## Referral to the Disclosure and Barring Service (DBS) Policy

**Version: 3**

<table>
<thead>
<tr>
<th><strong>Summary:</strong></th>
<th>This policy is intended to provide guidance for managers on their duty to refer information to the Disclosure and Barring Scheme (DBS). The DBS was introduced on 1 December 2012 and replaces the Criminal Records Bureau and Independent Safeguarding Authority.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Keywords:</strong></td>
<td>Disclosure and Barring Service, DBS, Regulated Activity, Criminal Records Bureau, CRB, Safeguarding, Safeguarding Children, Safeguarding Adults, Designated Adult Safeguarding Manager, DASM</td>
</tr>
<tr>
<td><strong>Target Audience:</strong></td>
<td>Managers &amp; HR Representatives employed by Southern Health NHS Foundation Trust.</td>
</tr>
<tr>
<td><strong>Next Review Date:</strong></td>
<td>April 2021</td>
</tr>
</tbody>
</table>
| **Approved & Ratified by:** | Safeguarding Forum  
**Date of meeting:**  
12/08/2014 |
| **Date issued:** | March 2016 |
| **Author:** | Eliot Smith, Named Professional for Safeguarding Adults |
| **Director:** | Director of Nursing and Allied Health Professionals |
### Version Control

#### Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2015</td>
<td>Eliot Smith</td>
<td>2</td>
<td></td>
<td>Technical amendments and removal of obsolete references to ISA and previous barring lists.</td>
</tr>
<tr>
<td>March 2016</td>
<td>Eliot Smith</td>
<td>3</td>
<td></td>
<td>Review against current legislative and practice standards. No significant amendments made, addition of the quick reference guide, flowchart added to Appendix 3.</td>
</tr>
<tr>
<td>April 2017</td>
<td>Eliot Smith</td>
<td>3</td>
<td></td>
<td>Policy reviewed. No amendments required. Review date extended for 1 year.</td>
</tr>
<tr>
<td>April 2018</td>
<td>Eliot Smith</td>
<td>3</td>
<td></td>
<td>Policy reviewed, remains relevant and fit for purpose. Review date set for three years, to April 2021</td>
</tr>
</tbody>
</table>

### Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliot Smith</td>
<td>Named Professional for Safeguarding</td>
<td>V1 Replaces SH CP 109 &quot;Referral to the Independent Safeguarding Authority (Vetting &amp; Barring Scheme)&quot;</td>
</tr>
</tbody>
</table>
Quick Reference Guide

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

“The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). DBS is an executive non-departmental public body, sponsored by the Home Office.”
(www.gov.uk/government/organisations/disclosure-and-barring-service)

The DBS is an important safeguard and is a necessary and important part of recruitment and pre-employment checks. The DBS regulates who is allowed to work in health and social care, and with children and adults who are vulnerable. The DBS carry out Criminal Records Bureau checks and for certain checks have access to further information held by the Police and its own Barred Lists.

The Trust, as an employer in, and provider of, regulated activity with children and adults, has key responsibilities to ensure that it does not put the users of its services at risk by employing, or continuing to employ individuals who have caused harm or who pose a future risk of harm to vulnerable groups, including children. It would be unlawful for the Trust to knowingly employ someone in a regulated activity with a group from which they are barred from working. Likewise, it is unlawful for a barred person to seek, offer, or engage in regulated activity with a group from which they are barred from working, be it paid or voluntary.

There is a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has dismissed or removed a person from working with children or vulnerable adults (or would or may have if the person had not left, resigned, retired, made redundant or moved to another position) because the person has:

- Been cautioned or convicted for a relevant offence; or
- Engaged in relevant conduct in relation to children and/or vulnerable adults; or
- Satisfied the “harm test” in relation to children and/or vulnerable adults;

The Harm Test: The harm test is defined in the Safeguarding Vulnerable Groups Act (2006) as:

- Harm to a child or vulnerable adult
- Causing a child or vulnerable adult to be harmed
- Putting a child or vulnerable adult at risk of harm
- Attempting to harm a child or vulnerable adult
- Inciting another to harm a child or vulnerable adult

A referral should not be made when an allegation is first made. The referral should be made to the DBS when an investigation is undertaken and evidence is gathered to establish if the allegation has foundation.

