Our aim is to help prevent unsuitable people from working with children and vulnerable adults.
1. Introduction

The Independent Safeguarding Authority’s (ISA) Referral Guidance is for use when considering or making a referral. The ISA will receive referrals when:

- there is harm or risk of harm to children or vulnerable adults, *relevant conduct* has occurred or
- an individual has received a caution or conviction for a *relevant offence*.

This Guidance will help employers, personnel suppliers, volunteer coordinators and other bodies in England, Wales and Northern Ireland to:

- understand their duties to refer information to the ISA under the Safeguarding Vulnerable Groups Act 2006 (2006 Act) and the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (2007 Order);
- understand ISA referral policies and processes; and
- complete the ISA Referral Form.

"This guidance introduces some new terms that you will need to understand such as *regulated activity* and *relevant conduct* that have specific meanings under the 2006 Act and 2007 Order. These terms appear in italics throughout the Guidance. Please refer to Section 4: Definition of Key Terms for further information."

An electronic copy of this Guidance, the ISA Referral Form as well as information on the ISA and the referral process can be found on the ISA website www.isa-gov.org.uk

This document is intended as a helpful guide to the main requirements of the law and inevitably does not explain every aspect of it. If you are in any doubt you must obtain your own, independent legal advice.

Sir Roger Singleton, Chairman of the ISA and the Government’s Chief Adviser on the Safety of Children has been asked to check that the Government has drawn the line for ‘frequent and intensive’ in the right place. Sir Roger has been asked to report by early December 2009.
The Independent Safeguarding Authority (ISA) is established under section 1 of the Safeguarding Vulnerable Groups Act 2006 as the Independent Barring Board (IBB). It was created to help prevent unsuitable people from working or volunteering with children and vulnerable adults in England, Wales and Northern Ireland.

The ISA has four statutory duties:

- To maintain a list of individuals barred from engaging in regulated activity with children;
- To maintain a list of individuals barred from engaging in regulated activity with vulnerable adults;
- To make well-informed and considered decisions about whether an individual should be included in one or both barred lists; and
- To reach decisions as to whether to remove an individual from a barred list.

A referral is information which does or could indicate that an individual has engaged in an activity that caused concern for the safeguarding of children or vulnerable adults. Making a referral involves completing and signing an ISA Referral Form and posting to the ISA together with any supporting information and evidence you may hold.

This Guidance provides advice to those making referrals and in particular the statutory duty to share or refer that information. The following bodies have a statutory duty to refer any relevant information to the ISA:

- Regulated activity providers;
- Personnel suppliers;
- Local authorities;
- Education and Library Boards;
- Health and Social Care (HSC) bodies;
- Keepers of Registers named in the legislation; and
- Supervisory authorities named in the legislation.

Please Note!

- The ISA can only consider referrals that are related to safeguarding children or vulnerable adults in the workplace (including volunteers). Where there are other forms of misconduct not related to safeguarding children or vulnerable adults in the workplace, you should refer these cases, as appropriate, to the police, local authority or relevant regulatory body e.g. General Medical Council (GMC), General Teaching Council (GTC), Northern Ireland Social Care Council, Department of Education in Northern Ireland etc.

- If members of the public have any safeguarding concerns about an individual they should contact the police and/or the relevant local authority’s children and adults safeguarding team or social services within a Health and Social Care Trust in Northern Ireland. The police and/or local authority will conduct an investigation. Following an assessment of the evidence, the information may then be sent as a referral to the ISA for consideration.

- In all cases you should also follow your local safeguarding and HR disciplinary procedures and maintain proper records. If appropriate you may also need to consult with a governing body or related professional organisation for guidance.
The changes occurring on 12 October 2009

On 12 October 2009, the key barring provisions in Schedule 3 of the 2006 Act and Schedule 1 of the 2007 Order come into force.

Key changes introduced include:

- The replacement of the previous barred lists (Protection of Vulnerable Adults (POVA) list, Protection of Children Act (POCA) list and List 99 in England and Wales; the Disqualification from Working with Children (DWC) List, the Unsuitable Persons List (UP List) and the Disqualification from Working with Vulnerable Adults (DWVA) List in Northern Ireland) as well as the current system of Disqualification Orders which is operated by the criminal justice system with two new lists – the ISA Children’s barred list and the ISA Vulnerable Adults barred list;

- Regulated activity commences, which widens the scope of sectors covered by the barred lists to include prisons and most general health care settings;

- A new single ISA Referral Form and new ISA Referral Guidance comes into operation; and

- New duties to share information and make referrals to the ISA for regulated activity providers, personnel suppliers, keepers of registers, supervisory bodies, local authorities, Education and Library Boards and HSC bodies. The above bodies also have an existing duty to provide information they hold to the ISA on request.
Who has a duty to refer?

The 2006 Act and the 2007 Order set a legal duty for the following groups to refer information to the ISA in certain circumstances:

- Regulated activity providers;
- Personnel suppliers;
- Local authorities;
- Health and Social Services (HSS) bodies;
- Education and Library Boards;
- Keepers of registers; and
- Supervisory authorities.

A **regulated activity** provider is an organisation or individual that is responsible for the management or control of **regulated** activity, paid or unpaid, and makes arrangements for people to work in that activity. This will usually be an employer or a voluntary organisation. Examples of a regulated activity provider would be: an NHS hospital or Health and Social Care Trust that employs people to provide care, supervision and advice to children and vulnerable adults; a Further Education College that provides education to children under 18 years of age; or a specialist educational establishment that provides education to vulnerable adults.

A regulated activity provider can also be a person who manages volunteers in a regulated activity position, such as a scout leader or as part of a charitable organisation.

The duty for a regulated activity provider to refer information to the ISA is set out under section 35 of the 2006 Act and section 37 of the 2007 Order.

A **Personnel Supplier** is an employment agency that makes arrangements with a person with a view to finding that person employment, or supplying that person to employers. A Personnel Supplier is also an educational institution who arranges for its students to undertake placements as part of their studies.

A **Local Authority** is defined as in section 1 of the Local Authorities (Goods and Services) Act 1970.

**Keepers of Registers** and **Supervisory Authorities** are set out in the 2006 Act and the 2007 Order. They are listed under Sections 41 and 45 of the 2006 Act and 43 and 47 of The 2007 Order.

**A regulated activity provider** is any person who is responsible for the management or control of regulated activity for an organisation and who engages another to perform that regulated activity.
Keepers of registers are:
- The General Teaching Council for England;
- The General Teaching Council for Wales;
- The General Teaching Council for Northern Ireland;
- The register of pharmacists maintained under Article 10(1) of the Pharmacists and Pharmacy Technicians Order 2007 or the register of pharmacy technicians maintained under Article 21(1) of that Order;
- The register of Pharmaceutical Chemists as appointed under section 6 of the Pharmacy (Northern Ireland) Order 1976;
- The General Medical Council;
- The Dentists Register appointed under section 14 of the Dentists Act 1984;
- The Dental Care Professionals Register appointed under section 36b of the Dentists Act 1984;
- The Registrar of the General Optical Council;
- The Registrar of Osteopaths;
- The Registrar of Chiropodists;
- The General Social Care Council;
- The Care Council for Wales;
- The Northern Ireland Social Care Council;
- The Register of qualified nurses and midwives appointed under article 5 of the Nursing and midwifery order 2001; or
- The register of members of relevant professions appointed under article 5 of the Health Professions Order 2001.

Supervisory Authorities are:
- A registration authority within the meaning of section 5 of the Care Standards Act 2000 (c. 14) in respect of its functions under Part 2 of that Act;
- The National Assembly for Wales in respect of its functions under Chapter 1 of Part 10 of the Education Act 2002 (c. 32);
- The National Assembly for Wales in respect of its functions under Chapters 4 and 6 of Part 2 of the Health and Social Care (Community Health and Standards) Act 2003;
- The Care Quality Commission in respect of its functions under Part 1 of the Health and Social Care Act 2008;
- The Public Guardian in the exercise of his functions;
- Her Majesty's Chief Inspector of Schools in England in the exercise of his functions;
- Her Majesty's Chief Inspector of Education and Training in Wales in the exercise of his functions;
- The Charity Commission for Northern Ireland in respect of its functions under the Charities Act (Northern Ireland) 2008 (c12);
- The Charity Commissioners for England and Wales in the exercise of their functions;
- The Regulation and Improvement Authority in respect of its functions under the 2003 Order; or

From 12 October 2009, the list of supervisory authorities in Northern Ireland, as originally set out at Article 47(7) of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, includes the Charity Commission for Northern Ireland. This amendment to the 2007 Order was made by the Safeguarding Vulnerable Groups (Miscellaneous Provisions) Order (Northern Ireland) 2009.

HSS Bodies in Northern Ireland are:
- Health and Social Services bodies;
- Health and Social Services Trust; or
- Special Health and Social Services agencies.

The bodies listed above are those identified in the original 2007 Order. The original definition has been amended to reflect the changes in health and social care since April 2009 under the Health and Social Care (Reform) Act (Northern Ireland) 2009 (the 2009 Act). From 12 October 2009, the term ‘HSS body’ will be replaced with ‘HSC body’ and will include newly established health and social care structures established under the 2009 Act, including the new Public Health Agency and Health and Social Care Board.

An Education and Library Board has the same meaning as defined in article 3 of the Education and Libraries (Northern Ireland) Order 1986.
When do I refer?

Regulated Activity Providers

In all cases there are two conditions, both must be met to trigger a referral to the ISA by a regulated activity provider.

A referral must be made to the ISA when a regulated activity provider, such as an employer or volunteer coordinator or a responsible person in relation to controlled activity:

1. withdraws permission for an individual to engage in regulated or controlled activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated or controlled activity;

   because

2. they think that the individual has:

   • engaged in relevant conduct;
   • satisfied the Harm Test; or
   • received a caution or conviction for a relevant offence.

If both conditions have been met the information must be referred to the ISA.

The referral should be made to the ISA when the regulated activity provider has gathered sufficient evidence as part of their investigations to support their reasons for withdrawing permission to engage in regulated or controlled activity and in following good practice, consulted with their Local Authority Designated Officer (LADO) or Health and Social Care Trust Designated Officer if appropriate.

Referral at this point will help to ensure that the ISA has sufficient evidence to commence its decision making process while providing adequate safeguarding for vulnerable groups.
Personnel Suppliers

A Personnel Supplier may be an employment agency, employment business or an educational institution.

An employment agency makes arrangements to either find a work-seeker employment with a hirer or to supply him to a hirer to employ.

An employment business engages a work-seeker and supplies him to a hirer to work under a hirer’s control.

There are two circumstances where an employment agency or business has a duty to make a referral to the ISA:

1. Duty to refer where the hirer thinks that the work-seeker has engaged in activity that causes concern for the safeguarding of children or vulnerable adults.

   The employment agency or business knows that the work-seeker is no longer engaged in regulated activity or controlled activity either because the client has removed him or would have removed him if the arrangement had not otherwise ended (e.g. because the work-seeker left of his own accord or the assignment ended).

   The reason is that the hirer thinks that the work-seeker:
   • engaged in relevant conduct; or
   • the harm test is satisfied; or
   • the work-seeker received a caution or conviction for a relevant offence.

2. Duty to refer where the employment agency or business thinks that the work-seeker has engaged in activity that causes concern for the safeguarding of children or vulnerable adults.

   An employment agency or business also has a duty to make a referral to the ISA if it stops providing its services to a work-seeker or would have stopped providing its services to a the work-seeker if the arrangement had not otherwise come to an end because it thinks that the work-seeker:
   • engaged in relevant conduct; or
   • the harm test is satisfied; or
   • the work-seeker received a caution or conviction for a relevant offence.

An educational institution is a Personnel Supplier if it makes arrangements to supply a student following a course at the institution to a regulated activity provider such as a school.

An educational institution that is a Personnel Supplier, such as a teacher training college, has a duty to make a referral to the ISA in respect of a student who has been supplied to a regulated activity provider e.g. a school, where BOTH of the following conditions are met:

(a) The educational institution:
   • ceases to supply a student to a regulated activity provider to engage in regulated or controlled activity; or determines that the student should cease to follow a course at the institution; or
   • would have done if the student had not otherwise ceased to engage in regulated or controlled activity or ceased to follow the course.

   AND

(b) The reason is that the educational institution thinks that the student has:
   • engaged in relevant conduct; or
   • the harm test is satisfied; or
   • the student received a caution or conviction for a relevant offence.
Local Authorities, Keepers of Registers, Supervisory Authorities, HSC Bodies and Education and Library Boards

In all cases the trigger to make a referral to the ISA for one of the above bodies is when they think that an individual who is engaged or may engage in regulated or controlled activity has:

- engaged in relevant conduct;
- satisfied the Harm Test; or
- received a caution or conviction for a relevant offence.

If the above conditions have been met the prescribed information must be referred to the ISA.

The referral should be made to the ISA when the body has gathered sufficient evidence as part of their investigations to support their thinking a person has engaged in relevant conduct, satisfied the harm test or received a caution or conviction for a relevant offence. At this point the body should think the person has a case to answer. Referral at this point will help to ensure that the ISA has sufficient evidence to commence its decision making process while providing adequate safeguarding for vulnerable groups.

One important difference for supervisory authorities only is they are not under a legal duty to refer information to the ISA if they are satisfied that the ISA already hold the information.

Note for Keepers of Registers

If a keeper of a register in England or Wales (excluding the GTC England, GTC Wales, GSCC and Care Council for Wales) thinks that an individual on their register satisfies the harm test, then the second condition (about engaging in regulated or controlled activity) is met if:

- a relevant registration decision has been taken;
- the individual is under investigation that may lead to a relevant registration decision; or
- the keeper of register holds information that may lead to a relevant registration decision being taken or an investigation in relation to an offence.

A relevant registration decision is a decision by the keeper of register to:

- refuse registration;
- remove a person from the register;
- suspend a person’s registration;
- place conditions on a person’s registration;
- issue a formal warning or caution to a person who is registered; or
- annotate a person’s registration in relation to future conduct.

The information to be referred is outlined in paragraphs 1,2,3,5,6,9 and 10 of the Schedule to the Safeguarding Vulnerable Groups Act 2006 (Prescribed Information) Regulations 2008 and the Safeguarding Vulnerable Groups (Prescribed Information) Regulations (Northern Ireland) 2009.

In Northern Ireland, the General Teaching Council for Northern Ireland (GTCNI), the Northern Ireland Social Care Council (NISCC) and the registrar of Pharmaceutical Chemists as appointed under Article 9(1) of the Pharmacy (Northern Ireland) Order 1976 will be added to this list by way of further amending legislation. As a consequence, relevant registration decisions by GTCNI, NISCC and the registrar of Pharmaceutical Chemists will also trigger the requirement for these bodies to refer to the ISA.
Please Note!

Suspension Without Prejudice

- It is important to note that withdrawal from regulated or controlled activity does not include suspension without prejudice on its own without any substantive evidence, as this would be a neutral act and there would be no evidence at this point to support the thought that a person has engaged in relevant conduct, or that the harm test is satisfied.

- For example: Mr. A, whom you employ in regulated activity, is referred to you following an allegation that he hit a vulnerable adult that he was employed to care for. As a responsible employer you take immediate action to safeguard the adults in your care by suspending Mr. A. However, the suspension is on the basis of an allegation and therefore a neutral act without prejudice. Therefore at this early stage you have fulfilled the first condition for referring, that is you have removed the person from regulated activity. However before your legal duty to refer begins you must ‘think’ the allegation is founded, or in other words Mr. A has engaged in relevant conduct. As you proceed through your disciplinary processes and gather information the suspension of Mr. A remains neutral. However, once the information is gathered and you can support your belief that relevant conduct has occurred or that the harm test is satisfied your legal duty to refer to the ISA is triggered.
Withdrawal from regulated or controlled activity

- Withdrawing a person from regulated or controlled activity in the context of making a referral does not necessarily mean permanently removing them. For example, if through investigation you found the allegation against Mr. A to be true and decide the best way to handle the situation is a formal warning and return Mr. A to regulated activity with additional training, this must still be referred to the ISA. This is because you have satisfied both conditions by withdrawing Mr. A from regulated activity and you have established relevant conduct or the harm test is satisfied.

- Where an individual has left your employ before you made any final disciplinary decision due to harm or risk of harm to a child or vulnerable adult this information must also be referred to the ISA.

All groups: making a referral when there is no duty to refer

The ISA will consider all information referred to it from any source in relation to whether an individual should be included in a barred list. For example:

- Regulated activity providers and other groups may provide information where following an internal investigation there is insufficient evidence to show relevant conduct occurred, but they still have concerns about that individual; or

- Where an employer may have concerns about an individual who has left their employ and they know or think that the individual works in regulated or controlled activity in another setting. Again there is no duty to refer to the ISA but they may.

Making retrospective referrals

Although there is a legal duty to refer in certain circumstances from 12 October 2009, there is also the power (but not a mandatory duty) for local authorities, Education and Library Boards, HSC bodies, keepers of registers and supervisory authorities to make a retrospective referral to the ISA. This is when there is evidence that an individual has engaged in relevant conduct prior to 12 October 2009 and that the person is engaged or may engage in regulated or controlled activity.

Relevant Conduct and Examples of Harm

The following examples of relevant conduct (harm) for children and vulnerable adults are taken from ‘Guidance Notes for the Barring Decision Making Process’ issued by the ISA and available from the ISA website. The examples are not a definitive or exhaustive list and are intended to provide general information around the type of harm that may be considered in making a referral to the ISA.
<table>
<thead>
<tr>
<th>Type of harm to children</th>
<th>Meaning</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional/ Psychological</strong></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. Grooming. Harassment. Inappropriate emotional involvement.</td>
</tr>
<tr>
<td><strong>Physical</strong></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><strong>Sexual</strong></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 non-contact 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><strong>Neglect</strong></td>
<td>Failure to identify and/or meet 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>

Source: Guidance Notes for the Barring Decision Making Process, ISA, February 2009
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</thead>
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<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>

Source: Guidance Notes for the Barring Decision Making Process, ISA, February 2009
3. The Referral Process

The following series of events and Figure 1 (below) outline a typical referral and barring process:

- A regulated activity provider removes an individual from regulated activity due to relevant conduct, risk of harm or receiving a caution or conviction for a relevant offence (or the person has resigned or left that post in circumstances where they may have been removed).

- The regulated activity provider follows their agreed local safeguarding and disciplinary procedures (this is separate from the duty to refer to the ISA). This may also involve consulting with a relevant governing body or professional association.

- The regulated activity provider consults their Local Authority Designated Officer (LADO) or Health and Social Care Trust Designated Officer if appropriate.

- The regulated activity provider undertakes an initial investigation to establish facts and gather evidence such as witness statements.

- If following initial investigation or evidence gathering the regulated activity provider thinks that there may have been relevant conduct or there is a risk of harm, they make a referral to the ISA using the ISA Referral Form after consulting the ISA Referral Guidance. The completed and signed ISA Referral Form and supporting evidence and documents are posted to the ISA (see section 5: Contacting the ISA).

- The regulated activity provider will, if appropriate, also refer this information by post to a relevant regulatory body e.g. General Social Care Council, General Teaching Council, Nursing and Midwifery Council, Northern Ireland Social Care Council etc.

- The ISA will acknowledge the referral by return post within three working days of receipt.

- The ISA will commence the decision making process. Details of this process can be found on the ISA website www.isa-gov.org.uk. The ISA will review the referral information and evidence provided and where necessary request information from other sources such as the Police, the relevant local authority or the relevant Health and Social Care Trust. The ISA may also request additional information or documents from the regulated activity provider if not provided with the original referral.

- Following ISA consideration, if the ISA is ‘minded to bar’ an individual it will write to that individual seeking representations as to why they should not be barred from working or volunteering with children and/or vulnerable adults. The ISA will provide to that individual all the evidence that the ISA has relied on in making its ‘minded to bar’ decision. The individual will have eight weeks to make representations in writing to the ISA. Current employers and other bodies or individuals with a registered legitimate interest in the individual will be notified in writing that the ISA is ‘minded to bar’ that individual.
• Following representations, if an individual is subsequently barred they will be notified in writing and they will no longer be ISA registered. All organisations with a registered legitimate interest in the individual will be notified that the individual is no longer subject to monitoring. If the individual is not barred, they and legitimately interested parties will be advised in writing. The ISA does not have the power to inform any other individuals or organisations of the decision including an employer who may have dismissed the individual (as they no longer have a legitimate interest in the individual).

• If a referred individual is barred on the ISA children’s list, ISA vulnerable adults list or both lists they will not be permitted to work in regulated activity with these groups. The 2006 Act and 2007 Order sets out legal sanctions in relation to barred persons engaging in regulated activity. These sanctions relate both to the barred person and to the individual allowing a barred person to engage in regulated activity.

• An individual included on either, or both, of the barred lists (other than those listed as a result of an automatic inclusion without the right to make representations) will have the right of appeal to the Administrative Appeals Chamber of the Upper Tribunal or, where appropriate, the Care Tribunal in Northern Ireland against a decision made by the ISA to include them on a list or not to remove them from a list. An appeal can only be made with the permission of the Tribunal on the grounds that the ISA has made an error on a point of law or finding of fact in relation to information used to form a decision.

Please Note!

• All referrals to the ISA should use the ISA Referral Form.

• The completed and signed ISA Referral Form and supporting evidence and documents should be posted to the ISA (see section 5: Contacting the ISA).

If you have referred a person it is important that you are aware that any information used by the ISA may be disclosed for the purposes of representation or an appeal.

All referrals to the ISA should use the Referral Form, please see page 20 for more details on contacting the ISA.
4. Definition of Key Terms

**Child**
A child is any person under 18 years of age.

**Vulnerable adult**
A vulnerable adult is defined in full under section 59 the 2006 Act and Article 3 of the 2007 Order.

In summary, a person is a vulnerable adult if they have attained the age of 18, and
- they are in residential accommodation;
- they are in sheltered housing;
- they receive domiciliary care;
- they receive any form of health care;
- they are detained in lawful custody;
- they are by virtue of an order of a court under supervision by a person exercising functions for the purposes of Part 1 of the Criminal Justice and Court Services Act 2000 (c. 43), in England and Wales;
- they are by virtue of an order of a court under supervision by a probation officer in Northern Ireland;
- is receiving a welfare service defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individual’s capacity to live independently in accommodation or support their capacity to do so;
- they receive any service or participate in any activity provided specifically for persons due to age, disability, prescribed physical or mental problem, expectant or nursing mothers in accommodation or a person of a prescribed description not falling in the above;
- payments are made to them (or to another on their behalf) in pursuance of arrangements under section 57 of the Health and Social Care Act 2001 (c.15), in England and Wales;
- payments are made to them (or to another on their behalf) in pursuance of arrangements under section 8 of the Carers and Direct Payments Act (Northern Ireland) 2002 (c.6); or
- they require assistance in the conduct of their own affairs.

**Relevant conduct**
*Relevant conduct* is set out in the 2006 Act, Schedule 3 sections 4(1) and 10(1) and the 2007 Order Schedule 1 sections 4(1) and 10(1) and state:

Relevant conduct is any conduct:
- That endangers a child or vulnerable adult or is likely to endanger a child or vulnerable adult;
- If repeated against or in relation to a child or vulnerable adult, would endanger them or would be likely to endanger them;
- That involves sexual material relating to children (including possession of such material);
- That involves sexually explicit images depicting violence against human beings (including possession of such images), if it appears to ISA that the conduct is inappropriate; or
- Of a sexual nature involving a child or vulnerable adult, if it appears to ISA that the conduct is inappropriate.
Harm Test
The harm test is defined in the 2006 Act, Schedule 3 section 5 and 11 and the 2007 Order Schedule 1 paragraph 5 and 11 and is satisfied if the relevant person believes that an individual may:

- harm a child or vulnerable adult;
- cause a child or vulnerable adult to be harmed;
- put a child or vulnerable adult at risk of harm;
- attempt to harm a child or vulnerable adult; or
- incite another to harm a child or vulnerable adult.

Relevant offence

A copy of these regulations can be found at www.opsi.gov.uk or www.statutelaw.gov.uk

Regulated Activity
- Regulated activity is defined in Schedule 4 of the 2006 Act and Schedule 2 of the 2007 Order. There are four ways you may be involved in regulated activity.

In general terms, an individual is involved in regulated activity if they:

Undertake an activity of a specified nature (ie, teaching, training, instruction, care, supervision, advice, guidance, treatment, therapy or transport) that involves contact with children or vulnerable adults on a frequent, intensive or overnight basis.

Frequent = once a month or more
Intensive = three or more days in any period of 30 days or
Overnight = between 2am and 6am

Example: A sports coach who provides swimming lessons to children under sixteen once a week, will be teaching and training on a frequent or intensive basis and therefore is undertaking regulated activity.

or

Undertake any activity in a specified place (ie, schools, childcare premises including nurseries, residential homes for children, children’s hospitals, children’s detention centres, adult care homes or residential care or nursing homes) that provides the opportunity for contact with children or vulnerable adults on a frequent, intensive or overnight basis.

Sir Roger Singleton, Chairman of the ISA and the Government’s Chief Adviser on the Safety of Children has been asked to check that the Government has drawn the line for ‘frequent and intensive’ in the right place. Sir Roger has been asked to report by early December 2009.
This is providing that activity is a form of work (paid or voluntary) and is carried out for or in connection with the purposes of the establishment.

Frequent = once a month or more
Intensive = three or more days in any period of 30 days or
Overnight = between 2am and 6am

Example: A school receptionist is not employed to teach, train, supervise or care for the children in the school but because they work in a specified place and have the opportunity for contact with children they are undertaking regulated activity.

or

- Undertake fostering and/or childcare

or

Occupy a specified position of responsibility as set out in the Safeguarding Vulnerable Groups Act 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as follows:

- Member of the governing body of an educational establishment;
- Member of a relevant local government body;
- Member of an HSS body;
- Director of children’s services of a local authority in England;
- Director of adult social services of a local authority in England;
- Director of social services of a local authority in Wales;
- Director of social services of a Health and Social Services Board;
- Director of a Health and Social Services trust responsible for the delivery of personal social services;
- Chief education officer of a local authority in Wales;
- Member of an education and library board;
- Chief education officer of an education and library board;
- Charity trustee of a children’s charity;
- Charity trustee of vulnerable adults’ charity;
- Commissioner for Children and Young People for Northern Ireland;
- Member of the Youth Justice Board for England and Wales;
- Children’s Commissioner or deputy Children’s Commissioner appointed under Part 1 of the Children's Act 2004;
- Children’s Commissioner for Wales or deputy Children’s Commissioner for Wales;
- Commissioner for older people in Wales or deputy Commissioner for older people in Wales;
- Operator of a database established in pursuance of section 12(1)(a) or (b) or 29(1)(a) or (b) of the Children Act 2004 (e.g. ContactPoint);
- Member of a Local Safeguarding Children Board established under section 13 or 31 of the Children's Act 2004;
- Member or chief executive of the Children and Family Court Advisory and Support Service;
- A deputy appointed in respect of a child under section 16(2)(b) of the Mental Capacity Act 2005 (c. 9);
- A controller appointed in respect of a child under Article 101 of the Mental Health (Northern Ireland) Order 1986 (NI.4); and
- Member, chief executive or member of staff of ISA.

In Northern Ireland, some of the definitions contained in the primary legislation (The 2007 Order), predate health and social care reform under the Health and Social Care (Reform) Act (Northern Ireland) 2009. From this date the functions of the four Health and Social Services Boards, for example, transferred to either the Health and Social Care Board or the Public Health Agency. Where there was a need to keep strictly to legislative definitions in this guidance, this has been done. However, in other cases we make reference to new organisational titles.
**Controlled Activity**

Controlled Activity is set out in sections 21–23 of the 2006 Act and articles 25-27 of the 2007 Order.

In general terms, an individual is involved in controlled activity if they are ancillary support workers in Further Education, or healthcare settings (e.g., cleaner, caretaker, catering staff, receptionist) which is done frequently or intensively and gives the opportunity for contact with children or vulnerable adults.

**Frequent** = once a month or more  
**Intensive** = three or more days in any period of 30 days

Example: A member of catering staff at a hospital who on a frequent or intensive basis provides a food service to patients on the wards.

or

Working for or on behalf of specified organisations (e.g., Local Authorities in the exercise of its education or social services functions or a Health and Social Care Body in Northern Ireland) frequently or intensively in roles which give them the opportunity for access to sensitive records about children or vulnerable adults.

**Frequent** = once a month or more  
**Intensive** = three or more days in any period of 30 days

Example: An administrative officer in a local authority or Health and Social Care Body who has responsibility for managing files on children in care, where those files contain personal information.

Barred people can sometimes be employed in controlled activity, depending on the nature of the role and providing tough safeguards are in place such as stringent supervision. However, in Wales, a person barred as a result of a caution or conviction for a relevant offence will not be able to work or volunteer in controlled activity.

**Legitimate Interest**

A person or organisation has a legitimate interest in another person if they

- have engaged or are considering engaging them in regulated or controlled activity; and
- the person or organisation has registered any interest; and
- the registered interest relates to the activity that the person or organisation has permitted the individual to engage in; and
- the person or organisation has notified the Criminal Records Bureau (CRB) of the address to which any notification is to be sent; or
- if they are a Keeper of Register or Supervisory body as mentioned in the 2006 Act or 2007 Order and the individual concerned is registered with that body.
5. Contacting the ISA

The ISA may be contacted via one of the following channels:

By telephone on 01325 953 795

By email to isadispatchteam@homeoffice.gsi.gov.uk

By post to Independent Safeguarding Authority
Post Office Box 181
Darlington DL1 9FA

Or visit our website

You can also go online to the ISA website www.isa-gov.org.uk where you will find a list of frequently asked questions about referrals, and details about the Vetting and Barring Scheme (VBS).

Please Note!

All referrals to the ISA (ISA Referral Form including supporting evidence and documents) should be posted to the ISA at the above address.

Please visit our website for further information www.isa-gov.org.uk
The following ISA Referral Form contains step by step instructions for completing each section of the Form.

Please Note!

- Please use black ink to complete the Referral Form.
- Please ensure your writing is clearly legible if completing the form by hand.
- Please ensure all documents that you are enclosing with the Referral Form are either originals or clearly legible copies.
- When completing the form, provide the information and documents that you hold. If you do not hold the information requested on the form, leave that section blank. You should also note that you only need to provide to the ISA, the relevant information or documents that you hold. You do not need to obtain information from another source or draft any documentation (other than the ISA Referral Form) to meet your referral duty to the ISA. However, if you are aware of relevant information that is held by another source you should indicate this where required to do so on the ISA Referral Form.
- It is important to remember that the ISA has no powers of investigation and relies on the information provided to it through the referral and information sharing processes to make its barring decisions. It is essential that the information you provide to the ISA is accurate, comprehensive and complete.

Minimum Information required by the ISA

The minimum details that the ISA requires in order to commence its consideration of a case are:

- Information that will clearly establish the identity of the individual such as name, address, date of birth, ISA registration number or National Insurance Number if known etc);

and

Sufficient evidence to suggest that there has been a relevant offence or harm / risk of harm to a child or a vulnerable adult.
This form is for use when making a referral (i.e. providing information) to the Independent Safeguarding Authority. A referral is made when there is harm or risk of harm to children or vulnerable adults in the workplace (paid or voluntary), relevant conduct has occurred or an individual has received a caution or conviction for a relevant offence.

Please read the accompanying ISA Referral Guidance to understand your duty in relation to making a referral to the ISA and in providing information requested by the ISA.

All information provided to the ISA will be handled in accordance with the Data Protection Act 1998.

Detailed information on the ISA and the Vetting and Barring Scheme can be found on the ISA website www.isa.gov.uk

Please download or print out this form and complete in black ink making sure that all information is clearly legible. All documents provided with the Referral Form should be originals or clearly legible copies. If you do not hold the information requested, please leave the section blank. If more space is needed please attach additional sheets at the back of the Referral Form.

Referral Form Information

Part 1: The individual being referred and their job or role
Part 2: The referring party
Part 3: The harm (relevant conduct) or risk of harm
Part 4: Documentation - investigations, information & evidence
Part 5: Referral documentation checklist
Part 6: Declaration by referring party
Part 7: Checking and posting the ISA Referral Form
Part 8: Data Protection Statement
The ISA registration facility will be available from 26 July 2010 for new employees/volunteers. If an individual is being referred before this date, or the individual has not yet obtained ISA registration a number will not be available. Please see the VBS guidance on the ISA website for more information on the phasing strategy.

These coloured boxes appear throughout the referral form and are intended to provide a guide to what information is relevant to each section. In each form we have listed documents that are relevant to the questions being asked. These are not definitive lists and you should provide all information you hold if you think it is relevant to the referral.
If the referred individual is a member of any professional body please provide details here. This will include Keepers of Registers such as the General Teaching Council or Northern Ireland Social Care council as well as any other professional body.

Professional Membership

Professional Regulator: Care Associations And Professions Authority

Registration Number: 1 2 3 4 5 6 7 8 9 1 2 3 4

Date of first Registration (DD/MM/YYYY): 01 01 1990

Last Known Home Address

Address Line 1: 123 Some Street
Address Line 2: Innatown
Address Line 3: Bigcity
Address Line 4: 
Postcode: N12 31N

Please provide details of the individual’s current postal address if this is different from the home address. It is important the ISA are able to contact the referred individual and providing this information will allow us to do so.

Current Postal Address (if different from home address)

Address Line 1: 
Address Line 2: 
Address Line 3: 
Address Line 4: 
Postcode: 

Previous Home Addresses (if at last known address less than 3 years)

Address Line 1: 101 The Other Street
Address Line 2: Anytown
Address Line 3: The City
Address Line 4: 
Postcode: AN1 2IE

Contact Telephone Numbers

Work: 01234 567890
Home: 01234 098765
Mobile: 07777 123456
The Individual being Referred’s Job or Role

Title of Position Held: Care Assistant

Date Appointed to the Position Held (DD/MM/YYYY): 01/01/2004

Main Duties/Responsibilities
1. To undertake personal care tasks, e.g. bathing, dressing, whilst remembering the individual's right to privacy, dignity and choice.
2. To assist in social/recreational activities for the clients and participation in such activities.
3. To help service users maintain contact with family, friends, and community.
4. General Health and Wellbeing duties as required.

Qualifications held by Individual
NVQ - General Health Care awarded 25/02/1995

Training Undertaken by Individual in Current Post
- Basic First Aid - 25/09/2006
- Health and Safety at Work - 12/02/2005
- Lifting Techniques - 12/02/2005

Please provide details of the individuals main duties and responsibilities at the time of the relevant conduct/risk of harm/caution or conviction. Use additional sheets if necessary.

Please provide details of any qualifications held by the individual that are relevant to their role and/or the reason for referral.

Please provide details of ALL training undertaken by the individual in their current role.
### Training Undertaken by Individual in Previous Posts (if known)

<table>
<thead>
<tr>
<th>Basic First Aid</th>
<th>01/02/2003</th>
</tr>
</thead>
</table>

If you know of any other training undertaken by the individual please provide details here.

### Previous Employment / Volunteering History (if known)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Job Title/Role</th>
<th>From (DD/MM/YY)</th>
<th>To (DD/MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amberview Care Home</td>
<td>Care Assistant</td>
<td>01/01/1995</td>
<td>31/12/2003</td>
</tr>
</tbody>
</table>

If the individual has been the subject of any previous disciplinary or misconduct action provide details here. The information should include dates, and a brief description of the events and the outcome of any investigations. Please continue on a separate sheet if necessary and enclose any supporting documentation with your referral.

Any previous employment/volunteering positions that you know of should be included here.

### Disciplinary Action or Complaints (if known)

On 15/05/2005 a complaint was made by a resident that Mrs Other had left her in a wet bed overnight. The allegation was reported to the care manager who investigated the allegation. After talking to the resident and other staff it was decided the action was due to a particularly busy shift, where Mrs Other and the staff on duty failed to notice the situation. No disciplinary action was taken.

On 12/08/2008 a complaint was made by a resident’s family that Mrs Other had taken money from the resident’s room. The care manager investigated the allegation and although it was evident some money had been missing there was no evidence to suggest Mrs Other was responsible. No disciplinary action was taken.
Where you have removed the referred person from regulated or controlled activity but not suspended or dismissed them please state what role they are currently undertaken and give a brief description of their duties.

If Still Employed / Volunteering – Current Job, Role and Organisational Details
Mrs Other is no longer employed.

If No Longer Employed / Volunteering – Date Employment Ceased (DD/MM/YYYY)
01 09 2009

Reason for Employment / Volunteering Ceasing (please tick one)
☐ Dismissed
☒ Resigned
☐ Retired

Part 2: The Referring Party
Name of Referring Organisation/Person
Mrs Helen Teak - Niceview Care Home

Type of Organisation eg. School, Care Home etc (if school what category or type of school).
Care Home For The Elderly

Address
Address Line 1
Address Line 2
321 The Avenue
Address Line 3
Innatown
Address Line 4
Postcode
N12 7PQ

Primary Contact Officer
Name
Mrs Helen Teak
Position
Care Manager
Telephone Number
01234 565656
Mobile Number
07999 123456
Email Address
h.teak@niceview.org.uk

It is important the ISA are able to contact the referring organisation. This will allow the ISA to follow up on your referral, and where a legitimate interest exists inform you of the outcome. The name and contact details of a responsible person must be included here. We can not provide information to any person not detailed on the referral form unless a change of person is notified to us in writing.
An alternative contact should be entered here to ensure communication flows remain open in the event of sickness or leave commitments of the primary contact person.

The ISA can only consider information that indicates a safeguarding concern in relation to children or vulnerable adults. Please provide a brief (approx 100 words) summary of the reason you have referred the individual. This should include the initial allegation and confirmation that you have gathered sufficient information i.e. followed your disciplinary/investigatory procedures. You do not need to go into detail here.

As part of the referral we ask if the harm caused to a child or vulnerable adult has been assessed. If such an assessment has taken place, please provide details here. The assessment can be in the form of observations by staff and volunteers, or a professional assessment by a social worker or psychologists. In all cases you will need to include details of the harm that has been caused and who made the assessment.
Has the referred person admitted or accepted responsibility for the relevant conduct, harm or risk of harm?

☐ Yes  ☒ No

Please provide details of the child or vulnerable adult harmed

Name: Mr Peter Simons

Date of Birth (DD/MM/YYYY): 01/01/1920

Gender (please indicate): Male ☒  Female ☐

Details of any vulnerability, e.g. emotional, behavioural, medical, physical:

Mr Simons has mobility difficulties making it difficult for him to complete routine tasks. He also suffers from dementia making communication difficult at times.

Relationship between referred person and person harmed:

Mrs Other was an employee with caring responsibilities.

Please explain the relationship between the referred individual and the harmed person(s) e.g. if the referred person was a member of staff did they have specific responsibilities for the harmed person such as key worker. If there were no specific duties how did the referred individual know the harmed person.

Please attach additional sheets if more content is needed for the adult harmed.
Please provide a chronology of events in relation to the harm (relevant conduct) or why you think the person you are referring may pose a risk of harm.

The chronology should provide in date and time order, a complete, clear and accurate description of what happened, what action has been taken and why. You need to be specific on details - dates, times, locations, what happened, who was involved who witnessed the event(s), who did what and who said what. When providing a chronology of events please refer to the ISA Referral Guidance for further information and see the example below.

