

T Level Technical Qualification in Education and Childcare (603/5829/4)



Core Knowledge and Understanding

**Element 3: Safeguarding, Health and Safety
and Wellbeing**

End of Topic Test

Mark Scheme

Version 1.0 Summer 2021

This mark scheme has been written by the Assessment Writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated assessment objective(s) and total mark for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward students positively giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the student's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the question paper.
- If you are in any doubt about the application of the mark scheme, you must consult with your Team Leader or the Chief Examiner.

Guidelines for using extended response marking grids

Extended response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage, and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the Chief Examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better or worse.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit other suitable responses a student may produce. It is not a requirement either that students must cover all of the indicative content to be awarded full marks.

Assessment objectives

This assessment requires students to:

- AO1: Demonstrate knowledge and understanding of contexts, concepts, theories and principles in education and childcare
- AO2: Apply knowledge and understanding of contexts, concepts, theories and principles in education and childcare to different situations and contexts
- AO3: Analyse and evaluate information and issues related to contexts, concepts, theories and principles in education and childcare to make informed judgements, draw conclusions and address needs.

The weightings of each assessment objective can be found in the Qualification Specification.

Element 3: Safeguarding, Health and Safety and Wellbeing

Section 1: Multi Choice Questions & Short Answer Questions

Total for this section: 24 marks

- | | |
|----------|---|
| 1 | Which one of the following is a protected characteristic of the Equality Act 2010? |
| A | Culture |
| B | Divorce |
| C | Marriage |
| D | Social class |
| | [1 mark] |

AO1 = 1 mark

Award **one** mark for the correct answer:

Answer: **C**

- | | |
|----------|--|
| 2 | Public Health England has eight principles to support children and young people's emotional health and wellbeing. |
| | Which of the following is one of Public Health England's principles? |
| A | An ethos and environment that promotes equality and values diversity |
| B | An ethos and environment that promotes esteem and values diversity |
| C | An ethos and environment that promotes respect and values diversity |
| D | An ethos and environment that promotes tolerance and values diversity |
| | [1 mark] |

AO1 =1

Award **one** mark for:

Answer: **C**

3	<p>‘Identifying need and monitoring impact of interventions’ is one of Public Health England’s Eight principles.</p> <p>Explain one way that ‘Identifying need’ or ‘monitoring impact of interventions’ in a secondary school can impact on pupil’s emotional health and wellbeing.</p> <p style="text-align: right;">[2 marks]</p>
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AO3 = 2 marks

Award up to **two** marks for each way:

- identifying need - ensures the needs of pupils are identified so interventions can be made, supports pupil’s emotional health and wellbeing as it decreases the likelihood they will experience disengagement (1) as they can access the support they require to engage in their learning (1)
- monitoring impact of interventions - supports pupil’s emotional health and wellbeing, as ineffective interventions can make pupils feel frustrated/unmotivated (1) as it increases the likelihood that the effective interventions are in place (1).

Accept other appropriate responses.

4	<p>Identify and describe one way primary school teachers can meet the legal requirements of the ‘Health and Safety at Work Act 1974’ when taking children on a school trip.</p> <p style="text-align: right;">[2 marks]</p>
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AO1 = 1 mark

AO2 = 1 mark

Award up to **two** marks for each way:

- undertake a risk assessment (AO1 1) to assess the potential risks involved in a trip and how they can be managed (AO2 1)
- put in place an emergency response plan (AO1 1) that covers what to do if there is an incident during the trip (AO2 1).

Award a maximum of **one** mark for AO1 and **one** mark for AO2.

Accept other appropriate responses

5	Identify and describe one way a secondary school headteacher can meet the legal requirements of the ‘Sexual Violence and Sexual Harassment Between Children in Schools and Colleges (guidance document) 2018’.
	[2 marks]

AO1 = 1 mark

AO2 = 1 mark

Award up to **two** marks for each way:

- have a behaviour policy and procedures in place, which includes addressing sexual violence and harassment between children (AO1 1) so there is an appropriate way to address sexual violence and harassment, reducing the risk of it occurring / re-occurring and protecting the victim (AO2 1)
- include sex and relationship education as part of the curriculum (AO1 1) to increase pupils' awareness of sexual violence and harassment and why these are unacceptable behaviours (AO2 1)
- provide staff with regular safeguarding training (AO1 1) to increase staff awareness of sexual violence and harassment / so that staff can recognise sexual violence and harassment and what action to take / to promote early intervention (AO2 1).