If the concern relates to an adult service user, or adult at risk, the Designated Adult Safeguarding Manager (DASM) should be notified immediately that the concern about the member of staff is identified.

This Policy provides further detail on when, and under what circumstances, DBS referrals should be made. The Policy also includes details of the DBS process and the different types of actions and consequences that may result from a referral. If in doubt members of staff and managers should contact the Corporate Safeguarding Team or refer to the DBS website.
Referral to the Disclosure and Barring Service (DBS) Policy

1. Introduction

1.2 On 1 December 2012 the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) merged to become the Disclosure and Barring Service (DBS).

1.3 The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and to safeguard children and certain adults by preventing unsuitable people from working with vulnerable groups, in "regulated activity". Please refer to relevant HR Policies on employment checks:

- SH HR 06 Disclosure and Barring Service (DBS) and Employment Checks Policy
- SH HR 07 Disclosure and Barring Service (DBS) and Employment Checks Procedure
- SH HR 33 Work Experience & Volunteer Policy and Procedure
- SH HR 58 DBS and Employment Checks Toolkit – Manager’s Resource

1.4 As an NHS provider of services, Southern Health NHS Foundation Trust is a regulated activity provider for the purposes of the scheme.

1.5 There will be occasions where it is necessary to refer existing members of staff to the Disclosure and Barring Service where it is identified that they meet criteria and following appropriate risk assessment.

1.6 Concerns may arise from complaints, workforce investigations, or safeguarding processes. It is vital that whenever a DBS referral is made in relation to a risk to an adult at risk, that the Southern Health Designated Adult Safeguarding Manager is informed. For further information please refer to the relevant Safeguarding Policy [SH CP 15.2 Safeguarding Adult Policy].

1.7 This guidance provides managers with information in relation to the referral process and criteria for referral in order that they can discharge their legal responsibilities.

2. Who does this policy apply to?

2.1 DBS checks are mandatory for all staff however this policy is primarily aimed at managers of staff who may be required to make a referral to the Disclosure and Barring Service.

2.2 While the DBS scheme will provide significant safeguards, it is important to remember that it is part of a wider framework of safe recruitment practices and management action when a concern arises.

2.3 The scheme does not remove the need to ensure robust recruitment practices including checking identity, qualifications and references (followed up by phone calls), and enquiring into career history.
3. **Definitions**

3.1 **Criminal Records Bureau (CRB) check:**

3.1.1 A check of the Police National Database for convictions of certain offences. Part of pre-employment checks.

3.2 **Disclosure and Barring service (DBS) check:**

3.2.1 A check of the vetting and barring list for details of individuals who are barred from working in regulated activity (see below)

3.3 **Disclosure and Barring service (DBS) referral:**

3.3.1 The referral of an individual (member of staff) for them to be placed on the barred list to prevent them working in regulated activity and therefore safeguarding children and certain adults from harm.

3.4 **Regulated activity (adults):**

3.4.1 There are six types of activity which can be classed as regulated activity relating to adults. These include:

- Healthcare: if they are a regulated health care professional or are acting under the direction or supervision of one, for example doctors, nurses, health care assistants and physiotherapists.
- Personal care: assistance with washing and dressing, eating, drinking and toileting or teaching someone to do one of these tasks
- Social work: provision by a social care worker of social work which is required in connection with any health services or social services
- Assistance with a person’s cash, bills or shopping because of their age, illness or disability
- Assistance with the conduct of an adult’s own affairs, for example, lasting or enduring powers of attorney, or deputies appointed under the Mental Health Act
- Conveying: conveying adults for reasons of age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This would not include friends or family or taxi drivers

3.5 **Regulated activity (children) – not subject to the frequency test:**

- Relevant personal care, for example washing or dressing; or health care by or supervised by a professional, even if done once.
- Registered child-minding; and foster-carers.

