Market Deeping Model Railway Club CIO

Registered Charity No. 1187779

Safeguarding Policy

Date	Reason for revision	Writer(s)	Approvals
14/01/26	Initial draft	A Frisby	
15/02/26	For Committee Consideration of Format and Initial Content Review	A Frisby	

Contents

1. Introduction

- This policy sets out our safeguarding principles, values and commitments and the procedures which put these into practice. This includes

a. What safeguarding means within MDMRC.
b. How we safeguard those who engage with us.
c. How to report a safeguarding concern or disclosure.
d. How to respond to a safeguarding concern or disclosure.

This policy applies to everyone who engages with Market Deeping Model Railway Club including all members and volunteers.

2. Safeguarding Policy Statement and Approach

This policy provides clear guidance on identifying and reporting concerns about the welfare of children, young people, and adults at risk. MDMRC recognises its responsibility to safeguard all individuals who engage with us; and our members, volunteers, and trustees are committed to embedding safeguarding in all activities. We place the needs and welfare of children, young people, and adults at risk at the centre of our planning and practice, reinforcing that safeguarding is everyone's responsibility.

3. Scope

This policy applies to all MDMRC members, volunteers, trustees, and anyone engaging with our organisation. It outlines how to recognise, respond to, and report safeguarding concerns or disclosures relating to children, young people, adults at risk, or any member or volunteer. It ensures all individuals understand their duty to follow MDMRC safeguarding procedures to protect those at risk from harm.

4. Safeguarding commitments

MDMRC is committed to promoting a safe, trusted, respectful environment and culture that prioritises safeguarding. All volunteers, members and trustees will respect children, young people and adults at risk. Volunteers, members and trustees are committed to provide supportive and safe spaces for everyone involved.
These commitments are achieved in the following ways:

4.1 Learning

The Designated Safeguarding Lead must complete mandatory safeguarding learning. MDMRC is committed to making sure that safeguarding learning remains updated and relevant.

4.2 Creating safer working practice

Safe working practice means working together to create a safe space for all. MDMRC will offer young people and adults at risk a transparent and open environment where they can develop, learn, explore or volunteer.

4.3 Responding promptly to every safeguarding concern or allegation

Anyone who reports any safeguarding concerns or allegations to the Designated Safeguarding lead (DSL) will be treated with respect as laid out in the whistleblowing policy. All safeguarding concerns and allegations will be dealt with in accordance with statutory child safeguarding guidance and MDMRC's safeguarding procedures. All members and volunteers will cooperate fully with the statutory authorities in all cases.

4.4 Treating with respect, care and dignity, the victims of abuse and other safeguarding concerns

Whenever a safeguarding concern is raised, MDMRC will offer support to all those that have been affected. People will receive a compassionate response, be listened to and be taken seriously. MDMRC will respond in accordance with this policy and practice guidance. Where appropriate, this will be done in collaboration with the relevant statutory agencies.

4.5 Treating with respect, care and dignity, those that are subject of concerns or allegations

In responding to safeguarding concerns or allegations of abuse, MDMRC will endeavour to respect the rights under criminal and civil law of an accused person. MDMRC will take responsibility for making sure that steps are taken to protect children, young people and adults at risk when any person is considered a risk to others through the safeguarding process. In addition, MDMRC recognises people who are subject to safeguarding concerns are vulnerable during any internal or statutory agency process. MDMRC will take all reasonable steps to support people through this process.

4.6 Confidentiality

Sharing information is vital to protect children, young people and adults at risk from suffering or being likely to suffer significant harm. However, information will only be shared with the relevant people and will be treated with the strictest of confidence to make sure that all individuals involved have trust in the handling of any safeguarding concerns.

4.7 Support for those reporting a concern

MDMRC acknowledges the emotional impact and distress that can be caused to anyone when dealing with, witnessing or referring child protection or safeguarding matters. It is recognised that making a safeguarding report can be difficult. Nevertheless all have a duty to report concerns or suspicions and have a right to do so in confidence and free from harassment. Everyone will be appropriately supported throughout the process if and when required. MDMRC's Whistleblowing Policy is available if, after reporting a concern, they don't feel that they've been dealt with fairly.

