



# **Protocol for responding to allegations about people in a position of trust working with adults**

Worcestershire Safeguarding Adults Board

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## Document Control

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## Consultation

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West Midlands Adults Safeguarding Policy and Procedures

West Midlands Adult Position of Trust Framework

Care Act 2014 Statutory Guidance (Updated December 2020)

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## 1.0 Introduction

1.1 The Care Act 2014 Statutory Guidance requires that Safeguarding Adults Boards establish a framework and process for any organisation to respond to allegations against anyone who works (in either a paid or an unpaid capacity,) with adults with care and support needs. In this document, this framework and process is referred to as the “Protocol”.

1.2 The Protocol should be read in conjunction with latest version of West Midlands Adult Position of Trust Framework and the West Midlands Adult Safeguarding Policy and Procedures.

1.3 The Protocol applies to all partner agencies of Worcestershire Safeguarding Adults Board (WSAB), and organisations commissioned to provide services by them. It ensures they respond appropriately to allegations against people who work with or care for adults with care and support needs. It applies to anyone who is an employee, volunteer, or student, paid or unpaid. These individuals are known as People in a Position of Trust (PiPoT).

1.4 WSAB requires its partner agencies to be individually responsible for ensuring they adopt this Protocol and maintain clear organisational procedures for dealing with PiPoT allegations.

1.5 WSAB also requires partner agencies and the service providers they commission to identify a designated PiPoT lead or contact to oversee the delivery of responsibilities in their organisation.

1.6 Partner agencies and the service providers they commission are individually responsible for ensuring that information relating to PiPoT allegations is shared and escalated outside of their organisation in circumstances where this is *required, proportionate and appropriate*. They are responsible for making the judgment that this is the case in each instance where they are the data controller.

1.7 This Protocol is designed to inform and support the decision-making processes of partner agencies and their commissioned services once they become aware of a PiPoT allegation arising from whatever source.

1.8 Each partner agency will provide evidence to the WSAB to provide assurance that the PiPoT arrangements within their organisation are functioning effectively, when this is requested. The WSAB will in turn maintain oversight of whether these arrangements are working effectively between and across partner agencies in the county. Appropriate cross organisational challenge is an important part of this.

1.9 The Care Act 2014 Guidance also requires that partner agencies and their commissioned services should have clear recording and information-sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence.

1.10 This Protocol applies whether the allegation is current or historical.

1.11 The WSAB partner agency (or organisation commissioned by them to provide a service) who first identifies or becomes aware of an allegation will be the Primary Data Controller, or the “owner” of the information, and will have first responsibility for responding in accordance with this Protocol.

1.12 The Protocol is designed to ensure that if information is shared or disclosed it is done so in accordance with the law but in such a way that allows appropriate and proportionate enquiries to be made that ensures adults with care and support needs are protected and public confidence in services is maintained.

1.13 The Care Act 2014 Statutory Guidance reinforces the requirement that 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.

1.14 This Protocol is not a substitute for, but may be used in conjunction with, other formal legal processes; for example Multi-Agency Risk Assessment Conference (MARAC), Multi-agency public protection arrangements (MAPPA) etc.

## **2.0 SCOPE**

2.1 This Protocol applies to 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); and,
- Where those allegations indicate the person in a position of trust poses a risk of harm to adults with care and support needs.

These 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 adults with care and support needs.

2.2 This Protocol must be followed in all cases by the organisation which first becomes aware of an allegation (whether current or historical). Examples include:

- The PiPoT's own work / voluntary activity with Adults and / or Children (for example where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or a child).
- The PiPoT's life outside work concerning adults with care and support needs in the family or social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care worker with adults with care and support needs. Or where a woman is convicted of grievous bodily harm and works in a residential home for people with learning disabilities).
- The PiPoT's life outside work concerning risks to children, whether the individual's own children or other children (for example where a woman is employed in a day centre for people with learning disabilities, but her own children are subject to child protection procedures because of emotional abuse and neglect).

- Behaviour that has harmed or may have harmed an adult with care and support needs.
- Committing a criminal offence against or related to an adult with care and support needs.
- Behaviour towards an adult with care and support needs in a way that indicates s/he is unsuitable to work with adults with care and support needs.
- Behaviour in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs must be reviewed.
- Experiencing abuse themselves and consequently their ability to provide a service to adults with care and support needs must be reviewed.
- Behaviour which questions their ability to provide a service to an adult with care and support needs which must be reviewed e.g. conviction for grievous bodily harm against someone who is not an adult with care and support needs.

2.3 Children - Children's Services must be informed if the allegation is such that the person may also pose a risk to children. It is everyone's duty to refer any current and historical allegations of abuse against children to Children's Services, whether the alleged perpetrator is a PiPoT or not. Allegations about children should be referred to the Family Front Door.

2.4 The policy 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 (PoT). Concerns or complaints about quality of care or practice should be dealt with under the relevant agency or individual complaint, competence, or representations processes.

### **3.0 HOW MIGHT A CONCERN ABOUT A PIPO T BE IDENTIFIED?**

Concerns about a PiPoT's behaviour may be identified by the following people / procedures:

- Police intervention or investigation
- Whistleblowing disclosure
- Safeguarding adults enquiry
- Safeguarding children investigation
- Complaints
- Reports from members of the public
- Providers alerting commissioners of services
- Commissioner's contract monitoring activity
- Reports from staff and volunteers
- Or any other source of disclosure

## **4.0 WHOSE RESPONSIBILITY IS IT TO RESPOND TO A PIPOT ALLEGATION?**

4.1 As stated in 1.1, the WSAB partner agency (or service provider they commission) who first becomes aware of an allegation or concern will be the Information Owner of the information. They have first responsibility for taking the appropriate action in line with this Protocol.

