British Grooms Association & Hartpury University Research Report

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Health, Safety and Injury Risk For British Equestrian Grooms

Integrated findings from the national survey and injured groom interviews

Commissioned by the British Grooms Association

July 2026

Executive summary

Equestrian grooms play a vital role in supporting horse welfare and the wider British equine industry, undertaking physically demanding work in environments where the risk of injury is high. With approximately 40,000 equestrian roles in the United Kingdom (UK), concerns relating to injury, safety culture and mental wellbeing have been increasingly highlighted by the British Grooms Association (BGA). Despite this, relatively little research has explored either the prevalence of injury within the groom workforce or the lived experiences and longer-term impact of workplace injury.

Study Aims

This report addressed an important evidence gap by identifying health and safety practices, cultural attitudes to safety, injury prevalence, injury type and associated occupational risk factors within the equestrian groom workforce, before building on these findings to explore the lived experiences underlying the injury patterns, workplace behaviours and cultural attitudes identified previously.

Study design

The study comprised two sequential phases. Phase 1 employed a deductive cross-sectional survey design to examine injury prevalence, workplace risk factors and safety culture within British grooms. Phase 2 adopted a qualitative narrative interview design to explore participants' lived experiences of workplace injury in greater depth.

	Phase 1: Survey	Phase 2: Interviews
Participants	285 grooms	11 injured grooms
Design	Deductive cross-sectional survey	Qualitative narrative interviews
Focus	Injury prevalence, workplace risk factors, safety culture and mental health	Lived experiences of workplace injury, recovery, support and longer-term impact

Survey Snapshot

285
grooms completed the national survey

93%+
reported at least one injury in the previous year

1,052
injuries were reported by 266 injured grooms

55.7%
made no adaptations to work after injury

43.1%
met the mild-to-severe anxiety threshold

49.9%
met the mild-to-severe depression threshold

Key findings

- Over 93% of respondents reported at least one injury in the previous year, with an average of almost four injuries per groom.
- More than one in five grooms reported suspected or diagnosed concussion.
- Younger grooms, female workers and self-employed staff were least likely to report injuries or access care.
- Recovery decisions were shaped by responsibilities to horses, employers and financial security.
- Positive support from employers, colleagues, family and industry organisations contributed to improved recovery experiences.
- Injury could have lasting impacts on confidence, working practices and career or employment decisions.

Theme	Summary
Living with Injury	Participants described injury as a physical, emotional and occupational experience, characterised by injury appraisal, emotional responses and significant impacts on wellbeing and work.
Recovery versus Responsibility	Recovery decisions were shaped by competing responsibilities to horses, employers and financial security, often leading to delayed help-seeking and early return to work.
Social and Occupational Support Systems	Employers, colleagues, family and the BGA played an important role in facilitating recovery, although experiences with employers and social support networks varied considerably.
Injury Legacy	Injury frequently resulted in long-term changes to confidence, working practices and career decisions, influencing future approaches to safety and risk.

Overall, the findings demonstrate that workplace injury among equestrian grooms extends well beyond physical recovery and is shaped by occupational demands, horse welfare responsibilities, workplace support, industry culture and wider organisational practices. High injury prevalence, inconsistent Health and Safety provision, elevated mental health symptoms and cultural barriers to reporting collectively threaten workforce welfare, sustainability and long-term retention. While the British Grooms Association is already recognised as a trusted source of support by many grooms, the recommendations presented within this report provide practical opportunities to strengthen injury prevention, improve workplace safety standards, enhance recovery and mental health support, and contribute to a safer, healthier and more sustainable grooming workforce.

Recommendations at a glance

Eight practical recommendations are presented in full later in this report.

1 Develop Practical Health and Safety Training for Grooms	**2 Expand Industry Resources for Self-employed and Freelance Grooms**
3 Develop a Comprehensive Injury Recovery and Return-to-Work Toolkit	**4 Develop Employer Guidance in Partnership with the Equine Employers Association (EEA)**
5 Launch an Industry Campaign to Improve Injury Reporting and Help-Seeking	**6 Strengthen Integrated Injury and Mental Health Support**
7 Introduce a Peer Support and Mentoring Programme	**8 Establish a BGA Groom Cover Network**

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1

About the study

The study addressed an important evidence gap in the British equestrian groom workforce.

- According to the British Grooms Association (BGA), there are approximately 40,000 jobs in the Equestrian Industry in the UK alone.
- Equestrian grooms are essential to the smooth operation of the equine industry and are responsible for maintaining high standards of equine welfare (Ole and Wolframm, 2025).
- Grooms work in physically demanding and high-risk environments, yet their occupational risks and psychological responses to injury are under-recognised.
- The 2024 British Grooms Association survey identified injury, limited support services, injury culture and difficulty taking time off for recovery as key concerns (BGA, 2024).
- This report examined health and safety practices, cultural attitudes, injury prevalence and occupational risk factors before exploring the lived experiences underlying those patterns.

Study design

The study comprised two sequential phases. Phase 1 employed a cross-sectional survey design to examine injury prevalence, workplace risk factors and safety culture within British grooms. Phase 2 adopted a qualitative narrative interview design to explore participants' lived experiences of workplace injury in greater depth.

	Phase 1: Survey	Phase 2: Interviews
Participants	285 grooms	11 injured grooms
Design	Cross-sectional survey	Qualitative narrative interviews
Focus	Injury prevalence, workplace risk factors, safety culture and mental health	Lived experiences of workplace injury, recovery, support and longer-term impact

Ethical approval for the study was granted by the Hartpury University Ethics Committee (ETHICS2024-239).