Award a maximum of **one** mark for AO1 and **one** mark for AO2.

Accept other appropriate responses.

6	Teachers in a primary school have been observing and monitoring Isaac, one of the reception class children. They are concerned about the obvious lack of secure attachment, between Isaac and his parent.
	Explain one way a lack of secure attachment with the parent may indicate the child is at risk of abuse.
	[2 marks]

AO2 = 2 marks

Award up to **two** marks for each way:

- when the parent and Isaac do not have a secure attachment, they may lack an emotional bond (1) this can result in significantly reducing the care / concern shown by the parent to Isaac making him at risk of abuse (1).

Accept other appropriate response.

7	Identify two ways a college tutor can promote young people's emotional health. [2 marks]
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AO1 = 2 marks

Award **one** mark for each way:

- praise achievement when assessed work is handed in on time (1)
- recognise effort when a young person works cooperatively (1)
- encourage participation in exercise at the college's gym (1)
- teach relaxation techniques as part of exam preparation (1)
- refer to support services within college (1)
- signpost support outside of college (1)
- teach self-help strategies such as using mindfulness (1)
- raises awareness of emotional health in tutorials (1)
- make available support materials such as leaflets on anxiety (1)
- listen to concerns about managing workload (1).

Accept other appropriate responses.

8	Using examples, describe two ways practitioners can promote self-confidence in pre-school children. [2 marks]
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AO2 = 2 mark

Award **one** mark for each way:

- during construction play allow children to make mistakes and make sure the practitioner doesn't take over or step in too soon to fix a problem (1)
- arrange the environment so children can take control and make their own choices of activities to complete or materials to use (1)
- when completing an activity talk to the children about the effort they put into the activity and focus less on rewarding completion or getting the answer right (1)
- during a group learning activity, help children to understand everyone makes mistakes and this is an opportunity to learn (1)
- develop positive attachments with children so they feel emotionally safe to try out a new activity (1)
- when supporting a maths activity, the practitioner should praise children's efforts as well as achievement (1)
- provide new experiences such as visiting to a museum, widening children's experience and making it a positive experience (1)
- complement children during creative tasks by making sure statements are true and reflect the activity that children are engaged in (1).

Accept other appropriate response.

9 Children and young people who are regularly left at home alone for long periods of time may be experiencing neglect.

- i) Describe one unwanted behaviour a young person may display as a result of childhood neglect.**
- ii) Explain how neglect may cause this unwanted behaviour in a young person.**

[3 marks]

AO2 = 1 mark

AO3 = 2 marks

Award up to **three** marks for each behaviour:

- self-harm - when an individual intentionally injures their body, for example, by cutting or burning their skin (AO2 1), as a young person may feel anxiety at being left alone at home / feels unloved / lonely (AO3 1) this anxiety may create overwhelming emotions, which may be temporarily relieved by harming themselves / a way of coping with overwhelming emotions (AO3 1)
- drug misuse - for example, using illegal drugs, legal highs or alcohol (AO2 1), as a young person left alone does not have their parents around to prevent them from taking drugs / alcohol (AO3 1) they may use drugs / alcohol as a way of coping with negative feelings caused by neglect/a way of temporarily forgetting their problems (AO3 1)
- criminal behaviour - for example, theft of property and vandalism (AO2 1), as a young person left alone does not have their parents around to provide moral guidance/prevent them from going out and committing crimes (AO3 1) they may use criminal behaviour as a way of coping with the negative feelings caused by neglect / as crime may cause feelings of excitement or an adrenaline buzz (AO3 1)
- aggression - for example, verbal aggression or physical aggression toward an individual or property (AO2 1), as a young person left alone does not have their parents around to provide rules/boundaries for behaviour (AO3 1) they may feel angry, lonely, confused (AO3 1), these negative emotions may find a release through aggressive acts (AO3 1)
- poor self-care - for example, poor personal hygiene, not eating a balanced diet or a lack of sleep (AO2 1), as a young person left alone does not have their parents there to ensure self-care is maintained (AO3 1) which may result in increased vulnerability to illnesses and disease (AO3 1).