## **5.0 WHAT SHOULD THAT RESPONSE BE?**

5.1 Any allegation against people who work with adults with care and support needs should be reported immediately to a senior manager within that organisation and their PiPoT Lead. It should also be reported to their Human Resources (HR) as a disciplinary procedure may be appropriate.

5.2 The Information Owner relating to the allegation is expected to:

- Consider if the information indicates that any immediate risk management actions are needed, or referrals into adult or children safeguarding processes.
- Consider whether the allegation indicates a criminal offence has occurred or may occur. If so, the allegation must be reported to the Police; early liaison with Police should take place to agree 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 (See Appendix 2 for Factors to Consider Chart as a suggested tool to help in this process).
- Refer to the relevant Local Authority Designated Officer (LADO) 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 PiPoT's employer.
- When making a decision, consider any known history of conduct, 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. (see Appendix 3 for a suggested template example and Section 8 for further information on recording).

- Records should be maintained in line with internal agency record keeping policies and requirements.

5.5 Where the person responsible for investigating the allegation or the PiPoT Lead concludes it *does not* meet the definition of a PiPoT concern (see 2 above), the PiPoT Lead will make a record of the discussion and decision and the reasons for this conclusion. These details could be drawn upon if further concerns come about in relation to a PiPoT.

5.6 Where the person responsible for investigating the allegation and / or the PiPoT Lead concludes it *does* meet the definition of a PiPoT concern (see 2 above), appropriate action **must** be taken in line with Section 5.

5.7 Where PiPoT allegations are identified by partner agencies or services they commission about their employee or volunteer, 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. If the employer (or student body or voluntary organisation) is aware of abuse or neglect in their organisation, then they have a duty to address this and protect the adult with care and support needs from harm as soon as possible. They must inform the local authority in accordance with the West Midlands Adults Safeguarding Policy and Procedures and Care Quality Commission (CQC) (if a regulated care provider).

5.8 Support for Employees - The employer also has a duty to consider what support and advice they will make available to their staff or volunteers against whom allegations have been made. Any PiPoT about whom there are allegations should be treated fairly and honestly. Their employer has a duty of care towards them. The employer should ensure that the employee or volunteer subject to the allegation is made aware of the allegation as soon as is reasonable and kept informed of the progress of the investigation. The employee or volunteer who has had allegation made against them can nominate a trade union representative or a work colleague to support them during the process. Similarly, any witnesses who are involved can also nominate a trade union representative or work colleague for support. The nominated work colleague must maintain and respect the sensitive and confidential nature of the process and any information which may be shared with them.

5.9 Employer, student body, or voluntary organisation - Any employer, student body, or voluntary organisation who is responsible for a PiPoT where there is a concern or allegation raised are expected to:

- Respond in individual cases where concerns are raised about PiPoT, 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.
- Ensure all adult or child safeguarding concerns that result from an allegation about a PiPoT are reported.
- Where appropriate, notify and refer to external agencies; to the CQC (where the PiPoT 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, The Charity Commission) and the DBS.

- Provide feedback at regular intervals to the relevant Local Authority (if there is a related safeguarding enquiry) and to their commissioning agency (if they have one).
- Ensure the safety and protection of adults with care and support needs is central to their decision making.
- 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. 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.
- Share information in line with these procedures where it is known the PiPoT also has other employment or voluntary work with adults with care and support needs or children.
- If a person subject to a PiPoT investigation attempts to leave their employment by resigning to avoid the investigation or disciplinary process, the employer (or student body or voluntary organisation) is entitled not to accept that resignation, conclude the process and, if the outcome warrants it, dismiss the employee or volunteer instead. This is also the case where the person intends to take up legitimate employment or a course of study.
- 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. For full details of when to refer an individual to the DBS and referral when the situation does not meet the legal duty please visit the [DBS website](#).
- At the conclusion of any PoT enquiries, consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic PoT allegations; 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.

5.9 Information and decisions should be recorded clearly, including the rationale for any decision made. Records should be maintained in line with internal agency record keeping policies and requirements.

5.10 Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns and allegations.

5.11 The flowchart in Appendix 1 shows how PiPoT allegations should be managed.

## 6.0 INFORMATION SHARING

6.1 The PiPoT should be informed about the allegation as soon as possible. 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.

6.2 If the PiPoT asks the Information Owner not to share the information, a decision must be made by the data controller, in line with the principles contained within this Protocol, whether to agree. If it is agreed that information will not be shared, the rationale for this must be recorded. It may need to be qualified should more detail comes to light to change this decision. The PiPoT should be made aware if a decision is made at a later date to share information. All decisions to share or not share information, and their rationale should be clearly recorded.

6.3 Under the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018, 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.

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

- 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 DPA 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.
- 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 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.

6.5 In each case involving an allegation against a PiPoT, a balance must be struck between the duty to protect people with care and support needs from harm or abuse and the effect upon individuals of information about them being shared (for example, upon the person's Article 8 Human Rights (the right to private and family life). Article 8 of the European Convention on Human Rights states that: *Everyone has the right to respect for his private and family life, his home and his correspondence. And There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*

6.6 Each case must be judged on its own facts when deciding whether to interfere with a person's Article 8 rights. The issue is essentially one of proportionality.

6.7 Information may be shared by an individual or an agency in the expectation that it will not be shared with others, i.e. it will be kept confidential. Often, a person will preface the disclosure with 'I am telling you this in confidence' or, after making the disclosure, will say 'you won't tell anyone will you?' However, this guarantee must not be given because confidential information can be shared if it is justified as being in the public's interest (e.g. for the detection and prevention of crime and for the protection of children or adults with care and support need at risk of harm or neglect). It is a matter for professional judgment, acting in accordance with information sharing protocols and the principles of the DPA to decide whether breaching a PiPoT's confidentiality is in the public's interest.

6.8 Should a disciplinary process be instigated the outcome cannot be shared due to the individual's confidentiality; however the relevant individuals can be informed that the process has concluded and reassured that appropriate action has been taken.

## **7.0 ROLES AND RESPONSIBILITIES**

### **7.1 THE PiPoT LEAD will:**

7.1.1 Record PiPoT issues according to individual agency arrangements. The record should include details of the person referring, the PiPoT, the allegation, how the allegation was followed up and resolved, the decisions reached, and the action taken. The record should be kept in accordance with DPA 2018 principles and should only be shared in accordance with

this Protocol.

7.1.2 If not a Safeguarding Adult or Safeguarding Children case, investigate to ascertain the truth or otherwise of allegations and be responsible for deciding what information should be shared with whom and on what basis, bearing in mind the contents of this Protocol. This decision must be recorded in accordance with best practice.

7.1.3 At the conclusion of any PiPoT enquiry consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic PiPoT allegations; identify potential 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.

## 7.2 **MANAGING OFFICERS** will:

*(The Managing Officer is the Local Authority representative who is coordinating any Adult Safeguarding Enquiry, so this section applies in circumstances where the Local Authority is responding to an adult safeguarding concern where a PiPoT issue is also present)*

7.2.1 Inform the PiPoT Lead in all cases where a PiPoT is involved so individual agency recording arrangements can be followed.

7.2.2 Where there is no concurrent Police investigation, be responsible for deciding what information should be shared with whom and on what basis, bearing in mind the contents of this Protocol. This decision must be recorded in accordance with best practice.

7.2.3 Where it is appropriate to do so, involve the PiPoT's employer in the safeguarding process.

7.2.4 Inform Commissioning and Care Contracts if the employer is a contracted service and involve them in the safeguarding process.

7.2.5 Ensure that when an adult with care and support needs has been safeguarded but the PiPoT process continues, the adult is monitored according to individual agency arrangements until the PiPoT process is concluded.

7.2.6 Where appropriate liaise with the CQC (where the PiPoT 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) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs.

7.2.7 Liaise with other Local Authority Safeguarding Adults Teams where there are cross border issues.

7.2.8 Liaise with Children Teams and make a referral to the appropriate LADO if there are specific issues about the PiPoT's contact with children.

## 7.3 **POLICE** will:

7.3.1 Report to their PiPoT Lead when they know a PiPoT has behaved in a way as described in Section 2.

7.3.2 Where it is a Police led investigation, be responsible for deciding what information should be shared with whom and on what basis, bearing in mind the contents of this Protocol and their responsibilities under the Common Law Police Disclosure Guidance. This decision must be recorded in accordance with best practice.

7.3.3 Request that the employer considers taking appropriate action in line with their own procedures to ensure adults at risk are protected from any potential abuse and harm.

7.3.4 Where it is a Police led investigation, request that the employer carries out their own risk assessment(s) and consider referral to the Disclosure and Barring Services (DBS) and / or other registration bodies as appropriate.

7.3.5 Where appropriate, liaise with the CQC (where the PiPoT 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) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs.

7.3.6 Liaise with other Local Authority Safeguarding Adults and Children's Teams where there are out of area issues.

7.3.7 Make a referral to the LADO if there are specific issues about the PiPoT's contact with children.

7.3.8 Seek advice as appropriate from the Worcestershire Safeguarding Adults Team and attend / share relevant police information at any subsequent PiPoT strategy meeting. Any police information shared is for safeguarding purposes only and must not be used for any subsequent disciplinary proceedings without the permission of West Midlands Police.

#### **7.4 THE SERVICE COMMISSIONER will:**

7.4.1 Where a Service Commissioner is aware that a service it commissions employs a PiPoT who is under investigation, the Service Commissioner will ensure the commissioned service does the following:

7.4.2 Takes appropriate action in line with their own procedures to ensure adults with care and support needs are protected from abuse and harm.

7.4.3 Carries out appropriate risk management procedures, including consideration of referral to the DBS and other registration bodies.

7.4.4 Provides feedback at regular intervals until case conclusion.

7.4.5 Monitor the activities of commissioned services in their compliance of this Protocol.

7.4.6 Where appropriate, liaise with the CQC (where the PiPoT 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) and

the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs.

7.4.7 Regularly update the Service Commissioner's PiPoT Lead until case conclusion.

## **8.0 RECORDING OF PiPoT ISSUES**

8.1 Record-keeping is an integral part of all adult safeguarding processes to ensure that adults with care and support needs are safeguarded, and that organisations and individuals are accountable for their actions when responding to allegations about a PiPoT. All cases should be recorded in accordance with this Protocol.

8.2 Individuals with responsibility for the investigation and management of PiPoT allegations must, as far as is practicable, contemporaneously document a complete account of the events, actions and any decisions taken, together with their rationale. This is to enable any objective person to understand the basis of any decision that was made, together with any subsequent action taken.

