



Person In Position of Trust (PIPOT)
Protocol and Practice Guidance
(January 2024)

Person In Position of Trust (PIPOT) Protocol and Practice Guidance

This document provides a protocol and practice guidance for the approach and process to follow when responding to allegations made against people who work in a Position of Trust with adults who have care and support needs.

This relates to instances where a relevant agency is alerted to information that may affect the suitability of a professional, or volunteer to work with an adult(s) at risk, where such information has originated from an activity outside their professional or volunteer role and place of work.

Version	Status	Authors
0.1	January 2024	Adi Cooper, Chair Haringey Safeguarding Board Farzad Fazilat, Haringey Safeguarding Adult Board Ashraf Sahebodin, Haringey Council
<p>Document Objective The Person In Position Of Trust (PIPOT) protocol been developed to provide coherent Practice guidance to all agencies who employ staff in position of trust and come into contact with vulnerable adult in need of care and support. All agencies in Haringey are expected to develop and maintain their own PIPOT in line with this protocol.</p>		
<p>Intended Recipients: The Protocol applies to all Haringey residents who receive a service from an establishment.</p>		
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1. Introduction

- 1.1. The purpose of this guidance is to provide a framework for managing cases where allegations have been made against a person in a position of trust (PIPOT) and is focused on the management of risk based on an assessment of abuse or harm against an adult with care and support needs.
- 1.2. There are occasions when concerns/incidents/allegations are reported that do not involve an adult at risk or with care and support needs but indicate that a risk may be posed to such an adult. On these occasions the PIPOT process should be followed.
- 1.3. The guidance provides a framework to ensure appropriate actions are taken to manage allegations regardless of whether they are made in connection with the PIPOT's employment, in their private life or any other capacity.
- 1.4. The term "employer" refers to the organisation that has a working relationship with the adult against whom the allegations have been made. This includes employment agencies, voluntary organisations, etc.
- 1.5. This guidance applies to the Local Authority, all partner agencies, and commissioned Local Authorities' relevant partners and those providing care and support services. Employers should designate a named senior manager to whom allegations or concerns should be reported. Employers and voluntary organisations should also have clear PIPOT policies in place in line with those of Haringey Adult Safeguarding Board.
- 1.6. This document is directed at agencies and individuals who are "relevant partners" as defined in Section 6 of the Care Act 2014, and/or who are members of Haringey Adult Safeguarding Board (HSAB), and those agencies providing universal care and support services or come into contact with vulnerable people/people with care and support needs.

2. Statutory Framework

2.1 The Care Act 2014 and subsequent statutory guidance¹ set out the expectations on local Safeguarding Adults Boards (SAB's) to establish and agree a framework and process for how allegations against people working with adults with care and support needs, Person In Position Of Trust (PIPOT) should be notified and responded to.

“When commissioning services, local authorities should pay particular attention to ensuring that providers have clear arrangements in place to prevent abuse or neglect. This should include assuring themselves, through their contracting arrangements, that a provider is capable and competent in responding to allegations of abuse or neglect, including having robust processes in place to investigate the actions of members of staff. Local authorities should be clear what information they expect from providers (for example, where there are allegations of abuse, what action the provider is taking or has taken and what the outcome is) and where providers are expected to call upon local authorities to lead a Section 42 enquiry (where the management of the provider is implicated for instance), or to involve ICB (for health matters) or police (for example, in the case of potential crimes). There should be clear agreement about how local partners work together on investigations and what their respective roles and responsibilities are.”¹

2.2 The purpose of this document is to provide a framework for managing cases where allegations have been made against a person in a position of trust and is focussed on the management of risk based on an assessment of abuse or harm against an adult with care and support needs. It provides a framework to ensure appropriate actions are taken to manage allegations regardless of whether they are made in connection with the PIPOT's employment, in their private life or any other capacity.

2.3 While the primary focus of safeguarding adults' work is to safeguard one or more adults with care and support needs, there will be occasions where a risk or potential risk may be posed by a person who works with adults with care and support needs, but where there is no specific adult at risk identified. 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 appropriate action to safeguard those adults.

2.4 This document provides an overarching framework on the approach and process to follow when responding to allegations and concerns relating to people who work in a position of trust with adults who have care and support needs.

¹ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1:~:text=positions%20of%20trust,-14.120,-The%20local%20authority%E2%80%99s>

2.5 The six Safeguarding Principals for safeguarding adults work apply to this framework:

- empowerment: people being supported and encouraged to make their own decisions and informed consent;
- prevention: it is better to take action 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 have a part to play in preventing, detecting and reporting neglect and abuse;
- accountability: accountability and transparency in safeguarding practice.

3. Scope

This framework and process applies to concerns and allegations about:

- a person who works with adults with care and support needs in a position of trust, whether an employee, volunteer or student (paid or unpaid)
- where those concerns or allegations indicate the person in a position of trust poses a risk of harm to adults with care and support needs

3.1 These concerns or allegations could include, for example, that the person in a position of trust has:

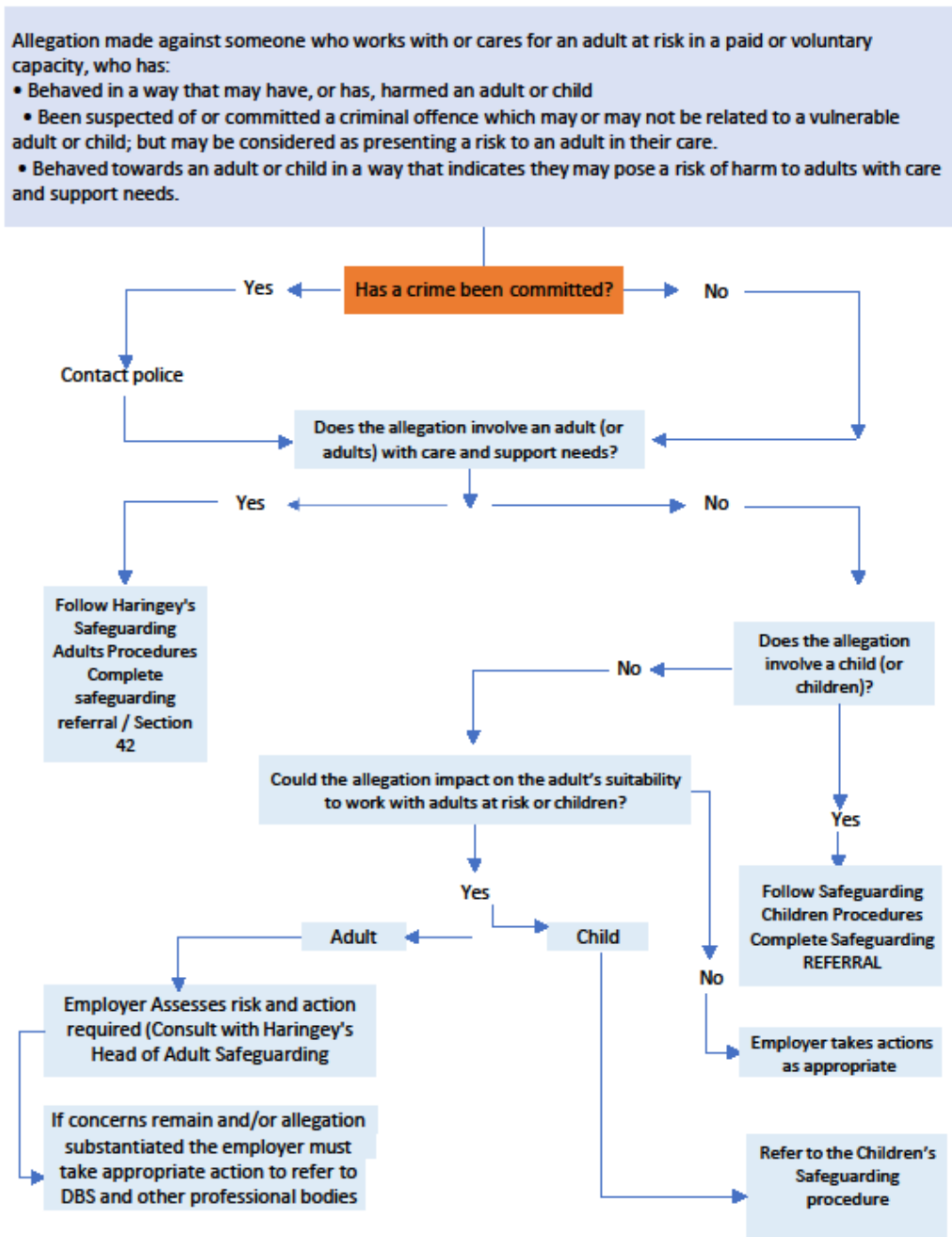
- behaved in a way that has harmed or may have harmed an adult or child;
- possibly committed a criminal offence against, or related to, an adult or child;
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to a child or an adult with care and support needs.

3.2 Timescale - This framework applies whether the allegation relates to a current or an historical concern. Where the allegation or concern is historical, it is important to ascertain if the person is currently working with adults with care and support needs or children and if that is the case, to consider whether information should be shared with the current employer.

3.3 Quality of Care - The framework does not cover complaints or concerns raised about the quality of the care or professional practice provided by the person in a position of trust. Concerns or complaints about quality of care or practice should be dealt with under Haringey Adult Services the Quality Assurance Framework, referral to the Care Quality Commission (CQC) or to the individual complaint, competence or representations processes relevant agency or.

3.4 All organisations that come into contact with people in need of care and support, including providers, employers, student bodies and voluntary organisations should have clear procedures in place that are consistent with this framework setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made.

Managing allegation related to PIPOT Flowchart



Summary of process:

1. CONCERN RAISED (by partner agency, Haringey Children Multi-Agency Safeguarding Hub, whistle-blower, member of public – list not exhaustive).
2. PIPOT referral form completed and sent to: Head of Adult Safeguarding ajibola.awogboro@haringey.gov.uk
3. A response will be made within 1 day of receipt of referral (Monday-Friday).
4. Decision made re who to share initial information with, discussions and/or meeting with appropriate partner agencies and employer. Is the PIPOT aware of the allegations? If not the discussions/meetings should decide what and how information will be shared with them. Risk assessments completed, further actions agreed, e.g., referral to DBS, HCPC.
5. Rational should be clearly recorded re who/how information will be shared and also record if information is not to be shared with specific partners.
6. Outcome of investigation, enquiries, disciplinary process shared appropriately and proportionately with one of the following outcomes clearly recorded. <ul style="list-style-type: none">• False• Unsubstantiated• Malicious• Substantiated
7. Learning lessons/further actions.
8. PIPOT activity data reported to SSAB on a quarterly basis.

4. Legal framework

4.1 Confidentiality

4.1.1 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 care and confidence, issues of privacy or where personal information is involved.

4.1.2 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.

4.1.3 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
 - if the confidentiality requirement is overridden by legislation
 - if an effective case ‘that it is the public interest’ can be made

4.1.4 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 decision-making should always be recorded.

4.1.5 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;

4.2 General Data Protection Regulation (GDPR) & Data Protection Act 2018

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

4.2.2 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.

4.2.3 The Data Protection Act 2018 allows for sharing of “special category personal data” without consent of the data subject for the purpose of safeguarding adults with care and support needs.

- Information **can be shared legally without consent** if:
 - a practitioner or agency is unable to gain consent from the data subject; or
 - a practitioner or agency cannot be reasonably expected to gain consent from the data subject; or
 - gaining consent could place an adult with care and support needs (or child) at risk.

4.2.4 Individuals and agencies should consider the following information sharing principles to help when making decisions about sharing personal and sensitive information.

4.2.5 **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.

- 4.2.6 **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.
- 4.2.7 **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.
- 4.2.8 **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.
- 4.2.9 **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.
- 4.2.10 **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.
- 4.2.11 **Record:** Information sharing decisions should be recorded, whether or not 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.
- 4.2.12 **When dealing with information sharing:**
- Remember that the GDPR, Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
 - Be open and honest with the individual (and/or their family/representatives where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

- Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose of which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see information sharing principles above).
- record of your decision and the reasons for it must be kept and signed off – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
- It must be noted 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.

4.3 The Crime and Disorder Act 1998

- 4.3.1 Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, 'where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)'. 'Relevant authorities', broadly, are the police, local

authorities, health authorities (clinical commissioning groups) and local probation boards.

4.4 Human Rights Act 1998

- Human rights are freedoms which belong to all individuals regardless of their nationality and citizenship.
- In cases of concern or allegations against people who care for adults with care and support needs the Act is relevant when decisions have to be made which consider balancing one right against another, or one person's right against the interest of society. These rights are fundamental and the most important of them are:
 - Article 3 Prohibition of torture: No one shall be subjected to torture or to inhuman or degrading treatment or punishment;
 - Article 6 Right to a fair trial: A person has a right to a fair and public hearing within a reasonable amount of time. This applies both to criminal charges against them and to cases concerning their civil rights and obligations. If it is a criminal charge, the person is presumed innocent until proven guilty according to law and has certain guaranteed rights to defend themselves;
 - Article 7 No punishment without the law: A person normally has the right not to be found guilty of an offence arising out of actions which at the time they committed them were not criminal;
 - Article 8 Right to respect for private and family life: A person has the right to respect for their family life, their home and their correspondence. This right can be restricted only in specified circumstances.

5. Organisational requirements

5.1 Employers, student bodies and voluntary organisations should have clear procedures in place that are consistent with this framework setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.

5.2 Key roles and responsibilities:

5.2.1 **The information owner** relating to the concern or allegation is expected to:

- consider if the information indicates any immediate risk management actions are needed, or referrals into adult or children safeguarding processes
- consider whether the allegation or concern indicates a criminal offence has occurred or may occur – if so, the allegation or concern must be reported to the police (early liaison with police should take place to agree on next steps and to avoid contamination of evidence – if a criminal investigation is required this may take primacy over an agency or organisation’s internal investigation
- refer to Haringey Children Multi Agency Safeguarding Hub where the information indicates the person also works with and could pose a risk of harm to children
- make a decision whether the information should be disclosed to the person in a position of trust’s employer
- consider any known history of conduct (when making a decision), complaints, cautions or convictions that may be relevant to the potential risk;
- If disclosing, manage this disclosure in line with legal and best practice requirements for information sharing. The Care and Support statutory guidance states that local authority’s relevant partners, and agencies providing universal care and support services should have clear policies in line with those from the safeguarding adults board to deal with this area of activity. Some agencies may have well established protocols for sharing information in these types of circumstance – such as the Common Law Police Disclosure process – whereas other agencies may not deal with these issues on a frequent basis and may need to have senior management oversight, and gain legal advice as required, on a case by case basis.
- where a disclosure is made, notify the relevant service commissioners and regulatory agencies;
- record the information and decisions clearly, including the rationale for any decision made;
- records should be maintained in line with internal agency record keeping policies and requirement.

5.3 Employers, student bodies, or voluntary organisations

5.3.1 Any employer, student body, or voluntary organisation who is responsible for a person in a position of trust where there is a concern or allegation raised are expected to:

- respond in individual cases where concerns are raised about people working in a position of trust, ensuring that the risk is assessed, investigated where appropriate through internal employment processes,

and that risk management actions are identified and implemented as appropriate to the individual case. The employer student body risk management arrangements to support good practice in decision making but must not be used as a substitute for an organisations own policies and procedures.

- ensure all adult or child safeguarding concerns that result from a concern about a position of trust are reported to HSAB.
- where appropriate, notify and refer to external agencies; to the CQC (where the person in a position of trust is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council, Social Work England, Health and Care Professionals Council, The Charity Commission) and the DBS provide feedback at regular intervals to the HSAB-(if there is a related safeguarding enquiry) and to their commissioning and QA services.
- ensure the safety and protection of adults with care and support needs is central to their decision making;
- share information in line with these procedures where it is known the person in a position of trust also has other employment or voluntary work with adults with care and support needs or children;
- record the information and decisions clearly, including the rationale for any decision made.

5.3.2 If an organisation 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.

5.3.3 At the conclusion of any position of trust enquiries, consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic position of trust concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future.

5.3.4 Records should be maintained in line with internal agency record keeping policies and requirements. Robust and accurate record keeping is an integral part of adult safeguarding processes to ensure that adults with care and support needs are safeguarded, and that individuals and organisations are held accountable for their actions. The PIPOT referral form and meeting templates should be comprehensively completed to document the allegations, events, actions, decisions taken and the rationale. The PIPOT is entitled to have access to their personal records, it

is therefore important that information recorded, is fair, accurate and balanced.

5.4 Support for the 'person in a position of trust'

5.4.1 Where concerns have been raised that a person in a position of trust may pose a risk to people with care and support needs, the experience is likely to be very stressful for them. Alongside the duty of care towards the adult at risk, there must be a duty of care to the employee, volunteer or student concerned.

5.4.2 The employer/student body will need to provide support to minimise stress associated with the process, this may need to include where possible:

- support for the person to understand the procedures being followed
- updates on developments
- the opportunity to respond to allegations/concerns
- support to raise questions or concerns about their circumstances

5.5 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 adult or child at risk. This must be agreed following consultation with the Haringey Safeguarding Manager

5.6 There may also be occasions where there is a need to agree changes to the Person's working arrangements or to the support provided; any changes should be reported to the local authority Adult Safeguarding Service Manager.

5.7 If the person is a member of a union or professional association or network s/he 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 should be supplementary to that provided by the employer.

5.8 Service commissioners and regulators

5.8.1 Service commissioners and regulators are expected to:

use their contract compliance and regulatory processes to ensure that service providers have the right internal policy and procedural frameworks and respond appropriately to manage risk in individual cases;

monitor the activities of commissioned services in their compliance of this framework record the information and decisions clearly, including the rationale for any decision made;

maintain records in line with internal agency record keeping policies and requirements;

5.9 Case Examples

Case example 1:

- Local Authority receives an adult safeguarding referral from a neighbour of an older woman. The concern relates to allegations that the woman's daughter is abusing her mother physically and emotionally.
- The Council makes enquiries under section 42 of the Care Act, and as their enquiries progress, they find out that the daughter lives in Haringey and works as a carer for a homecare agency serving people in that area.
- The Council is the information owner and decides that – due to the nature of the cruel treatment alleged, that the daughter works with people of a similar age to her mother, and that she works unsupervised with people in their own homes – they do need to disclose the information and allegations to the daughter's employer.
- By this stage of their enquiries, the daughter is aware that concerns have been raised about the way she treats her mother, so the Council tries to engage directly with the daughter to provide her with an opportunity to disclose to her employer, or to gain consent to share the information. The daughter refuses to do this, so The Council informs her that they are sharing the information without her consent and make the disclosure directly to the registered manager of the homecare agency.
- The Council notifies the CQC. The CQC can follow up the issue with the homecare agency (under contract compliance/ regulatory processes) to gain assurance that the agency has risk assessed the issue properly and managed any identified risk to users of the service.

Case example 2:

- A 39-year-old woman is subject to longstanding domestic abuse risks from her partner. Children's Services become involved due to potential impact on the couple's children. As part of their assessment, they identify that the woman works as a care assistant in a care home for older people with dementia.
- Children's Services consider the adult position of trust issues and framework. Children's Services are the information owner and think through whether they have a duty to make a disclosure to the woman's employer. Children's Services decide that disclosure is not proportionate in the situation – the woman is in a very difficult domestic situation, is engaging well with Children's Services to take steps to protect her children, and there is no evidence that either she or the abuse in her relationship would pose a likely risk of harm to the adults in the care home where she works.

- Children's Services have a discussion with the woman and inform her that they will not be disclosing information to her employer but encourage her to tell her employer herself. The woman agrees to inform her employer about her home situation so that her employer can make a risk assessment and provide support for her in the work environment.

Case example 3:

- A doctor employed in an NHS hospital is arrested by police for historical child sex offences. The doctor works with a range of adults in their role, some of whom will have needs for care and support.
- The police are the information owner and decide they do need to disclose the information to the NHS Hospital Trust as the employer of the doctor. The police inform the NHS Hospital Trust about the arrest for historical child sex offences and notify the CQC as regulator and the Haringey Integrated Care Board (ICB) as the commissioner of the hospital trust.
- The NHS Hospital Trust acts on the information and decides to suspend the doctor immediately. Their disciplinary process is placed on hold while the police investigation progresses.

Case example 4:

- A volunteer working in an NHS hospital is arrested by police for historical child sex offences. The doctor works with a range of adults in their role, some of whom will have needs for care and support.
- The police are the information owner and decide they do need to disclose the information to the NHS Hospital Trust as the employer of the doctor. The police inform the NHS Hospital Trust about the arrest for historical child sex offences and notify the CQC as regulator and the Haringey Integrated Care Board (ICB) as the commissioner of the hospital trust.
- The NHS Hospital Trust acts on the information and decides to suspend the doctor immediately. Their disciplinary process is placed on hold while the police investigation progresses.

Case Example 5:

- John has care and support needs and is a volunteer in a local charity shop serving customers and stock taking. Another volunteer called Lucy, who also has care and support needs, tells the manager that John keeps asking her to go on a date and won't seem to take 'No' for an answer. The Manager of the charity shop is concerned because John started a relationship with another volunteer last year which did not end well with both being upset with each other.

- The Charity / Charity Shop Manager is the **INFORMATION HOLDER** and has to think through whether John's behaviour is a concern to female adults at risk working within the Charity shop.
 - i. On reflection the Manager decided that this is not a PiPOT concern, and that John is a vulnerable young man who may have issues trying to form relationships with women.
 - ii. As a supportive measure the Manager decides to have an informal chat with John about making relationships and to help explain that when Lucy says 'No' to having a date with him she really does mean that and for him to stop continuing to pursue and harass her.
 - iii. The Manager will keep a record of the conversation for any future reference.

6. The employer/student body risk management arrangements.

The following outlines considerations in responding to an assessed risk. This summary of issues is not exhaustive and other responses may be relevant depending on the circumstances of each case.

- 6.1** Review of working arrangements - The possible risk of harm posed by a 'person in a position of trust' to adults with care and support needs will need to be assessed and managed effectively, taking into account the nature and seriousness of any allegation, harm to any patients/service users, and the risk of repeated incidents/ongoing behaviour.
- 6.2** In some cases, the employer will need to consider suspending an employee. Suspension should not be viewed as a form of sanction. It is a neutral act and does not imply guilt. People must not be suspended automatically or without careful thought. Employers must consider carefully whether the circumstances of a case warrant a person being suspended until the allegation is resolved. If the person is suspended, the employer must make arrangements to keep the individual informed about developments in the workplace.
- 6.3** Suspension should be considered in any case where there is cause to suspect:
- Children or adults with care and support needs are at further risk of abuse or neglect;
 - the allegation warrants investigation by the police or is so serious that it might be grounds for dismissal;
 - the presence of the person in the workplace will interfere with the enquiry/investigation process.
 - Suspension may not be required where there are appropriate alternatives. This may sometimes include changes to working arrangements, such as working in a non-patient/service user contact role whilst the allegations are being investigated. The potential for alternative working arrangements will be determined by the nature of the organisation's structure and services.