Award a maximum of **one** mark for AO2 and **two** marks for AO3.

Accept other appropriate responses.

10 The Safeguarding Children Partnership (SCP) carry out the requirements of Working Together to Safeguard Children (2018).

Identify and describe two ways a primary school teacher follows procedures set out by the Safeguarding Children Partnership (SCP).

[4 marks]

AO1 = 2 marks

AO2 = 2 marks

Award up to **two** marks for each way:

- observe and accurately record as appropriate (AO1) (1) by keeping a log of concerning comments made or insightful behaviours shown that indicate a safeguarding concern for the child, or families (AO2) (1)
- keep accurate records (AO1) (1) including charts and body maps indicating unexplained marks or injuries on the child's body which cause safeguarding concern to share with other professionals (AO2) (1)
- work collaboratively with safeguarding professionals (AO1) (1) sharing safeguarding concerns about children's welfare and safety with local children's services (AO2) (1)
- follow accurate lines of reporting (AO1) (1) recording and sharing information accurately in a timely manner with the Designated Safeguarding Lead (DSL) when a child is at risk (AO2) (1)
- maintain professional boundaries when working with others (AO1) (1) upholding confidentiality and ensuring that information shared is done so, on a need-to-know basis to safeguard the child (AO2) (1)
- work in partnership with other agencies (AO1) (1) contacting the police if a child or young person is in immediate danger and requires urgent protection (AO2) (1)
- respond to a child who makes a disclosure (AO1) (1) without displaying shock or disbelief, accept and take it seriously and reassure the child that they have done the right thing in disclosing (AO2) (1)
- contribute to Multiagency discussion (AO1) (1) sharing information about incidents, issues and observations that cause concern for a child's safety and well-being (AO2) (1).

Award a maximum of **two** marks for AO1 and **two** marks for AO2.

Accept other appropriate responses.

11	Explain three reasons why secondary school teachers must maintain the General Data Protection Regulations (GDPR) 2018.
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[3 marks]**AO3 = 3 marks**Award **one** mark for each reason:

- ensures the pupils individual rights relating to consent when storing and sharing pupil's information is respected which means parents or pupils are in agreement to how their data is to be used (1)
- ensures information is stored lawfully and appropriately which prevents data being accidentally or unlawfully used which may result in a breach of confidentiality which may compromise pupil safety (1)
- ensures relevant procedures are carried out if there is a breach which ensures correct steps are taken to safeguard personal information and safety (1)
- ensures the school is not liable to be prosecuted if data is used unlawfully this helps protect the school's reputation and standing in the community (1)
- ensures the teacher knows the actions to take to keep data safe and secure and prevents information getting into the wrong hands and a pupil being put at risk (1)
- ensures pupils' and parents' rights to privacy are upheld and the parents or children feel confident to share personal data without the risk of this being revealed to unknown others (1).

Accept other appropriate responses.

Element 3: Safeguarding, Health and Safety and Wellbeing
Section 2: Extended Response Questions

Total for this section: 30 marks
[24 marks plus 6 marks for QWC]

12	<p>The ‘Supporting pupils with medical conditions at school’ (2015) guidance informs practice to safeguard children and young people.</p> <p>Evaluate the effectiveness of this guidance in safeguarding children and young people with medical conditions.</p> <p>Your response should demonstrate:</p> <ul style="list-style-type: none"> • how this guidance informs practice to safeguard children and young people with medical conditions • the strengths and limitations of this guidance for safeguarding practice • a reasoned judgement regarding the effectiveness of this guidance in safeguarding children and young people with medical conditions. <p>[12 marks plus 3 marks for QWC]</p>
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AO1 = 4 marks

