**Aspley Guise and District Riding Club**

**Safeguarding Awareness and Safeguarding Policy**

AGDRC take its responsibility for Safeguarding very seriously and the following represents our policy for providing protection for the young people within our riding club.

Each committee member joining AGDRC will be provided with a copy of this safeguarding awareness document and policy and will be required to read and sign to indicate that they understand the requirements laid out within. All committee members are expected to make themselves familiar with the procedures to be followed in the event of an allegation against a member of the club or a member of the public attending an AGDRC event or if they have concerns about a child.

Danielle Rutter is the appointed Club Safeguarding Officer (CSO) It is an expected duty of all those associated with AGDRC to report concerns they may have about poor practice or possible abuse to the CSO in a timely manner.

The purpose of this policy is to protect and promote the welfare of children, young people and vulnerable adults involved with or in contact with AGDRC activities.

Child Protection is defined as

‘The activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.’ (Working Together, DfE 2015)

This includes, but is not limited to safeguarding children in specific circumstances

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|  Neglect |  Physical abuse | |
|  Emotional abuse |  Sexual abuse | |
|  Bullying, including online and prejudice-based bullying |  Racist, disability and homophobic or transphobic abuse | |
|  Gender based violence / violence against women  and girls |  Radicalisation and /or extremist behaviour | |
|  Child Sexual Exploitation and trafficking |  The impact of new technologies on sexual behaviour: e.g. Youth Produced Sexual imagery | |
|  Teenage relationship abuse |  Substance abuse |
|  Gang / youth violence including initiation / hazing |  Domestic abuse / violence |
|  Female Genital Mutilation |  Forced Marriage |
|  Fabricated / induced illness |  Poor parenting |
|  Online including grooming via social networking, online gaming, video messaging |  Peer on peer abuse |
|  Self Harm behaviours |  Children with mental health difficulties or illness |

**Aspley Guise and District Riding Club will fulfil their responsibilities as laid out in the following documents: -**

* [Working Together to Safeguard Children (](https://www.gov.uk/government/publications/working-together-to-safeguard-children)DfE 2015)
* Keeping Children Safe in Education (DfE July 2016)
* The procedures of Luton Safeguarding Children Board
* [The Children’s Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents)
* [The Education Act 2002 s](http://www.legislation.gov.uk/ukpga/2002/32/contents)175 / s157
* What to do if you are worried a child is being abused (DfE, 2015)
* Prevent Duty, Counter Terrorism and Security Act 2015
* Serious Crime Act 2015

**This policy will contribute to safeguarding young people and promoting their welfare by**:

* Clarifying standards of behaviour for committee members, volunteers and coaches
* Contributing to the establishment of a safe, resilient and robust ethos within our riding club, built on mutual respect, and shared values
* Creating a culture that is safe for children
* Developing the committee members awareness of the risks and vulnerabilities young people face to enable them to recognise and respond to concerns
* Addressing concerns at the earliest possible stage in the least intrusive way
* Reducing potential risks young people face of being subject to abuse

If any matter gives us cause for concern regarding the safety and welfare of a child or young person then AGDRC’s primary responsibility will be to that child or young person. Causes for concern may be direct disclosures of abuse, but may also include changes in behaviour, marks or bruises or hearing children talk about inappropriate subjects. It is important to remember that cause for concerns may also be observed in inappropriate relationships between child and parent/trainer, ie undue pressure, inappropriate touch when mounting/aiding a rider, belittling and name calling. It is not safe to assume that someone else will take action. As an adult you have a duty to take appropriate action. Recognising and coping with child abuse can be very stressful and the person reporting the concern will be fully supported by AGDRC.

