

Safeguarding Policy

Thrive Physiotherapy, including the Sapphire Children's Therapy service
Covering children, young people, and adults at risk
Version 2.0 · Issued October 2026 · Next review August 2027

1. Policy statement

Thrive Physiotherapy and Sapphire Children's Therapy are committed to safeguarding and promoting the welfare of all children, young people, and adults at risk with whom we work. We recognise that safeguarding is everyone's responsibility.

We work with a client group that includes children and young people aged 0 to 25 with neurological disabilities, learning disability, autism, and sensory processing needs, and adults with neurological conditions and learning disabilities. Many of our clients have complex communication needs, cognitive differences, or limited capacity to recognise or report abuse. This makes our safeguarding responsibilities particularly important.

This policy applies to all individuals working with or on behalf of Thrive Physiotherapy, including the Principal, associates, therapy assistants, volunteers, and any other contractors.

2. Legislation and guidance

This policy is informed by and consistent with:

- Children Act 1989 and 2004
- Working Together to Safeguard Children 2023
- Keeping Children Safe in Education, current edition, where we work in schools and colleges
- Care Act 2014, for adults at risk
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Counter-Terrorism and Security Act 2015, the Prevent duty
- UK GDPR and Data Protection Act 2018
- Records Management Code of Practice 2021
- HCPC Standards of Conduct, Performance and Ethics
- CSP guidance on safeguarding
- Local authority safeguarding procedures for the areas in which we operate: London Borough of Bexley, London Borough of Greenwich, London Borough of Lewisham, London Borough of Bromley, Dartford Borough Council, Kent County Council

3. Designated Safeguarding Lead

Role	Detail
Designated Safeguarding Lead	Stephanie Clarke
Position	Principal, Thrive Physiotherapy and Sapphire Children's Therapy
Contact	hello@thrivephysiotherapy.org.uk

All safeguarding concerns must be reported to the Designated Safeguarding Lead immediately. Where a concern involves the DSL, contact the relevant local authority safeguarding team directly.

4. Definitions

4.1 Child or young person

For the purposes of this policy, a child or young person is anyone under the age of 18. We also apply enhanced safeguarding awareness to young people aged 18 to 25 who have a learning disability, autism, or significantly impaired capacity, recognising that this group may be vulnerable in similar ways to younger children.

4.2 Adult at risk

Under the Care Act 2014, an adult at risk is a person aged 18 or over who has care and support needs, whether or not those needs are being met, and is experiencing or at risk of abuse or neglect, and as a result of their care and support needs is unable to protect themselves from the risk or experience of abuse or neglect.

All adults with neurological disability, learning disability, or significant cognitive impairment are considered potentially at risk for the purposes of this policy. This does not remove their autonomy or right to make decisions, but means we apply additional vigilance.

4.3 Learning disability and communication

Many of our clients have learning disabilities or complex communication needs. This affects how abuse or neglect may present, and how clients can disclose. Associates must be aware that:

- Clients with learning disabilities may not recognise that what is happening to them is abusive
- Clients may lack the vocabulary or communication method to disclose verbally
- Behaviour change, withdrawal, physical signs, or changes in presentation during sessions may be the only indicators
- Clients may be highly trusting of familiar adults, which increases vulnerability to grooming and exploitation
- Capacity to consent is decision-specific and time-specific and must not be assumed absent or present based on diagnosis alone

4.4 Types of abuse

Abuse may include:

- **Physical abuse.** Hitting, restraint, inappropriate moving and handling, withholding medication or treatment
- **Emotional or psychological abuse.** Humiliation, threats, isolation, controlling behaviour
- **Sexual abuse.** Including exploitation and inappropriate relationships
- **Neglect.** Failure to meet basic care, medical, or hygiene needs
- **Financial or material abuse.** Theft, fraud, misuse of funds or property
- **Discriminatory abuse.** Abuse related to disability, race, religion, gender, or other protected characteristics
- **Institutional abuse.** Poor care standards, neglect of rights, or inappropriate use of restraint within a care setting
- **Modern slavery and exploitation**

5. Recognising abuse and neglect

Associates must be alert to signs that may indicate abuse or neglect, including but not limited to:

- Unexplained or poorly explained injuries, bruising, or marks
- Fear, withdrawal, or significant change in behaviour or mood
- Flinching at touch or sudden movements
- Disclosure, whether direct or indirect, including through behaviour or play in younger children
- Poor hygiene, weight loss, or signs of physical neglect
- Inappropriate or sexualised behaviour
- A carer or family member who is dismissive of the client's needs, or who prevents the client from speaking alone with the therapist
- Signs that a client is being kept isolated or controlled
- Changes in a client's living situation, finances, or social network that cannot be explained

For clients with learning disabilities, behavioural changes, increased agitation, regression, or changes in self-care routines may be the primary indicators of abuse rather than verbal disclosure. If in doubt, contact the DSL immediately. Do not wait until you are certain.

