Safeguarding Handbook

Pocket Money Adventures CIC | Version 1.5 - approved revised issue

Effective: 2 October 2026 | Review: 2 October 2027 or sooner on relevant change

Policy owner: Nathan Waldron, Director

Approval and issue record

Original issue adopted by Pocket Money Adventures CIC on 2 October 2026. The original records typed electronic signatures of Nathan Waldron, Director and Designated Safeguarding Lead, and Bernadette Houlton, Director and Deputy Designated Safeguarding Lead. The original signed handbook is preserved unchanged.

This revised copy expands the practical procedures for community and host-led delivery, adult concerns and research, and aligns with the revised Children and Adult Safeguarding Policy v1.7. Existing effective and review dates are retained. Nathan Waldron has approved this revision in the accompanying approval record. Original signatures are not reapplied to new wording.

Use this handbook when something happens

Situation	Do this first
Immediate danger or urgent medical need	Call 999. Summon suitable host support and secure immediate safety. Do not wait for the DSL or a completed form.
A child tells you something concerning	Listen and reassure. Ask only what is necessary to clarify immediate safety. Do not investigate or promise secrecy. Report without delay and record actual words. Section 3.
An adult discloses abuse or coercion	Offer a safe, supported conversation. Consider wishes, safe contact and risks to others. Use adult safeguarding routes, not the child-only route. Section 10.
Concern about a worker or a safeguarding lead	Protect attendees and report to an uninvolved lead. Consider child referral and LADO separately; contact LADO within one working day where the threshold may be met. Section 4.
Unsafe session, missing supervision or unapproved research	Pause the affected activity and escalate. Resume only after essential controls have been verified. Sections 8, 9 and Appendix B.

PMA DSL Nathan Waldron: 07500 804810 | safeguarding@pocketmoneyadventures.co.uk
Deputy DSL Bernadette Houlton: 07773 814684 | bernadette@pocketmoneyadventures.co.uk
If a lead is unavailable, implicated or the response is inadequate, refer directly. Local routes: section 5.

1. Purpose and responsibilities

This is the practical guide for PMA employees, directors, contractors, volunteers, observers and evaluators, and for host personnel delivering PMA activities under an agreement. It covers schools, libraries, family hubs and other community venues, host-led delivery without PMA present, and approved research. The policy sets the requirements; this handbook explains the actions and records needed to meet them.

The host retains its responsibilities for attendees and site arrangements. PMA retains responsibility for its own people, resources, instructions and agreed oversight. Evaluators retain responsibility for their personnel and assessment practice. Agree the allocation before activity starts. No agreement removes an organisation's own responsibilities. Notice, protect, record, report and check follow-through; do not investigate.

Operating requirements that apply throughout

From 1 September 2026 in England and Wales, supervision does not exempt otherwise qualifying teaching, training, instruction, care or supervision of children from regulated activity. Assess the actual duties, frequency across settings and any overnight activity with the registered DBS body. More than three days in any 30-day period is a relevant period condition; two sessions on one day count as one day. Where the role is regulated activity, PMA requires the appropriate Enhanced DBS with Children's Barred List information before that activity begins, even where a teacher is present. A missing required check means the person does not undertake that role. Do not request barred-list information for an ineligible role. Adult regulated activity has a different test and is not created merely by an adult being vulnerable or attending a money session.

Zero Child Data applies to routine learning, access and evaluation: no child names, accounts, personal finances, individual tracking or school-held match-code keys are collected by PMA. Standard PMA sessions do not involve PMA photographing or filming identifiable children. Necessary safeguarding, accident or legal records are an exception and are minimised, protected and shared lawfully. Pseudonymised codes are not automatically anonymous. Research beyond safe aggregates requires a separately approved protocol, lawful basis, privacy information and ethics arrangements before collection.

Maximum planned session headcount: 50 people in both school and community settings, including every child, accompanying adult, host or school staff member, volunteer, observer and PMA facilitator. Use the lower of 50, the venue safe capacity and the assessed number supported by competent staff. This is a ceiling, not a supervision ratio or insurance confirmation. Reduce numbers, add support or split groups where necessary.

