

Safeguarding Policy Additions

Changing Lives Through Horses Centres



Context

British Horse Society Changing Lives Through Horses is an alternative education programme where children and young people can learn in a safe and nurturing environment alongside highly trained coaches at British Horse Society Approved Riding Centres.

Our coaches receive training and support to run the programme from across the BHS, Britain's largest equine charity.

The programme is aimed at children and young people aged 5-25 years who have become, or are at risk of becoming, disengaged or excluded from mainstream education or training. Participants who have benefitted from the programme include those with additional special educational needs, poor emotional health and well-being and those who may have experienced trauma.

Operationally, our approved Changing Lives Through Horses centres determine when and how often the programme is offered during the week. In most cases the young people attending the programme will be on the roll of a school or have their place commissioned by a local authority. Some young people are electively home educated and attend the programme as a private arrangement. Post 16 young people may have a maintained EHCP or be at risk of becoming NEET.

We have a robust referral process where our centres and coaches will work in partnership with parents, schools and referral agencies to ensure that the programme is suitable and that there is due regard to safeguarding, risk assessments and expected outcomes.

Changing Lives Through Horses fully recognises the contribution it can make to protect children and young people and requires all staff to act in the best interest of the participants at all times.

Purpose

The purpose of the BHS Safeguarding policy and CLTH addition is to safeguard and promote participants' welfare, safety and health by fostering an honest, open, caring and supportive climate. The participants' welfare is of paramount importance. It is the intention of the procedures within our policy to ensure that the appropriate action is taken immediately where it is believed a participant may be at risk of significant harm or it is alleged that a participant is suspected of being abused. The prime concern at all times must be the interests and safety of the participant (s).

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children, in line with 'Working Together To Safeguard Children' 2026 and each Nation's education safeguarding guidance.

Safeguarding and promoting the welfare of children is defined for the purposes of this document as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

Safeguarding is everyone's responsibility

CLTH centres will maintain a single central database for all staff detailing their safeguarding training dates and Criminal Record checks with the date of issue clearly identified.

All staff need to read the education safeguarding guidance for their appropriate Nation* and sign the register to confirm this has been complete.

This database should be made available during any quality assurance or safeguarding checks by partner agencies or local authorities.

*England - Keeping Children Safe in Education 2025 (KCSiE 2025) All staff should read part 1.

*Wales – Keeping Learners Safe

*Scotland – Child Protection and Safeguarding

*Northern Ireland – Safeguarding and Child Protection in schools: A guide for schools

As part of the CLTH referral process, centres should ask for a copy of the school or agency safeguarding policy or arrangements.

Vulnerable groups

Safeguarding should be contextualised and personalised for vulnerable groups. Some children and young people may be particularly vulnerable to abuse and harm. This includes for example privately fostered children, children with a disability, children with communication needs or other diagnosed SEND. Certain forms of behaviour can also increase the vulnerability of a young person such as drug or alcohol misuse.

Care Experienced Children

Supporting children in care and children who have been in care is a key priority. We recognise that the needs of this group of children can only be effectively met when all agencies work together.

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great aunts or uncles, great grandparents or cousins. Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence. Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery. There is a mandatory duty to report to the local authority where centres are aware or suspect that a child is subject to a private fostering arrangement.

Electively Home Educated (EHE)

EHE is when a parent or carer informs a school that they are removing their child from the role of the school to educate them at home.

EHE requires parents to take full responsibility for their child's education, including all costs.

Schools are not required to provide any support to parents that have withdrawn their child for EHE. LA's should offer to meet and provide advice and support but parents do not have to take this up. School has no obligation to keep the child's place open should they wish to return.

If an LA determines that the education provided is unsuitable, or if children's social care identifies safeguarding risks, a school attendance order may be issued and the family are told to apply for a school place.

EHE young people can be less visible to services than their school educated peers and as such may be subject to additional vulnerabilities.

