our work. They may also be used on social media and the website of First Give and our funders or released for publication or broadcast in the media in order to promote positive stories about young people and the work of First Give.

Before recording images of your child, we need your permission. If your child is 13 or over, we also need their permission. Please answer the questions below, complete the details and then sign and date the form.

We will ensure your data and the images of your child will be kept securely in line with our data policy. In the event that you wish to withdraw consent at any time, please contact First Give at info@firstgive.co.uk with your details.

Consent

May we use your child's image (including video footage) in the ways described above?

Please circle
Yes / No

Details

Name of consenting adult

Name of child/children

School that child attends

Signature of consenting adult

Signature of child (*if 13 or over*)

Date

This form is valid for four years after the date of signing. First Give will seek renewed consent if the images are to be reused after this time

Please retain our contact details by removing this slip.

info@firstgive.co.uk

0207 443 5169

Appendix 5:

Safer recruitment and DBS checks – policy and procedures

Appointing new staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Ask for written information about previous employment history and check that information is not contradictory or incomplete

We will seek references on all short-listed candidates, including internal candidates, when we have made an offer of appointment. We will scrutinise these and resolve any concerns before confirming appointments.

We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006. Where we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

Regulated activity means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity