



Cumbria Safeguarding Adults Board Safeguarding Adults

Framework for managing allegations against a
Person in Position of Trust (PiPoT)

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**Cumbria
Safeguarding
Adults Board**

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1. Introduction

This framework applies to all agencies who have responsibilities for responding to allegations or concerns raised about a person, whether an employee, volunteer or student (paid or unpaid) who works with or cares for adults with care and support needs. These individuals are known as People in a Position of Trust (PiPoT).

It outlines the circumstances in which a referral should be made in relation to concerns about a person in a position of trust. It contains advice for employers, volunteer organisations and student bodies on their responsibilities to assess potential risks posed by a person in a position of trust and if necessary, to take action to prevent abuse or neglect.

It also provides guidance as to how and when concerns about a person in a position of trust can be appropriately shared with an employer, volunteer organisation or student body.

2. Care Act 2014

The guidance has been created to support implementation of the requirements in the [Care and Support Statutory Guidance](#) that deal with 'allegations against people in a position of trust' (paragraphs 14.120 to 14.132).

This guidance should be read in conjunction with the [Cumbria Safeguarding Adults Board Policy and Cumbria Safeguarding Adults Board Information Sharing Guidance](#).

The Care Act 2014 recognises that safeguarding concerns are not always in relation to the safety and wellbeing of an individual, but rather they relate to the possible risk posed more widely by a person in a position of trust to people with care and support needs.

The Care and Support Guidance established the requirement that all relevant Safeguarding Adult Board (SAB) partners (employers, student bodies and voluntary organisations) should have policies and procedures in line with those of Safeguarding Adults Boards for responding to concerns against any person who works with adults, in either paid or unpaid capacity, in positions of trust. This applies to all organisations commissioned to provide services by them, so they respond appropriately to allegations made.

There should be a clear distinction between;

- A concern/alleged allegation about a professional, or volunteer
- A concern about the quality of care or practice provided by the person in a position of trust, that do not meet the criteria for a safeguarding enquiry
- Or a complaint

People can be in a 'position of trust' where they are likely to have contact with adults at risk as part of their employment or voluntary work, and;

- Where the role carries an expectation of trust and
- The person is to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).

Positions of trust may include, but are not limited to any staff working on behalf of;

- Social Care
- Health Services
- Police and Criminal Justice
- Housing
- Education
- Advocacy
- GPs
- Independent Sector
- Agency and Bank Workers
- Religious/Faith Leaders
- Commissioning Services
- Voluntary or 3rd sector providers

Where an adult with care and support needs is experiencing or is at risk of abuse or neglect, safeguarding concerns should be reported to their local Council Adult Social Care;

The purpose of multi-agency safeguarding adults policy, procedures and guidance is to support organisations to work together, and with one or more specific people at risk of abuse, to support them to be safe.

Examples of such concerns could include allegations that the person in a position of trust has;

- behaved, or may have behaved in a way, that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child
- behaved, or may have behaved in a way, towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs
- behaved or may have behaved in a way that indicates they may not be suitable to work with vulnerable adults.

Such incidents may have occurred within the person's home or personal life, as well as within their employment, volunteering role or studies. Wherever the incident has occurred, there is now a potential risk to adults with care and support needs.

3. Cumbria Safeguarding Adults Board

The process outlined in this framework describes how concerns and allegations against people working with adults with care and support needs should be responded to. There are occasions when incidents are reported that do not involve adults at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust. Further information can be found on the PiPoT Flowchart (Appendix A) and Indicator Matrix which provides examples of what may constitute a conduct issue or a PiPoT concern (Appendix B).

Through the application of this process Cumbria Safeguarding Adults Board can be assured that all relevant partners;

- Respond to concerns raised and balance the rights of individuals to who concerns have been raised against
- Share information based on the principles of justification and proportionality
- Work closely with other relevant partners, Position of Trust Leads and Children's Local Authority Designated Officer (LADO).

For the remainder of this policy a 'concern' relates to either a concern and/or a potential allegation and 'Person in a Position of Trust' will be referred to as PiPoT

Whilst concerns may be raised through safeguarding processes about PiPoT they can also be raised through many routes, including complaints, regulatory inspections, audits and quality systems, staff grievances, so called whistleblowing, social media, disciplinary and performance procedures. Organisations must have effective systems for identifying concerns from these different sources and the organisation's safeguarding lead(s) children and adults must be informed about any safeguarding concerns relating to people in a position of trust.

The PiPoT flowchart (Appendix A) outlines the ways in which a concern can be identified and the process for reporting, decision making and considering risks posed to others.

Organisations in Cumbria will have internal whistleblowing policies, further information can be found on the [Cumberland](#) or [Westmorland and Furness](#) Council website.

4. What is excluded from this Framework?

If an allegation is made that does concern the actions of a professional, or volunteer which relates to alleged abuse and/or neglect of a person with care and support needs and this amounts to a S42 safeguarding enquiry, then such an allegation should be dealt with by following the local Safeguarding Adult Policy and Procedures. Such procedures include directions about how the PiPoT element of the allegation is referred and investigated.

Section 14 of the Care Act, Care and Support Statutory Guidance states; -

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high-quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property

5. Principles

This framework builds upon existing relevant statutory provision. There is no primary statutory duty associated with the position of trust framework so any actions taken must be in line with other relevant statutory provision, e.g. Data Protection Act 1998, Human Rights Act 1998 and relevant employment legislation. Any actions and interventions must be lawful and proportionate in line with statutory provision.

As with all adult safeguarding work the six statutory principles should inform this area of activity.

- Empowerment - People being supported and encouraged to make their own decisions and informed consent
- Prevention - It is better to act before harm occurs
- Proportionality - The least intrusive response appropriate to the risk presented
- Protection - Support and representation for those in greatest need.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in safeguarding practice.

It is important to remember that the person in the position of trust is entitled to ask to see any information held about them. It would be best practice to seek the views of the person whose information you hold unless to do so will endanger an adult with care and support needs or child. It is also good practice to seek the individual's consent to share the information, provide the individual the opportunity to share the information themselves, and to give them the right to reply.

6. Legal framework

The rules on confidentiality, privacy and the need to safeguard personal information arise from both legislation and case law. These enshrine the need for fair and ethical treatment of information where there is a duty of confidence, issues of privacy or where personal information is involved.

The common law duty of confidentiality is not a written Act of Parliament. It is “common” law. This means that it has been established over a period of time through the Courts. It recognises that some information has a quality of confidence, which means that the individual or organisation that provided the information has an expectation that it will not be shared with or disclosed to others.

For information to have a quality of confidentiality it is generally accepted that:

- it is not “trivial” in its nature it is not in the public domain or easily available from another source
- it has a degree of sensitivity
- it has been communicated for a limited purpose and in circumstances where the individual or organisation is likely to assume an obligation of confidence.
- For example, information shared between a solicitor/client, health practitioner/patient. In such circumstances the information should only be disclosed:
- with the permission of the provider of the information; or, • if the confidentiality requirement is overridden by legislation; or,
- if an effective case ‘that it is the public interest’ can be made.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decisionmaking should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- where relevant and necessary, not simply all the information held
- with the relevant people who need all or some of the information
- when there is a specific need for the information to be shared at that time

7. The General Data Protection Regulation (GDPR) and Data Protection Act 2018

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduced new elements to the data protection regime, superseding the Data Protection Act 1998.

Information relevant to adult safeguarding will often be data that the Act categorises as “special category personal data”, meaning it is sensitive and personal. Wherever possible, individuals and agencies should seek consent to share information, and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. If consent is not given or cannot be gained, the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping adults with care and support needs safe.

For the processing of personal data; the lawful basis of processing is **Article 6 (1) (e) GDPR**:

Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Part 2 of Schedule 1 to the Data Protection Act (2018) confirms that both *Preventing or detecting unlawful acts* (Para 10) and the *safeguarding of children and individuals at risk* (Para 18) are legitimate activities carried out ‘in the public interest’

For the processing of ‘special category’ personal data the lawful basis of processing is **Article 9 (2) (g) GDPR**.

The following principles should be applied:

- **Necessary and proportionate** - When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties. Information must be proportionate to the need and level of risk.
- **Relevant** - Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.
- **Adequate** - Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
- **Accurate** - Information should be accurate and up to date and
- **should clearly distinguish between fact and opinion.** If the information is historical then this should be explained. See also Article 9 of the General Data Protection Regulation.
- **Timely** - Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to adults with care and support needs. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place an adult with care and support needs at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.
- **Secure** - Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.
- **Record** - Information sharing decisions should be recorded, whether the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but if this is the case, there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so

8. Safeguarding Concerns

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for partners to assess any potential risk to adults at risk who use their services and, if necessary, to take action to safeguard those adults using the [Cumbria Safeguarding Adults Board Policy](#).

Safeguarding concerns in respect of an adult at risk of abuse or neglect should be reported to Adult Social Care, to the Council in which the person lives:

- If the person lives in Allerdale, Carlisle or Copeland, contact Cumberland Council:
[Contact the Cumberland Single Point of Access \(SPA\) Team](#)
- If the person lives in Barrow, Eden or South Lakeland, contact Westmorland and Furness:
[Contact the Westmorland and Furness Single Point of Access \(SPA\) Team](#)

9. Initial Response to a Concern

If you are an organisation i.e. employer, volunteer manager or student body, of the person in a position of trust; you **must assess and manage risk** as set out in this guidance. If the person also works with another organisation, you will need to consider the need to share information to also protect people within that service.

If you suspect that a criminal offence has been committed, please report to Police without delay on 111 or 999.

If you are not the person's employer, volunteer manager, student body, **or** the concerns are in relation to a personal assistant, employed by a person with care and support needs; **or** if you need additional advice and support in relation to people in positions of trust concerns **contact the PiPoT Leads in your local Council for advice;**

Cumberland Council: Safeguardingadults@cumbria.gov.uk

Westmorland and Furness Council: SafeguardingAdults.WAF@cumbria.gov.uk

The process to follow is:

- Contact to be made within own agencies relevant Position of Trust Lead (or equivalent e.g. Designated Safeguarding Lead)
- The Position of Trust or Safeguarding Lead will assess the information provided and undertake the necessary enquires within a specific time frame agreed by the agency
- Each agency's own policies/procedures will dictate human resources and escalation procedures
- Where information is received regarding other relevant partners employees then the receiving Position of Trust or Safeguarding Lead will advise the Position of Trust Lead or Safeguarding Lead of the responsible relevant partners
- If the person works with both adults and children, the Local Authority Designated Officer will also be informed.

For a full list of agency PiPoT leads in Cumbria please see Appendix C. The above process is outlined in the the PiPoT Flowchart (Appendix A).

If there are safeguarding concerns relating to an adult at risk who may be experiencing or at risk of abuse or neglect concerns should be reported to Adult Social Care (see section 8).

At the point a safeguarding concern is raised, there will need to be a discussion between the Position of Trust or Safeguarding Lead and other identified professionals (such as Human Resources, Safeguarding Teams, Police etc.) to determine the actions to be taken as part of and separate to the safeguarding enquiry (for example criminal investigation may take precedence over internal disciplinary processes initially). This will be determined on a case-by-case basis locally.

In the event the concern being against a carer who is also a family member this too should be considered through safeguarding adults' procedures as whilst there is a duty to protect the adult at risk, there is also a duty to assess the needs of the carer and using the principles of Making Safeguarding Personal for both victim and alleged abuser. In such a case discussion between the Safeguarding Leads and PiPoT Leads is paramount as to the best course of action.

If an organisation does not have a PiPoT Lead or Safeguarding Lead, for instance the person with whom the concern is against is providing voluntary contribution but is not commissioned by a relevant partner – then the PiPoT Lead within the relevant Council will plan with the PiPoT Lead from statutory relevant partners to coordinate any enquires and investigation required.

10. Criminal allegations

If a criminal investigation is being undertaken in relation to an individual's conduct in their private life a decision will be undertaken by the local constabulary whether to inform the employing agency under the Common Law Police Disclosure Scheme. Any historical concerns or concerns against a person who no longer works with adults should be referred to the police in the first instance. The police will liaise with the appropriate organisations as part of any investigation being made by both Police and the employing agency.

11. Guidance for Employers, Volunteer Organisations and Student Bodies

The [Care and support statutory guidance](#) sets out the responsibilities of employers:

- The local authority's relevant partners, as set out in Section 6 (7) of the Care Act 2014, and those providing universal care and support services, should have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs (Section 14.120)*
- Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults (Section 14.122)*
- Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made (Section 14.126)*
- Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns (Section 14.126)* action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future (Section 14.128)*
- If an organisation [permanently] removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the [Disclosure and Barring Service](#) It is an offence to fail to make a referral without good reason (Section 14.127)*

**all references are to the [Care and Support Statutory Guidance](#)*

Each organisation must therefore ensure they have policies and procedures in place that enable them to respond to concerns about people in positions of trust. This must include arrangements for raising concerns to the local authority in accordance with the multi-agency safeguarding adults policies and procedures where this is appropriate, as well as the management of concerns within their own organisation.

Employers and student bodies are responsible for working with the person in a position of trust to understand the issues, assess any risk in the context of their service; and take appropriate actions that safeguard people who use their services. This will include supporting the person in position of trust to understand the process being followed and decisions reached in accordance with the organisations policies.

Only an employer has the power to suspend an employee, redeploy them or make other changes to their working arrangements, and so must be responsible and accountable for the decisions reached. Actions taken should consider their own internal policies and procedures, their responsibilities to provide safe services, and employment law. According to the nature of the concerns raised, and employer/volunteers organisation/student body may also have a responsibility to inform overseeing bodies according to their requirements, such as:

- Care Quality Commission (CQC)
- Charity Commission
- Commissioning bodies
- Disclosure and Barring Service (DBS)
- Professional registration bodies

Relevant partners include NHS bodies, Chief Officer of the Police, relevant provider of probation services.

Universal care and support services will include those services available to all, such as leisure and housing services, preventative services, as well as services provided in relation to the care and support needs of adults.

