

Managing concerns about People in Positions of Trust (PIPOT) Framework

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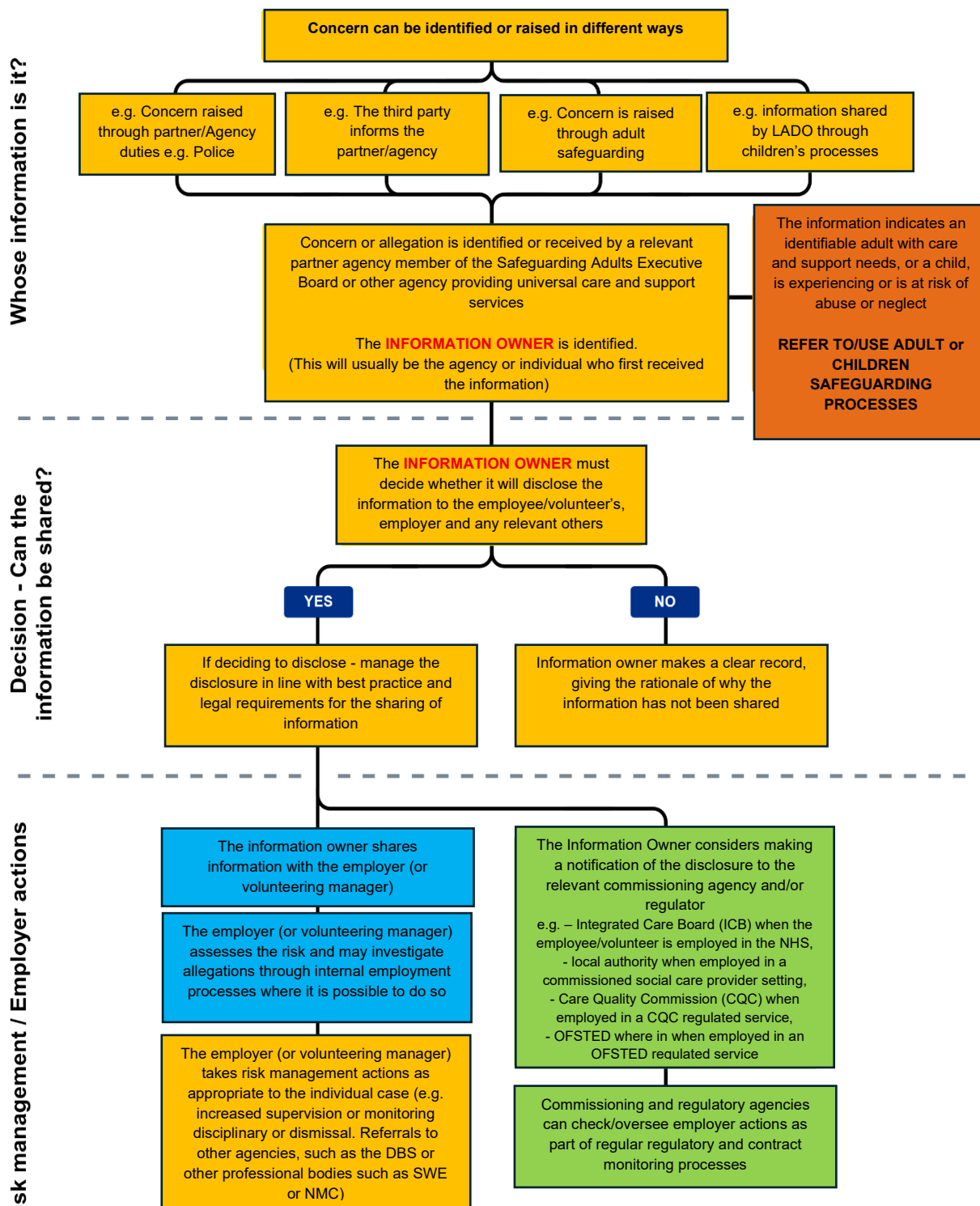
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1. Introduction