3.6 **Regulated activity (children) – subject to the frequency test this includes:**

- Unsupervised activities: teach, train, instruct, care for or supervise children or provide advice/guidance on well-being, or drive a vehicle only for children.
- Specified places: work in a limited range of establishments with opportunity for contact e.g. schools, children’s homes, childcare premises

3.7 **The frequency test:**

3.7.1 Activities or work in specified places is only regulated activity if completed on a regular basis:

- Regularly – carried out by the same person at least once a week
- Carried out four or more days in 30 day period
- Overnight – carried out between 2am and 6am
4. **Duties and responsibilities**

4.1 *Employers, Local Authorities, Professional Regulators and other bodies have a duty to refer to the DBS, information about individuals working with children or adults where they consider the individual to have caused harm or pose a risk of harm.*

4.2 **The Trust:**

4.2.1 Southern Health NHS Foundation Trust has a duty to refer relevant information about its employees as it is a provider of regulated activity.

4.2.2 The Trust, as an employer in, and provider of, regulated activity with children and adults, has key responsibilities to ensure that it does not put the users of its services at risk by employing, or continuing to employ individuals who have caused harm or who pose a future risk of harm to vulnerable groups, including children.

4.2.3 It would be unlawful for the Trust to knowingly employ someone in a regulated activity with a group from which they are barred from working.

4.2.4 As an employer the Trust therefore has a duty when making appointments to carry out thorough employment and CRB checks on candidates through the Disclosure and Barring Service.

4.2.5 The Trust is committed to being an equal opportunities employer and therefore undertakes to treat all applicants fairly and not discriminate against anyone on the basis of convictions or other information received through background checks.

4.3 **Managers:**

4.3.1 It is the responsibility of all managers involved with the recruitment process to ensure that all reasonable steps are taken to minimise the risk to patients, staff and other service users, by adhering to this policy and related recruitment and employment check policies and procedures.

4.4 **Commissioning Managers**

4.4.1 It is the responsibility of the Commissioning Manager (see SH HR 28 Disciplinary Policy for definition of Commissioning Manager) to make a referral to the DBS.

4.5 **Staff**

4.5.1 It is the responsibility of all individuals to declare all cautions, convictions (including spent convictions), reprimands and/or warnings and any other information that may be relevant to their CRB record and DBS vetting and barring status.

4.5.2 It is unlawful for a barred person to seek, offer, or engage in regulated activity with a group from which they are barred from working, be it paid or voluntary.

4.6 **Personnel Agencies:**

In the case of staff members employed through an agency it is the agency, as a personnel supplier, who retains the responsibility for making a referral to the DBS.

4.7 **Local Authorities**

4.8 Local Authorities, under Safeguarding Adults procedures, or through the Local Authority Designated Officer (LADO) for children, have a power to make referrals to the DBS.
4.9  The Disclosure and Barring Service:

4.9.1  The DBS is responsible for processing requests for criminal records checks. The DBS will check police records and barred list information and issue a DBS certificate as part of safe recruitment practices.

4.9.2  The DBS is also responsible for making decisions about who should be barred and will hold a central register of those who are barred from working with children or vulnerable adults. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and vulnerable adults in a wide range of posts including most NHS jobs. It is also a criminal offence to employ a barred individual. Employers and service providers will be able to check an individual’s status on line free of charge.