8.3 Records of actions taken to investigate PiPoT allegations which have been found to be without substance must also be retained to build up any history.

8.4 Records may be used to prepare reports to the Safeguarding Adult Board (for example to identify trends and patterns or give assurance that adults with care and support needs have been protected).

8.5 They might also be shared with any other relevant party to ensure the safety of adults with care and support needs (see Section 6 above).

8.6 A chronology or log of key events, decisions and actions taken should also be maintained to provide a ready overview of progress.

8.7 Individuals (including a PiPoT who is the subject of the recording) are entitled to have access to their personal records whether they are stored electronically or manually. It is therefore important that information recorded, is fair, accurate and balanced.

8.8 The purpose of the PiPoT record-keeping is to:

8.8.1 Enable accurate information to be given in response to any future request for a reference.

8.8.2 Provide clarification in cases where a future DBS Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or conviction.

8.8.3 Prevent unnecessary re-investigation if an allegation resurfaces after a period of time.

8.8.4 Enable patterns of behaviour which may pose a risk to adults with care and support needs to be identified.

8.8.5 To assure the Safeguarding Adults Board that adults with care and support needs are

protected from harm.

## **9.0 COMPLEX CASES**

9.1 Many PiPoT allegations will be proportionately dealt with through straightforward employment management processes. Other circumstances will be more complex and require appropriate planning at each stage. These may include:

### **9.2 Identify key stakeholders**

These could include:

- The Employer (supervisor/line manager/ HR manager)
- The Commissioner of a commissioned service contract
- The appropriate service regulator (e.g. CQC, Ofsted)
- The Police where there is a criminal concern
- The social worker of an adult with care and support needs
- Children's Services if children are involved
- Other case specific e.g. University representative if a student

### **9.3 PiPoT planning discussion / meetings**

9.3.1 The relevant PiPoT Lead or Managing Officer will need to decide on the grounds of urgency and risk the best way to share information, risk assess and plan the lines of enquiry. The options would be a discussion, conference calls or a formal meeting. More complex cases and / or those with many stakeholders are likely to require a meeting. Appropriate records should be kept, and Appendices 4 - 7 give agenda and minute templates.

9.3.2 The planning discussion / meeting should cover the following areas and be clearly recorded:

- Confidentiality agreement
- Sharing the PiPoT allegations and purpose of the meeting
- Information from data controller and attendees
- Risk assessment
- Whether a crime has been committed
- Agree lines of enquiry (who is doing what and by when)
- Identify actions to be taken in respect of adults with care and support needs
- Identify who will support the PiPoT
- Timescales for actions and feedback
- Agree next step and actions.

### **9.4 Progress monitoring and timescales**

9.4.1 It is important that PiPoT allegations are managed in a timely way. This is the role of the appropriate PiPoT Lead overseeing the PiPoT enquiry. Timescales should be identified at the planning stage. Regular monitoring is essential to ensure procedures are kept on track and risks are managed. Additional meetings can take place at any time as deemed necessary.

