

CHILD PROTECTION POLICY FOR BRADBOURNE RDA GROUP



BRADBOURNE RDA GROUP ("the Group")

Address:
Bradbourne Riding Centre
Bradbourne Vale Road
Sevenoaks
Kent
TN13 3DH

(Registered Charity Number: 1122480)

A. INTRODUCTION

1. The aim of the Member Group is to provide disabled people with the opportunity to ride, and/or to carriage-drive, to benefit their health and well-being.
2. The Member Group provides disabled people with opportunities to join in social activities, competitions, (or to take a holiday) - which combine to bring a new dimension to necessarily restricted lives, encourage independence, and do much to improve a wide range of medical conditions.
3. The Member Group is committed to providing a safe and enjoyable environment for children, young people and vulnerable adults. Whether involved in riding (or carriage driving), all children, young people and vulnerable adults have a right to be safe and protected from harm.
4. There has been an increasing awareness over the last few years that some individuals who want to harm and abuse children and vulnerable adults will use charitable activities such as riding for the disabled as a vehicle to gain access to young and vulnerable people.
5. Child Protection underpins the following principles:
 - a. A duty of care to safeguard all children from harm. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account. (The Children Act 1989 defines a child/young person as under 18).
 - b. All organisations, which provide for children, should be able to demonstrate the existence, implementation and effectiveness of child protection policies.
6. Any interested party may obtain a copy of this policy from the Group Secretary on payment of a reasonable administration charge.

B. LEGAL AND PROCEDURAL FRAMEWORK

1. The practices and procedures based on the principles contained within the UK and International legislation and Government guidance have been designed to complement local Area Children Protection Committee (ACPC) procedures and take the following into consideration:

The Children Act 1989
The Protection of Children Act 1999

Working Together to Safeguard Children HMSO
Caring for the Young and Vulnerable

Home Office Guidance for Preventing Abuse and Trust 1999
The UN Convention on the Rights of the Child

The Human Rights Act 2000

C. CHILD PROTECTION POLICY STATEMENT

1. The Member Group recognises its responsibility to safeguard the welfare of all children and young people, including vulnerable adults, by protecting them from physical, sexual and emotional harm, and from neglect and bullying.
2. The Member Group is committed to meeting this obligation by affording the highest level of care for children, young people and vulnerable adults, through its child protection procedures.
3. This policy and its procedures applies to anyone within the Member Group whether those persons be in a paid or volunteer capacity, or as part of a competing team or volunteer/supporting group. This also includes trustees, members of the committee/board and designated medical and veterinary staff.
4. The Member Group will consider whether anyone who has a criminal conviction or caution for offences related to the abuse of children, young people or vulnerable adults should be excluded from working with children, or having access to children, while at events.
5. This exclusion of such individuals is a position reinforced by UK Legislation and Guidance.

D. OBJECTIVES

1. The Member Group has responsibility to ensure that its activities are free from abuse and to ensure that it has put into place adequate measures to report proper concerns to the appropriate statutory body.
2. This Policy sets the following objectives:
 - a. To ensure that all those who participate in any way whatsoever are aware of the child protection procedures set out in this policy.
 - b. To ensure that the Group Child Protection Officer independently seeks appropriate training and guidance on child protection and fully understands the child protection policy and procedures.
 - c. That all committee members/board members/trustees of the Group are conversant with the child protection procedures, to ensure these are implemented.
 - d. That the Group appoints a designated committee member/board member/trustee who will be the Group Child Protection Officer. The Group's Child Protection Officer will be responsible for the decision to make a referral to the required statutory body.
 - e. That all new volunteers complete an application form (see appendix three), which ensures that the Group Child Protection Policy has been read and agreed by the new volunteer.

f. That all paid staff, committee/board members, trustees, physiotherapists, volunteers, competitors and support groups of the Group are aware of their duty to report any incident of alleged child abuse. This may relate directly to an incident at a Group event or it may relate to an alleged incident, which has occurred outside of the venues used by the Group.

E. CHILD PROTECTION PROCEDURES

Guidance:

1. Action if there are concerns about the welfare of a child, young person or vulnerable adult:

2. This guidance applies to an incident or allegation, which occurs at a Group event, whether it is a normal weekly session, a competition or any event connected to the Group.