6. Responding to a disclosure or concern

6.1 If a client discloses abuse

- Stay calm. Listen carefully and do not interrupt
- Do not ask leading questions. You may ask open questions: "Can you tell me more about that?"
- Do not promise confidentiality. Tell the client that you may need to share what they have told you to keep them safe
- Reassure them that they have done the right thing by telling you
- Do not investigate further or contact the alleged abuser
- As soon as possible after the session, record what was said as accurately as possible, using the client's own words where possible. Note the date, time, location, and any other relevant context
- Report to the DSL immediately

6.2 If you observe signs of possible abuse

- Record your observations accurately and objectively, including date, time, and description
- Do not confront the client's carer, family member, or any alleged abuser
- Report to the DSL immediately

6.3 If there is immediate risk

If you believe a client is in immediate danger, contact the emergency services on 999, or the relevant local authority's emergency duty team, before contacting the DSL. Notify the DSL as soon as practicable afterwards.

6.4 Reporting to the DSL

All concerns must be reported to the DSL on the same day they arise, by email to hello@thrivephysiotherapy.org.uk. Email is the reporting route because a concern needs to be set out in full and the account kept on record. Where there is immediate risk, follow section 6.3 first and email afterwards. Do not wait until your next session or until you have written up your notes. The DSL will decide whether to refer to the local authority children's or adults' safeguarding team, and will document the decision and rationale.

7. Referral to statutory agencies

The DSL will make a referral to the relevant statutory agency where there is reasonable cause to suspect a child or adult at risk is experiencing or is at risk of abuse or neglect. Referrals will be made to:

- Children's Services for concerns involving anyone under 18, or 18 to 25 where the person has a learning disability and remains in education or has ongoing care needs
- Adult Social Care for concerns involving adults at risk aged 18 and over
- The police where a criminal offence may have been committed or where there is immediate risk

The DSL will inform the client, and where appropriate their family or carer, of the referral unless doing so would put the client at greater risk.

Associates do not make referrals directly to statutory agencies unless the DSL is unavailable and there is immediate risk to life or safety. In that circumstance, make the referral and inform the DSL immediately.

8. Confidentiality, information sharing and records

Safeguarding concerns override the general duty of confidentiality. Information may be shared without consent where:

- There is a risk to the life of the client or another person
- There is reasonable cause to believe a child or adult at risk is being abused or neglected
- A criminal offence has been or may be committed

Where possible, inform the client that information is being shared and why, unless doing so would increase risk. Information will only be shared with those who need it to protect the client, and will be shared in a proportionate way.

All safeguarding records are kept securely and separately from general clinical records, in line with UK GDPR. Retention follows the Records Management Code of Practice 2021: for a child or young person, until their 25th birthday, or their 26th where treatment ended at age 17; for an adult, 8 years from the conclusion of treatment.

Records relating to an allegation of abuse of a person under 18 are marked not for disposal and retained beyond these periods, in line with the standing national instruction arising from the Independent Inquiry into Child Sexual Abuse.

Our full retention schedule is at Appendix A of the Thrive Physiotherapy Data Protection Policy.

9. Safer working practices

9.1 One-to-one sessions

Where possible, community-based sessions should be conducted in a room where another adult is present in the building, though not necessarily in the same room. Where this is not possible, associates must inform the DSL before conducting a session alone with a client in a private setting.

9.2 Physical contact

All physical contact must be clinically justified, explained to the client in accessible language before it happens, and consented to. For clients who cannot give verbal consent, assent should be sought through observation of non-verbal responses. Concern about a client's response to touch should be noted and discussed with the DSL.

9.3 Boundaries

- Do not share personal contact details with clients or families beyond what is agreed with the Principal
- Do not accept gifts of significant value from clients or families
- Do not form personal relationships with clients or their families outside the therapeutic relationship
- Do not take photographs or videos of clients without explicit written consent obtained through the Principal
- Do not discuss clients with anyone who does not need to know, including family members of other clients

9.4 Moving and handling

All moving and handling of clients must be carried out in accordance with the client's individual handling plan where one exists. Restraint is never acceptable except in an immediate life-threatening emergency, and must be reported to the DSL immediately.