Example

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
<th>Events</th>
<th>Relevant Documents</th>
<th>Persons Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2009</td>
<td>Allegation made against member of staff by colleague</td>
<td>Written allegation</td>
<td>Member of staff, Senior Manager</td>
</tr>
<tr>
<td>02/01/2009</td>
<td>Allegation put to individual</td>
<td>Individuals statement/ denied allegation</td>
<td>Individual, Senior Manager</td>
</tr>
</tbody>
</table>
## Chronology of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
<th>Relevant Documents</th>
<th>Persons Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/08/2009</td>
<td>A report was made by the duty manager to the effect that while on duty Mrs Other has placed a resident in a scalding bath which resulted in injury. The report further explained Mrs Other had left the resident unattended in the bath for a short period of time. The injuries was discovered later in the day and a duty nurse arranged for hospital treatment.</td>
<td>Report by Duty Manager. Statement by Duty Nurse. Statement by Care Assistant.</td>
<td>Mr Paul Smith - Duty Manager. Mrs Mary Brown - Duty Nurse. Mr Mike Wilson - Care Assistant.</td>
</tr>
<tr>
<td>04/08/2009</td>
<td>The report was given to the care manager, who contacted the Local Authority Adults Services for advice on how to proceed. The Local Authority advised Mrs Other be suspended without prejudice until an investigation can be undertaken. Mrs Other was advised immediately of the situation by the care manager.</td>
<td>Call log to Local Safeguarding Adults Services. Letter of suspension to Mrs Other.</td>
<td>Mrs Helen Teak - Care Manager.</td>
</tr>
<tr>
<td>06/08/2009</td>
<td>The care manager, assistant care manager and a representative from the Local Authority took statements from those involved. A meeting to discuss the next steps was then held.</td>
<td>Statements from staff. Strategy meeting minutes.</td>
<td>Care Manager. Assistant Care Manager. Representative from Local Authority.</td>
</tr>
<tr>
<td>07/08/2009</td>
<td>Mrs Other failed to attend a meeting with the care manager and assistant care manager stating the incident was not her fault and she no longer wanted to work in the care industry. The meeting went ahead in Mrs Other’s absence and the decision was taken that based on the evidence available disciplinary action may have been considered.</td>
<td>Meeting minutes. Statement from Mrs Other.</td>
<td>Care Manager. Assistant. Care Manager. Staff Representative. Mrs Other.</td>
</tr>
</tbody>
</table>
Part 4: Investigations, Information and Evidence

In this section you are not required to provide any information other than the documents requested if you have them. The documents listed below are representative of the information required by the ISA in order to process your referral. If you have additional documentation you believe is relevant please include it and complete section 5 accordingly.

The following documents are relevant for Part 4 and should be sent to the ISA with the completed Referral Form if you have them.

- Witness Statement(s)
- Harmed person’s care plan (where appropriate)
- Details of internal investigations and outcome
- Details of internal disciplinary action and outcome
- Police investigations and reports
- Local Authority / Health and Social Care Trust investigations and reports including Adult Social Care and Children’s Services reports and minutes of Strategy Meetings
- Investigations and reports of any other regulatory bodies
- Investigations and reports of any other agencies or bodies
- Victim Impact Report or statement(s) including details of who made the assessment and their position or qualifications to make the assessment
- Any other information either listed in the chronology or relevant to decision making by the ISA
Part 5: Referral Document Checklist

The following documents should be provided with the Referral Form if you have them.

Please tick all the documents (originals or clearly legible copies) that you are providing with this referral:

- Job Description / Role Statement / Person Specification
- Application for employment
- References
- Interview Report
- Letter of Employment
- Documentation on any past disciplinary action
- Dismissal / resignation letters
- File notes concerning conduct, behaviour or attitude
- Statement by Referred Individual about what happened
- Witness Statements
- Harmed person(s) Care Plan
- Details of internal investigations and outcome
- Details of internal disciplinary action and outcome
- Police investigations and reports
- Local Authority investigations / Health and Social Care Trust Investigations and reports including Adult Social Care or Children’s Services reports and minutes of Strategy Meetings
- Investigations and reports of any regulatory bodies
- Investigations and reports of any other agencies or bodies
- Victim impact report or statement(s)
Please list any other relevant document(s) you are providing with the referral.

Copy of letter referring this information to the Care Quality Commission.

If you are providing any documentation not included on the tick list on the previous page please give details here.

Please list any relevant documents that you have/ or are aware of others having, but you are not providing with this referral. Please outline the reasons why you are not providing the document(s) and who has the document if it is not in your possession.

<table>
<thead>
<tr>
<th>Relevant Document</th>
<th>Reason the document is not provided with this referral</th>
<th>Who holds this document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police statement following referral for assault.</td>
<td>Document not released to employer.</td>
<td>Innatown Police Station.</td>
</tr>
</tbody>
</table>

In this section please provide details of any other documents that you are not providing with your referral. For example if other organisations, such as the police, local authority child or adults safeguarding teams or A Health and Social Care Trust have been involved in the disciplinary process and they have relevant documents.
Part 6: Declaration

I confirm to the best of my knowledge that the information contained in this form is complete and accurate and that all relevant documents that I hold are either provided with the Referral Form or recorded in Part 5.

Signature: Helen Teak
Name (In print): Mrs Helen Teak
Position: Care Manager
Organisation: Niceview Care Home
Relation to individual being referred: Employer
Date (DD/MM/YYYY): 12 10 2009

Part 7: Checking and Posting the ISA Referral Form

Please check that you have answered all the questions that you can on the ISA Referral Form, signed the Declaration and enclosed the documentary evidence you have listed in Part 5.

Post the completed ISA Referral Form and documentary evidence, suitably secured and marked CONFIDENTIAL to:

Independent Safeguarding Authority
PO Box 181
Darlington
DL1 9FA

Part 8: Data Protection Statement

The Independent Safeguarding Authority respects individual privacy and has notified (registered with) the Information Commissioner, who is responsible for the administration of the Data Protection Act 1998.

The Independent Safeguarding Authority obtains and processes “personal data” (as defined by the Act) for the purpose of administering its statutory functions under the Safeguarding Vulnerable Groups Act 2006 and associated legislation. In addition, the Independent Safeguarding Authority may use information for the purpose of fulfilling its statutory responsibilities under the Data Protection Act 1998.

Information will be kept secure and confidential, and will only be disclosed to those parties who have a legal and legitimate need to know.