3. Concerns about poor practice and possible abuse at an event connected to the Group:

4. Child abuse can and does occur outside the family setting. Child abuse does occur and will continue to occur. Research indicates that abuse, which takes place within a public or leisure activity setting, is rarely a one-off event. It is, therefore, crucial that those involved in the Group are aware of this possibility, and that all allegations are treated seriously and in line with these child protection procedures.

5. Allegations may also relate to 'poor practice' where an adult or peer's behaviour is inappropriate and causing distress to a child, young person or vulnerable adult. Poor practice includes behaviour, which contravenes existing codes of conduct, infringes on an individual's rights and/or fails to fulfil the highest standards of care. Poor practice is unacceptable within the Group and will be treated seriously and appropriate action taken. N.B. Poor practice does not include safety issues relating to competitions – this is responsibility of the designated event Health and Safety Officer, and in accordance with the stated regulations.

6. When made aware of an allegation of child abuse, which has occurred at an event of the Group, the following steps should be followed:

a. Listen to what the child/young person or vulnerable adult has to say. Remain calm and inform the child/young person that they have the right to tell someone.

b. Take what the child/young person or vulnerable adult tells you seriously.

c. Avoid questioning the child/young person or vulnerable adult unnecessarily. Ensure that leading questions are not asked. Questions asked should be 'open', i.e. Who – What – When – Where – How. This will enable the child/young person to say what has happened, without the 'receiving person' leading or suggesting anything to them.

d. Reassure the child/young person or vulnerable adult, but do not make any promises of confidentiality, or assure an outcome, which may not be in the child/young person or vulnerable adult's welfare.

- e. If the alleged incident is one of physical abuse, ask the child/young person or vulnerable adult if there are any injuries, but do not undress the child/young person. Ask them to do this, but only with another adult present. Both adults present should preferably be of the same sex as the child or young person. Make a note of what the injuries (if any) look like and where these are on the body. If it is an allegation of any other type of abuse, it is necessary to ascertain accurate details of this.
- f. If the child/young person or vulnerable adult is reporting an incident, which has occurred at an event, by his/her parents/carers, then it will be necessary to consider the immediate risk to this child/young person or vulnerable adult.
- g. The allegation should be reported immediately to the Group Child Protection Officer.
- h. If the child/young person has visible physical injuries, then it will be necessary for the Group Child Protection Officer to contact the local police (where the event is taking place). The Police need to be informed that it is a child protection matter.
- i. It is likely this child/young person will have to undergo a medical examination to determine if the injuries are of a non-accidental nature. This is then the responsibility of the Local Police, not the Group's Child Protection Officer. (It will be necessary to undertake a medical examination as quickly as possible, to preserve any evidence – the Police will take the responsibility to inform the child/young person or vulnerable adult's parent/carers etc.)
- j. When an allegation of abuse is reported to any person at a Group event, and the Group Child Protection Officer has been informed, then it will necessary to record the information on the referral form included in the child protection pack. However, the person receiving the allegation should make a full record of what has been said, and seen as soon as possible, and report this to the Group Child Protection Officer.
- k. If a referral form is forwarded to the Group Child Protection Officer –he will decide whether the matter should be reported to the statutory agencies.
- l. Where there is an allegation of physical abuse, which has occurred at a Group event, or just prior to the event commencing (and there are visible signs of injury) this must be reported as soon as possible to the Local Police, stating that it is a child protection matter.
- m. If an allegation of physical abuse is made and there is no sign of physical injury – then the matter should be considered by the Group Child Protection Officer as to whether the matter should be reported to the necessary statutory agencies, and which statutory agencies the matter should be reported to. Where there is no evidence of physical injury, it is not good practice to report the matter to the local police, as a medical examination is of little point, but it may well be that the matter needs to be referred to the Social Services Department where the child/young person or vulnerable adult resides.
- n. If an allegation of sexual, emotional abuse or neglect is made, then likewise the same procedure should follow in that the Group Child Protection Officer is informed, who will consider if a referral is then made to the statutory agency where the child/young person resides.

o. It is highly unlikely that this matter needs to be reported to the local Police – but may well need to be referred to the statutory agency where the child resides. The reason for this is that a medical examination does not assume the urgency of recent physical abuse (where the evidence of injury must be seen as soon as possible). The Group Child Protection Officer must decide on appropriate action.