5. Safeguarding children and young people

It's the responsibility of all adults to make sure that their behaviour is appropriate at all times as laid out in the Code of Conduct.

MDMRC is committed to:

a. Working in partnership with statutory safeguarding agencies and other organisations: MDMRC will refer a member to a statutory agency if we have significant concerns about their suitability to work with children and young people, or if we have to exclude them from the organisation in line with relevant national legislation.
b. Engaging with statutory agencies: Sometimes MDMRC will need to refer matters without the consent of the child and parent/carer. This is done in circumstances where a statutory agency requests we do so because they are undertaking a wider investigation or where there may be concerns that a child or young person may be harmed if the parent/carer is informed.
c. Understanding that some people may not report abuse endured at the time it occurred, especially if the abuse happened while they were a child. MDMRC would encourage anyone who feels they have an allegation or a concern from the past to come forward and talk directly to the DSL.
d. Display in MDMRC premises, the contact details of The Designated Safeguarding Lead (DSL) and one Trustee who has also completed mandatory safeguarding training.

e. Ensure that during the Junior Club meeting, there is at least one member who has a current Disclosure and Barring Service (DBS) Certificate present at the meeting location. . Any member without a current DBS check certificate is able to work with young people within the same meeting as a current DBS check certificate holder.
f. Adults without a current DBS check certificate should not be alone in a meeting venue with a young person or vulnerable adult unless there is a designated responsible adult present.

6. Safeguarding adults at risk

MDMRC's mandatory safeguarding learning (completed by the DSL) includes information about adults at risk and how to recognise safeguarding concerns. All safeguarding concerns must be reported to the DSL, in the first instance.

7. Our way of working

All members and volunteers must make sure the following happens:

a. That ALL electronic communication between adults and children or young people follows strict guidelines so that we do not place anyone at risk of harm. There must be no individual electronic/social media communication between an adult and a child or young person. All such communication should be within a group, age appropriate and with more than one adult engaged within the communication.
b. That children and young people have access to adults that they trust and are clear on how to report their concerns.
c. That all adults working with children must familiarise themselves with all of MDMRC's safeguarding, health & safety, and any other associated policies and procedures, which are updated when required.
d. Adults must not consume alcohol when they are directly responsible for children or young people and must not permit anyone aged under 18 to purchase or consume alcohol. Drinking alcohol can put adults in a compromising position regarding their responsibilities for safeguarding and their duty of care.
e. The use of any illegal substances is against the law and appropriate safeguarding action will be taken where necessary by the DSL and Trustees.

It isthe duty of all MDMRC Members and Volunteers to report ALL safeguarding concerns, whether disclosed to them directly or indirectly, as soon as possible.
If any member or volunteer is at immediate risk of significant harm call 999 and request the police.

8. Adult volunteer roles

a. **All volunteers:** Safeguarding is the responsibility of all volunteers and everyone must follow the MDMRC Safeguarding policy and procedures.
b. **Trustees:** MDMRC's Board of Trustees hold the responsibility to make sure this Safeguarding Policy is implemented and working effectively. The trustees delegate this responsibility to the DSL to ensure effective quality assurance, compliance and reporting.
c. **Designated Safeguarding Lead:** Safeguarding reporting should, in the first instance, be reported to the DSL or Deputy DSL (DDSL).

9. Procedures for reporting a safeguarding concern

Safeguarding is an underpinning principle of everything we do in MDMRC. Everyone has a duty to report safeguarding concerns. Members and volunteers must follow this policy

which outlines the procedures for everyone to follow if they are concerned about the welfare of a child or young person, adult or themselves. The first point of contact for reporting a concern is the DSL Or Deputy DSL (DDSL)
How to report a concern:
1. Gather the necessary information. Make sure that you have the name, date of birth, address and phone number of each person involved with the concern.
2. Contact the DSL. Use the Cause of Concern Form, as appended to this policy, to report the concern to the DSL. Include as much factual information as possible.
Follow the DSL's advice and take no further action unless they tell you to.
These procedures are the same wherever the matter of concern has taken place.
If individuals are concerned that the response to their report of a safeguarding concern is unsatisfactory, they can complete a Cause of Concern Form and take it to the Trustees.