AO2 = 4 marks

AO3 = 4 marks

Plus 3 marks for QWC

Level	Mark	Descriptor
Level 4	10–12	<p>Evaluation is comprehensive, effective and relevant, showing detailed understanding and logical and coherent chains of reasoning throughout. All links between legislation and safeguarding practice have been clearly and accurately evidenced with sustained focus on the evaluation of the legislation.</p> <p>Accurate judgements, rational and balanced conclusions and addressed needs of children and young people are evident (in relation to how effective the ‘statutory guidance supporting pupils at school with medical conditions’ (2015) is on informing safeguarding).</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
Level 3	7–9	<p>Evaluation is generally effective and mostly relevant, showing mainly logical and coherent chains of reasoning. Most links between legislation and inclusive practice have been evidenced, which are mostly clear and accurate although on occasion may lose focus on the evaluation of the legislation.</p> <p>Mostly accurate judgements, mostly rational and balanced conclusions and addressed needs of children and young people are</p>

		<p>evident (in relation to how effective the 'statutory guidance supporting pupils at school with medical conditions' (2015)).</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions</p>
Level 2	4–6	<p>Evaluation is somewhat effective and of some relevance. Some links between legislation and effective practice have been evidenced, which are somewhat clear and accurate although sometimes loses focus on the evaluation of the legislation.</p> <p>Judgements have some merit (simplistic and brief), conclusions are addressed needs of children and young people in relation to how effective the 'statutory guidance supporting pupils at school with medical ' (2015) is on informing practice will have limited rationality and balance..</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
Level 1	1–3	<p>Evaluation is limited in effectiveness and relevance</p> <p>Judgements are tenuous and mostly unsupported, and conclusions or addressed needs, in relation to how effective the 'statutory guidance supporting pupils in schools with medical conditions' (2015) is when including children, if present, have little relevance to the question and lack balance.</p> <p>The answer is fragmented, with isolated points, showing superficial breath and/or depth of understanding, with significant inaccuracies and omissions.</p>
	0	No relevant material.

How 'supporting pupils with medical conditions at school' (2015) informs practice to safeguard children and young people:

- when planning routines, the needs of children should be considered, and adjustments made to ensure children are protected from harm caused by illness or health conditions
- children with medical conditions should be supported and their health protected during the school day
- children with medical conditions should have safe and full access to education including trips and physical education
- policies and procedures should be developed to address health care needs and keep children safe while at school
- sufficient training should be available to staff to ensure that children's medical needs are safely supported, and practitioners are confident in their ability to keep children safe
- children's health should not be put at unnecessary risk, for example, infectious diseases. School should not accept a child in school where it would be detrimental to the child or the health of their peer's
- schools should not wait for formal diagnosis before providing support, children's health care needs should be at the forefront to ensure children are safeguarded

- safety of the child with medical needs is not the responsibility of one person but a collective responsibility
- cooperation should be maintained between all those working with the child to ensure that children needs are met and that the child can be safeguarded.

The strengths and limitations of the ‘supporting pupils with medical conditions at school’ (2015) guidance for safeguarding practice:

- the guidance requires practitioners in school to draw up individual healthcare plans in consultation with relevant health care professionals and requires practitioners to work collaboratively, sharing knowledge that will benefit the care and treatment of the child. Following implementation of the guidance will result in opportunities to share information and expertise which will impact on delivery of effective practice meeting children individual needs. However, there may be limited time available in school and facilitating this collaborative work could be difficult therefore shared health care planning may not go ahead impacting on the quality and care provided for the child
- cover arrangements, are required to be in place in case of staff absences to ensure consistency of care and maintain safe working practices and care routines this guidance will ensure that all practitioners know their roles and responsibilities and medical treatment doesn't get overlooked . Although this may be difficult to achieve within a setting as staff are often over stretched with duties, in addition this relies on staff communicating with each others and producing clear records which can be time consuming
- practitioners should not give prescription medicines or undertake healthcare procedures without appropriate training this will support respectful treatment of children and avoid harm or negligence by school practitioners because of lack of knowledge, understanding or skill. However, in an emergency situation this may cause a dilemma if a child requires treatment only available by an untrained practitioner.
- wherever possible children should be allowed to carry or have safe access to their own medication this guidance supports the child's autonomy, promoting independence and confidence, however recording and monitoring of medication that is self-administered would be more difficult to track and oversee which could present issues when accurate records are required for monitoring and practice
- if a child refuses to take medication or carry out a necessary procedure, practitioners should not force them to do so this supports children's rights and is positive in encouraging autonomy however, this could limit medical treatment and the child's welfare could be adversely impacted. if a child is unwell, or young they may not be able to make a safe and informed choice, a child may be seriously harmed as a result of their free will to choose
- medication should be stored safely to avoid children having unsafe access this ensures children are safe and only receive medication as prescribed or directed. However, in some cases storing medication in this way will not encourage children to be independent and self-reliant when managing their medical condition and result in children become depended on the care provided by others
- written records of medication administered to children should be kept, this ensures that parents are fully aware of medication taken by their child and avoids any under or overdose of medication keeping children safe and healthy
- no child under 16 should be given prescription or non-prescription medication without a parent's consent this guidance will ensure that medication is only given when there is a medical reason to do so and ensures that doses are safe for the age of the child and within