5.  The circumstances in which DBS referral should be considered

5.1  A concern may be brought to the attention of a manager from a number of sources which may include the following:
- Safeguarding Adults processes.
- Child Protection investigation carried out under the 4LSCB Safeguarding Children Procedures.
- Review of performance against objectives, job plans, annual appraisal
- Complaints about care
- Information from regulatory body
- Litigation following acts of negligence

5.2  Or during the course of:
- An HR investigation where a concern arises
- Formal action under the Disciplinary Policy, Managing Performance or Harassment & Bullying at Work
- Critical Incident Reviews, Root Cause Analysis Reviews or SIRIs
- Information from Police
- Use of the Raising a Concern/Speak Up (Whistle Blowing) Policy

6.  Triggering a referral

6.1  There is a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has dismissed or removed a person from working with children or vulnerable adults (or would or may have if the person had not left, resigned, retired, made redundant or moved to another position) because the person has:
- Been cautioned or convicted for a relevant offence; or
- Engaged in relevant conduct in relation to children and/or vulnerable adults (i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm); or
- Satisfied the “harm test” in relation to children and/or vulnerable adults; or
- On the advice of the Local Authority Designated officer (LADO).

6.2  The Harm Test: The harm test is defined in the Safeguarding Vulnerable Groups Act (2006) as:
- Harm to a child or vulnerable adult
- Causing a child or vulnerable adult to be harmed
- Putting a child or vulnerable adult at risk of harm
• Attempting to harm a child or vulnerable adult
• Inciting another to harm a child or vulnerable adult

7. The point at which a referral should be made

7.1 A referral should not be made when an allegation is first made. The referral should be made to the DBS when an investigation is undertaken and evidence is gathered to establish if the allegation has foundation.

7.2 It is important to note that withdrawal from regulated activity does not necessitate an automatic referral. A referral should be made at the point there is evidence to support the allegation that a person has engaged in relevant conduct and that the harm test is satisfied.

7.3 It should also be noted that it is not necessary to wait until the conclusion of any disciplinary process if there is sufficient evidence to support the allegation and that the criteria for making a referral to DBS has been met.

8. Making a referral

8.1 If the concern relates to an adult service user, or adult at risk, the Designated Adult Safeguarding Manager (DASM) should be notified immediately that the concern about the member of staff is identified.

8.2 A referral should be made by completing the DBS referral form. An electronic copy of the referral form, referral guidance, fact sheets and other information can be found on the DBS website: https://www.gov.uk/government/organisations/disclosure-and-barring-service. A completed and signed DBS referral form and supporting evidence should be posted to the DBS:

Disclosure and Barring Service
Post Office Box 181
Darlington
DL1 9FA

8.3 Referrals should be made by the Commissioning Manager responsible for the disciplinary investigation.

8.4 The Corporate Safeguarding Team in Southern Health NHS Foundation Trust should be notified by managers and HR of any disciplinary matters where it is felt the harm test may be satisfied and where a referral to DBS is being considered.

8.5 Information requested on the referral form will need to be sought from a variety of sources. Managers will be expected to provide the information as requested in order that referrals can be made in a timely way so that DBS can commence their own investigations and state risk.

8.6 A member of the Corporate Safeguarding Team will consult with the appropriate Local Safeguarding Children Board Manager and Safeguarding Adults Board Manager as required to ensure appropriate referrals have been made to the Local Authority Designated Officers (for children only).

8.7 The staff member concerned should be notified in writing when a referral to DBS is made.
9. The DBS process

9.1 On receipt of the referral the DBS will commence the decision making process. The DBS will review the referral information and evidence provided and where necessary request information from other sources such as the Police. The DBS may also request additional information or documents from the original referrer.

9.2 It is crucial that supporting evidence is provided as the DBS has no investigating powers and relies upon the evidence provided with referrals.

9.3 The DBS makes its decisions using barring decision making processes specifically developed for its use. ‘Autobars’ are applied where a person has been cautioned or convicted for a relevant offence. Non-automatic barring decisions are considered typically where an employer has dismissed or moved an employee working in a regulated activity, following harm to a child or vulnerable adult or where there is risk of harm.