Before each booking, verify the named contacts, safe staffing, relevant role checks and briefing. A DBS certificate alone does not establish suitability. Never assume that supervision removes a qualifying barred-list requirement. Reassess eligibility if the role or frequency changes.

2. Recognising concerns

An indicator is a reason to notice and seek advice, not proof of abuse. Children may disclose through behaviour, gestures, drawings or changes in participation as well as words. Lack of a verbal disclosure does not mean lack of risk. Disability, language differences or communication needs must not prevent a concern being heard or reported.

2.1 Physical abuse

The deliberate infliction of injury upon a child: hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocation. It also includes fabricating or inducing illness in a child (FII). Indicators include:

- unexplained injuries or bruising;

- bruising in unusual locations (ear, neck, genitals, buttocks);

- any bruise or injury on a baby who is not yet independently mobile, which is a specific red flag and always requires referral;

- injuries inconsistent with the child's explanation or developmental stage;

- frequent A&E visits; injuries at various stages of healing;

- refusal to discuss how an injury occurred; wearing inappropriate clothing to cover injuries; and

- flinching when touched; reluctance to go home. In Pocket Money Adventures delivery, staff should be alert to children who arrive with unexplained injuries and note whether such injuries appear repeatedly. A plausible explanation is not automatically a safe explanation.

2.2 Emotional abuse

Persistent emotional ill-treatment causing severe and persistent adverse effects on emotional development. Indicators include low self-esteem, fearfulness and anxiety, extreme behaviour (aggressive or withdrawn), self-harm or harsh self-criticism, reluctance to try new things, developmental delay, poor concentration, and difficulty forming relationships. During Pocket Money Adventures sessions staff may notice children who withdraw from activities, show extreme fear of making mistakes, or display unusually harsh self-criticism. Observe carefully and discuss with the host safeguarding lead and PMA DSL.

2.3 Sexual abuse

Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This includes non-contact activities such as online abuse, grooming and exposure to sexual material. Indicators include sexualised language or behaviour inappropriate for the child's age, age-inappropriate knowledge, physical symptoms, withdrawal or anxiety, sleep disturbance, behavioural regression, reluctance to be with a particular adult, and unexplained gifts or money. Concerns about sexual abuse require particular care. Never investigate and never ask leading questions. Report immediately to the host safeguarding lead and PMA DSL.

2.4 Neglect

Persistent failure to meet a child's basic physical and psychological needs, likely to result in serious impairment of health or development. Indicators include hunger, poor hygiene, constant tiredness, inadequate clothing for the weather, untreated medical or dental conditions, lack of supervision, frequent absence and delayed development. Pocket Money Adventures operates in areas that include significant deprivation. Signs of neglect must be assessed with a non-judgemental lens. Poverty is not neglect. Assess unmet needs and risk regardless of available resources. Financial hardship is not itself neglect; it must not prevent a protective response. Consult the host safeguarding lead and PMA DSL before drawing conclusions about neglect linked to financial hardship.

2.5 Child-on-child abuse

Children can abuse other children: physical violence, sexual harassment, sexual violence and psychological abuse. Bullying and peer exploitation are forms of child-on-child abuse. Report any concern to the host safeguarding lead and PMA DSL. This must never be dismissed as "children being children".

2.6 Contextual safeguarding and harm outside the home

Abuse happens outside the home. Children can be exploited by county lines networks, abused online, groomed through social media, or trapped in peer exploitation. Recognise harm outside the home as well as within families. Signs include sudden absence, unexplained money or gifts, gang-related language, or disclosure of contact with unknown adults. Report to the host safeguarding lead and PMA DSL.

2.7 Local thresholds and concerns affecting unborn children

Use the current threshold framework and referral procedures for the relevant local authority. Staffordshire and Stoke-on-Trent have separate routes. Confirm the applicable framework before delivery; do not assume one authority's levels or service names apply elsewhere. Staff do not need to diagnose harm or assign a threshold before reporting. Concerns affecting an unborn child, including disclosed domestic abuse during pregnancy, require prompt safeguarding advice and referral as appropriate.