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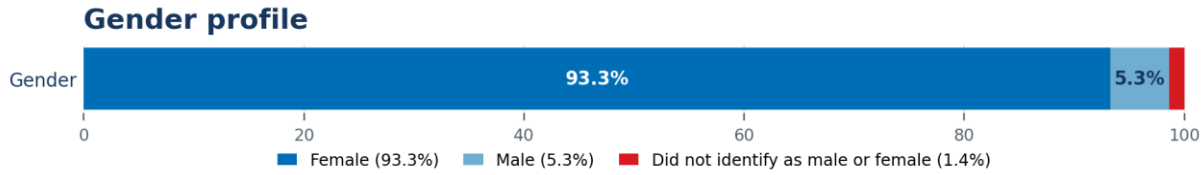
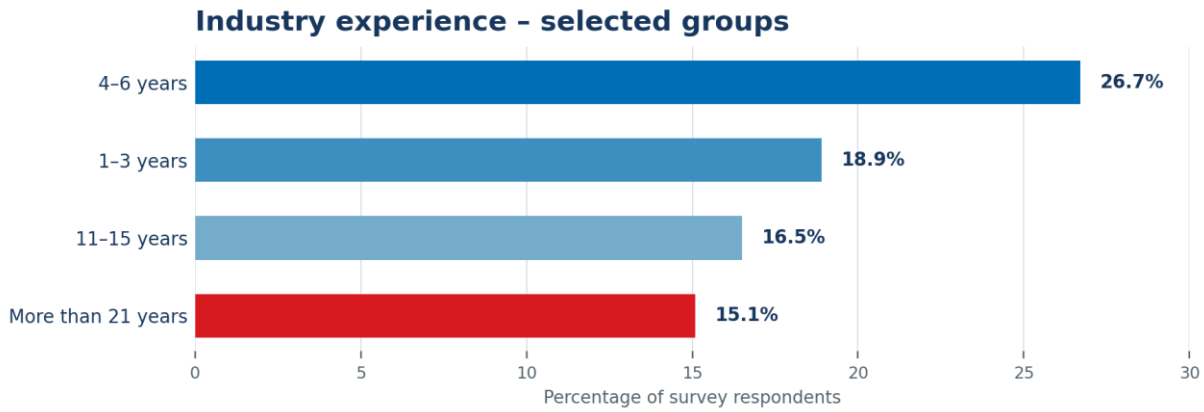
Phase 1: Survey findings

Participant profile

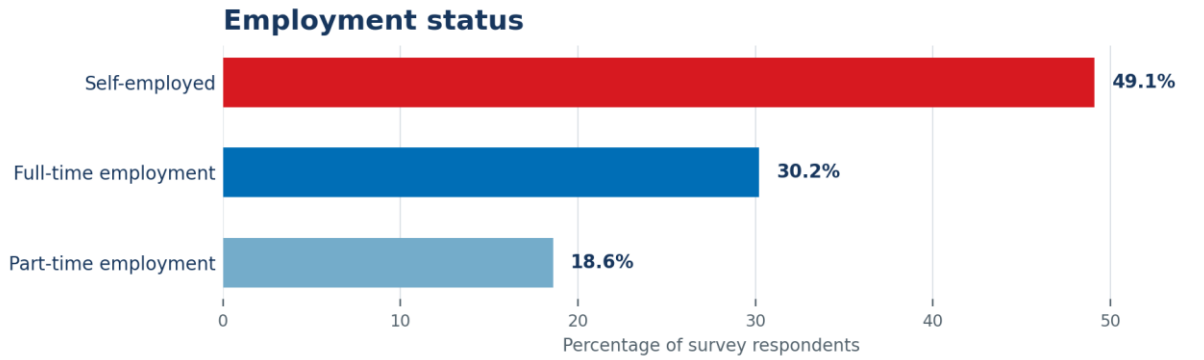
A total of 285 grooms completed the survey. The demographic data reveals that participants were predominantly female (93.3%), with only 5.3% identifying as male and 1.4% not identifying as male or female.





Experience spanned the career course. The most common tenure was 4–6 years (26.7%), while 16.5% had 11–15 years of experience and 15.1% had worked in the industry for over 21 years.

Working Arrangements & Patterns



Most common arrangement. Nearly half of all respondents (49.1%) operated as self-employed individuals, outweighing those in full-time (30.2%) or part-time (18.6%) employment.

25.6%
worked six days a week

9.1%
worked seven days a week

35.4%	22.8%
worked 8–9 hours a day	worked 10 hours or more a day

Views on working hours

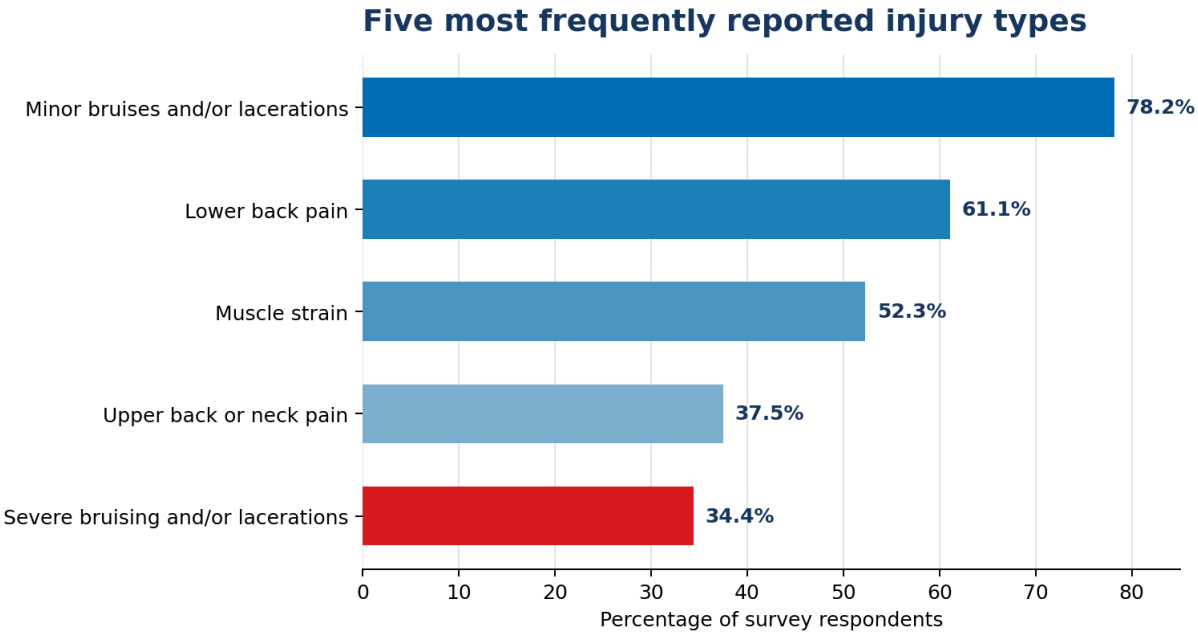
65.6%	24.6%
were satisfied with their working hours	felt they worked too many hours

Key message. A demanding schedule was common. Although most respondents were satisfied with their hours, almost one quarter felt they worked too many hours.

Prevalence and nature of workplace injuries

The study reveals that occupational injury is prevalent within the equestrian groom workforce, with most grooms sustaining multiple injuries over a 12-month period.