12. Guidance for Local Authority

If the local authority is given information about concerns that do not relate to the safety of identified adults with care and support needs, but rather the potential risk posed by a person in a position of trust, use of multi-agency procedures will not usually be the way to respond to the concerns. In these situations, this people in positions of trust guidance will need to be followed.

Where the concern is raised by an employer, volunteer manager or student body the local authority may need to signpost agencies to this guidance for them to take precautionary actions as appropriate in relation to identified risks. Employers, volunteer managers and student bodies that are raising concerns will often be best placed to share information with another employer, volunteer manager or student body, if it is so justified and necessary to do so as set out in Section 6 of this guidance. There may, however, be circumstances where the local authority is best placed and so this decision will need to be made on a case-by-case basis.

Where the concern is not raised by an employer, volunteer manager or student body;

- The local authority will need to determine whether it is justified and necessary to share the concerns with an employer, volunteer manager or student body as set out in Section 6 of this guidance.
- The local authority may need to signpost agencies to this guidance, for them to take precautionary actions as appropriate in relation to identified risks.

Employers, volunteer managers and student bodies would need to be responsible for taking actions within this guidance as set out in Section 4 of this guidance.

Where the person in a position of trust is a personal assistant, employed by a person with care and support needs, the local authority may need to provide the employing individual with additional support to understand and manage the risks effectively and to access appropriate support.

Where the concerns involve a person working in a commissioned service, within their own procedures the Adult Social Care PiPoT Lead will inform commissioning/contract teams who in turn can take action as deemed appropriate to ensure the service has appropriate standards of practice to prevent and respond to any future risk of harm.

In accordance with local arrangements, if the person works for the NHS, the relevant safeguarding or PiPoT lead must be informed, including Integrated Care Board Leads.

If the person works for the Police, the Police safeguarding lead must be informed.

13. Information Sharing

Where an organisation has information relating to the risk posed by a person in a position of trust, they have a responsibility to consider whether this information needs to be passed on to ensure risks are appropriately considered and managed.

Each organisation is individually responsible for ensuring that concerns relating to a person in a position of trust are shared, where necessary and appropriate, with other organisations to prevent abuse and neglect.

The potential need to share information with an employer, volunteer organisation or student body will be indicated when there is a reasonable cause to suspect that a person in a position of trust may pose a risk to adults with care and support needs within another service. This may include situations such as where;

- a member of staff has been suspended pending a disciplinary or safeguarding enquiry, and who is known to be carrying out a similar role working within another organisation where they are assessed as potentially posing an immediate risk to others.
- a member of staff has been dismissed due to their behaviour towards adults with care and support needs, and is also known to be undertaking professional training, for example, as a social worker or as a health professional.
- an employee's role and responsibilities have been changed in response to dangerous practice, but they continue to have a similar role within another organisation, where they may pose a risk to people who use that service.

Public bodies or organisations commissioned by them should be considered to be undertaking a **public task** as a lawful basis for sharing information. Other agencies not fulfilling public tasks should consider relying on **legitimate interests** as a lawful basis for sharing information.

Even where you do not have consent to share confidential information, you may lawfully share it in the public interest. Seeking consent should be the first option. However, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe, the question of whether there is enough public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

A public interest can arise in a wide range of circumstances, for example, to protect children from significant harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder. There are also public interests which may, in some circumstances, weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services.

In both cases however, the judgement to be made is the same. In deciding whether sharing the information is **justified and necessary**, a professional judgement will be required based upon balancing the safety and needs of those potentially at risk, and the rights of the employee / volunteer or student as described below;

- A fair balance must be struck between the rights of the person in a position of trust to privacy and the interests of those at risk of abuse and neglect. This requires a careful assessment of the severity and consequences of the interference in the life of the person in a position of trust and the risk posed to others.
- The risks to adults with care and support needs must be sufficient to justify interfering with the person in a position of trusts' right to privacy. The consideration is therefore one of proportionality – there should be a need for the disclosure in order to protect adults with care and support needs.

If it is reasonably believed that the sharing of information will achieve the aim of preventing abuse or neglect, there should be no more interference in the person's right to privacy than is necessary to achieve this aim.

It will be important to record your judgement, your reasons for sharing or not sharing the information, the factors you have considered and why you have give weight to some factors more than others.

14. Consent and Involvement of the person in a position of trust

Unless wholly impractical, before disclosing information to another employer, volunteer manager or student body, there is a need to consult with the person whose information is to be shared. This will give them the opportunity to respond to the concerns and make representation on the need to share the information.

If it is assessed as justified and necessary for the employer to be informed of the concerns or allegations, the person in a position of trust may wish to inform the employer, volunteer organisation or student body themselves.

If this is the case, their wish should be respected, but it will still be necessary to contact the employer, volunteer organisation or student body to subsequently check that relevant information has been passed on. It should be made clear to the person in a position of trust that this is required.