- 1.1 The Care and Support Statutory Guidance under the Care Act 2014, requires all Safeguarding Adults Boards (SABs) to have a framework in place setting out how concerns and allegations raised involving people in positions of trust (PIPOT) working with adults with care and support needs should be notified and responded to.
- 1.2 Any allegation against a PIPOT must be taken seriously, with action taken to ensure that we are protecting adults at risk and maintaining safe working practices. We also need to ensure that responses to allegations are proportionate and consider the impact on staff.
- 1.3 This framework provides guidance on how to respond to situations where a relevant agency is alerted to information that may affect the suitability of an employee or volunteer to work with (or continue to work with) adults with care and support needs, where such information has originated from activity outside of their professional or volunteer role and place of work. The alleged victim, in such circumstances, does not have to be an adult with care and support needs or an adult at risk, for example, it could be their partner or child.
- 1.4 The purpose of this framework is to:
 - Clearly distinguish between allegations that are dealt within under the PIPOT framework, those relating to abuse or neglect which fall under safeguarding adults or children's procedures, as well as concerns about the quality of care or practice, or complaints.
 - Outline the threshold in which concerns about a PIPOT should be raised with the local authority and other relevant commissioning agency and/or regulator.
 - Outline the process and expectations for partner agencies in managing allegations or concerns relating to a PIPOT.
 - Ensure that risks potentially posed by PIPOT are appropriately and proportionately managed.
- 1.5 This guidance applies to all partner agencies of the Bi-Borough Safeguarding Adults Executive Board (SAEB) working across Kensington and Chelsea and Westminster. It serves to provide an overarching framework which exists alongside individual agencies internal PIPOT policies and procedures. This framework can also be used by any non-SAEB partner organisation as a guide on how to manage PIPOT allegations.
- 1.6 This framework should be read in conjunction with the [Care and Support Statutory Guidance](#) and the [London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures](#).

2. Flowchart – Managing concerns against People in Positions of Trust (PIPOT) who work with adults with care and support needs



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

3. What do we mean by PIPOT?

- 3.1 Whilst the focus of safeguarding adults work is to safeguard 'adults at risk', there are also occasions where incidents are reported that do not directly involve an adult with care and support needs, but indicate, nevertheless, that a risk may be posed to adults with care and support needs by a person working in a position of trust.
- 3.2 A PIPOT is someone who works in a paid or unpaid capacity with adults with care and support needs or children. People can be considered to be in a position of trust where:
- They are likely to have contact with adults or children with care and support needs as part of their employment or voluntary work.
 - The role carries an expectation of trust.
 - The person in trust can exercise authority, power or control over adults at risk or children.
- 3.3 Positions of trust may include, but are not limited to, staff working on behalf of:
- Social care
 - Health services
 - Police and criminal justice
 - Government officials
 - Financial advisors
 - Housing
 - Education
 - Voluntary and Community Sector organisations
 - Sporting organisations and their governing bodies.
- 3.4 [Section 14.123 of the Care and Support Statutory Guidance](#) states that allegations that relate to a person who works with adults with care and support needs could include concerns that a person 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.
- 3.5 Allegations may relate to an individual's behaviour at work, home or in another setting.
- 3.6 Allegations can relate to a current or historical concern. If the concern is historical, it is important to establish 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.

4. Thresholds for notifying the local authority and other relevant bodies about PIPOT concerns

- 4.1 If an allegation is made that is directly linked to the actions 'in-work' of a professional or volunteer in relation to the alleged abuse or neglect of a person with care and support needs,

this should be raised as a safeguarding concern and a response considered under Section 42 of the Care Act 2014 – see Section 8.

- 4.2 If the allegations or concerns identified involve the PIPOT's suitability to work with children, this must be referred to the Local Authority Designated Officer (LADO) where the person works. For further information on the LADO and making a referral in Kensington and Chelsea and Westminster, visit the [Local Safeguarding Children Partnership LADO page](#).
- 4.3 Where concerns have been identified about the PIPOT's practice and they are a parent / carer for children, then consideration should be given to whether a referral to children's safeguarding is required.
- 4.4 There will be occasions when the allegation spans across both adult's PIPOT and children's LADO processes. In such circumstances, it should be agreed which process will take the lead, with a commitment to appropriate and proportionate information sharing.
- 4.5 If the PIPOT is employed within a local authority commissioned service provider setting, the Bi-Borough Quality Assurance Team should be notified by email at ASCqualitymatters@westminster.gov.uk
- 4.6 Similarly considerations should be made as to whether it is appropriate to notify other relevant commissioning agencies and/ or regulatory bodies, such as:
- The Integrated Care Board (ICB) where the employee/volunteer is employed in the NHS, or
 - The Care Quality Commission (CQC) where the employee/volunteer is employed in a CQC regulated service or
 - The relevant Provider Collaborative where the employee/volunteer is within a commissioned NHS service.
- 4.7 Section 9 of this framework provides guidance on employers' responsibilities in making referrals to the Disclosure and Barring Service (DBS) and other professional bodies.