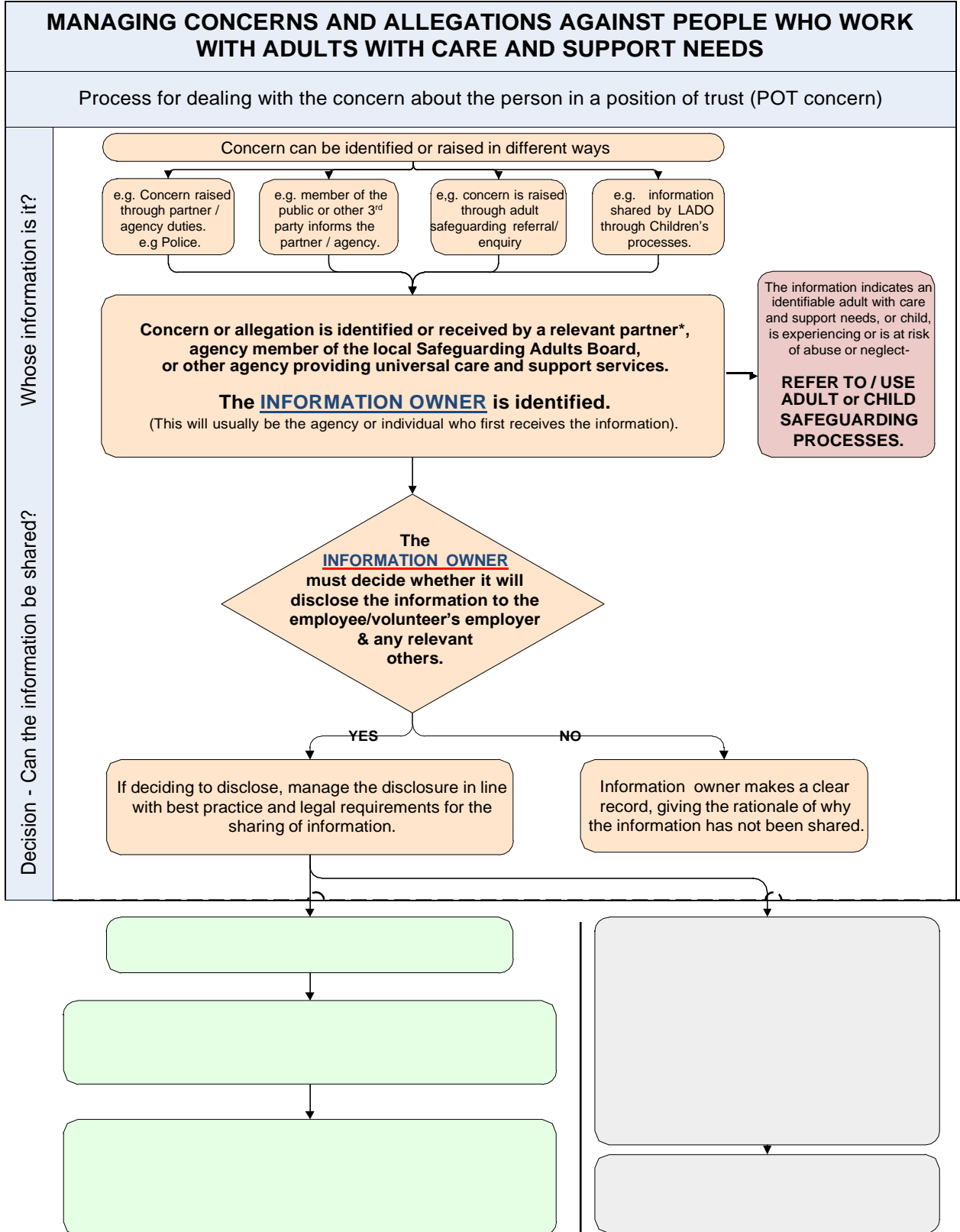
## 9.5 Evaluation and conclusion

9.5.1 It is important these cases have a robust evaluation and conclusion. This should include the following areas:

- Share the results of enquiries (e.g. results of disciplinary processes) and assess if they are adequate or if further work is required.
- Risk assess, including transferable risk (e.g. child protection risk to adults with care and support needs).
- Make recommendations for required actions
- Feedback mechanisms (to whom, by whom)
- Determine if further work is required or case closure.



# Appendix 1: Adult Position of Trust Flowchart



**The Information Owner shares information with the employer (or volunteering manager).**

**The employer (or volunteering manager) assesses the risk, and may investigate allegations through internal employment processes where it is appropriate to do so.**

**The employer (or volunteering manager) takes risk management actions as appropriate to the individual case.**  
(e.g. increased supervision or monitoring, disciplinary or dismissal. Referrals to other agencies- DBS, professional bodies like the HCPC, NMC).

**The Information Owner considers making a notification of the disclosure to the relevant commissioning agency and / or regulator -**

e.g. - Clinical Commissioning Group when the employee/volunteer is employed in the NHS,  
- Local Authority when employed in a commissioned social care provider service,  
- CQC when employed in a CQC regulated service,  
- OfSTED when employed in an OfSTED regulated service.

**Commissioning and regulatory agencies can check/oversee employer actions as part of regulatory and contract monitoring processes.**

NB. \* "relevant partners" as defined in Section 6, Care Act 2014.

## Appendix 2: Factors to consider in relation to PoT notifications

The following applies to all cases where current or historical concern, suspicion or allegation arises in connection with:

- a. The person in a PoT's own work/voluntary activity (Adults and Children)
- b. The person in a PoT 's life outside work i.e. concerning adults at risk in the family, social circle.
- c. The person in a PoT's life outside work i.e. concerning risks to children, the individual's own children or other children.

Questions	No cause for concern	Some cause for concern requiring investigation	Cause for concern
1. The person has behaved in a way that has harmed or may have harmed an Adult with care & support needs or a child?	No harm or potential harm	Some harm or potential harm	Serious harm or potential harm
2. Possibly committed criminal offence against or related to an adult/s with care and support needs or a child?	No	Not to an Adult with care & support needs but the offence is serious	Yes
3. Otherwise behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.	No	Yes	
4. May be subject to abuse themselves which means their ability to provide a service to adults at risk must be reviewed	NO	YES	

## Appendix 3: Position of Trust referral/reporting form

LOGO

**CONFIDENTIAL AND RESTRICTED**

Ref No:

**ALLEGATIONS AGAINST PEOPLE WHO  
WORK IN POSITIONS OF TRUST (PoT) WITH  
ADULTS REFERRAL/REPORTING FORM**

<b>Date Referral sent:</b>		<b>Date of alleged incident:</b>	
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<b>REFERRER DETAILS</b>	
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<b>Family Name</b>		<b>First Name/s</b>	
<b>Position</b>		<b>Email address</b>	
<b>Agency</b>		<b>Tel. No/Mobile</b>	
<b>Address</b>			

This referral applies 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 Position of Trust (person in a PoT) and the process is the Position of Trust (PoT) process.

### Criteria for PoT:

*Tick those which apply:*

### Concern/allegation is identified in connection with:

	The person in a PoT's own work/voluntary activity (with Adults and/or Children) (for example where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or child)
	The person in a PoT's life outside work i.e. concerning adults with care and support needs in the family, social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care worker with adults with care and support needs. Or where a woman is convicted of grievous bodily harm and also works in a residential home for people with learning disabilities)
	The person in a PoT's life outside work i.e. concerning risks to children, the individual's own children or other children (for example where a woman who works in-a host authority with women who suffer domestic abuse and lives in the neighbouring authority is subject to child protection procedures involving her own children due to domestic abuse by her husband)

**And the person has:**

	Behaved in a way that has harmed or may have harmed an adult with care and support needs.
	Possibly committed a criminal offence against or related to an adult/s with care and support needs.
	Otherwise behaved towards an adult with care and support needs or in a way that indicates s/he is unsuitable to work with adults with care and support needs.
	Behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs must be reviewed.
	May be subject to abuse themselves which means their ability to provide a service to adults with care and support needs must be reviewed.
	Behaved in a way which questions their ability to provide a service to an adult with care and support needs which must be reviewed e.g. conviction for grievous bodily harm against someone who is not an adult with care and support needs.