Whilst it is important to work with the person in a position of trust and seek their agreement to share information wherever possible, consent will not always be considered a lawful basis to share information in such situations. Consent must be freely given, specific and informed and the imbalance of power in such situations may mean that it cannot always be relied upon. In such cases, decisions need to be proportional to the concern as set out above.

However, this does not preclude in any way the responsibility to consult with the person in the position of trust unless it is wholly impractical to do or may place someone at risk.

15. Support for the person subject to the concern/potential allegation

As well as the responsibility for the safety of adults with care and support needs, employers also have a duty of care to their employees. They should ensure they provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any concern of abuse made against a member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the adult and, at the same time, supports the person who is the subject of the concern. The employer needs to provide support to minimise stress associated with the process, this may need to include:

- Support to understand the procedures being followed
- Updates on developments
- Opportunity to respond to allegations/concerns
- Support to raise questions or concerns about their circumstances.

There may be limitations on the amount of information that can be shared at a particular time in order not to prejudice any enquiry/investigation or place any person at risk.

Support may be available via occupational health or employee welfare arrangements where they exist. If the person is a member of a union or professional association or network, he or she should be advised that they may wish to seek support from that organisation.

The person may also wish to seek independent advice regarding employment issues. Such advice and support, however, should be supplementary to that provided by the employer. There may be occasions where there is a need to agree changes to the person's working arrangements or to the support provided, to safeguard them from unfounded allegations in the future.

16. Outcome

It is recommended the following definitions are to be used when determining and recording the outcome of a concern against a PiPoT it should be noted that these may be similar to outcomes recorded for safeguarding concerns within the local authority, but they should not be confused with the same;

- **Substantiated** - there is sufficient evidence to prove the allegation
- **Unsubstantiated** - there is insufficient evidence to either prove or disprove the allegation. The term therefore does not imply guilt or innocence
- **Unfounded** - to reflect cases where there is no evidence or proper basis which supported the allegation being made. It may also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances
- **False** - there is sufficient evidence to disprove the allegation
- **Malicious** - there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive. Disciplinary action should be considered against the person who made the allegation or whether the police should be asked to consider if action might be appropriate against the person responsible

A decision to disclose, or not to disclose to the Disclosure and Barring Service should also be considered. Disclosure and Barring Service: [DBS - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

17. Allegations Record Keeping

Partners PiPoT policy or procedures should reflect the need to keep a summary of the concerns, details of how it was followed up and resolved and a note of actions taken, and decisions reached. This may essentially be in line with for example disciplinary procedures, and a copy will be kept in the individual's personnel records and a copy provided to them.

It is important to retain allegations records to enable accurate information to be given in response to future reference requests where appropriate. It will provide clarification in cases where future Disclosure and Barring Service (DBS) checks reveal information from the police about an allegation that did not result in a criminal conviction, and it will help unnecessary re-investigation if a concern re-surfaces after a period of time.

It is also recognised that adults with care and support needs may raise concerns which are later found to have no substance, in these cases organisations should follow their own internal procedures as to how this is recorded and retained.

Retention of personnel records in relation to the above should be agreed locally within each organisation and based on national and legal guidance. Cases in which allegations are proven to be false, unsubstantiated or malicious should not be included in employer references.

There is a legal requirement for employers to make a referral to the DBS and professional bodies where they think an individual has engaged in conduct that harmed (or is likely to harm) a person and they are in regulated activity, or if a person otherwise poses a risk of harm to another person.

Please find some useful below;

- Disclosure and Barring Service: [DBS - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- Health and Care Professionals Council: www.hcpc-uk.co.uk
- Nursing and Midwifery Council: www.nmc.org.uk
- General Medical Council: www.gmc-uk.org
- General Dental Council: www.gdc-uk.org
- Care Quality Commission (if person works for a registered provider) cqc.org.uk

18. Oversight and Monitoring

Each partner agency of Cumbria Safeguarding Adults Board will be required to provide annual assurance of organisational arrangements to deal with allegations against a person in a position of trust within their organisation are adequate and functioning effectively.

Individual organisations should establish monitoring arrangements to enable activity relating to allegations against staff to be tracked. Collated anonymised information about the number and nature of allegations made and their outcomes should be produced at least annually and these reports shared with relevant boards, committees and leadership teams to inform service improvement and development.

Cumbria Safeguarding Adults Board (CSAB) requirements for data reporting on an annual basis, are as follows:

- Number of completed PiPoT Enquires (to be provided by each partner)
- Identified Themes from PiPoT Enquiries (to be provided by each partner)

The SAB in turn receive assurance that arrangements are considered to be working effectively between, and across partner agencies in the local authority area. Appropriate cross organisational challenge should be possible as it is an important part of this process.

19. Working with the Local Authority Designated Officer (LADO)

If there is concern that a person in a position of trust may, in the course of their work, pose a risk to child or young person under the age of 18 years, then the local authority designated officer should be notified, via the website (link below) and actions taken within the LADO process.