**Key Definitions**

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent or carer failing to:

Provide adequate food, clothing and shelter (including exclusion from home or abandonment);

Protect a child from physical and emotional harm or danger;

Ensure adequate supervision (including the use of inadequate care-givers

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect:

* Constant hunger;
* Stealing, scavenging and/or hoarding food;
* Frequent tiredness or listlessness;
* Frequently dirty or unkempt;
* Often poorly or inappropriately dressed for the weather;
* Poor attendance or often late;
* Poor concentration;
* Affection or attention seeking behaviour;
* Illnesses or injuries that are left untreated;
* Failure to achieve developmental milestones, for example growth, weight;
* Failure to develop intellectually or socially;
* The child is left at home alone or with inappropriate carers

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The following may be indicators of physical abuse:

* Multiple bruises in clusters, or of uniform shape;
* Bruises that carry an imprint, such as a hand or a belt;
* Bite marks;
* Round burn marks;
* Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
* An injury that is not consistent with the account given;
* Unaccountable covering of limbs, even in hot weather;
* Fear of going home or parents being contacted;
* Fear of medical help;
* Fear of changing for PE;
* Inexplicable fear of adults or over-compliance;
* Violence or aggression towards others including bullying; or
* Isolation from peers.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing*.* They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act of sexual abuse, as can other children.

* The following may be indicators of sexual abuse;
* Sexually explicit play or behaviour or age-inappropriate knowledge;
* Reluctance to go home;
* Inability to concentrate, tiredness;
* Refusal to communicate;
* Eating disorders, for example anorexia nervosa and bulimia;
* Attention seeking behaviour, self-mutilation, substance abuse;
* Aggressive behaviour including sexual harassment or molestation;
* Unusual compliance;
* Depression, withdrawal, isolation from peer group;

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying)*,* causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

NB – Emotional abuse is the most prevalent type of abuse within a sporting environment, this can be perpetrated by parents, careres, coaches etc. It is important to remember that a parent may be the perpetrator of emotional abuse and we must not become complaint to the risks young people face just because they are accompanied by a parent/ carer at AGDRC events.

The following may be indicators of emotional abuse:

* The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
* Overreaction to mistakes;
* Delayed physical, mental or emotional development;
* Sudden speech or sensory disorders;
* Inappropriate emotional responses, fantasies;
* Behaviours such as rocking, banging head, regression, tics and twitches;
* Self-harming, drug or solvent abuse;
* Fear of parents being contacted;
* Running away;
* Compulsive stealing;
* Appetite disorders - anorexia nervosa, bulimia;

Responses from Parents/Carers

* Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:
* Delay in seeking treatment that is obviously needed;
* Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
* Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
* Reluctance to give information or failure to mention other known relevant injuries;
* Frequent presentation of minor injuries;
* A persistently negative attitude towards the child;
* Unrealistic expectations or constant complaints about the child;

Safeguarding and Welfare Requirements.

* AGDRC recognises its responsibility to:
* Safeguard children and promote their welfare;
* Promote good health;
* Support children’s behaviour;
* Ensure the suitability of adults who have contact with children;
* Ensure that facilities are safe and suitable
* Ensure that organisational arrangements enable all children to have a positive learning and development experience;
* Maintain records, policies and procedures relating to safeguarding

**What we Do When we are Concerned About a Young Person and Dealing with a Disclosure of Abuse**

All committee members, volunteers and coaches will be familiar with the procedure to follow in the event of a disclosure or concerns for a young person’s physical/emotional safety

Any concerns should be reported to the CSO officer as soon as possible (same day) and followed up in writing on a Cause for Concern form the same day.

The CSO will make contact with the relevant organisation to report the concern where appropriate and will complete the relevant section of the Cause for Concern form detailing the actions agreed. Concerns will be discussed with the parent/carer in advance of concerns being reported only if this will not increase the risk to the child or young person.

In the event that a young person makes a disclosure consider the following:

* Stay calm, do not communicate shock, anger or embarrassment.
* Reassure the young person, let them know you are pleased that s/he is speaking to you.
* Never enter into a pact of secrecy with the young person. Assure her/him that you will try to help but let them know that you will have to tell other people in order to do this. State who this will be and why.
* Tell her/him that you believe them. Young people very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
* Encourage the young person to talk but do not ask "leading questions" or press for information.
* Listen and remember.
* Check that you have understood correctly what the young person is trying to tell you.
* It is inappropriate to make any comments about the alleged offender.
* Be aware that the young person may retract what s/he has told you. It is essential to record all you have heard.
* As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.

Danielle Rutter CSO can be contacted on 07890346715 or [daniellerutter37@gmail.com](mailto:danni3773@icloud.com) at anytime.

AGDRC will take all necessary steps to keep children safe and well and must also be alert to any issues for concern in the child’s life at home or elsewhere.

This policy is to be reviewed annually or when there are significant changes to legislation and guidance.