Remain alert to domestic abuse, exploitation, trafficking, forced marriage, female genital mutilation and radicalisation. Seek the appropriate specialist or statutory advice through the safeguarding route; do not mediate, confront an alleged abuser or delay immediate protection. The DSL checks whether any role-specific mandatory reporting duty applies and ensures that it is followed. General PMA training does not replace specialist competence.

3. Responding to a child disclosure or observed concern

Step 1. Make the situation safe

Call 999 for immediate danger or urgent medical need. Ask the host to arrange suitable support and keep other children supervised. Stay within your competence. A disclosure takes priority over finishing the activity. Keep the conversation in a safe setting with the agreed responsible adult support; do not take a child into isolated one-to-one contact.

Step 2. Listen and reassure

Stay calm, give attention and let the child speak at their own pace. Say: "You were right to tell me" and "This is not your fault." Explain: "I may need to tell someone who can help keep you safe." Do not promise secrecy, a particular outcome or that everything will be fine.

Avoid questioning. If clarification is essential for immediate safety, use a brief open prompt such as "Tell me what you want me to know." Do not ask leading, repeated or detailed questions, suggest explanations or seek a full account. Offer communication support suited to the child without prompting answers. Record actual words or gestures and any communication assistance used.

Step 3. Do not investigate or create further risk

Do not confront the alleged abuser, interview witnesses, examine a child, use body maps or photograph injuries. Do not ask a child to undress or show an injury. Seek medical help through the host or emergency services where needed. Do not contact parents or carers before safeguarding advice where doing so could increase risk or prejudice an investigation.

Step 4. Report without delay

Tell the host safeguarding lead and PMA DSL or deputy promptly, including during research or host-led sessions. Reporting must not wait until the end of the session or for a written form. If a lead is unavailable, implicated or does not act adequately, contact the relevant statutory service directly. Inform the uninvolved lead as soon as it is safe. LADO notification and child safeguarding referral are separate decisions.

Step 5. Record and share safely

As soon as practicable on the same day, complete Appendix A with necessary identifiers, date, time, location, actual words, observed facts, who was present, action taken and who received the concern. Separate fact, reported information and opinion. Record your name, role, signature and time. Retain original notes securely. Do not rewrite or delete an original account; make any correction or later information a dated addendum.

Share only necessary information through an agreed secure route with the verified recipient. Consent is not a prerequisite to a child protection referral where there is a lawful safeguarding basis. Explain sharing to the family when safe and appropriate; record the reason for sharing or withholding notification. Do not use informal group chats or an open session register to circulate concern details.

Step 6. Confirm follow-through

Record referral time, recipient, reference and advice. Obtain confirmation of receipt and the next action/review time, proportionate to urgency. If there is no acknowledgement or the child remains at risk, chase and escalate promptly; do not wait a fixed number of days while safety is unresolved. Record why a decision was made and who owns the next action. Passing on a concern does not end the duty to act on continuing risk.

4. Escalation and concerns about people

4.1 Direct referral and professional disagreement

Use the child service for the relevant area and the emergency route when required. The host lead normally coordinates referral because they may hold background information. This does not prevent any person referring directly. Tell the service if you are unsure which authority should receive the concern; do not delay urgent action while resolving boundaries. Seek and record advice on the relevant LADO route for a worker allegation.

If a response appears inadequate, raise the unresolved risk with the decision-maker and then their manager under the current local escalation procedure. Record the concern, professional disagreement, advice and next action. Escalate immediately if protection requires it. Do not allow organisational seniority, funding relationships or fear of reputational harm to stop a report.

4.2 Allegations meeting the child-workforce threshold

Refer to the relevant LADO within one working day where a person working or volunteering with children may have harmed a child, committed a relevant offence, posed a risk of harm, or behaved in a way indicating possible unsuitability to work with children. Conduct outside work may be relevant. Seek LADO advice if unsure; do not conduct an internal fact-finding investigation first. Refer the child's safety concern to children's services and police where appropriate as well. Urgent action must not wait for LADO.