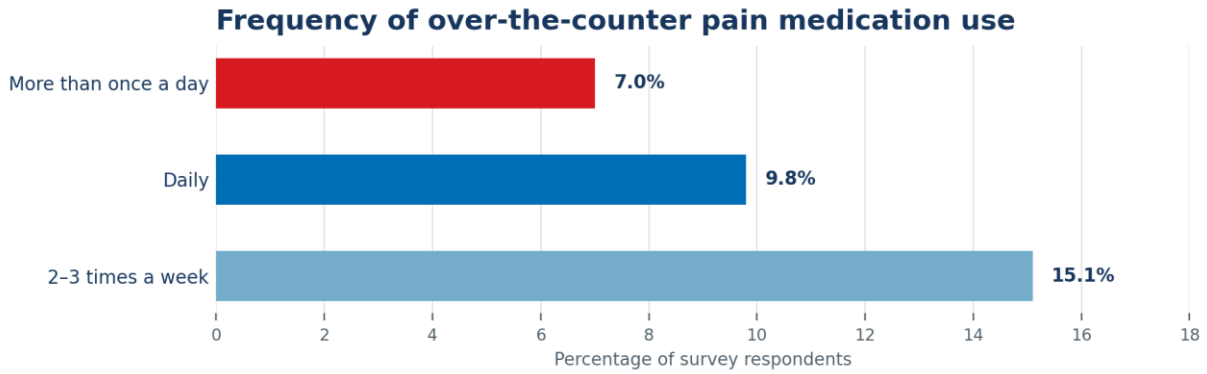
Only 6.7% of the 285 participants reported experiencing no injuries in the last 12 months.



Five most frequently reported injury types.

The data also reveals a high prevalence of concussion, with 12.6% of respondents reporting a suspected concussion and a further 8.1% reporting a clinically diagnosed concussion in the past year.

A significant portion of the workforce relies on over-the-counter pain medication to manage their work.



Pain medication use. 7.0% used over-the-counter pain medication more than once a day, 9.8% used it daily, and 15.1% used it 2–3 times a week to manage their work.

Working through injury

55.7%

of injured grooms

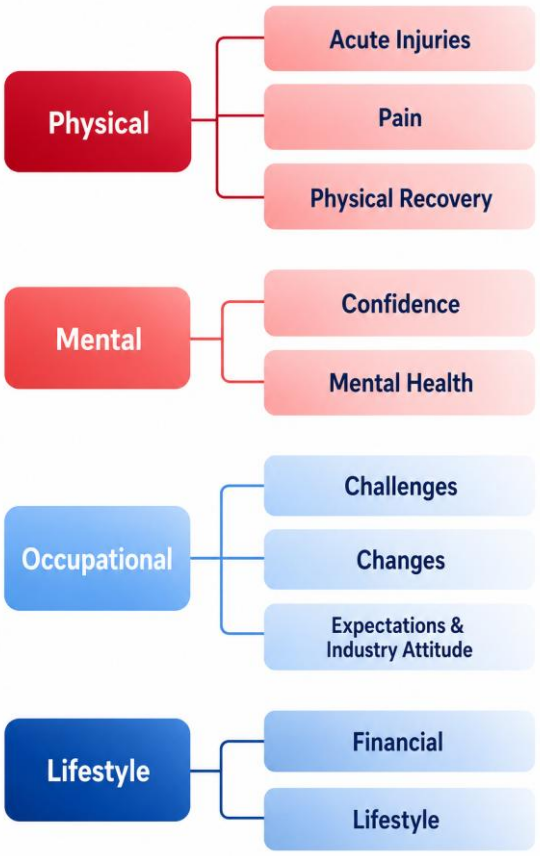
NO ADAPTATIONS FOLLOWING INJURY

More than half made no adaptations to their working life following an injury.

Key message. Despite the high injury rate, these findings indicate a culture of working through pain.

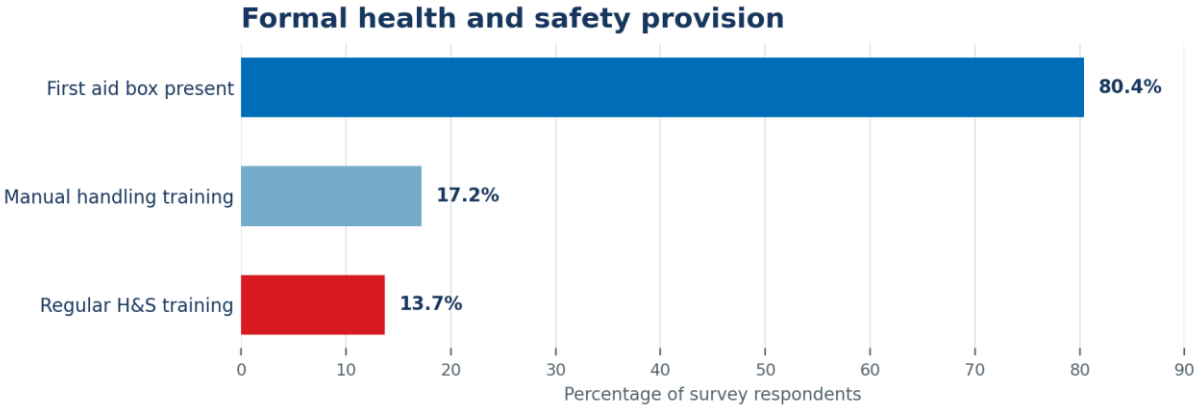
Impact of injury

When asked to describe how injury had affected them, participants identified a range of physical, mental, occupational and lifestyle impacts. Physical effects included pain, challenges with physical recovery and listing further acute injuries. Participants felt their confidence was negatively affected by injury, and some reported ongoing concerns for mental health as a result. Occupational challenges included reduced ability to work, and losing clients, as well as having to make alterations to working conditions/behaviours, such as hours or changing duties, if available. Most participants felt the industry expectation to carry on working, including stigma, guilt and judgement and some felt fear over losing their job. Finally, participants noted financial and lifestyle implications, such as lost income, no sick-leave options available in their roles, or being unable to drive because of being injured:



Workplace health and safety

Formal health and safety measures varied considerably between workplaces, with implications for injury risk.



Training remained uncommon. A first aid box was common, but only 13.7% reported receiving regular H&S training and 17.2% had received manual handling training.

Manual handling PPE and injury

INJURY RISK

Higher risk of injuries

The absence of mandatory PPE for manual handling was associated with an increased risk of injury.

INJURY TYPE

Severe bruising and lacerations

The absence of mandatory PPE for manual handling was linked to a higher incidence of severe bruising and lacerations.

Key message. The absence of mandatory PPE for manual handling was associated with injury risk and with severe bruising and lacerations.