5. What is excluded from the PIPOT framework

- 5.1 [Section 14 of the Care and Support Statutory Guidance](#) sets out that safeguarding is not a substitute for:
- Providers' responsibilities to provide safe and high-quality care and support.
 - Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
 - The CQC ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
 - The core duties of the police to prevent and detect crime and protect life and property.
- 5.2 Therefore, careful consideration should be given to distinguish clearly between complaints about a professional or volunteer or concerns raised about the quality of practice provided by the PIPOT, that do not meet the criteria for a safeguarding enquiry. Other relevant bodies and their procedures should be used to recognise, respond to, and resolve these issues, such as complaints and contract management processes.

- 5.3 Appendix 2 contains some case examples of situations that would trigger a response under PIPOT procedures and those that would require a different pathway, such as a response under safeguarding procedures.

6. Information sharing

- 6.1 Information sharing must comply with all legislative requirements in line with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and human rights law. This legislation provides a framework to ensure that all personal information is shared appropriately on a need-to-know basis, in a timely manner and with co-operation between relevant organisations.
- 6.2 It is generally accepted that information is considered to be confidential in nature when:
- 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 or health or social care practitioner/person with care and support needs.
- 6.3 In such circumstances the information should only be disclosed:
- With the permission of the provider of the information, or
 - With the relevant people who need all or some of the information, or
 - When there is a specific need for the information to be shared at that time.
- 6.4 If an organisation is in receipt of information that gives cause for concern about a PIPOT, then that organisation should give careful consideration as to whether they should share the information with the person's employers (or student body or voluntary organisation) to enable them to conduct an effective risk assessment.
- 6.5 The receiving organisation becomes the Data Controller¹ as defined by the Data Protection Act 1998 and GDPR: Article 4. Partner agencies and the service providers they commission are individually responsible for ensuring that information relating to PIPOT concerns, are shared and escalated outside of their organisation, in circumstances where this is required as outlined in Section 4.
- 6.6 Wherever possible, consent to share information should be sought and with open and honest conversations taking place about the reasons for taking action. However, under GDPR and the Data Protection Act, you may share information without consent if, in your judgment, there is a lawful basis for doing so. In deciding whether the information should be shared, it is necessary to consider the key question of whether the person has behaved or may have

¹ A Data Controller under GDPR is a person, public authority or other body that decides the purposes and means of processing personal data. The Data Controller is the owner of the information and has responsibility for taking appropriate action.

behaved, in a way that means their suitability to undertake their current role or to provide a service to adults with care and support needs should be reviewed.

- 6.5 Where there is concern that there may be a public protection risk or pressing social care need, [common law police disclosure](#) exists to enable the police to pass information to the employer or regulatory body to allow them to act swiftly to mitigate any danger.

KEY PRINCIPLES OF INFORMATION SHARING

- Only share the information that is necessary and proportionate.
- Only share information that is relevant to the intended purpose.
- Only share information with those who need to have it.
- Ensure information is accurate and up-to-date.
- Ensure information is shared securely.
- Ensure information is shared in a timely manner.
- Ensure that the rationale for decision-making is clearly recorded, including when a decision is made not to share information.

7. Expectations of SAEB partner agencies

- 7.1 The SAEB expects all partner agencies working within the Bi-Borough to have appropriate policies and procedures in place to manage allegations against their staff. These policies and procedures should be clear and accessible, setting out their process for managing risk should they become aware of a PIPOT concern about a member of their staff. The policies should determine who should undertake an investigation, including setting timescales and how support and advice will be made available to individuals against whom allegations have been made. Any allegations against people who work with adults at risk should be reported immediately to a senior manager within the organisation.
- 7.2 Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer to conduct a risk assessment, notify a responsible senior manager within the organisation and if necessary, take action to safeguard adults at risk. See Appendix 1 for a PIPOT risk assessment and management plan template.
- 7.3 Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of those adults should be taken without delay and in a coordinated manner.
- 7.4 Organisations should ensure that there are appropriate arrangements in place to effectively consult with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
- 7.5 It is the responsibility of all health and social care organisations to comply with the statutory '[duty of candour](#)' and promote a culture which values good practice and encourages whistleblowing. Each organisation should have its own policy/guidance about whistleblowing that is easily available for staff and staff should be made aware of these policies.