9.4 A barred person has the right to request a review of a DBS decision after a minimum barred period has elapsed. These are as follows:

- Aged under 18 when barred – after 1 year
- Aged 18 to 24 when barred – after 5 years
- Aged 25 or over when barred – after 10 years

10. Links with other investigations and other policies

10.1 It is important to note that locally agreed multi agency safeguarding and internal disciplinary procedures should be followed.

10.2 This process does not replace the referral process to relevant professional or governing bodies such as the Health & Care Professionals Council, General Medical Council, and Nursing and Midwifery Council.

10.3 Reference should also be made to SH HR 40 Management Action When A Concern Arises (incorporating restriction of practice and exclusion from work procedure and guidance on conducting interviews).

10.4 The commissioning manager should identify whether a referral to the DBS is required as part of their responsibilities throughout the investigation process. Notification should not be delayed pending the outcome of Trust procedures.

11. Training requirements

11.1 It is important that all clinical staff have an awareness of the existence and role of the Disclosure and Barring service. This awareness is provided through Mandatory Safeguarding training.

11.2 Please refer to the Training Needs Analysis in Appendix A1.
12. Monitoring compliance

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinical staff are aware of the policy through participation in mandatory safeguarding training.</td>
<td>Area Managers/Service Leads</td>
<td>Interrogate training record data</td>
<td>Annual</td>
<td>Service leads/Area Managers/Safeguarding Committee Area/Divisional Quality &amp; Governance committees/Quality &amp; Safety committee as part of exception reporting</td>
</tr>
<tr>
<td>All Managers of services providing regulated activities with children or adults have knowledge of their duties under this policy.</td>
<td>Area Managers/Service Leads</td>
<td>Interrogate training records data</td>
<td>Annual</td>
<td>Service leads/Area Managers/Safeguarding Committee Area/Divisional Quality &amp; Governance committees/Quality &amp; Safety committee as part of exception reporting</td>
</tr>
<tr>
<td>Application of Policy</td>
<td>Review of outcomes of referrals to DBS</td>
<td></td>
<td>Annual</td>
<td>Service leads/Area Managers/Safeguarding Committee Area/Divisional Quality &amp; Governance committees/Quality &amp; Safety committee as part of exception reporting</td>
</tr>
</tbody>
</table>

13. Policy review

13.1 This Policy may be reviewed on an annual basis, and where necessary to align to any changes to relevant HR Policies and Procedures or changes to National policy or legislation.

14. Associated trust documents

- SH HR 06 Disclosure and Barring Service (DBS) and Employment Checks Policy
- SH HR 07 Disclosure and Barring Service (DBS) and Employment Checks Procedure
- SH HR 33 Work Experience and Volunteer Policy and procedure
- SH HR 58 DBS and Employment Checks Toolkit – Manager’s Resource

15. Supporting references

- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Care Act 2014
- https://www.gov.uk/government/organisations/disclosure-and-barring-service
- HM Government Factsheets
- DBS Referral Guidance (Disclosure & Barring Service, 2012)
- Changes to disclosure and barring: What you need to know (DBS, 2012)
**Appendix 1: DBS Referral Guidance: Examples of harm (Vulnerable Adults)**