49.1%

of participants were self-employed

A safety provision gap. Self-employed individuals were less likely than those in full-time or part-time employment to have the following measures in place:

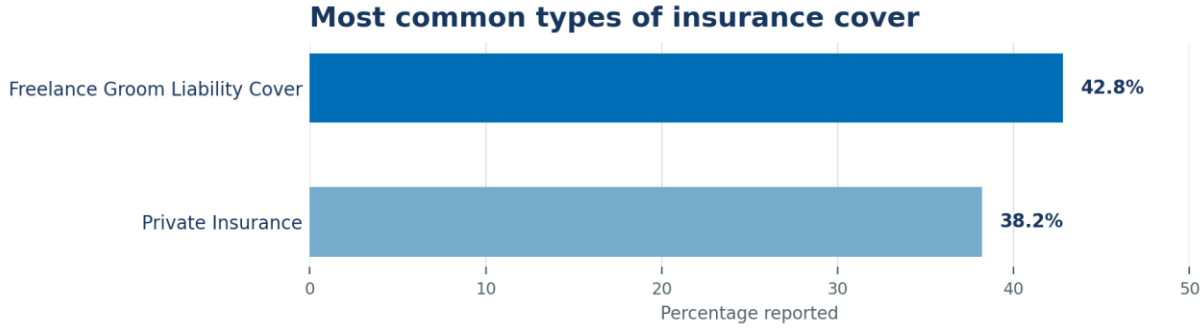
Accident books	H&S inductions	Machinery risk assessments

Financial protection

10.2%

reported having no insurance

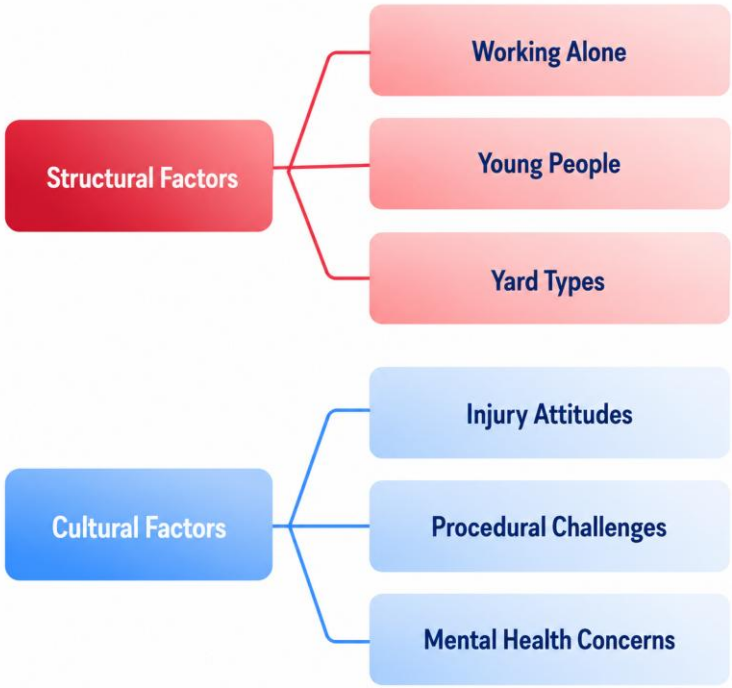
Among those with insurance coverage:



Industry implication. As nearly half of participants were self-employed, a large portion of the industry may lack formal H&S oversight and provision.

Additional concerns raised by grooms

Participants were also asked to identify any additional thoughts on H&S in the equine workplace and identified several important additional concerns that were not included as part of the survey design. Participants noted three structural factors they believed were important to the implementation of H&S and the safety of workers, including the challenges of working alone, concerns regarding younger people working in the equine industry and their safety, particularly teenage populations, and the design and set up of yards, which influenced the ability to execute safety procedures. Furthermore, they identified injury attitudes, and procedural challenges heightened injury risk to grooms, and some participants felt the mental health of the workforce required additional support in future:



Mental health profile of the workforce

The findings indicate a significant mental health burden, with rates of anxiety and depression notably higher than general population estimates.

43.1%

met or exceeded the clinical threshold for mild-to-severe anxiety

49.9%

met or exceeded the clinical threshold for mild-to-severe depression

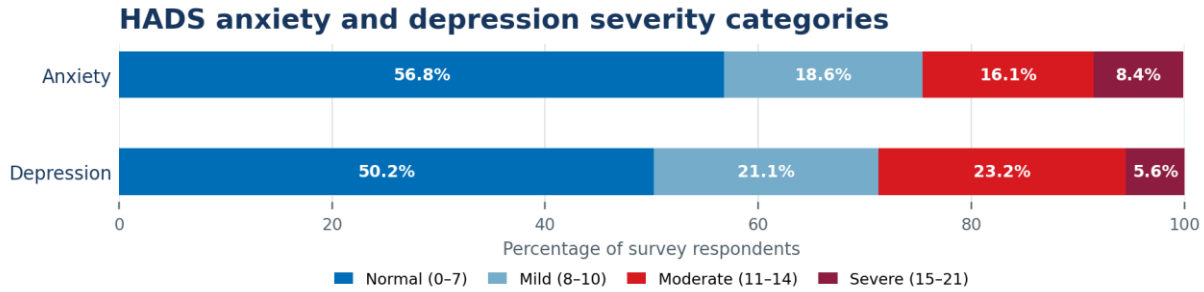
Hospital Anxiety and Depression Scale (HADS) scores

7.59 ± 4.61

mean anxiety score (±SD)

7.73 ± 4.49

mean depression score (±SD)



Key message. More than four in ten respondents met or exceeded the clinical threshold for mild-to-severe anxiety, while around half met or exceeded the threshold for mild-to-severe depression.

Work-related factors

WORKING HOURS

Longer working days

EMPLOYMENT STATUS

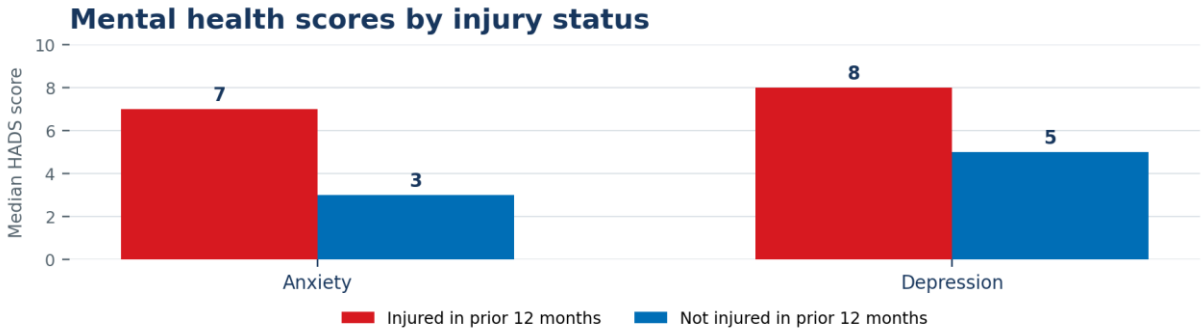
Variation across the workforce

Both anxiety and depression scores were higher among individuals working more hours per day.	Full-time employees and those on sick leave showed higher scores than part-time or self-employed individuals.

Median HADS scores for two higher-scoring employment groups

Employment status	Median anxiety	Median depression
Full-time employees	**8**	**9**
On sick leave	**10**	**13**

Physical injury and mental health



A clear relationship. Anxiety and depression scores were higher among grooms injured in the prior 12 months than among those who had not been injured.

Industry implication. Physical occupational injury was frequently accompanied by psychological co-morbidity, supporting an integrated approach that addresses both physical and mental recovery.

Attitudes to Injury Recovery & Reporting

The findings suggest a culture of under-reporting injuries and reluctance to take time off for recovery, particularly for musculoskeletal injuries.

79.7%
would likely seek medical attention for other head injuries

82.8%
would likely report other head injuries

71.6%
would be unlikely to seek medical attention for general MSK injuries

80.4%
would be unlikely to take time off for general MSK injuries

Different responses by injury type. Most grooms would seek medical attention or report other head injuries, but resistance to seeking care and taking time off was particularly evident for general MSK injuries such as sprains and strains.

Factors associated with help-seeking

AGE

Grooms aged 18–25

Less likely than older groups to seek medical attention for MSK injuries and concussion, and less likely to take time off for these injuries.

GENDER

Female grooms

Less likely than males to report fractures and head injuries, seek medical attention for head injuries, or take time off for MSK injuries.

EMPLOYMENT STATUS

Self-employed grooms

Less likely to seek medical attention for a fracture.

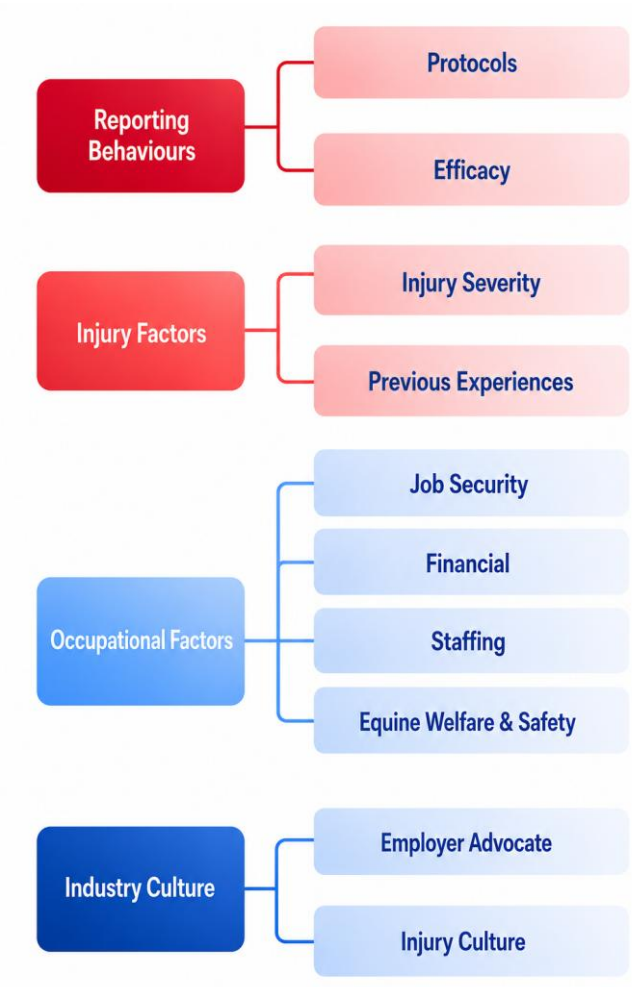
MENTAL HEALTH

Higher anxiety and depression scores

Associated with a decreased likelihood of seeking medical attention, reporting injuries and taking time off for most injury types. Higher depression scores were also linked to lower help-seeking for head injuries and lower reporting of concussion.

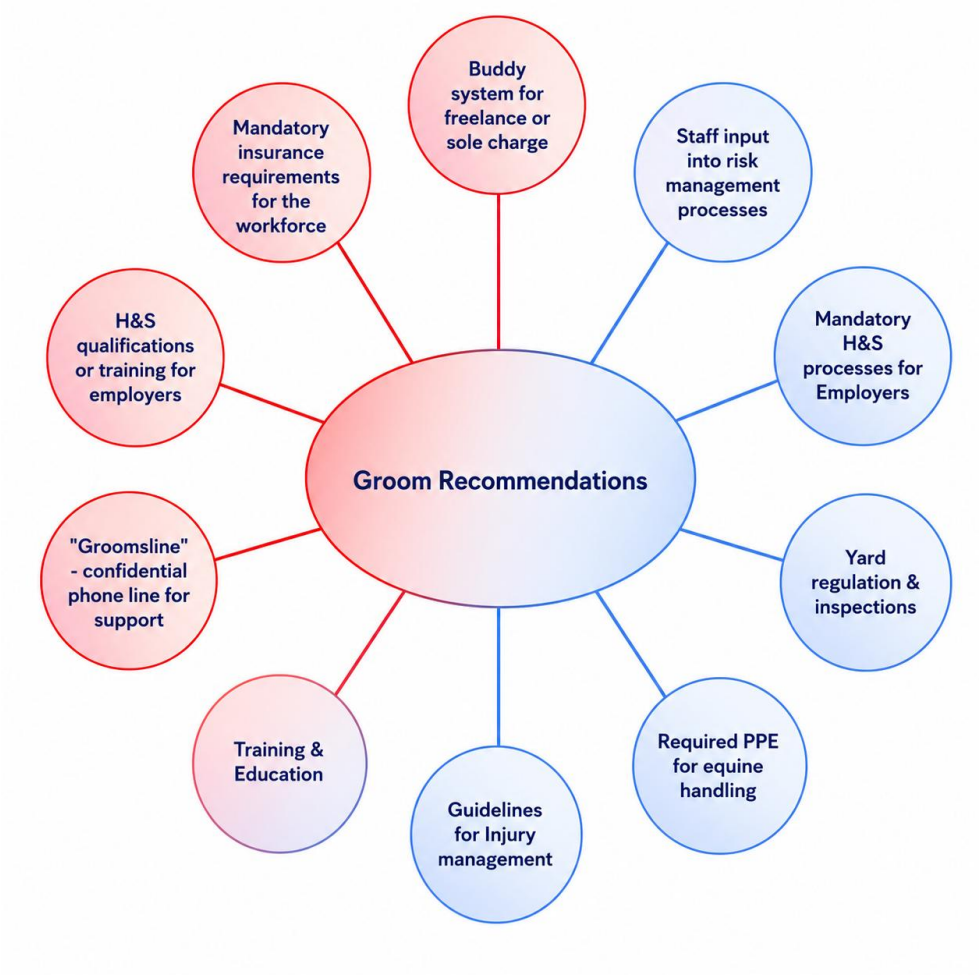
Key message. Younger age, female gender, self-employment and poorer mental health were each associated with lower help-seeking, reporting or time off for particular injury types.