Sometimes, however, the risk may relate to both children / young people and adults. In such cases, there will be a need for organisations and safeguarding leads to consider their responsibilities under both this guidance and the LADO process.

For further information regarding the LADO process please visit the Children's Safeguarding Partnership websites:

[Cumberland Safeguarding Children Partnership: LADO](#)

[Westmorland and Furness Safeguarding Children Partnership: LADO](#)

20. Acknowledgements

This framework has been adapted from Pan Lancashire PiPoT Framework, thanks and acknowledgment to Safeguarding Adult Boards in Lancashire.

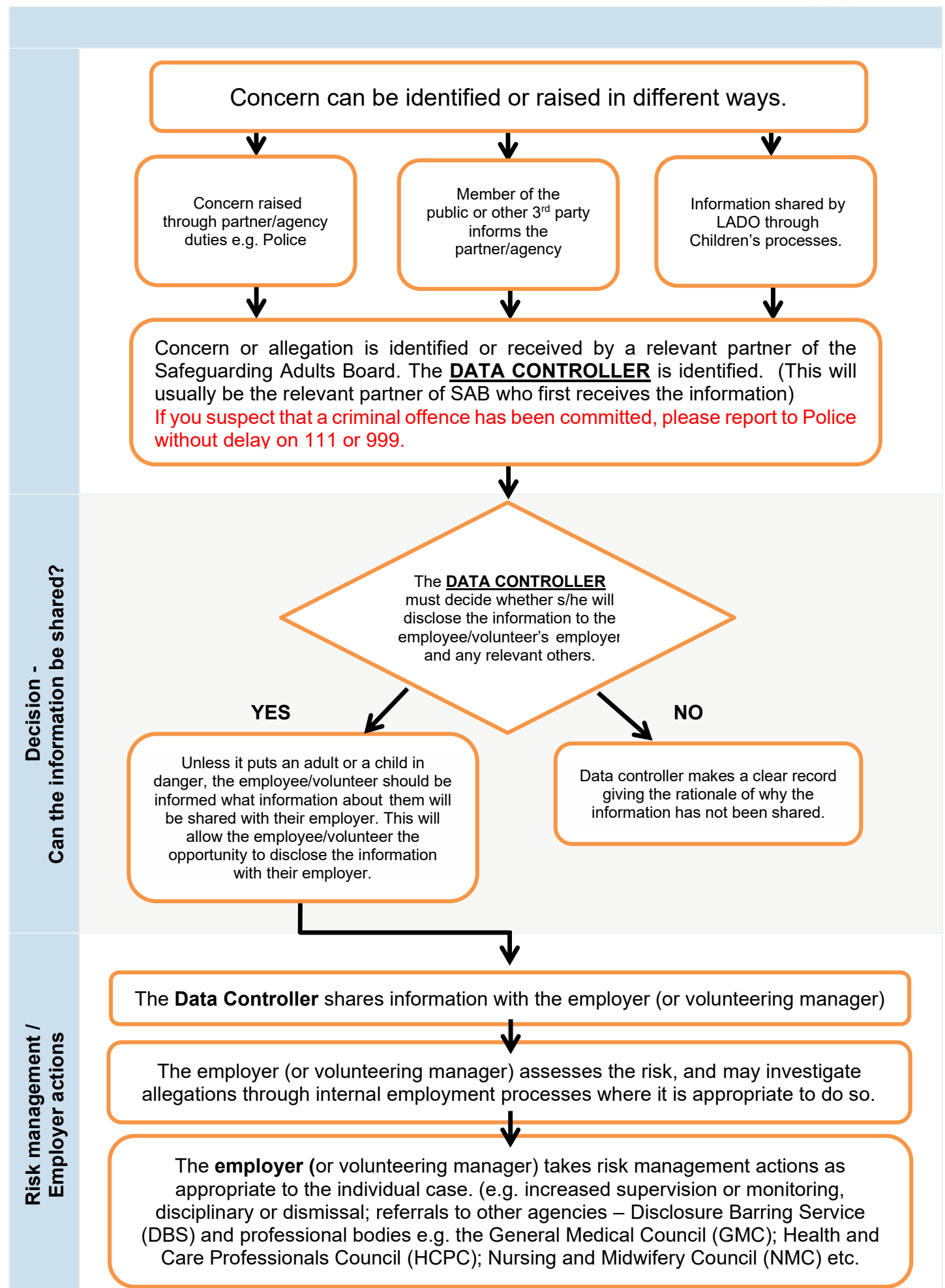
21. Appendices

Appendix A: PiPoT Flowchart

Appendix B: PiPoT Matrix

Appendix C: PiPoT Agency Leads: Contact details

Appendix A



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PiPoT ADULT REFERRALS INDICATOR MATRIX