- 7.6 The specific responsibilities of partner organisations, which should be detailed within their internal procedures should include:
- How organisations will respond to allegations against a PIPOT, with consideration of overlap with other processes (for example a Section 42 enquiry or police investigation).
 - Clear roles and responsibilities and determine which roles should undertake a risk assessment and investigation when an allegation is made about a member of staff.
 - Clarity on who is the appointed adult PIPOT lead within the organisation, who is the designated person to oversee this area of work and who can be approached for support and advice.
 - Expected timescales for investigation, with guidance on how support and advice will be made available to individuals against whom allegations have been made.
 - Clear guidelines for information sharing, decision making and recording, with focus on appropriate action to safeguarding adults at risk.
 - Ensure systems are in place to support and provide regular updates to the employee in respect of the investigation. This includes ensuring the employee understands the procedures being followed, is kept up to date on developments, has an opportunity to respond to the allegations/concerns, and can access support/independent advice to raise questions or concerns about their circumstances.
 - Guidance on obtaining legal advice and the disciplinary hearing process, and the responsibilities of Human Resources (HR) personnel in this area.
 - Make prompt referrals to the Disclosure and Barring Service (DBS) and/or Professional Registration Bodies, as relevant - See section 9.
 - Ensure that there are appropriate recording systems in place and that these provide a clear audit trail about the decision-making process and any recommendations arising from the investigation and subsequent actions.
 - Ensure the control of information in respect of individual cases is in accordance with accepted data protection and confidentiality requirements.
 - Maintain records of the number and nature of allegations made and use this data to inform service improvement and development.
- 7.7 At the conclusion of any PIPOT enquiries, organisations must consider whether the findings demonstrate evidence of a theme or pattern in the context of past and historic PIPOT concerns. Potential themes or systems wide issues within the organisation should be identified and appropriate action taken by the organisation so that learning is applied to reduce the risk of harm in the future.
- 7.8 Each partner agency is also required to provide assurance annually to the SAEB that the PIPOT arrangements within their organisation is functioning effectively. This will include providing feedback on the number and nature of allegations received in each financial year and the outcomes of investigations (for example whether they have been substantiated).

8. Interface between employers' responsibilities, adult safeguarding enquiries and police investigations

- 8.1 The local authority has lead responsibility for any safeguarding enquiries undertaken, whilst the employer is responsible for investigating allegations involving its employees, informing the employee of the concerns if appropriate, and advising them what will happen in accordance

with its management procedures. When an employer is taking action, the local authority still has a duty under Section 42 of the Care Act 2014 to make (or cause to be made) whatever enquiries it thinks necessary to decide what, if any, action needs to be taken, and by whom.

- 8.2 The local authority is not responsible for deciding what actions the employer should take with the employee; for example, the local authority will not make recommendations to the employer regarding suspension of staff but rather advise the employer to make the necessary considerations. The local authority must be satisfied that the employer has followed its own appropriate procedures. The local authority should raise their concerns with the employer if appropriate actions have not been taken. If unresolved, the local authority should escalate to the regulator and relevant commissioner if they are not assured that appropriate actions are being taken. The safeguarding enquiry should not delay the employer's responsibilities to manage staff and make decisions about its staff member.
- 8.3 Where a police investigation is required, the police will lead the criminal investigation, and the local authority and employer will communicate with them regularly regarding any actions to be taken, to ensure any criminal investigation is not compromised. Where there is indication of a criminal matter an early conversation meeting is advisable, to enable information to be shared between partners, and the approach, actions, and communication strategy agreed.
- 8.4 The employer remains responsible for employee investigations, and the local authority may request the employer to also undertake the safeguarding enquiry. However, there will be many situations where it is not appropriate for the employer to undertake the safeguarding enquiry due to a conflict of interest. In this instance the local authority will undertake the safeguarding enquiry, but the employer retains responsibility for all actions regarding their employees.
- 8.5 Where the employer is the adult with care and support needs, such as employing a Personal Assistant, the local authority will undertake the safeguarding enquiry. They will support the adult in undertaking their employer responsibilities and enable support for the adult in undertaking their employer responsibilities, including where necessary by supporting the person to make a referral to the Disclosure and Barring Service (DBS) where this is indicated – see section 9.

9. Referrals to the Disclosure and Barring Service (DBS) and other professional bodies

- 9.1 The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including adults or children. The DBS bars some people from working in a regulated service and maintains a register individuals barred from working with adults and children due to the risk(s) they pose to them. If a person is barred, it becomes an offence for an organisation to knowingly engage that person in regulated activity.
- 9.2 Employers and managers of paid and unpaid staff working with people in a regulated activity have a legal duty to make referrals to the DBS in circumstances where they have permanently removed a person from the regulated activity through dismissal or permanent transfer (or would have if the person had not left, resigned, retired or been made redundant) because the person has:
 - Been cautioned, arrested or convicted for a relevant offence.