10. Procedures for reporting a non-recent safeguarding concern
Whether abuse is recent or happened a long time ago, it's never too late to report it and members must report any concern to the DSL.

11. Procedures for responding to the report of a safeguarding concern
If a person tells you about a cause for concern, you must do the following:

a. Allow them to speak without interruption, and accept what they say.
b. Be understanding and reassuring, but do not give your opinion.
c. Tell them you will try to help but must pass the information on.
d. Write careful notes of what was said using the actual words used. Do not ask leading questions or try to find out whether the concern is justified.
e. Make sure that MDMRC activities do not cause further risk to their welfare.
f. Contact the DSL.

If a child, young person or adult is at immediate risk of harm or needs urgent medical attention, you must call 999 or 112 and ask for Police and/or an ambulance.
After receiving a report of a safeguarding concern, the DSL creates a secure record of the concern in the MDMRC safeguarding case management system. The concern is triaged and risk assessed by the DSL and Trustees. The DSL and Trustees will identify the appropriate route for further action. Where a child or young person may be at risk of significant harm or it is alleged that a criminal offence has taken place or may be at risk of taking place, the DSL will refer to statutory agencies within 24 hours. This includes out of office hours. The Safeguarding Team may consult with other professional bodies, such as the NPSCC Helpline, in order to determine what to do in the face of uncertainty.

12. Managing allegations against members and volunteers
In accordance with statutory guidance MDMRC has clear procedures for managing allegations against adults working with children. There is a distinction between **an allegation, a concern about the quality of practice, or a complaint**.
An **allegation** may relate to a person who has:

a. Behaved, or may have behaved, in a way that has harmed, or may have harmed, others.
b. Possibly committed a criminal offence.
c. Behaved, or may have behaved, with children in a way that indicates they may pose a risk of harm to children.

d. Behaved, or may have behaved, in a way that indicates they may pose a risk of harm to others.

When an allegation is reported, MDMRC's priority is to protect children and vulnerable adults from any risk posed by individuals who are the subject of such allegations, whilst also recognising the need for such individuals to receive fair treatment and to avoid making premature assumptions about what they may or may not have done.

A **concern** may relate to:

a. Instances where members or volunteers fail to follow agreed codes of conduct, policies, or procedures.
b. Poor, neglectful, or unsafe practice that places an individual at risk of harm.
c. Concerns about behaviour, communication, or decision-making that may indicate a lack of respect, empathy, or understanding of safeguarding principles.

A **complaint** may relate to:

a. Concerns about the actions or attitudes of members, volunteers or visitors.
b. Issues relating to how information has been shared, how decisions have been made, or how concerns and feedback have been handled.

13. Recording, storing, information sharing

13.1 Recording

All recording of information should be factual. Where opinions or hearsay are given, these must be clearly differentiated from fact, and should identify whose opinion is being given, ideally using their exact words. Opinions expressed must be relevant to the situation, respectful and appropriate in tone.

MDMRC members and volunteers should always be mindful that in many cases subjects can request access to their data, and such requests can result in some or all of their records being disclosed to them.

13.2 Storing

Notes taken by volunteers in relation to safeguarding disclosures, concerns or allegations must be passed to the DSL.

All information about welfare concerns, safeguarding concerns and allegations are stored centrally, securely and separately from other records on the MDMRC case management system to ensure continuity of care, risk assessment and risk management across the organisation.

MDMRC will process data in line with our Data Protection Policy and the General Data Protection Regulation (GDPR).

13.3 Information Sharing

MDMRC may share personal information with the statutory authorities when:

a. Someone is at risk of significant harm.
b. • A crime has been, or may be, committed.
c. • A referral is needed for additional support for a child or adult at risk.
d. • A statutory agency requests information.
e. • There are concerns about a volunteer or member's suitability to work with children or young people, including cases where they are removed in line with Working Together to Safeguard Children 2023.
f. Information sharing follows our Data Protection Policy and Government guidance (2018), ensuring it is necessary, proportionate, relevant, adequate, timely, and secure.

MDMRC will normally seek parental consent before sharing information about a child. If consent is refused but sharing is necessary to protect the child or meet safeguarding duties, information will still be shared with appropriate professionals. In such cases, a written record explaining the decision will be made and shared with the relevant agencies.