<table>
<thead>
<tr>
<th>Type of harm to vulnerable adult</th>
<th>Meaning</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional/Psychological</td>
<td>Action or inaction by others that causes mental anguish</td>
<td>Inflexible regimes and lack of choice. Mocking, coercing, denying privacy, threatening behaviour, bullying, intimidation, harassment, deliberate isolation, deprivation.</td>
</tr>
<tr>
<td>Financial</td>
<td>Usually associated with the misuse of money, valuables or property</td>
<td>Unauthorised withdrawals from vulnerable adult's account, theft, fraud, exploitation, pressure in connection with wills or inheritance.</td>
</tr>
<tr>
<td>Physical</td>
<td>Any physical action or inaction that results in discomfort, pain or injury</td>
<td>Hitting, slapping, pushing, shaking, bruising, failing to treat sores or wounds, under or overuse of medication, un-prescribed or inappropriate medication, use of restraint or inappropriate restraint, inappropriate sanctions.</td>
</tr>
<tr>
<td>Sexual</td>
<td>Coercion or force to take part in sexual acts</td>
<td>Inappropriate touching. Causing bruising or injury to the anal, genital or abdominal area. Transmission of STD.</td>
</tr>
<tr>
<td>Neglect</td>
<td>Failure to identify and/or meet care needs</td>
<td>Untreated weight loss, failing to administer reasonable care resulting in pressure sores or uncharacteristic problems with continence. Poor hygiene, soiled clothes not changed, insufficient food or drink, ignoring resident’s requests, unmet social or care needs.</td>
</tr>
<tr>
<td>Verbal</td>
<td>Any remark or comment by others that causes distress</td>
<td>Demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments. Excessive or unwanted familiarity, shouting, swearing, name calling.</td>
</tr>
</tbody>
</table>
### Appendix 2: DBS Referral Guidance: Examples of harm (Children)

<table>
<thead>
<tr>
<th>Type of harm</th>
<th>Meaning</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional/Psychological</td>
<td>Action or inaction by others that causes mental anguish</td>
<td>Emotional harm is the emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may involve children witnessing aggressive, violent or harmful behaviour such as domestic violence. Some level of emotional harm is involved in all types of ill-treatment of a child, though it may occur alone.</td>
</tr>
<tr>
<td>Physical</td>
<td>Any intentional physical contact that results in discomfort, pain or injury</td>
<td>Physical harm may involve assaults including hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen syndrome by proxy. Supply drugs to children. Inappropriate/unauthorised methods of restraint.</td>
</tr>
<tr>
<td>Sexual</td>
<td>Any form of sexual activity with a child under the age of consent</td>
<td>Sexual harm involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include noncontact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Downloading child pornography. Taking indecent photographs of children. Sexualised texting.</td>
</tr>
<tr>
<td>Neglect</td>
<td>Failure to identify and/or meeting care needs</td>
<td>Neglect is the 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</td>
</tr>
</tbody>
</table>
Appendix 3: Managers Guidance – when to make a referral to the Disclosure and Barring Service (DBS); and DBS Referral Flowchart

What is a referral?
A referral is information regarding a person working in regulated activity with children or vulnerable adults which notifies us of concerns that harm or risk of harm has occurred to a child or vulnerable adult. A referral is made on the DBS Referral Form and is usually provided to the DBS by an employer.

When to refer
The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has dismissed or excluded a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists]

Full guidance about when and how to refer is available via the DBS website:
https://www.gov.uk/government/organisations/disclosure-and-barring-service

Timing
Referral can be made either when decisions are being made about exclusion, when exclusion is reviewed or as an outcome of a disciplinary hearing.

Responsibility – who should make the referral
It is the responsibility of the Commissioning Manager to make a referral to the DBS.
DBS Referral Flowchart

Are you?
- a regulated activity provider
- a personnel supplier
- a local authority
- an education and library board (NI)
- a health and social care (HSC) trust
- a keeper of register
- a supervisory authority

No
You are not one of the groups listed in legislation. You do not need to refer. If you have concerns contact the person's employer, the police or social services.

Yes
Was the person working in regulated activity?

No
There is no need to refer to the DBS.

Yes
Have you carried out an investigation to establish facts and gather evidence?

No
You must follow your safeguarding and disciplinary procedures to establish facts and gather evidence. Re-consider whether the person should be referred after this process.

Yes
Have you found the concerns/allegations to be true?

No
There is no need to refer to the DBS.

Yes
Has the person been removed from regulated activity (either through instruction or their own choosing) because they pose a risk of harm or caused harm to a child or vulnerable adult?

No
Do you still have safeguarding concerns about the person?