Indicators Matrix PiPoT= Tiers 1-4			
Tier 1: Incident that does not need PiPoT input but may be a conduct issue. This would not need managing under PiPoT framework and should be recorded internally by the employer.	Tier 2: Incident which might require PiPoT logging incident and 'No Further Action taken'. Employer should ensure this information is recorded internally.	Tier 3: Incident which requires consideration of referral to other agency such as police/Regulatory Body/ASC/NHSE and requires an Allegations Management Strategy Meeting	Tier 4: Incident which requires immediate suspension/ police referral/ arrest/ immediate action to protect vulnerable adult and may require a Section 42 strategy meeting or Risk strategy meeting under allegations Management
<p>Complaint made by parent /carer/family member or professional or comment made that does not seem to have any corroborating evidence. There is no injury seen, or witness accounts do not corroborate the allegation, the manager feels confident this does not meet the threshold for a referral but is intending to investigate further.</p> <p>In such cases the relevant employer/manager may wish to have a consultation discussion with the Safeguarding lead/PIPoT, and both can make a record of the discussion and agree it will be dealt with internally in case further information comes to light.</p>	<p>Member of staff alleged to have acted or reacted in a way considered inappropriate but not harmful; complaint about such an incident, to outside agency e.g., CQC other provider agency, who have referred to the local authority/PiPoT for further enquiries; allegation made but employer/manager believes at this point they can deal with this internally and are checking under PiPoT framework for information only.</p> <p>This category also includes volunteers and professionals where there are domestic issues which require them to inform their line manager (for example a section 42 investigation) but the employer/manager is clear there</p>	<p>Allegation made which meets the threshold for referral and management under PiPoT Framework and appears in the first instance to meet the threshold for referral to police / Social Care or other professional body.</p> <p>Such cases may not always involve a serious injury but present as a breach of the position of trust the professional or volunteer was in.</p> <p>A proportion of these types of referrals may result in a 'no crime' outcome from police, but the allegations process must be followed as the referring information met the threshold.</p>	<p>Allegation made with credible corroborating evidence, where a vulnerable adult has been injured or harmed or is at risk of significant harm.</p> <p>Behaviour by the professional or volunteer which is deemed to be extremely concerning towards an adult they are caring for and requires immediate suspension.</p> <p>Allegation by a member of the professional/ volunteer's family which is so serious it requires immediate consideration by employer.</p>

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	<p>are no risks presented by this person in their place of work.</p> <p>These are incidents where an escalation to a police referral would be considered a disproportionate response.</p> <p>These cases are likely to meet the threshold for a confidential record to be kept under the PiPoT framework, with the knowledge of the person concerned and their employer/manager.</p>	<p>Where there are concerns the individual works within multiple settings and the risk and information is deemed warranted to share with other employers or commissioning bodies.</p> <p>It is essential in these cases that there is a clear outcome and this is communicated to the professional/volunteer. These referrals can result in a note on future DBS checks and could have an impact on the professional/ volunteer's future career.</p>	
Physical abuse			
<p>Examples:</p> <p>Adult in residential services involved in a confrontation and making accusations where there were several witnesses and there is an incident report that appears to refute the Adult's account that they were harmed.</p> <p>An allegation that is made second or third hand and facts are not clear, or the professional alleged to have done this was not there at the time; or there is confusion about the account.</p>	<p>Examples: Adult accusing professional of pushing them, when it appears they were being guided away from a situation</p> <p>Worker seen to be pulling an adult away from a situation, family member other professional considers this is done roughly but professional claims it was to remove the adult from a confrontation where they may have been harmed/ may have harmed another person.</p> <p>Professional or volunteer accused of domestic abuse</p>	<p>Examples: a credible disclosure by an adult or family member/professional that uses the word 'hit' or 'hurt'; yet there is no injury seen and no corroborating evidence.</p> <p>Restraint that has caused an injury to the person being restrained.</p> <p>An incident witnessed, where there is a physical exchange between staff and an adult at risk. It is unclear whether self-defence or retaliation was</p>	<p>Examples: An adult at risk has clearly been injured or could have been injured as a direct result of the actions of a professional or volunteer.</p> <p>Incident within the professional/ volunteers home life that is of high risk and high level of concern and may cause concern regarding their ability to practice within their professional capacity.</p>