- Engaged in misconduct in relation to children or adults with care and support needs – i.e. that an action or inaction (neglect) has harmed a child or adult or put them at risk of harm.
- Satisfied the 'Harm Test' in relation to children or adults with care and support needs – i.e. that there has been no relevant misconduct but a risk to a child or adult still exists.

9.3 It is a criminal offence to fail to make a referral without good reason.

- 9.4 Where it is necessary to refer individual employees to the DBS and/or the relevant professional body, this should be done as soon as possible once any investigation has been concluded.
- 9.5 Where there is felt to be a public protection risk this should be considered as far as possible and necessary before the enquiry or police investigation is concluded.
- 9.6 Where the need for a referral to the DBS has been agreed as part of a safeguarding enquiry being led by the local authority, confirmation should be provided to the local authority that the action has been completed. As the responsible authority for adult safeguarding, the local authority has the power to make a referral where the relevant criteria are met and should do so where it is necessary to ensure an appropriate referral has been made.
- 9.7 It is the DBS's decision regarding whether the person should be placed upon the list of those barred from working with adults and/or children. The DBS will contact the person directly to inform them that they have received a referral and will share all information provided to them with the person, along with any other information they may have received from other sources as part of their decision-making process.
- 9.8 Further guidance regarding referrals to the DBS can be found on the [Gov.uk website](#).
- 9.9 In addition, where appropriate, employers should report workers to the bodies responsible for professional regulation, such as the [Health and Care Professions Council](#) (HCPC), [Social Work England](#) (SWE), [General Medical Council](#) (GMC) and the [Nursing and Midwifery Council](#) (NMC). Where there is a requirement for the professional to self-refer to their regulatory body, this should be reinforced by the employer, including in relation to police standards.
- 9.10 Professional bodies will follow their own investigation procedures, and it is their decision regarding whether any action will be taken in relation to the person's professional registration. Professional bodies have a range of options where appropriate; these usually include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under.
- 9.11 Professional bodies will contact the person directly to inform them that they have received a referral and will share all information provided to them with the person, along with any other information they may have received from other sources as part of their decision-making process.

10. Allegations regarding a potential PIPOT who works outside the Bi-Borough

- 10.1 If the potential PIPOT works outside of Kensington and Chelsea or Westminster, agencies should familiarise themselves with the relevant guidance for that area, and make referrals as required.
- 10.2 If no PIPOT policy is available within that area, then the Head of Safeguarding Adults in that local authority area should be contacted. Requests should be made to be kept informed of the PIPOT process and outcome.

11. Useful resources

- Information Commissioner's Office – [Data Controllers and Data Processors: What the difference is and what the governance implications are.](#)
- Information Commissioner's Office – [Guide to the General Data Protection Regulation \(GDPR\) and the Data Protection Act 1998.](#)
- Social Care Institute for Excellence (SCIE) – [Safeguarding adults: sharing information](#)
- [Common Law Police Disclosure Guidance](#)

Appendix 1: PIPOT Risk Assessment and Management Plan

When an allegation of abuse has been made regarding a member of staff (paid or unpaid), employers should ensure that a risk assessment is undertaken. The risk assessment process supports proportionate and lawful decision making as to whether or not an employee is considered safe to work with adults at risk, in either their present capacity or another role both in the short and longer term.

Many organisations will already have existing risk management processes and risk assessment forms. The below template provides an outline of the key headings which might guide the risk assessment process alongside action planning prompts. This is presented as a guide and not intended to be too prescriptive.

Identifying risk			
Date concern identified:			
What is the allegation/incident and who does it concern?	<i>Provide facts as known</i>		
Employees current role:			
Where did the alleged abuse take place and when?	<i>E.g. at home, in the community, in work setting</i>		
Those involved in risk assessment and management plan	<i>This could include HR representative, safeguarding lead and/or senior management representative, as well as external agencies</i>		
Lead person who will liaise with employee:			
<p>Please use this section as an initial guide to help in the formulation of possible next steps:</p> <p>What identifiable risk factors or potential hazards does the employee pose? Consider the following, and if the answer is yes, give detail and consider potential risk associated and any <u>immediate action</u> to be taken.</p>			
Risk assessment:	Detail:	Risk Grading:	Action to be taken:
Has the person behaved in a way that has harmed or may have harmed an adult with care and support needs?		Choose an item.	<i>If yes, raise an adult safeguarding concern with the relevant local authority</i>
Has the person behaved in a way that has harmed or may		Choose an item.	<i>If yes, raise a child safeguarding concern with the relevant local</i>