14. Data protection

MDMRC will process data in compliance with the General Data Protection Regulation (GDPR) and the exemptions provided for safeguarding purposes by the Data Protection Act 2018. In all cases, information sharing will be undertaken with reference to the statutory guidance, Working Together to Safeguarding Children 2023.

15. Reviewing this policy

This policy will be regularly reviewed and updated accordingly.
This policy is due for review:

- Every 12 months, or
- following any legislative changes, or;
- following any learning by MDMRC, or;
- as required by the Charity Commission, or;
- any change in jurisdictional guidance, whichever comes first.

The policy will be reviewed by the DSL and Trustees.

Appendix 1.

Equality, diversity and inclusion (including reasonable adjustments)

We recognise that the welfare of children, young people and adults at risk is paramount and that everyone, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and/or sexual orientation (all defined as protected characteristics within the Equality Act 2010) has the right to equal protection from all types of harm or abuse.

What are complex or additional needs?

Someone can have complex needs because of learning or physical disabilities, neurodiversity, mental health, acquired brain injury or dementia. This can also be combined with physical health needs, such as epilepsy or sensory issues. Additional needs are when an individual has a difficulty, whether physical, emotional, behavioural, learning disability or impairment which causes them to require additional or specialised services.

What are reasonable adjustments?

Reasonable adjustments should respond to the needs of the individual and remove or reduce any barriers or support access, by making changes to:

- Physical environment (e.g. the meeting place).
- The way things are done (e.g. the programme, routines).
- The support provided (e.g. equipment, adapting communication, the level of support).

These considerations should be explored in detail, in consultation with the individual and where appropriate, their carer. The situation should be regularly reviewed to make sure that the adjustments are removing barriers to participation, are being implemented effectively and are responding to the needs of the individual. What is reasonable is dependent upon the effectiveness of the adjustment, whether it can actually be done, and the cost and resources available to MDMRC at that time.

Appendix 2

Types of abuse and exploitation

Abuse is a form of maltreatment of a child, young person or adult at risk. Somebody may abuse or neglect a child, young person or adult at risk by inflicting harm, or by failing to act to prevent harm. Harm can include maltreatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children, young people and adult at risks may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly offline, or technology may be used to facilitate online abuse. Children may be abused by an adult or adults, or another child or children.

There are several types of abuse:

a. **Discrimination**: When someone is targeted because of a difference; e.g. race, sex, gender, age, disability, religion or belief, sexual preference, appearance or cultural background, pregnancy and maternity, marriage or civil partnership.
b. **Domestic abuse**: Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.
c. **Emotional/psychological abuse**: The persistent emotional maltreatment of a person such as to cause severe and persistent adverse effects on the person's emotional development. It may involve conveying to a person 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 person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may involve serious bullying (including cyber bullying), causing a person to feel frightened or in danger.
d. **Financial abuse**: The theft or control of a person's property or assets.
e. **Neglect/acts of omission**: The persistent failure to meet basic physical and/or psychological needs, likely to result in the serious impairment of the person's health or development.

   Organisational/institutional abuse: Where an organisation fails to prevent repeated maltreatment, abuse or neglect of children, young people or adults at risk.
f. **Child-on-child abuse**: Children and young people can also be abusers of other children, usually through bullying, sexual abuse, physical abuse, issues online, youth produced sexual images or any form of initiation.
g. **Physical abuse**: A form of abuse which 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.
h. **Sexual abuse**: Involves forcing or enticing a person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person 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 others 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

There are several types of exploitation:

Exploitation is when someone is used for financial gain, sexual gratification, labour or personal advantage:

a. **Child Sexual Exploitation**: a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.
b. **Child Criminal Exploitation**: where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.
c. **County lines**: a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
d. **Gang**: A group of people of any age with a defined leadership and internal organisation. They identify with, or claim control over, territory in a community and engage either individually or collectively in illegal and possibly violent behaviour.
e. **Modern slavery/human trafficking**: Includes forced labour, domestic servitude, coercion, deceiving or forcing an individual into a life or abuse/servitude such as drug running.
f. **Sexual**: Where individuals are coerced into any form of sexual activity by power, money or status.