When asked to elaborate on their reasoning for approaches to injury reporting, and taking time off, participants identified several factors that would influence their decisions, including the protocols and efficacy of reporting, the injury itself, including severity, occupational factors, such as job security, staffing and equine welfare, and the industry culture, including the role of their employer as supportive or unsupportive:



Recommendations made by survey respondents

Whilst not directly an aim of this study, participants often gave recommendations for improvements within open-text questions, resulting in the following recommendations provided by the workforce:



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Phase 2: Interview findings

Semi-structured interviews explored the lived experiences of workplace injury.

Who took part

A total of 11 participants were interviewed: 10 female and 1 male, aged 20-59 years. Three were working part-time and eight full-time. All participants had experienced more than three weeks' disruption to occupational demands in the previous 12 months. Time off work ranged from 0-8 weeks. All had returned to work by the time of interview, although five had changed their employment.

The four themes

Four higher-order themes were identified following thematic analysis: (1) Living with Injury, (2) Recovery versus Responsibility, (3) Social and Occupational Support Systems, and (4) Injury Legacy.

Theme	Summary
Living with Injury	Participants described injury as a physical, emotional and occupational experience, characterised by injury appraisal, emotional responses and significant impacts on wellbeing and work.
Recovery versus Responsibility	Recovery decisions were shaped by competing responsibilities to horses, employers and financial security, often leading to delayed help-seeking and early return to work.
Social and Occupational Support Systems	Employers, colleagues, family and the BGA played an important role in facilitating recovery, although experiences with employers and social support networks varied considerably.
Injury Legacy	Injury frequently resulted in long-term changes to confidence, working practices and career decisions, influencing future approaches to safety and risk.

Theme 1: Living with Injury

Living with Injury describes how grooms experienced an injury in the moment and in the days and weeks that followed. Participants did not respond only to pain or a diagnosis. They made their own judgements about what had happened, experienced a range of emotional reactions, and managed disruption across everyday life, finances and work.

Injury appraisal

Injury appraisal describes how participants worked out what was wrong and whether they needed help. Many relied first on their own experience and bodily checks, often using practical knowledge gained through working with horses, before deciding whether to seek professional care.

Minimising and normalising

Grooms' first response was often to downplay the injury and assume it would improve on its own. If there was no obvious swelling, deformity or immediate loss of function, participants commonly described the injury as something they could walk off, monitor or work through. This could delay recognition of injuries that later proved more serious.

> *"He was like, oh, is your foot sore? Is it broken? I was like, it's not broken. I'd know if it's broken. And he was convinced it was. And I said no, it'd be fine. It's not even swollen up. It's nothing, you know, I'll just walk it off type thing." (P10)*

Embodied assessment

Participants frequently examined the injury themselves by checking movement, weight-bearing, swelling, shape and how the area felt. These bodily tests helped them decide what might be damaged and whether they could continue. The process was practical and often drew on experience of assessing both human and equine injuries. After checking the injury, participants made a judgement about how serious or urgent it was. Decisions were influenced by the type and intensity of pain, visible changes, loss of movement and whether the injury felt different from anything they had experienced before. Realising that something did not feel right was often the point at which medical help became more likely.

> *"I I self-palpated basically to to figure out that, yeah, there was no crepitus and there was no, there was no obvious odd angles apart from the goose egg. So yeah, so that was that was how I figured that out basically." (P7)*
>
> *"But you know, when you just feel like the pain, it was so intense. I've never really, I've never broken anything before, never had a serious injury. And I was like, well, that doesn't feel right because it felt like it was like on fire and burning." (P5)*

Emotional responses

The emotional impact of injury was shaped by pain, uncertainty, loss of independence and being unable to contribute as usual. Participants described frustration, guilt, fear and isolation at different points in the injury and recovery process.

Frustration

Frustration arose when participants could not complete ordinary activities, drive, work at their usual pace or be as useful as they wanted to be. Even small restrictions became significant because they affected independence and made recovery feel slow or limiting.

> *"So yes, I was OK. I was sort of managing. I was frustrated with the whole not being able to do normal things at home kind of thing in the sense of like even buttering your toast like because you just can't like. I mean, I'm right-handed, thank God, but I broke my left wrist." (P7)*

Guilt

Participants often felt guilty about being absent, leaving colleagues short-staffed or needing other people to take on their work. This feeling was closely tied to a strong identity as someone who contributes and gets the job done. For some, guilt encouraged them to return or remain involved before they were fully recovered.

> *"I think it was mostly like the guilt aspect of it. Like I felt bad that I'd left like people short staffed and I I guess there was also a part of me that wanted to believe that I was fine and like to prove to myself, no, you can carry on, you can muck out, like you can be useful." (P6)*

Fear, vulnerability and isolation

Injury could leave participants feeling frightened, exposed and alone, particularly when the seriousness of the injury or their future ability to work was uncertain. Some also lacked contact with anyone who understood the specific experience of being injured while working with horses, which made recovery feel more isolating.

> *"So there was a lot of feelings around that being like, oh God, I'm back in hospital. It's my physical health this time, but like the fear of like. Being there was awful. And then being like, oh, I might not be able to do this job very much longer. I might have to have surgery. Like it was, it was, yeah, it was very emotional." (P6)*
>
> *"I think the main thing that I struggled with with it was it being very isolated, like not having anyone to talk to about that was in the same situation as me." (P6)*

Injury consequences

The consequences of injury extended beyond the immediate physical damage. Participants described disruption to everyday activities, income, mental wellbeing and their ability to continue in the same work.

Physical disruption

Pain, restricted movement, fatigue and reduced strength affected both work and everyday life. Participants described difficulty with basic tasks such as dressing, driving, walking, lifting or caring for themselves, demonstrating how even a localised injury could create wide-ranging disruption.

> *"But initially I couldn't, you know, I couldn't brush my own hair. Like getting changed was an issue because I just couldn't bend it or do anything. So I kind of struggled with that." (P5)*

Occupational

Injuries changed how participants could take part in work. Consequences included time off, reduced hours, lighter duties, administrative work, leaving an employer or moving away from full-time hands-on roles. For some, the occupational disruption continued well beyond the initial recovery period.

> *"Part-time at the minute because when I fell off and broke, couldn't really do full-time and I was off initially a fair few months. The yard that I didn't fall off offered me some admin work so I started off doing that until the fracture clinic said try doing a bit more to see if it promotes the healing." (P5)*

Financial

Time away from work or reduced duties could quickly affect earnings, while normal living costs continued. The impact depended on employment status, sick pay, insurance, savings and housing arrangements. For some, financial pressure became a central concern during recovery.