recommended amounts. Practitioners do not have the medical training to decide on medical treatment options.

A reasoned judgement regarding the effectiveness of the ‘supporting pupils with medical conditions at school’ (2015) guidance in safeguarding children and young people.

- the guidance is effective as it triggers practitioners to develop healthcare plans which will make sure all practitioners are fully informed about the child’s needs. The information and knowledge in the healthcare plan will inform treatment and make sure that a child is safeguarded, and cared for in a way that will maintain good health
- the guidance is effective as it prompts schools to have sufficient cover arrangements in place, in case of staff absences. By putting in place these arrangements, the child’s medical needs are not overlooked, and the child’s health and wellbeing is protected. When there are sufficient staff available children will not miss out on potentially essential treatment and their physical health is safeguarded and maintained
- the guidance stresses the importance of training those administering medication to make sure that the child is effectively cared for. If training is not prioritised, medical care could be carried out incorrectly which could result in treatment or medication being incorrectly administered and a child’s condition could worsen putting the child life at risk
- the guidance is effective as it supports children’s independence and identifies that when children/young people are mature enough they should have control of their medication or medical treatment, for example, use an inhaler quickly when symptoms arise which will ensure that further difficulties are avoided. If the guidance did not expect this of schools’ children could become less autonomous
- the guidance is effective as it clearly communicates the expectation of school staff encouraging them to be respectful and not apply force when medication is administered. This guidance positively impacts on the child as following the guidance will protect children from unnecessary emotional and physical trauma and respect children’s rights
- the guidance is effective in safeguarding children as it makes it clear that children should not have access to other children’s medication, and prevents other children from potentially become ill and at risk of serious health issues or death
- the guidance effectively promotes safeguarding as written records of medication administered are required which will ensure that children are given the correct dosage and therefore children are safeguarded from physical harm caused by too much or the incorrect medication or treatment being administered.

Accept other appropriate responses.

QWC

Mark	Descriptor
3	The answer is clearly expressed and well-structured. The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured. The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured. The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively.
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured, with inappropriate use of technical terms. The errors in grammar severely hinder the overall meaning.

13	<p>Evaluate the effectiveness of the ‘Safeguarding Vulnerable Groups Act 2006’ in informing practice to protect children and young people.</p> <p>Your response should demonstrate:</p> <ul style="list-style-type: none"> • how the ‘Safeguarding Vulnerable Groups Act 2006’ has informed the protection of children and young people • specific practice that would be implemented to protect children and young people • reasoned justifications regarding the effectiveness of the specified practice in protecting children and young people. <p style="text-align: right;">[12 marks, plus 3 marks for QWC marks]</p>
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AO1 = 4 marks