7. **Recording of Information**

a. This should be completed by the Group Child Protection Officer, in conjunction with the person who has received the information.

b. The following points should be remembered:

- Use the formal referral form (see appendix two) immediately (i.e. straight after the incident is reported).
- Make sure details relating to the child's name, address, date of birth, name of parents etc., are accurate
- Record the information received accurately, i.e. what the child/young person or vulnerable adult said – accurate information relating to physical injury, i.e. where on the body the injury is, size, colour, whether it is a bruise, laceration and what colour it is.
- If it is sexual abuse – the details of the type of abuse must be recorded, in relation to what the child/young person or vulnerable adult has said, i.e. full sexual intercourse, digital penetration, fondling over or under clothing and when and where this happened and by whom, according to what has been said.

8. **Please remember:**

a. It is more difficult for some children/young people and vulnerable adults to disclose abuse than others. Children with learning difficulties may have speech difficulties. Likewise children/young people and vulnerable adults with a disability may have experienced discrimination, which will make it difficult for them to disclose abuse. Children/young people and vulnerable adults from ethnic minorities may have experienced racism, which could lead them to believe that "white people", including those in authority do not care about their welfare. It is essential we accept this as a fact.

b. If it is emotional abuse or neglect or bullying – the referrer must give details of such abuse and the child/young persons view about who has inflicted this, and when and how often this occurred.

c. On the referral form it will be necessary to record any observations made (these can be continued on a separate sheet if necessary). Record times and dates if given.

d. There should be a clear distinction between fact, hearsay and opinion.

e. If a referral is made to any statutory agency then it may be necessary for the person who received the allegation to be interviewed by the Police, to provide a witness statement.

f. When the Police are contacted by telephone, a referral should be sent to them within 24 hours and a copy needs to be kept by the Group Child Protection Officer for reference.

g. The receiving agency will need to be aware of the name and phone number of the person making the referral.

9. **Please remember** - This information should remain confidential and handled on a "need to know" basis – it is unfair to the child/young person or vulnerable adult and his/her family to discuss it with everyone. It is for this reason that the receiver of such information is directed to discuss it with the Group Child Protection Officer.

10. **Footnote:**

a. We have a responsibility to ensure we are knowledgeable about child protection procedures and will act accordingly. Children, young people and vulnerable adults have the right to be protected from any form of abuse.

b. Training methods currently employed do not need to change – but all trainers need to be aware and accepting of these procedures to ensure that children/young people and vulnerable adults are never put at risk of any form of abuse.

c. **Remember – Non-action is not an option in child abuse**

11. **Allegation of Historical Abuse**

a. It is possible that an allegation of historical abuse is made by a child/young person or vulnerable adult, which is not related to the Group. It may relate to some other environment, e.g. home, school, workplace etc. and the child/young person or vulnerable adult might feel more comfortable by imparting this information to someone he/she trusts within a Group.

b. If this is the case, the matter must be taken seriously by the person receiving the information, and by the Group Child Protection Officer.

c. The process is the same as stated for a child/young person or vulnerable adult making an allegation of abuse, which has occurred at a Group event. All relevant information needs to be recorded and the matter reported to the Group Child Protection Officer. The Group Child Protection Officer will then be decide how this matter is dealt with.

d. When such an allegation is made you should inform:

(1) The Group Child Protection Officer who will decide the action that needs to be taken.

(2) If the Group Child Protection Officer is not available then a decision will be made by the Group Chairman or another member of the committee or board. Please remember that confidentiality is absolutely necessary, and all child abuse allegations must be handled on a "need to know basis".

e. Please be assured that allegations of any form of child abuse, neglect or bullying will be dealt with in a very sensitive and common sense manner, and only referrals to statutory agencies will be made where it is deemed appropriate.

f. Nonetheless, you all need to be aware the children/young people and vulnerable adults very rarely make allegations, which are untruthful. It is for this reason and for the absolute protection of children/young people and vulnerable adults within the Group that we need to take all allegations seriously.