**PERSON IN POSITIONS OF TRUST DETAILS**

**PERSONAL DETAILS OF THE EMPLOYEE/VOLUNTEER BEING REFERRED for POSITION OF TRUST**

<b>Family Name</b>		<b>First Name/s</b>					
<b>Date of Birth</b>		<b>Gender</b>					
<b>Home Address</b>							
<b>ID Number (if known)</b>		<b>Tel. No</b>					
<b>Current Address (if different)</b>							
<b>Race</b>		<b>Religion</b>	<b>Language</b>				
<b>Gender</b>		<b>Sexuality</b>	<b>Disability</b>				
<b>Other Household Members (including non-Family)</b>							
Name	M/F	DOB	ID	Relationship to Child/Young Person /Adult	First Language	Parental Responsibility	
						Yes	No
<b>Organisation &amp; Address Person in Position of Trust Works/Volunteers for:</b>							
<b>Is the organisation named above CQC Registered?</b>				Yes / No			

<b>Job Title &amp; Role:</b>	
<b>Does the Person in Position of Trust have a Professional Registration?</b> <i>(e.g NMC, HCPC, GMC etc.)</i>	Yes / No State: NMC / HCPC / GMC / (specify)
<b>Manager Contact Details at Employing Organisation:</b>	Name: Address: Email: Telephone:
<b>Current employment status (e.g. permanent/temporary/agency/full time /part time/zero hours):</b>	
<b>Has this person been referred to the Adult Safeguarding Lead before?</b>  <b>When? What were the concerns and the outcome?</b>  e.g. managed as an advice issue or went to a POT meeting	Yes / No
<b>Does the Person in Position of Trust know you are making this referral?</b>	Yes / No
<b>If not why not? (please note there may be some situations where the adult may be placed at greater risk if the PoT is informed immediately. See PoT policy for further detail))</b>	

#### INCIDENT/CONCERNS DETAILS

<b>Brief description of concerns:</b>	
<b>Was the victim a child or adult with care and support needs?</b>	Child / Adult at Risk / Other (please state)
<b>Are there adult or children's safeguarding procedures currently in process?</b>	Adult Safeguarding Procedures: Yes / No Children's Safeguarding Procedures: Yes / No
<b>Police Crime Reference Number (if applicable)</b>	<b>Person in Position of Trust:</b>  <b>Child (if applicable):</b>

<b>ALLEGED VICTIMS DETAILS</b>
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<b>No. of Alleged Victims</b>	
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<b>1<sup>st</sup> - Adult / Child / Young Person / other individual</b>		<b>ID Number if applicable:</b>
<b>Specify</b>		
<b>Full Name:</b>		<b>DOB:</b>
<b>Gender:</b>	<b>Male / Female</b>	
<b>Current/Past Local Authority Involvement (specify):</b>	<b>Child in need / child protection/not applicable</b>	
<b>(if a child) Parent's names and DOB: (if different)</b>	<b>Adult / Child's Relationship to the Alleged Person in Position of Trust:</b>	

<b>2<sup>nd</sup> - Adult / Child / Young Person / other individual</b>		<b>ID Number if applicable:</b>
<b>Full Name:</b>		<b>DOB:</b>
<b>Gender:</b>	<b>Male / Female</b>	
<b>Current/Past LA Involvement:</b>	<b>Indicate if Child in need / Child Protection/Not applicable</b>	
<b>(if a child) Parent's names and DOB: (if different)</b>	<b>Adult / Child's Relationship to the Alleged Person in Position of Trust:</b>	

<b>3<sup>rd</sup> - Adult / Child / Young Person / other individual</b>		<b>ID Number if applicable:</b>
<b>Full Name:</b>		<b>DOB:</b>
<b>Gender:</b>	<b>Male / Female</b>	
<b>Current/Past LA Involvement:</b>	<b>Child in need / child protection</b>	
<b>(if a child) Parent's names and DOB: (if different)</b>	<b>Adult / Child's Relationship to the Alleged Person in Position of Trust:</b>	

~copy and paste here victims information if more than 3 victims~

**Please provide names of key individuals connected to the Alleged Person in Position of Trust as the Adult Safeguarding Lead will need to consider who to invite to the POT meeting:**

Job role/title	Name and Job role	Organisation	Telephone Number	Email Address
Supervisor/Line manager				

HR/Personnel				
Provider Manager				
Police contact				
Contract and Commissioning contact for provider				
CQC for provider				
Health Professional				
Others				

**Please provide names of key individuals connected to the Alleged Victim(s) as the Adult Safeguarding Lead will need to consider who to invite to the POT meeting:**

Job role/title	Name and job role	Organisation	Telephone Number	Email Address
Social Worker				
Health Professional Advocate				
Provider				
Voluntary Agency				
Contract and Commissioning contact for provider				
Others				

**For Completion by Adult Safeguarding Lead - POT Case Recording (record name after each entry or group**



of entries)