For a concern about Nathan Waldron, report directly to Bernadette Houlton or the relevant external service. If the deputy is implicated, go to an uninvolved director or directly to the external service. If both are implicated, use the external service directly. Do not route a complaint back through its subject. External referral does not need internal permission.

4.3 Immediate safeguards, fair process and DBS referral

PMA records proportionate interim safeguards with advice from LADO and other agencies. Suspension is not automatic and is not a finding of guilt; consider risks and safe alternatives. The employer or engaging organisation makes and records the decision, protects attendees, preserves evidence and supports those affected. Do not promise anonymity or tell the subject details in a way that jeopardises protection or an external investigation.

Record the formally advised outcome accurately: substantiated, false, malicious, unsubstantiated or unfounded as applicable. Unsubstantiated does not mean false. Consider learning even where a particular allegation is not substantiated. Do not make defamatory assumptions or circulate details beyond those who need them.

The DSL or uninvolved case manager checks the separate DBS referral duty whenever a person is removed from regulated activity, or would have been removed had they left, because relevant conduct or the harm test conditions may be met. Do not treat resignation, a police/LADO referral or the absence of a substantiated label as resolving that duty. Record the decision and make any required DBS or professional regulator referral.

4.4 Low-level concerns, complaints and whistleblowing

Report concerns inconsistent with the code of conduct even if they appear below the allegation threshold. Examples include favouritism, secret contact, humiliating language or avoidable isolated contact. Record facts and patterns; the uninvolved lead reviews risk, action and whether LADO advice is needed. Staff may self-report an error or boundary concern. Low-level does not mean insignificant.

Accept verbal or written concerns from parents, hosts and workers through section 5, with communication support where needed. Safeguarding action takes priority over complaints timescales. If internal reporting is unsafe or ineffective, use statutory services or external whistleblowing advice. Do not penalise genuine safeguarding reports.

5. Contacts and local referral routes

Keep this page and a completed local contact sheet accessible during every session, including when internet access fails. The booking lead verifies public routes and named contacts before delivery and after a notified change. Telephone urgent concerns; an unanswered email is not a completed referral. The internal numbers below are retained from the original approved handbook and must be tested through the booking process.

Contact	Route
PMA DSL - Nathan Waldron	07500 804810 safeguarding@pocketmoneyadventures.co.uk
PMA deputy DSL - Bernadette Houlton	07773 814684 bernadette@pocketmoneyadventures.co.uk
Emergency police / ambulance / fire	999 for immediate danger or urgent emergency
Staffordshire child safeguarding	0300 111 8033 Out of hours: 0345 604 2886
Stoke-on-Trent child safeguarding / Integrated Front Door	01782 235100 Out of hours: 01782 234234
Staffordshire LADO	Use the council LADO referral form and current published advice route. Urgent routing advice: 0300 111 8033. Do not delay child protection action.
Stoke-on-Trent LADO	New referrals through Integrated Front Door: 01782 235100. Existing LADO episodes: LADO.sp@stoke.gov.uk.
Staffordshire adult safeguarding	0345 604 2719 Out of hours: 0345 604 2886
Stoke-on-Trent adult safeguarding	0800 561 0015; use the published emergency adult social care route when outside ordinary hours. 999 for immediate danger.
Police - non-emergency	101; use 999 where immediate danger requires it.
Data protection contact	dpo@pocketmoneyadventures.co.uk; report a suspected data breach promptly to the project lead and data protection contact.

Booking contact sheet - complete before delivery

Required contact	Name / telephone / absence route
Host safeguarding lead and deputy	_____
Host supervision lead and first aider	_____
Evaluator safeguarding contact, if applicable	_____
Other local authority child/adult and LADO routes	_____
Verified by / method / date	_____

Do not infer that a postcode in Staffordshire uses the Staffordshire County Council route; Stoke-on-Trent has its own service. For other areas identify the local routes before booking. Confirm routes with services where residence and location differ.