There are also the following types of harm:

a. **Addiction**: The inability to stop a particular behaviour such as drinking alcohol, taking drugs, or gambling. This addiction can impact relationships, health, finances and career. Addiction often co-occurs with other issues, and it can make people vulnerable to coercion and/or mental health issues.
b. **Bullying**: Is a pattern of behaviour that can be threatening, aggressive, intimidating, abusive, insulting, offensive, cruel, vindictive, humiliating, degrading or demeaning. It can happen between children, young people, adults, in groups or singularly. It can happen within the 'real world' or online.
c. **Cyberbullying (online bullying)**: Happens across social media networks, when gaming or via mobile phones. Examples can include posting offensive material and spreading rumours or embarrassing images.
d. **Drug or alcohol misuse**: Is a pattern of behaviour which changes or alters the mood or mental state of an individual. Not all substances that can cause harm are illegal but should not be permitted within the context of MDMRC.

e. **Grooming**: An abuser may make every effort to build a trusting relationship with the child, young person or adult at risk, and will often befriend or seek to maintain the respect of friends and colleagues.

Appendix 3.

Signs and indicators of abuse

The signs of abuse can be hard to spot as they are not always obvious. Sometimes, people do not even realise that what is happening to them is abuse.

Some common signs that there may be something concerning happening in a person's life include:

a. unexplained changes in behaviour or personality.
b. becoming withdrawn.
c. seeming anxious.
d. becoming uncharacteristically aggressive.
e. lacks social skills and has few friends, if any.
f. running away or going missing.
g. always choosing to wear clothes which cover their body.

These signs do not necessarily mean that a person is being abused, there could be other things happening in their life which are affecting their behaviour.

Appendix 4.

Specialist areas of safeguarding

Mental capacity

The concept of 'mental capacity' to make informed safeguarding decisions. Mental capacity is a legal term and is contained in the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice, which is statutory guidance.

Mental capacity is assessed in relation to the particular decision which needs to be made. This means that whether a person has mental capacity to make a particular decision or not has to be considered on an individual basis in the light of the circumstances at the time. The assessing individual must not just make a conclusion that someone lacks mental capacity generally. If a person lacks the capacity to make this particular decision, then someone else (usually their parent/carer) may be able to make that decision for them.

Advice should be sought from the Safeguarding Team if there are concerns regarding mental capacity.

A person must be assumed to have capacity to make decisions that affect them unless there is evidence that they are not able to make the relevant decision.

If an individual lacks capacity to make a particular decision, the person making the decision on their behalf may, when appropriate, act in the individual's best interests.

Mental wellbeing

Mental wellbeing is how an individual copes with the normal stresses of life, can work productively and can make a contribution to their community. Anyone can experience good or poor mental wellbeing at any point in their lives.

Mental health problems may vary in terms of strength and frequency of re-occurrence; they can take the form of an occasional crisis or a steady state over many years. Some individuals with a mental health issue can be at risk as they develop potentially harmful coping strategies, e.g. anxiety attacks, self-harm or suicidal ideation. There may be a small risk in terms of aggressive behaviour.

Radicalisation

Protecting children and young people from the risk of radicalisation is seen as part of MDMRC's wider safeguarding duties and is similar in nature to protecting children and young people from other grooming behaviours. Members and volunteers should be able to identify children who may be vulnerable to radicalisation and know what to do when they are identified. MDMRC seeks to build children and young people's resilience to radicalisation by promoting our values and enable them to challenge extremist views within the youth programme. Radicalisation can occur within any community if extremist views are left unchallenged.

Transitioning/gender identity

MDMRC is an organisation that places value in our inclusivity and actively promotes our equal opportunities policy. MDMRC welcomes members regardless of their sexual orientation or gender identity. Transgender or 'trans' is an umbrella term used to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. MDMRC recognises the importance and benefit of supporting an individual, either adult or young person, who's transitioning or identifies as transgender. It is important to recognise that a trans person is at particular risk of physical, sexual and emotional abuse.

Safeguarding/Other concern
(delete one)

Reference no:_____

Cause for Concern Form

Name of person reporting	
Date of concern	
Details of the concern	
Name of the person receiving the concern	
Name of the person investigating	
Details of the outcome	
Feedback given	