Adult Safeguarding Lead <b>ADVICE</b>	Adult Safeguarding Lead <b>ACTIONS</b>
<b>Date referral received;</b>	<b>Date advice given:</b>

Adult Safeguarding Lead <b>DECISION:</b>	
Not Adult POT, referred to another process/procedure (specify): <input type="checkbox"/>	Initiate POT procedures <input type="checkbox"/>
Request further information from referrer (Referrer to action) <input type="checkbox"/>	Request further information from other sources (ASL to action) <input type="checkbox"/>
Refer to other ASL for management <input type="checkbox"/>	Refer to LADO if appropriate <input type="checkbox"/>
<b>ASL DECISION DATE:</b>	

**For Completion by ASL - POT Case Recording** (record name after each entry or group of entries)

Date/Time	Recording	Outcome/Actions	Contact Details

## Appendix 4: Position of Trust Agenda for Planning Meeting/Planning Discussion Template

<b>Chair</b>		<b>Date</b>	
<b>Start time</b>		<b>Finish Time</b>	
<b>Venue</b>		<b>Minute Taker</b>	
<b>Person in Position of Trust</b>		<b>Employer and role</b>	

### Confidentiality Statement

Those present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the meetings should be treated fairly, with respect and without improper discrimination. All decisions undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.

Minutes of this meeting could be shared as part of criminal, civil or disciplinary proceedings, or as part of investigations concerning whether an individual should be barred from working with children or adults with care and support needs.

If further disclosure is felt essential, permission must be sought from the Chair. The minutes should not be photocopied or shared without the agreement of the Chair and must be kept in a restricted or confidential section of the agency files.

### Purpose of the meeting

This meeting is held under the West Midlands Position of Trust Guidance (2018) to:

- Share information
- Agree actions to be taken, by whom and by when
- Risk assess

### Agenda

1		<b>Introductions and confidentiality statement</b>
2		<b>Detail of the allegations (to include current and previous allegations, details to whom the allegation relates)</b>
3		<b>How this is relevant to their employment with adults with care and support needs</b>
4		<b>Relevant information from attendees</b>
5		<b>Risk assessment</b> <ul style="list-style-type: none"> <li>• To consider the safety of adult/s concerned</li> <li>• To consider the safety of other adults or children</li> </ul>

6		<b>Agree support to person in position of trust</b>		
7		<b>Agree feedback mechanism to the referrer (who, what, when)</b>		
8		<b>Planning the management of the allegation</b>		
		<b>Action</b>	<b>By whom</b>	<b>By when</b>
	1			
	2			
	3			
4				
9		<b>Consider strategy for media enquiries (if relevant)</b>		
10		<b>Next steps including details of further meetings</b>		
11		<b>AOB</b>		

## Appendix 5: Position of Trust Agenda for Case Closure Meeting Template

<b>Chair</b>		<b>Date</b>	
<b>Start time</b>		<b>Finish Time</b>	
<b>Venue</b>		<b>Minute Taker</b>	
<b>Person in Position of Trust</b>		<b>Employer androle</b>	

<b>Confidentiality Statement</b>
<p>Those present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the meetings should be treated fairly, with respect and without improper discrimination. All decisions undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.</p> <p>Minutes of this meeting could be shared as part of criminal, civil or disciplinary proceedings, or as part of investigations concerning whether an individual should be barred from working with children or adults with care and support needs.</p> <p>If further disclosure is felt essential, permission must be sought from the Chair. The minutes should not be photocopied or shared without the agreement of the Chair and must be kept in a restricted or confidential section of the agency files.</p>

<b>Purpose of the meeting</b>
<p>This meeting is held under the West Midlands Position of Trust Guidance (2018) to:</p> <ul style="list-style-type: none"> <li>• Gain feedback from agreed actions from the PoT planning meeting or discussions</li> <li>• Reach a formal determination of the case</li> <li>• Further risk assess</li> </ul>

<b>Agenda</b>	
<b>1</b>	<b>Introductions and confidentiality statement</b>
<b>2</b>	<b>Summary of original allegations</b>
<b>3</b>	<b>Feedback of agreed actions from planning meeting or discussion</b>
<b>4</b>	<b>Risk assessment</b> <ul style="list-style-type: none"> <li>• To consider the safety of adult/s concerned</li> <li>• To consider the safety of other adults or children</li> </ul>
<b>5</b>	<b>Agree formal determination of the case</b>

<b>6</b>	<b>Agree actions (includes disciplinary action. Referral to regulator and professional bodies (e.g. HCPC, NMC), Disclosure &amp; Barring Service, criminal prosecution etc.)</b>		
		<b>Action</b>	<b>By whom</b>
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		
	<b>4</b>		
<b>7</b>	<b>Consider strategy for media enquiries (if relevant)</b>		
<b>8</b>	<b>Agree feedback to person in position of trust</b>		
<b>9</b>	<b>Agree feedback mechanism to the referrer (who , what, when) and relevant others</b>		
<b>10</b>	<b>AOB</b>		

## Appendix 6:

### Position of Trust Planning Meeting or Planning Discussion Minutes Template

<b>Chair</b>		<b>Date</b>	
<b>Start time</b>		<b>Finish Time</b>	
<b>Venue</b>		<b>Minute taker</b>	
<b>Person in Position of Trust</b>		<b>Employer and Role</b>	