12. Code of Practice for trainers, physiotherapists, helpers, committee/board members, trustees and volunteers - Adherence to good riding instruction practices, aligned with open communication with parents and children, should ensure that a safe and enjoyable environment is established and sustained. The duty of care commences from the point of receipt of the child/young person or vulnerable adult to the point of return to the parent/guardian/carer and the duty of care is non transferable.

13. Recommended Good Practice.

- Always be publicly open when working with children/young persons and vulnerable adults to avoid situations where a trainer, committee/board member/trustee, physiotherapist, helper or volunteer and an individual child or vulnerable adult cannot be observed.
- Care should be taken at all times when working with and particularly when manually handling children/young persons and vulnerable adults.
- Care should be taken when aiding and assisting a disabled person from a wheelchair onto and off a horse or pony.
- Care should be taken when providing manual support such as when helping a rider to mount and dismount the horse or pony.
- Care should be taken when providing manual support to stabilise the rider whilst on the horse, whether the horse is standing or moving.
- Care should be taken when manually supporting or aiding a child/young person or vulnerable adult whilst they are vaulting.
- Care should be taken by an able bodied rider where the disabled rider requires an able bodied back-rider to provide manual support.
- Where possible parents/carers should be responsible for children whilst using the toilet.
- Treat all disabled riders equally with respect and dignity.
- Always place the safety and welfare of the riders as the highest priority.
- Behave in an exemplary manner and be a role model for excellent behaviour.
- Motivate the disabled riders through positive and constructive feedback.
- Create a safe and enjoyable situation.
- Obtain written consent from parents to act as a reasonable parent if the need arises for the administration of emergency first aid.
- Request written consent from parents when young children are required to be transported by instructors, committee/board members, trustees, helpers or volunteers.
- Maintain a written report of any incident or injury together with any subsequent treatment and immediately complete an accident report form.

14. **Practice to be avoided:**

- Spending excessive amounts of time alone with children and/or vulnerable adults away from others.
- Taking children and/or vulnerable adults to your home where they will be alone with you.

The above should be **avoided** except in emergencies. If cases arise where these situations are unavoidable they should occur with the full knowledge and consent of someone in charge in the organisation and/or the child's parents, e.g. a child/young person or vulnerable adult sustains an injury and needs to go to hospital, or a parent/carer fails to arrive to pick up a child/young person or vulnerable adult at the end of a lesson.

15. **Practice which should never be condoned:**

a. **You should never -**

- Engage in rough, physical or sexually provocative games.
- Share a room with a child/young person or vulnerable adult.
- Allow or engage in any form of inappropriate touching.
- Make sexually suggestive remarks to a child/young person or vulnerable adult – even in fun.
- Allow children to use inappropriate language unchallenged.
- Allow allegations made by a child/young person to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for a child/young person or vulnerable adult if they can do it for themselves, unless you have been requested to do so by the parents (do so with the utmost discretion).
- Never depart from the premises until you have supervised the safe dispersal of the children/young persons and vulnerable adult.
- Abuse your privileged position of power or trust with children or adults.
- Cause a participant to lose self esteem by embarrassing, humiliating or undermining the individual.
- Have favourites.

16. **Safe Practice in Unforeseen Circumstances:**

a. If any of the following incidents should occur, you should report them immediately to another colleague and make a written note of the event, signed and dated. Parents and/or carers should also be informed of the incident:

- If you accidentally hurt a child/young person or vulnerable adult;
- If a child/young person or vulnerable adult misinterprets something you have done.
- If you have to restrain a child/young person or vulnerable adult (please note: minimum force must only be used).

b. It is impossible to establish guidelines for every situation, which may become evident in the Group, common sense should be used at all times.

17. Contact details for the person responsible for Group Child Protection **(the Child Protection Officer) can be obtained from the Chairman, Secretary or any other member of the Group Committee.**

18. The Group Child Protection Officer is happy to discuss any queries regarding referrals, training matters or issue of concern.

APPENDIX ONE

BRADBOURNE RDA GROUP ("the Group")

(Registered Charity Number 1122480)

1. **WHAT IS CHILD ABUSE:**

a. Child abuse is a term used to describe the manner in which children are deliberately harmed or put at risk of significant harm by adults and older peers. Often these are people, the child/young person knows and trusts. It refers to harm done to a child/young person's physical, sexual and emotional well-being.

b. Children/young people and vulnerable adults can be abused both within their family and outside of this environment. Usually the child knows the perpetrator well. In almost all settings, the adults have power over the children and can inflict harm.