Mental Health

All staff should also be aware that mental health issues can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health issue. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing poor mental health or be at risk. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the safeguarding policy and speaking to the CSO or school DSL.

SEND

Participants with additional SEN could be at higher risk of abuse. Centres should ensure that due regard is given to individualised needs around safeguarding at the point of referral.

Attendance reporting

Attendance recording and monitoring can be a key factor in ensuring children are safe and processes should be agreed with the referring school or agency prior to commencing the programme as set out in the service level agreement.

For electively home educated pupils, or those not on a school role, procedures should be clearly agreed with the parent, carer or referring agency for reporting absence.

Centres should ensure that emergency contact numbers for school and home are provided on the CLTH referral form. It is good practice to hold TWO emergency contact numbers for parents/carers.

Health and safety

A participant risk assessment will be completed as part of the referral process. Activity and venue risk assessments should be available at the centre. Health and Safety Regulations such as 'Procedures in the event of a fire' will be explained to the participant on the first visit.

Drugs and substance misuse

Any situation where a young person is thought to be in possession of or under the influence of drugs will be reported to the referring school and/or parent/carer immediately and appropriate action taken to safeguard the young person. Participants found in possession of illegal substances will have them confiscated and it is likely that the illegal substances will be destroyed; staff ensuring that either photographic evidence of the disposal is captured or witnesses present. It is probable that the police will be informed. It is particularly important to be aware of 'County Lines' and accordingly be vigilant whilst working with young people. The UK Government defines county lines as: a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. Those involved in county lines are likely to exploit children and vulnerable adults to move and store the drugs and money and they often use coercion, intimidation, violence (including sexual violence) and weapons.

Medication

Where a participant requires the administration of medication during a CLTH session, written parental consent will be sought in advance of the programme commencing. Where a learner remains on the roll of a school, written permission to administer medication, will also be sought from the Head teacher. All medication kept on site must be locked securely away. In the event of a medical emergency first aid will be given by a qualified first aider and if necessary an ambulance will be called and parents/carers/school informed immediately.

Allergy and Anaphylaxis

Benedict's Law is a new law for 2026 for education settings and requires you to make sure your staff are compliant, confident, and prepared to protect pupils at risk of anaphylaxis.

From September 2026, schools are expected to implement and maintain these requirements annually across all maintained and academy schools in England:

1. Whole-School Allergy Policy

Develop and publish whole-organisation allergy policies. Note – allergy policy is not medical conditions policy, and it will need to be displayed on the school website.

2. Staff Training

Ensure comprehensive allergy awareness and emergency response training for *all* staff.

3. Emergency Medication

Hold spare in-date adrenaline devices (AAs) on site. Note – they are not a second set of devices prescribed for an individual child, they can be used on any child or adult experiencing anaphylaxis.

4. Individual Care Plans

Implement individual healthcare and action plans for pupils/participants with serious allergies (including food, animal and venom allergies).

For further information and support, including access to training visit

<https://www.anaphylaxis.org.uk/education/benedicts-law/>

E-safety

Centres should have a clear policy on the use of mobile phones and smart technology whilst young people are on site, which could be included in a code of conduct. Centres should share any social media and phone policy with the referring school, young person and parents / carers prior to the programme commencing and this should be agreed by all parties.

Staff need to be alert to any inappropriate material viewed by a young person on any mobile device.

Staff must not liaise/communicate with any young person on the programme via social media.

Additionally, the safe use of 'multi media' in its widest sense, and the linkage of on line and off line worlds, particularly internet use, must be promoted by staff and vigilantly monitored.

Pandemics

All staff are expected to remain up to date with government guidelines about managing the on-going effects of a pandemic, this includes:

- An awareness of hygiene requirements – e.g. frequent hand washing, sanitising
- An awareness of PPE requirements – e.g. The use of masks/visors
- An awareness of symptoms and the necessary steps required in dealing with symptoms.