> *"Because I knew that I couldn't at that point afford to pay any any rent anywhere. So I had, I was tied to that security there, but I still had to feed myself, feed the dogs. I still had phone bills, you know, I still had those life things that needed to be paid." (P3)*

Mental health

Injury affected mood and wellbeing through stress, uncertainty, isolation and loss of routine. Difficult workplace relationships or financial worries could intensify this impact, while being confined at home or feeling disconnected from work contributed to low mood and withdrawal.

> *“And I think I'd do what I need or what I could do on the yard. And then I'd just sit in my cottage with the curtains closed, sort of hiding away from life or hiding away from them as much as I could. So that that wasn't good for my mental health in itself.” (P3)*

Theme 2: Recovery versus Responsibility

Recovery versus Responsibility captures the tension between allowing the body time to recover and meeting ongoing obligations to horses, employers, colleagues, clients and personal finances. Recovery decisions were therefore rarely based on medical need alone.

Competing responsibilities

Participants were often balancing several responsibilities at once. Their own health could become secondary when other people depended on them, horses still needed care, or stopping work threatened income and employment.

Responsibility to employer, colleagues and clients

Many participants felt a strong duty not to let down their employer, team, students or clients. They were conscious that absence increased the workload for others and could leave a yard short-staffed. Turning up, remaining useful or finding cover therefore became part of how they managed the injury.

> *"I'll turn up for the horses, I'll turn up for the students and my team. So I'll try." (P4)*

Horse responsibilities

Horse care was often viewed as non-negotiable. Participants worried about feeding, exercise, turnout and continuity of care, particularly when they had sole responsibility for particular horses. Because horses could not wait for the groom to recover, their needs frequently took priority over rest.

> *"I can't afford to not turn up the next day and and care for the horses because like I've already said, you know, horses can't look after themselves, you know, so it is on us." (P1)*

Protecting employment and income

Participants also made decisions with the aim of protecting their job, clients, accommodation or earnings. Those without secure sick pay or financial reserves could feel they had little choice but to stay involved. Continuing to demonstrate value at work was sometimes seen as necessary to protect future security.

> *"So I was like, Oh my God. Like I have these new job line up. I have to buy a car. I have to buy the car insurance. I have to have enough for the rent. I have to work. And I was not working and I was still like, I want them to not pay me for not doing anything." (P11)*

Recovery decisions

The balance between health and responsibility shaped practical decisions about treatment, time off, modified duties and when to return. These decisions were influenced by the resources and support available to each individual.

Early return to work

Several participants continued working immediately or returned before pain and function had fully improved. Some completed lighter tasks, while others carried on with demanding duties. Returning early helped them meet practical responsibilities, but could prolong discomfort and reduce the opportunity for proper recovery.

> *"But like I say, when I got them free and I kept working every day, the next day I was back to work, kept working, kept working." (P9)*

Self-management

Many participants initially managed injuries themselves using rest, pain relief, ice, slings, bandaging or other practical adjustments. Some adapted approaches familiar from horse care to manage their own

symptoms. Self-management could provide short-term relief, but it also sometimes enabled participants to keep working instead of fully resting or seeking further assessment.

> *"But I that next day I had to go see this horse and I couldn't get my riding boots on because my legs were so swollen I just couldn't get on. So I wore my I wore my what little bare back jodhpur boot thing. So I wore those and put stable bandages around my legs." (P9)*

Unequal capacity to recover

Not everyone had the same opportunity to rest. Employment status, sick pay, insurance, savings, access to cover, housing and family support all affected how much recovery time was realistically available. Living with family could provide a safety net, whereas living and working alone could leave few alternatives.

> *"Oh, see, luckily I still live at home because I've never really been able to afford to move out. So I think I'm quite lucky in the aspect that I don't have to pay rent or anything like that." (P5)*
>
> *"And then coming into that again, for someone who lives on their own, works on their own, does everything on their own, I don't have a partner to fall back on." (P9)*

Theme 3: Social and Occupational Support Systems

Social and Occupational Support Systems describes the people, workplaces, cultural expectations and formal services that shaped recovery. Support could reduce practical and emotional pressure, while limited follow-up, negative attitudes or gaps in provision made recovery harder.

The role of the employer

Employer responses varied considerably. Supportive managers encouraged rest, adjusted duties and protected participants from doing tasks that could make the injury worse. Other experiences were limited to recording the incident, with little discussion or follow-up. These responses directly influenced how safe and supported participants felt during recovery.

> *"But my boss was like, no, take it easy. Like don't do like the mucking out or anything, but you can do like small jobs that you can do." (P6)*
>
> *"She just said thanks for letting me know, write it in the accident book and that was the end. There was never any discussion about it again." (P8)*

Social support networks

Friends, family, colleagues and members of the wider equestrian community provided essential practical and emotional support. This included transport, horse cover, help with daily tasks, visits, messages and reassurance. Support from people who understood horse work was particularly valuable.

> *"They were so, so good to me. Like this poor girl. Like she was driving the girl bleeding. You know that she had just met. Like I can't imagine what kind of what kind of situation she was going through, you know, because you feel like you're responsible for someone that you just. Met and obviously it was like a family farm where is really busy, so they didn't like visited me constantly, but whenever they could, they would just like bring me things and like they would like message me constantly." (P11)*

Industry culture

Participants described a deeply rooted expectation that equine workers should be tough, attend work and carry on unless an injury made work physically impossible. Absence could be interpreted as

laziness, and even formal return-to-work guidance was not always followed. These shared expectations reinforced minimising, presenteeism and delayed recovery.

> *"One of my trainers at college, she always used to say to us, you know, your only excuse for not doing the job is you're in hospital, you're in a cast or you're in a coffin. And that's always stuck with me over all the years." (P1)*
>
> *"It's not very common [taking time off]. If you can't ride, you can at least muck out…I think unless you have a doctor's note, which a lot of people just can't be bothered to go and get really…. Like everyone has a knock to the head and they're like, oh, like probably can't ride for the rest of the day because I feel sick and then they'll be riding." (P2)*

Formal industry support

Formal support included the British Grooms Association, membership insurance, helplines and other structured services. Knowing that support was available provided reassurance, particularly for freelance grooms, and the BGA could also advocate with insurers. However, participants' experiences showed that insurance terms and claims could still be difficult to understand or navigate.

> *"I mean, I but I I felt really grateful that I knew that I could fall back on the on the grooms association, that I had that insurance. I mean, that was something that I took up as soon as I realised that I was going to be freelance. I started looking around." (P7)*
>
> *"I I spoke to British Grooms Association about the insurance and they did. They did. There was a few emails that they went back and forth for on my behalf to the insurance company because they they [insurance company] didn't quite understand it." (P3)*

Theme 4: Injury Legacy

Injury Legacy captures the effects that remained after the acute injury had passed. Participants described lasting changes to confidence, day-to-day practice and career direction, alongside learning that helped them protect themselves or support others.