AO2 = 4 marks

AO3 = 4 marks

Plus 3 marks for QWC

Level	Marks	Descriptor
4	10–12	<p>Evaluation is comprehensive, effective and relevant, showing detailed understanding and logical and coherent chains of reasoning throughout. All links between legislation and effective practice have been clearly and accurately evidenced with sustained focus on the evaluation of the legislation.</p> <p>Accurate judgements and rational and balanced conclusions addressing the protection of children and young people are evident (in relation to the effectiveness of the Safeguarding Vulnerable Groups Act (2006) on informing practice).</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
3	7–9	<p>Evaluation is generally effective and mostly relevant, showing mainly logical and coherent chains of reasoning. Most links between legislation and effective practice have been evidenced, which are mostly clear and accurate although on occasion may lose focus on the evaluation of the legislation.</p> <p>Mostly accurate judgements and mostly rational and balanced conclusions addressing the protection of children and young people are evident (in relation to the effectiveness of the Safeguarding Vulnerable Groups Act (2006) on informing practice).</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>
2	4–6	<p>Evaluation is somewhat effective and of some relevance, some links between legislation and effective practice have been evidenced, which are somewhat clear and accurate although sometimes lose focus on the evaluation of the legislation.</p> <p>Judgements have some merit (simplistic and brief), conclusions address the protection of children and young people in relation to the Safeguarding Vulnerable Groups Act (2006) but will have limited rationality and balance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
1	1–3	<p>Evaluation is limited in effectiveness and relevance.</p> <p>Judgements are tenuous and mostly unsupported, and conclusions addressing the protection in relation to how effective the Safeguarding Vulnerable Groups Act (2006)), if present, have little relevance to the question and lack balance.</p> <p>The answer is fragmented, with isolated points, showing superficial breadth and/or depth of understanding, with significant inaccuracies and omissions.</p>
	0	No creditworthy material

Indicative content

Safeguarding Vulnerable Groups Act 2006

- The Safeguarding Vulnerable Groups Act 2006 was brought about as a result of the Soham Murders.
- The Independent Safeguarding Authority (ISA) was established by the Act which provides the vetting and barring service.
- The ISA is a centralised service that makes decisions about who should be barred from working with individuals considered vulnerable, such as children and young people.
- The ISA introduced barring lists — if an individual is convicted, been cautioned, reprimanded or had warnings for certain offences they will be assessed and can be placed on one of two barred lists - one records individuals who are barred from working with children, and the other lists individuals who are barred from working with vulnerable adults.
- There are three levels of DBS checks:
 - standard – covering spent and unspent convictions, reprimands, cautions, and final warnings
 - enhanced – covering standard plus any relevant information held by police
 - enhanced with list checks – covering enhanced plus a check of the DBS barred lists.
- Since the Act, the Criminal Records Bureau (CRB) in 2012 merged with Independent Safeguarding Authority to become the Disclosure and Barring Service (DBS).

Application of the Safeguarding Vulnerable Groups Act to protect children and young people

- It is a legal requirement that all individuals working with vulnerable groups must register and undergo a vetting process – known as a DBS check. A DBS check helps employers make safer recruitment decisions and prevent unsuitable individuals from working with vulnerable groups.
- There are criminal sanctions for non-compliance to the vetting process for both employers and employees, this encourages individuals to be accurate in the details they provide to organisations and requires organisations to check that all staff are vetted.
- Pre-employment vetting of potential employees.
- Continuous checking – when new information, such as a conviction about an individual already registered with the ISA, the ISA will review its original decision not to bar and notify the employer.

Evaluation of the effectiveness of the Safeguarding Vulnerable Groups Act to protect children and young people

- DBS checks helps avoid harm, or risk of harm, by preventing individuals who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.
- Pre-employment vetting ensures those who are known to present a risk of harm to children and young people cannot enter the relevant workforce in the first place.
- Continuous checking – ensures vetting and barring decisions reflect up to date information and reduces the threat to vulnerable children and young people.
- Depending on the age of an individual when placed on the barred list, they have the right to ask the DBS to reconsider their decision or remove them after a certain period of time. This

may put children and young people at risk, should an individual still be a danger to children and young people.

- DBS is open to human error, as mistakes can be made, for example misspelling names, mistyping birth dates. This will reduce the reliability of the information received.
- As the vetting checks can be timely and costly to organisations, even with the risk of criminal sanctions, not carrying out checks may be a risk some organisations will take.
- DBS checks can only check what an individual has been convicted of, checks cannot predict future behaviour, although they can increase awareness of a re-offending risk.

NB Accept reference to DBS or CRB.

Accept other appropriate responses.

QWC

Mark	Descriptor
3	The answer is clearly expressed and well-structured. The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured. The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured. The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively.
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured, with inappropriate use of technical terms. The errors in grammar severely hinder the overall meaning.

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Date of Issue
1.0	Produced to support Summer 2021 teacher assessed grades	April 2021