have harmed children, which means that ability to provide a service to adults with care and support needs must be reviewed?			<i>authority. If the person works with children aged 0 – 18 you will also need to alert the Local Authority Designated Officer (LADO)</i>
Has the person behaved towards an adult in a way which indicates unsuitability to work with adults with care and support needs?		Choose an item.	
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)?		Choose an item.	
Has the person possibly committed a criminal offence against or related to adults at risk?		Choose an item.	<i>If yes, you will need to notify the police</i>
Are there any risks to self (the employee)?		Choose an item.	<i>If yes, consider relevant health and safety processes and HR support</i>
Other:		Choose an item.	
<p>Please use this section to consider the staff member's current role and any further actions required to reduce the identified level of risk.</p> <p><i>See Table 1 below for examples of actions.</i></p>			
Risk mitigation:	Detail:	Risk grading:	Action to be taken:
What level of access to adults at risk does the person have?		Choose an item.	

How frequently does the person have access to adults at risk?		Choose an item.	
Have there been any previous concerns about the employee's practice/conduct?		Choose an item.	
Is there any evidence of divergence from organisational policy/professional standards?		Choose an item.	
What is the likelihood of reoccurrence?		Choose an item.	
Please use this section to clearly outline steps taken and record the outcomes of the investigation			
What strategies can/have been put into place to manage the situation?			
Is cooperation needed from other agencies to keep the other adults in the service safe? If so, whom?	<i>Record details of any multi-agency meetings or advice sought/evidence provided by external agencies</i>		
How will the service respond if further concerns or changes in circumstances arise?			
Outcome of investigation:			
How was this conclusion reached?			

Table 1: examples of actions taken to reduce the identified level of risk

Please note that this is not an exhaustive list.

Low risk	<ul style="list-style-type: none"> • Referral to well-being services • Referral to Occupational Health
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	<ul style="list-style-type: none"> • Additional training • Reflective practice supervision • Remain in role with additional safeguards, including supervised practice for a period of time
Moderate risk	<ul style="list-style-type: none"> • Remove from front-line practice to non-clinical duties for a period of time whilst gathering further information • Remove specific aspects of their role which present greater risk • Redeployment into another role for a period of time whilst gathering further information
High risk	<ul style="list-style-type: none"> • Suspension • Referral to regulatory or professional body • Outcome of investigation to decide whether to terminate employment • Referral to Disclosure and Barring Service (DBS)

Appendix 2: Case Examples

Peter: Works as a psychologist in the local health service and has reportedly started a relationship with a 24-year-old female with Down Syndrome who is supported by local care services. The adult has presented to a practice nurse at the local GP surgery with her support worker and says she requires contraception for this relationship.

This might be a Safeguarding Concern under Section 42 of the Care Act 2014:

- Does the adult have the mental capacity to consent to this sexual relationship?
- Is there a power dynamic?
- Is she his patient?

People living with learning disabilities can have consensual relationships without it necessarily being abusive, but the fact that it has been raised indicates that there may be a Safeguarding Concern. If so, this should be referred through that safeguarding adult's pathway and not via PIPOT.

Lucy: The Child Protection Team from another borough got in contact to highlight Lucy, who is a social worker, has alleged to have physically abused her teenage child resulting in a criminal charge of assault. Lucy works with adults living with a learning disability and often one-to-one.

A PIPOT meeting was held by Lucy's employer, and they asked Children's Services in Lucy's home area to provide more information so they could complete a risk assessment.

This resulted in Lucy being removed from working with any service users until the completion of the criminal justice proceedings and any follow-on safeguarding enquiries by Children's Services.

Kiran: A referral is received from A&E at a local hospital, regarding Kiran, who usually lives in your area. She is a nurse in a local nursing home. Kiran has been in hospital 4 times in 2 years with alcohol induced seizures. The incidents all occurred during non-working periods. The hospital has made a child protection referral (which was closed by the receiving team) in respect to her 14-year-old daughter.

A PIPOT meeting was held, and it was noted that whilst Kiran had periods of drinking too much, she had other periods where she had her drinking under control, and there was no evidence that she had put others at risk. The GP offered to make contact to offer support around her drinking, and report back if the offer of support was refused. There was no other relevant information to warrant consideration of the PIPOT procedures.