Fear and confidence

Fear did not always appear immediately. For some, it emerged later when returning to the location, horse or activity connected with the accident. Participants could remain alert to familiar triggers long after returning to work, and confidence had to be rebuilt through repeated experience.

> *"And I'm not afraid to tell you that. And I was so all of a sudden, because I'm one of these people that just gets on with it, right? I think it took that week for it to hit me and I was terrified of walking horses up that track." (P9)*
>
> *"And even now when he slips on a road, I momentarily catch my breath and go and go, oh, Oh no, it's fine. So it has left. It has left a bit of a lasting." (P1)*

Changing behaviour in practice

Injury prompted practical changes to the way some participants worked. They became more aware of where they stood, how they approached particular tasks and when they needed to take extra care. These changes reflected a greater recognition that familiar environments and routine activities could still carry risk.

> *"I was very, and I still am very, very, very mindful now about where I stand in the riding school." (P8)*

Change in occupational identity

For some participants, injury changed how they saw their future in equine work. Physical limitations or reduced confidence led them to reconsider full-time hands-on roles, move into freelance or office-based

work, or combine equine work with study. This involved not only changing jobs, but also adjusting a professional identity built around working directly with horses.

> *“Time and then I had my injury and then I sort of had to think realistically about what I was going to do long term because with my specific injury I it the longevity of it. Full time with horses wasn't good, so now I just do freelance days just to keep my toe in really because I still miss it and whilst I'm studying so.” (P6)*
>
> *“I feel like, yeah, I'm just. It was more like the the feeling of like, oh, I just really wanted to become this person. I just feel like I am not that person. And I just need to find an area where I can, you know, succeed.” (P11)*

Resilience, learning and advocacy

Participants also drew practical lessons from their experiences. They described becoming more willing to ask for help, improving safety practices, arranging insurance and sharing advice with other grooms. Injury therefore created opportunities for learning and advocacy, even where the experience itself had been difficult.

> *“Always have someone at the bottom of the ladder. Like, no matter how busy you are, it's not worth breaking yourself. Yeah, moral of the story, basically.” (P7)*
>
> *“I very much am now trying to share that knowledge [support services, insurance] because I know that I didn't know it.” (P1)*

4

Conclusions

The findings highlight significant physical, psychological and occupational challenges facing the groom workforce.

This report provides the first comprehensive overview of **workplace injury, health and safety, mental health and recovery experiences among British equestrian grooms** through the BGA–Hartpury collaboration. The findings demonstrate that **occupational injury is widespread and has significant physical, psychological and occupational consequences**.

Despite experiencing frequent injuries, many grooms **continue working without adapting their workload**, reflecting a culture in which injury is often accepted as part of the job. Recovery decisions were shaped not only by the injury itself but also by **horse welfare, financial pressures, staffing shortages and job security**, often leading to an earlier return to work than individuals felt was appropriate.

The study also highlights **inconsistent health and safety provision** across the industry, particularly for self-employed grooms, alongside **high levels of anxiety and depression** that were closely associated with injury. Under-reporting of injuries and reluctance to seek medical support, particularly among **younger, female and self-employed grooms**, further increases risk and delays recovery.

A particularly positive finding was the **strong trust and confidence participants placed in the British Grooms Association**. Many recognised the value of existing BGA resources, membership and insurance, and actively recommended these resources to colleagues following their own injury experiences. This provides a strong foundation on which to expand injury prevention, recovery and wellbeing support.

Overall, the findings demonstrate a clear need for **improved health and safety practices, better injury education, earlier help-seeking and greater recognition of mental wellbeing** within the equine industry. Achieving meaningful change will require a coordinated approach involving **grooms, employers, industry organisations and support services**. The British Grooms Association is well placed to lead this work through practical guidance, employer engagement, peer support and targeted health and safety initiatives, helping to create **a healthier, safer and more sustainable equine workforce**.

5

Recommendations

Eight recommendations provide practical opportunities to strengthen prevention, recovery and support.

1. Develop Practical Health and Safety Training for Grooms	• Create free, practical online training for grooms. • Cover manual handling, risk assessment, safe horse handling and PPE. • Include concussion awareness and musculoskeletal injury prevention. • Make resources suitable for employed and self-employed grooms. • Complement existing industry training.
2. Expand Industry Resources for Self-employed and Freelance Grooms	• Develop practical H&S guidance for freelance grooms. • Include risk assessment, lone working and emergency planning. • Provide guidance on accident reporting, insurance and legal responsibilities. • Help self-employed grooms implement safe working practices across different workplaces.
3. Develop a Comprehensive Injury Recovery and Return-to-Work Toolkit	• Create a central online hub to support injured grooms. • Provide guidance from injury through to return to work. • Include healthcare signposting, workplace adjustments and phased return-to-work planning. • Cover financial support, insurance and self-management advice. • Signpost to BGA and external support services.
4. Develop Employer Guidance in Partnership with the Equine Employers Association (EEA)	• Produce practical guidance for employers managing injured grooms. • Support effective communication during absence and recovery. • Promote phased return to work and reasonable workplace adjustments. • Include mental wellbeing and positive injury management practices. • Encourage a consistent, supportive culture across the industry.

Recommendations continued

5. Launch an Industry Campaign to Improve Injury Reporting and Help-Seeking	• Deliver an industry-wide awareness campaign on injury reporting and recovery. • Challenge the culture of working through injury. • Use real groom experiences to promote early reporting and medical support. • Target younger grooms, women and self-employed workers. • Reinforce that seeking help is a professional and responsible choice.
6. Strengthen Integrated Injury and Mental Health Support	• Promote support for both physical and mental health during recovery. • Increase awareness of existing services, including Grooms Mind. • Improve signposting to appropriate health and wellbeing support. • Encourage early help-seeking and ongoing recovery. • Reinforce the importance of mental wellbeing within professional practice.
7. Introduce a Peer Support and Mentoring Programme	• Establish a voluntary peer support network for injured grooms. • Match recovering grooms with experienced mentors. • Provide practical guidance, emotional support and shared experience. • Train mentors in active listening, signposting and professional boundaries. • Support confidence and wellbeing during recovery and return to work.
8. Establish a BGA Groom Cover Network	• Develop a regional register of BGA-approved cover grooms. • Provide short-term emergency and planned cover for injured freelancers. • Reduce pressure to return to work before fully recovering. • Support continuity of horse care for owners and employers. • Include a range of sectors and specialist expertise across the industry.

6

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