<b>Present</b>	
<b>Apologies</b>	
<b>Non-Attendees</b>	
<b>Detail of the allegations</b>	
<b>How this is relevant to their employment</b>	
<b>Agree feedback mechanism to the referrer (who , what, when)</b>	
<b>Risk Assessment</b>	
<b>Agree support to person in position of trust</b>	
<b>Agree feedback mechanism to the referrer (who , what, when)</b>	
<b>Planning the management of the allegation</b>	

	<b>Actions</b>	<b>By Whom</b>	<b>By when</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>Strategy for media enquiries</b>			
<b>Next steps/further meetings</b>			
<b>A.O. B</b>			

**This record is issued in the belief that it accurately reflects of the meeting. Please contact the chair within 7 working days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the chair's approval.**

## Appendix 7

### Position of Trust Case Closure Meeting Minutes Template

<b>Chair</b>		<b>Date</b>	
<b>Start time</b>		<b>Finish Time</b>	
<b>Venue</b>		<b>Minute taker</b>	
<b>Person in Position of Trust</b>		<b>Employer and Role</b>	

<b>Present</b>			
<b>Apologies</b>			
<b>Non-Attendees</b>			
<b>Summary of the allegations</b>			
<b>Feedback of agreed actions from planning meeting or discussion</b>			
<b>Risk assessment</b>			
<b>Formal determination of the cases</b>			
	<b>Agreed actions from this meeting</b>	<b>By Whom</b>	<b>By when</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			



4			
5			
Strategy for media enquiries			
Agree feedback to person in position of trust			
Agree feedback mechanism to the referrer and relevant others			
A.O. B			

**This record is issued in the belief that it accurately reflects of the meeting. Please contact the chair within 7 working days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the chair's approval.**

## Appendix 8

### Suggested Database (for data collection and checking for previous concerns)

Date PoT concern received	<b>Date</b>	
From	<b>Referrers details</b>	Name Organisation Contact details
In relation to	<b>PoT details</b>	Name Address DOB Contact details Position of trust detail (job/role)
Specific to their employment/placement with	<b>Employer/managers details</b>	Name Organisation Contact details
The concerns are	<b>Details of allegation/concern</b>	What, when
The concerns is going to be managed by	<b>Managed by</b>	Safeguarding Adults Safeguarding Children Adult PoT Guidance Childrens PoT procedure NO PoT process
Date passed to employer	<b>Date passed to employer</b>	
Outcome	<b>Outcome</b>	Date Outcomes Referrals to regulatory bodies etc.

## **Appendix 9: Agency good practice checklist**

1. Does your organisation have an Adult PoT lead?
2. Does your organisation have an Adult PoT record system to record allegations, the steps taken, the decisions made on actions or no action taken, and the basis for taking this position?
3. Does your organisation include reference to how Adult PoT issues have been dealt with in your assurance report to SAB?
4. Does your organisation consider what support is offered to a person in an Adult PoT alleged to have caused harm?
5. Has your organisation established sources of advice (including, where necessary, legal advice)

## **Appendix 10: ADASS Top Tips for Directors on dealing with allegations against people in a position of trust (PiPoT)**

1. This advice sheet is intended to equip Directors with the information and advice they need to assure themselves that allegations against people in a position of trust are dealt with effectively and that adults at risk of abuse or neglect are safeguarded.
2. The Care Act 2014 states that local authorities and their partners should have clear policies, in line with Safeguarding Adults Board policies, for dealing with allegations against people who work, either in a paid or unpaid capacity, with adults with care and support needs.
3. Safeguarding Adults Boards need to establish and agree a framework and process for how allegations against people working with adults with care and support needs (for example, those in positions of trust) should be notified and responded to. Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust (Care Act Guidance 2014, 14.121).
4. Each partner agency needs to provide assurance to the Safeguarding Adults Board that arrangements within their organisations to deal with allegations against people in a position of trust are functioning effectively.
5. Examples of concerns could include allegations that relate to a person who works with adults with care and support needs who has:
  - Behaved in a way that has harmed, or may have harmed, an adult with care and support needs or a child
  - Possibly committed a criminal offence against, or related to, an adult with care and support needs or a child
  - Behaved towards an adult or child in a way that indicates they may pose a risk of harm to an adult with care and support needs.
6. The NHS document safeguarding Children, Young People and Adults at Risk in the NHS: safeguarding accountability framework (2013; updated 2019) states that the designated

professional for safeguarding adults should be informed where there is an allegation that a member of staff in a Clinical Commissioning Group or primary care service has abused or neglected an adult in their personal life.

7. How to deal with allegations against people who work with children is clearly defined in Working Together to safeguard Children, with the clearly defined and commonly understood role of the Local Authority Designated Officer being central to this process.

8. The Designated Adult Safeguarding Manager role was removed as a requirement from the original Care Act draft guidance following consultation: an equivalent role is considered best practice.

9. The term 'person/ people in a position of trust', which is in common use by Safeguarding Adults Boards, has no clear, legal definition within the Care Act or any other legislation; the Disclosure and Barring Scheme does not recognise this term, but considers the parties with legitimate interest test for disclosure of information.

10. A 'person alleged to have caused harm' may also be a PiPoT in safeguarding concerns.

11. Clarity is needed about how referrals should be made and how they are dealt with, including who should inform the PiPoT that an allegation(s) have been made and how and when this should be undertaken; GDPR issues in relation to PiPoT referral information need to be clarified. Please see the operational flowchart from the Manchester policy (p.3) as an example of how a process would work (please note that references to professional regulation bodies are illustrative and Social Work England now regulates social workers). Content from the North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs is acknowledged with thanks.