No
No further action needed.

Yes
If you are a regulated activity provider or a personnel supplier you must make a referral to the DBS.

If you are
- a local authority
- an education and library board (NI)
- a health and social care (HSC) trust
- a keeper of register
- a supervisory authority
You can make a referral to the DBS.

Referral to the Disclosure and Barring Service (DBS) Policy
Version: 3
March 2016
Appendix 4: Supporting evidence required by the Disclosure and Barring Service (DBS)

Part 1 – The individual being referred and their job or role.

- Job description
- Application for employment
- References
- Interview report
- Letter of employment
- Documentation on any part disciplinary action
- Dismissal/resignation letters
- File notes concerning conduct, behaviour or attitude

Part 2 – The referring party

- Name of referring organisation
- Type of organisation
- Primary contact officer
- Alternative contact officer

Part 3 – The Harm (relevant conduct)

- Harm Assessment Report
- Chronology

Part 4 – Documentation

- Witness statement (s)
- Harmed person’s care plan
- Details of internal investigation and outcome
- Details of internal disciplinary action and outcome
- Police investigation report
- Local Authority/Health & Social Care Trust investigations including Minutes of Strategy Meetings
- Investigations and report of regulatory bodies
- Victim impact reports
- Any other information

Part 5 – Referral Document Checklist

Part 6 – Declaration by referring party

Part 7 – Checking and posting the DBS Referral Form

Part 8 – Data Protection Statement
Appendix 5: Types of checks available

Taken from HM Government Disclosure & Barring Service Roadshows 2012
Appendix 6: Training Needs Analysis

If there are any training implications for your policy please complete the form below and contact the Learning, Education and Development department (LEaD) on 02380874091 before the policy is approved.

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Facilitators</th>
<th>Recording Attendance</th>
<th>Strategic &amp; Operational Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Level 2</td>
<td>3 yearly</td>
<td>1 day</td>
<td>Face to face &amp; e-learning</td>
<td>Corporate Safeguarding</td>
<td>LEaD</td>
<td>Safeguarding</td>
</tr>
</tbody>
</table>

**Directorate** | **Service** | **Target Audience**
--- | --- | ---
MH/LD/TQ21 | Adult Mental Health | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
Specialised Services | | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
Learning Disabilities | | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
TQtwentyone | | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
ISD’s | Older Persons Mental Health | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
ISD’s | Adults | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
ISD’s | Childrens Services | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
Corporate | All | There is currently no specific training programme on the implementation of the DBS Policy. Issues relating to the use of this policy are embedded in Safeguarding Level 2 mandatory training for all clinical staff.
Appendix 7: Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by the Equality Act 2010.

Stage 1: Screening

<table>
<thead>
<tr>
<th>Date of assessment:</th>
<th>30/09/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person completing the assessment:</td>
<td>Eliot Smith</td>
</tr>
<tr>
<td>Job title:</td>
<td>Named Professional for Safeguarding Adults</td>
</tr>
<tr>
<td>Responsible department:</td>
<td>Corporate Safeguarding</td>
</tr>
<tr>
<td>Intended equality outcomes:</td>
<td>The protection of individuals from abuse, harm, and neglect.</td>
</tr>
</tbody>
</table>

Who was involved in the consultation of this document?

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found be following the link: www.legislation.gov.uk/ukpga/2010/15/contents

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Positive impact</th>
<th>Negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>The effect of this policy should be that service users are protected against abuse, harm, and neglect, including discriminatory abuse through the removal of potential abusers from the health and social care workforce.</td>
<td>There is currently no information that indicates that this document will disadvantage or have a negative impact on this group if implemented and operated in a manner that is laid out within this Policy.</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender reassignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; civil partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stage 2: Full impact assessment

<table>
<thead>
<tr>
<th>What is the impact?</th>
<th>Mitigating actions</th>
<th>Monitoring of actions</th>
</tr>
</thead>
</table>