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	assault on own family member but there have never been any concerns at work about him/her.	involved. The matter needs full investigation.	
Sexual abuse			
Disclosure from an adult that they are uncomfortable seeing the person concerned because he/she 'makes her feel funny when he looks at her' but no other concerns or complaints expressed.	A professional or volunteer makes an inappropriate remark that appears to be naive rather than potentially grooming or acts in a way (in person or via social communication) that could be deemed unprofessional.	<p>An adult that requires physical examination indicates that the professional has touched him/her in the genital area inappropriately.</p> <p>A professional or volunteer has been sending inappropriate sexual, messages to a person whom they are having contact within a professional capacity.</p>	<p>Professional or volunteer arranging to meet an adult at risk outside the work environment and asking them not to tell anyone and making inappropriate contact through social media with sexual overtones.</p> <p>Evidence that professional has had sexual contact with a vulnerable adult when they were deemed to be in a position of trust.</p>
Emotional abuse/ neglect			
An adult alleging, she/he feels bullied/unfairly treated by a professional/volunteer.	<p>A worker who is heard to shout inappropriately at the adult at risk as one-off incident.</p> <p>Other Professional/family member witnessed to ignore a vulnerable adult in distress and speak rudely to them, but further context not known.</p>	A staff member where there have been several complaints about poor practice and standards of care; Adults in their care are not always having their health needs met and seen to be treated in a way that causes concern to observing professionals.	<p>Making racist or derogatory remarks to a person in the presence of witnesses or there is evidence this has taken place such as social media.</p> <p>Safeguarding S42 is ongoing where there is credible concerns/evidence that an</p>

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	There is an administration of medication by a staff member which has not caused harm to an adult.	There is an administration of medication by a staff member which has potentially placed the adult at risk of significant harm and there are wider concerns regarding the conduct of this staff member (ie under influence of alcohol/substances).	adult at risk has suffered neglect which has caused harm.
Suitability			
Low level domestic altercation at home, children not present. Police are called by the employee no further action is taken the employee informs their employer and is open and transparent regarding the difficulties they are experiencing. The employer can record the information internally.	Police share an incident Log regarding a low-level domestic incident, children not present. Police are taking no further action however informed PiPoT as they are aware the alleged perpetrator works with children & adults at risk. Does not meet threshold for PiPoT framework intervention, so no further action but the employer should record the information internally.	Police share an incident report with PiPoT regarding a Domestic Abuse incident the perpetrator was charged with assault on the partner. Police are investigating the matter. The information should be shared with the employer and a meeting/discussion takes place so the police can share appropriate information with the employer given that the employee works with children and adults at risk.	Police share a serious Domestic Abuse report with PiPoT and information suggests an assault from alleged perpetrator on another adult within the home. The other adult is seriously injured. The alleged perpetrator works with children and vulnerable adults has been released on police bail the incident did not involve children however was deemed as serious assault.
Suggestion actions by the employer			
Employer/Managers/safeguarding lead to investigate further to satisfy themselves this matter does not meet the threshold for a referral outside the organisation	Investigate further with a clear view that this could be escalated to a full investigation under PiPoT framework if more information comes to light.	Implementation of PiPoT Framework for organisation and consideration of what actions are required under the procedures. This may or may not include referral to police and/or other	Implementation of Organisations PiPoT framework and consideration what actions are required under the procedures.

People in Positions of Trust

Appendix C

Agency Contacts

Agency	Lead person	Email
University Hospitals of Morecambe Bay Trust (UHMBT)	Liz Thompson and Jane Heath, Interim Heads of Safeguarding	safeguarding@mbht.nhs.uk
Lancashire & South Cumbria Integrated Care Board (LSC ICB)	Kelly Short, Head of Safeguarding Adults and Mental Capacity Lead	lscicb.safeguarding@nhs.net
North East & North Cumbria Integrated Care Board (NENC ICB)	Leesa Stephenson, Designated Nurse for Safeguarding	nencicb-cu.safeguardingteamnorthcumbriaccg@nhs.net
Cumberland Council	Adrienne Halliwell, Senior Manager, Safeguarding Adults	Safeguardingadults@cumbria.gov.uk
Westmorland & Furness Council	Andrew Davis, Service Manager, Safeguarding Adults	SafeguardingAdults.WAF@cumbria.gov.uk
North Cumbria Integrated Care NHS Trust (NCIC)	Jason Cram, Deputy Chief Nurse	ncm-tr.safeguardingncic@nhs.net
Northwest Ambulance Service (Nwas)	FAO: PiPoT Lead	allegationsagainstprofessionals@nwas.nhs.uk
Lancashire & South Cumbria NHS Foundation Trust (LSCFT)	Jo Morrison, Head of Safeguarding	sg.reviews@lscft.nhs.uk
People First Independent Advocacy	Lindsay Graham, Lancashire and South Cumbria Director	admin@wearepeoplefirst.co.uk
Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW)	Joanne Sharp, Safeguarding and Public Protection named nurse	sapp@cntw.nhs.uk

If you have a concern about a person in a Position of Trust employed by an agency not named above, in the first instance please contact the relevant local authority dependent on where the individual the concern relates to lives: Cumberland Council **Safeguardingadults@cumbria.gov.uk** or Westmorland & Furness Council: **Safeguardingadults.WAF@cumbria.gov.uk**.