



Providing
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ANN PHYSIOCARE LIMITED

Registered Head Office:
37a Clase Road, Morriston, SWANSEA SA6 8DS.
Tel: 0330 124 2392 Email: rehab@annphysiocare.com

Website: www.annphysiocare.com

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Document Name	APC (P) Chaperone Policy(Division Business) Internal Document
Version	V. 3
Approved by	Mani Neelamegan
Approval Date	22 February 2021
Last Reviewed on	01 August 2025

Introduction

This policy sets out guidance for the use of chaperones where it is deemed necessary.

The aim of the policy is to promote good practice, providing children/young people and any vulnerable person with appropriate safety/protection whilst in the care of Ann Physiocare and to allow staff and volunteers to make informed and confident responses to specific child protection issues. The Children's Act [1989]:-

105 Interpretation,

(1) In this Act-

"child" means ...a person under the age of 18;

Policy Statement

ANN PHYSIOCARE LIMITED is committed to the following:

- the welfare of the patient is paramount;
- all children/vulnerable person, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity should be able to receive treatment in a safe environment;
- taking all reasonable steps to protect children/vulnerable persons from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings;
- all suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately;

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all ANN PHYSIOCARE LIMITED employees who work with children/vulnerable people will be recruited with regard to their suitability for that responsibility, and will be provided with guidance and/or training in good practice and child protection procedures;

Working in partnership with parents/carers is essential for the protection of the patient.

Providing Treatment

Whilst carrying on the assessment or providing treatment, patients are advised that such treatment cannot be carried out without the attendance of either:-

- a parent,
- someone who holds "parental responsibility",
- a "legal guardian",
- an "appropriate adult" or,
- anyone who has legal responsibility toward the welfare and care of the child/young person,

And where:-

- The patient is under 18;
- The patient is classed as being vulnerable;
- Is a vulnerable adult e.g. an older person or a patient with a learning disability or any cognitive impairment. For these patients, a familiar individual such as a family member or carer may be the best chaperone;
- The patient does not speak English as a first language and will need to give consent for the provision of treatment. We recommend the use of a translator;
- Is confused/disorientated;
- Have hearing, visual or speech difficulties.

Promoting Good Practice

To provide children/vulnerable persons with the best possible experience and treatment. Everyone within the Organisation must operate within an accepted ethical framework as described by the code of conduct from the Health and Care Professional Council.

It is not always easy to distinguish poor practice from abuse. It is therefore not the responsibility of employees to make judgements about whether or not abuse is taking place. It is however their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child/vulnerable adult.

This section is aimed at identifying what is meant by good practice and what is meant by poor practice.



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Good Practice

All personnel should adhere to the following principles and action:

- always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets);
- All patients will have the choice to bring a chaperone and we will work to support chaperone requirements if and when asked.
- act in an appropriate and professional manner;
- treat all young/vulnerable people equally and with respect and dignity;
- All attempts to protect privacy and dignity will be taken; including providing a towel, cover before, during and after treatment.
- always put the welfare of the young person first, before winning;
- Avoid unnecessary physical contact with young/vulnerable people. Where any form of manual treatment is required, it should be provided openly and with the consent of the young/vulnerable person. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the chaperone/child/vulnerable person's consent has been obtained;
- secure written parental consent where needed;
- keep a written record of any injury that occurs, along with details of any treatment given.

Poor Practice

The following are regarded as poor practice and should be avoided by all personnel:

- unnecessarily spending excessive amounts of time alone with young/vulnerable people away from others;
- allow or engage in inappropriate touching of any form;
- making sexually suggestive comments to the patient, even in fun;
- reducing a young person to tears as a form of control;
- allow allegations made by a young/vulnerable person to go unchallenged, unrecorded or not acted upon;
- do things of a personal nature that the young/vulnerable person can do for themselves;
- if during your care you accidentally hurt a young/vulnerable person and the patient seems distressed in any manner, appears to be sexually aroused by your actions and/or if they misunderstands or misinterprets something you have done, report any such incidents as soon as possible to another colleague and make a written note of it. Parents should also be informed of the incident.

Defining Abuse



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Abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young/vulnerable person regardless of their age, gender, race or ability.

There are four main types of abuse: physical abuse, sexual abuse, emotional abuse and neglect. Any individual may abuse or neglect a young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

Abuse in all of its forms can affect a young/vulnerable person at any age.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

Responding To Suspicions and Allegations

It is not the responsibility of anyone working in Ann Physiocare in a paid or unpaid capacity to decide whether or not abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young/vulnerable person. This applies BOTH to allegations/suspicions of abuse occurring within an Physiocare and to allegations/suspicions that abuse is taking place elsewhere.

Receiving Evidence of Possible Abuse

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it happening because signs such as those listed in section 3 of this document, it may be reported to us by someone else or directly by the young/vulnerable person affected.

Recording Information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Information should include the following:

- name, age and date of birth;
- home address and telephone number;
- whether or not the person making the report is expressing their concern or someone else's;
- the nature of the allegation, including dates, times and any other relevant information;



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- a description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioural changes;
- details of witnesses to the incidents;
- an account of what has happened and how any bruising/injuries occurred;
- have the parents/carers been contacted? If so what has been said?;
- has anyone else been consulted? If so record details;
- has anyone been alleged to be the abuser? Record detail.

Reporting the Concern

All suspicions and allegations **MUST** be reported appropriately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

References

Equality and Human Rights Commission: Employers

www.equalityhumanrights.com

ACAS: Equality. www.acas.org.uk

The Equality Act 2010 www.legislation.gov.uk

Business link: Set up employment policies www.gov.uk

Directgov: Discrimination at work. www.gov.uk

Art 19. Freedom of Expression

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~ Policy Implementation Notice ~

This is the policy statement of:

ANN PHYSIOCARE LIMITED

The overall and final responsibility for this policy is that of:

DIRECTOR

Signed:

Dated 22/02/2022

Day-to-day responsibility for ensuring this policy is put into practice is delegated to:

MANI NEELAMEGAN

Policy Review Date: 01/08/2025

Next Review Date: 01/08/2026