10. Mental capacity

The Mental Capacity Act 2005 applies to all clients aged 16 and over. Key principles:

- Every person is assumed to have capacity unless proven otherwise
- A person is not to be treated as lacking capacity merely because they make an unwise decision
- Capacity is decision-specific and time-specific
- Any act or decision made for a person who lacks capacity must be in their best interests

For clients with learning disabilities, autism, or significant cognitive impairment, associates must not assume capacity is absent. If there is genuine doubt about capacity for a specific decision, this must be discussed with the DSL and documented.

For clients under 16, Gillick competence applies. A child may be able to consent to or refuse treatment depending on their understanding and maturity. Any concern about consent involving a child should be discussed with the DSL.

11. Training requirements

All associates must hold safeguarding training at the appropriate level for their role:

- **Level 2 (Adults).** For associates working only with adults
- **Level 3 (Children).** For associates working with children and young people under 18, or young people aged 18 to 25 with learning disabilities in education

Safeguarding training must be renewed annually. Evidence of current training must be provided to the DSL on commencement and annually thereafter. The DSL holds training at the highest level required by the work the service delivers.

12. Allegations against associates

If an allegation is made against an associate, including the Principal, the following steps apply:

- The person receiving the allegation must not investigate or confront the associate
- Where the allegation is against an associate other than the Principal, report to the DSL immediately
- Where the allegation is against the Principal, report directly to the Local Authority Designated Officer for allegations involving children, or to the local authority adult safeguarding team for adults
- The associate subject to the allegation will be suspended from client contact pending investigation
- The DSL will cooperate fully with any statutory investigation

Each London borough and Kent district has a designated LADO. Contact details are available through the relevant local authority website.

13. Low-level concerns

A low-level concern is any concern about the conduct of an associate, including the Principal, that does not meet the threshold for referral to the LADO but is inconsistent with this policy or with safer working practice. It may be a sense of unease about how someone speaks to a client, a boundary that has been blurred, or behaviour that is out of step with the rest of the team.

- Low-level concerns must be reported to the DSL, even where the person reporting is unsure whether it matters
- Concerns may be raised in confidence, and will be treated without blame
- The DSL records every low-level concern with the date, what was observed, and the action taken
- Records of low-level concerns are reviewed together, so that a pattern across several small concerns is visible
- Where a pattern emerges, or a single concern on reflection meets the threshold, the DSL refers to the LADO

Recording a low-level concern is not an allegation and is not a disciplinary step. It exists so that behaviour that falls short of abuse is addressed early rather than allowed to establish itself.

14. Safer recruitment

Before any contact with clients, every associate, employee, therapy assistant, volunteer, student or contractor must provide:

- A current Enhanced DBS certificate with barred list check appropriate to the work
- Current professional registration, where the role requires it
- Evidence of right to work in the UK
- Two references, at least one from the most recent employer or contract involving work with children or adults at risk
- Evidence of safeguarding training at the level required by section 11

- Evidence of professional indemnity insurance, for self-employed associates

Gaps in employment history are asked about at interview. Qualifications are verified at source where the role depends on them. Records of these checks are held by the DSL and retained in line with the Data Protection Policy.

15. The Prevent duty

Thrive Physiotherapy works in schools, colleges, care homes and other settings subject to the Prevent duty under the Counter-Terrorism and Security Act 2015. While the statutory duty falls on those settings rather than on us as a visiting provider, we support it.

- Associates must be alert to signs that a client or young person may be vulnerable to radicalisation, and must report any concern to the DSL the same day
- The DSL will raise the concern with the setting's own safeguarding lead where the client is seen in a setting subject to the duty, and will consider a Prevent referral through the local authority Channel panel
- Concerns about radicalisation are treated as safeguarding concerns and follow section 6 of this policy
- Associates must not investigate, challenge, or discuss their concern with the client, their family, or anyone outside the reporting route

16. Useful contacts

Service	Contact
Emergency	999
NSPCC helpline	0808 800 5000
Bexley Children's Services	020 8303 7777
Bexley Adult Social Care	020 8303 7777
Greenwich Children's Services	020 8921 3172
Lewisham Children's Services	020 8314 6660
Bromley Children's Services	020 8461 7373
Kent Children's Services	03000 41 11 11
HCPC, fitness to practise	0300 500 6184

Local authority out of hours and LADO contact details are held by the DSL and checked at each annual review.

17. Policy review

This policy is reviewed each August, or sooner if there is a significant change in legislation, guidance, or practice. All associates are notified of updates and required to confirm they have read the revised policy.

Version	Date	Review due
1.0	May 2026	May 2027
2.0	October 2026	August 2027

Changes in version 2.0: retention aligned to the Records Management Code of Practice 2021 and to the Data Protection Policy; sections added on low-level concerns, safer recruitment, and the Prevent duty; Keeping Children Safe in Education and the Counter-Terrorism and Security Act 2015 added to the legislative framework.