- Advice should be sought from HR advisors and/or employment lawyers who may assist with finding alternative arrangements to suspension. The employer cannot be required to suspend any employee by a local authority, police or other agency.
- Where a person is suspended, they are entitled to know in broad terms the reasons for the suspension. Whilst an individual has the right to respond to allegations or concerns raised, this must be at an appropriate time and care should be taken to ensure information is not shared at the point of suspension that may prejudice a subsequent enquiry/investigation or place any person/adult at risk in additional risk.
- Where, on conclusion of a case, it is decided that a person who has been suspended can return to work this process should be carefully managed. The employer should consider what help and support might be appropriate e.g., a phased return to work and/or provision of a mentor, and also how best to manage the employee contact with the adult concerned, if still in the workplace.

6.4 The person may work for a health or social care provider but be based in a different location from service provision, in a post which has no contact with children or adults at risk.

- The person should be encouraged to disclose to their employer, but disclosure to the employer cannot be made under information sharing about abuse of position of trust as no children or adults are at risk.
- Alternatively, the person may have regular contact with a child or adults at risk, not necessarily in a caring role but in other roles such as the role of cleaner, cook, hairdresser, care taker or gardener.
- If the allegation involves violence, sexual assault or financial/sexual exploitation, there is caused to be concerned that the Person may use this position to harm adults at risk. Disclosure to the employer must be considered.
- The person may be working directly with adults at risk in an unsupervised setting. Any concern could prompt disclosure as the circumstances in which the person works may increase the risk of harm to a child or an adult at risk.
- **What is the severity of the allegation?**
- Under most employers' codes of conduct a person in a position of trust should inform their employer of arrests or convictions for criminal offences. The person should be encouraged to do so as soon as possible and their disclosure to the employer followed up by the local authority with their knowledge. However, some arrests or convictions, including crimes of domestic abuse, physical and /or sexual violence may need to be disclosed immediately to the employer in order to minimise the possibility of further harm.

- **What would the impact be on an adult at risk if harm were to occur?**
- The individual or group worked with and their specific vulnerabilities to harm need to factor into any decision. Assumptions must not be made. For example, a person who has perpetrated a sexual assault on a young person may well assault older people too.
- **Likelihood of reoccurrence**
- Does the information gathered appear to indicate a one off, and minor event? For example, a police report of rowdy behaviour at the address of a Person during a late- night birthday party, with no other incidents recorded.
- Use of alcohol or drugs may be reported by the police or other professionals. Whilst there may have been no criminal convictions there may be a pattern of behaviour which will begin to impact on the person's place of work and adults at risk. For example, if the person concerned is an unsupervised nurse who works a night shift the need to disclose to the employer will be urgent.
- Does the incident relate to them as a victim or perpetrator?
- Reports are sometimes made which concern a person who is the victim, often of domestic violence. If other agencies, including the police, are supporting the person they will need to work with the local authority to assess whether the perpetrator of abuse could pose any threat to the person at work as well as supporting the person to disclose to his/her employer the need for support at work. If there is no agency currently supporting the person, the person may need to be approached directly by the local authority adult safeguarding service.

Decision Tool - An aide memoire for areas to consider/support decision making for making a PIPOT referral

Consider:	No Concerns	Require Further Enquiry	Significant Cause for Concern
Has the person behaved in a way that has harmed or may have harmed an adult with care or support needs?	No concerns of harm or potential harm	Some concerns of harm or potential harm	Serious harm or potential harm
Has the person possibly committed a criminal offence against or related to adults at risk?	No	No harm towards an adult with care or support needs but a criminal offence has been committed	Yes
Has the person behaved towards an adult in a way which indicates unsuitability to work with adults with care and support needs?	No	Yes	Yes
Has the person behaved in a way that has harmed or may have harmed children which mean their ability to provide a service to adults with care and support needs must be reviewed	No	Yes	Yes
Has the person behaved in a way which questions their ability to provide a service to adults with care and support needs which must be reviewed (e.g. conviction for assault outside the work environment)	No	Yes	Yes
Is the person subject to abuse themselves which may impact on their ability to provide a safe service to adults with care and support needs	No	Yes	Yes
	SAFEGUARDING OR PIPOT CRITERIA NOT MET FOR REFERRAL	PIPOT REFERRAL COMPLETED	PIPOT REFERRAL COMPLETED