2. **The Five Main Forms of Abuse:**

a. **Physical Abuse** – This includes situations where adults inflict physical injury on children/young people and vulnerable adults deliberately or over-chastisement (i.e. shaking, hitting, squeezing, biting, burning or by using an implement or part of their body to inflict injury).

b. **Sexual Abuse**

(1) This includes situations in which adults/peers use children/young people and vulnerable adults to meet their own sexual gratification through full sexual intercourse, masturbation, oral sex, fondling, anal intercourse or gross indecency. It is sexually abusive to expose this group of people to pornographic material (including the internet), taking photographic or using this group of people for pornographic purposes.

(2) Sexual abuse can occur where there is inappropriate sexual contact, (often under the guise of training) and sexual suggestions to children/young people and vulnerable adults.

(3) Sexual abuse is known as the "best kept secret" and it is not uncommon for children/young persons and vulnerable adults to disclose to people they have trust in, even if they do not know these people very well.

(4) False allegations of sexual allegations are very rare.

c. **Neglect**

(1) This facet includes situations where a child/young person or vulnerable adults basic needs are not being met, i.e. food, shelter, warmth, clothing, stimulation. Neglect also encompasses situations where a child/young person or vulnerable adult is not adequately supervised by an appropriate adult, and they are likely to be at risk of significant harm.

(2) Within the Group, neglect may occur if an instructor or volunteer fails to ensure safety or exposes a rider or driver to extreme danger, i.e. risk of injury which the child/young person or vulnerable adult cannot conceptualise, but the instructor can do so. This may involve the instructor or volunteer putting a rider or driver at risk through unsafe equipment or risk of suffering significant harm from extreme weather conditions.

d. **Emotional Abuse** - This includes situations where there is constant criticism by parents, carers and adults involved with children/young people and vulnerable adults. It occurs when adults have too high expectations, whether they be parents, trainers or coaches. It also occurs when parents are so over-protective that the child/young person or vulnerable adult cannot reach their normal developmental potential because of this facet. Emotional abuse encompasses constant threats, taunts, shouting or talking to in a defamatory manner and generally acting in a denigrating manner. This is a difficult area of abuse to prove and usually occurs over a period of time. It does not encompass a single incident, but nonetheless can be seen in parents who have too higher expectations of their young children in the equestrian forum.

e. **Bullying**

(1) This can be difficult to define and it can take many forms, either from adults or peers. Children are very susceptible to bullying. It is usually repeated over a long period of time and can have affects on the victim. It takes the form of verbal threats, isolating an individual from activities, name-calling and denigration. If bullying is suspected, then it must be reported, to ensure the child/young person or vulnerable adult's welfare is protected.

(2) These definitions are presented as a guide – each child's/young persons and vulnerable adult's experience will be unique to them and must be seen as such.

3. **Addresses to make a referral:**

a. Telephone number of the local police if a referral needs to be made at an event.

b. If advice and guidance is needed this can be accessed from the NSPCC Child Protection 24 Hour Free-phone Helpline 0808 800 500. NSPCC will advise if a referral is required.

- c. The Group Child Protection Officer will be available for advice and assistance.
- d. The Group Child Protection Officer will be aware that the NSPCC is the first contact if the matter needs to be dealt with immediately.



APPENDIX TWO
BRADBOURNE RDA GROUP ("the Group")

(Registered Charity Number 1122480)

REFERRAL FORM

CONFIDENTIAL INFORMATION FOR USE BY RELEVANT RDA PERSONNEL ONLY
You have a right of access to information held about you and other rights under
the Data Protection Act 1984

Name of Child: _____

D.O.B: _____

Home address: _____

Tel No: _____

Name of Parents: _____

Address (if different): _____

School/College Attended: _____

Are Parents Aware of Referral: Yes / No

Details of Referral:

(Continue overleaf if necessary)

Referral made by: _____

Address: _____

Tel. No: _____ Date of referral: _____

Time of referral: _____

Signed by: _____ (Person Referring the incident))

Signed by: _____ (Group Child Protection Officer)