6. Records and information handling

Use Appendix A only for a real concern. Safeguarding records are an exception to routine Zero Child Data and must contain enough information to protect the person and support follow-up, without collecting unrelated family finances or research data. Restrict access to authorised safeguarding personnel. The host and PMA each retain the records needed for their own responsibilities; do not assume the host's file substitutes for PMA's record of action.

Follow the Confidentiality and Information Sharing Procedure and the applicable retention schedule. Before delivery the DSL confirms the secure repository, authorised access, transfer method and retention category for concern records. Do not invent a universal deletion period: child protection, worker allegations and research records may require different periods. Apply legal holds and external agency instructions where relevant. Record the review or destruction decision, authority and method; never delete to avoid scrutiny.

If a device, paper record or email is lost or misdirected, contain further disclosure, inform the DSL and data protection contact promptly, preserve relevant evidence and record when the incident was discovered. The responsible data controller assesses notification duties and deadlines. Do not circulate the incident more widely or promise that it is harmless before assessment.

7. Safer working and online practice

- Sign in and out, wear required identification and complete the host safeguarding briefing. Identify the responsible adults and the quiet-space, first-aid and emergency arrangements.

- Never be alone with an individual child. Keep school or host staff or the child's responsible adult present under the agreed plan. Do not provide transport, childcare, intimate care or personal toileting. Ask the responsible host adult or carer to assist.

- Use respectful language. Do not shame children or adults about money, family circumstances, mistakes or disability. Use fictional financial examples. Do not request personal financial disclosures or pressure someone to speak.

- Never give children personal contact details, make private contact through social media or messages, offer personal gifts or money, or establish secret or preferential relationships. Refer a contact request through the responsible adult and approved organisational channel.

- Do not use punitive physical contact. Seek trained host support for distress or behaviour and protect immediate safety within competence and the agreed emergency arrangements. Record any protective intervention or concerning behaviour.

- Photography and recording are off by default. Never photograph injuries. Any proposed identifiable child image, quote or recording for research or publicity requires its own approved purpose, lawful basis, appropriate permissions and safeguards; school or parent permission alone does not authorise an unapproved project.

- Do not view, download, copy or forward suspected sexual images of children. Preserve the device or message context without redistributing images and obtain safeguarding/police advice promptly.

- Digital materials must be age-appropriate. No private online contact with children. Any approved live session requires a secure approved platform, controlled joining, host supervision, no private messaging, recording off by default, and a safe stop plan if security or supervision fails.

8. Before, during and after every session

Before confirmation

Complete Appendix B with the host and evaluator where relevant. Agree who delivers, who supervises and who manages each safeguarding and emergency response. Obtain the local contact sheet, headcount by category, site assessment, support arrangements and evidence that assigned workers are suitable for their roles. A blank or pending essential check prevents the affected activity from starting.

On arrival and throughout

Meet the named host contact and staff; test how to reach them. Verify exits, public access, first aid, room capacity, supervision and any separate assessment space. Count everyone present, including babies, siblings, carers, volunteers and observers. Apply the lower of 50, room capacity and the assessed staffing limit. Reduce the group or stop if safe capacity or supervision is exceeded. Do not assume an extra session or worker is funded or available.

Explain participation choices and the route for raising a concern. A child can observe, point, use supported communication, take a supervised break or decline an optional activity. Review distress and access needs as the session progresses. No disclosure, assessment or incident should leave other children unsupervised.

After the activity

The host accounts for children and manages departure and collection. PMA workers complete agreed check-out messages and do not remain in isolated host areas after host staff leave. Record concerns, incidents and near misses promptly; confirm safeguarding handover and next actions. Review changes needed before another session. Routine feedback and quality records must not identify children.

9. Host-led delivery and research

Before a host delivers PMA materials without PMA present, agree the written responsibility schedule required by policy section 6. Name host, PMA and evaluator contacts, supervision, incident and reporting duties, permitted materials, training, monitoring and the route for suspending delivery. The absence of a PMA facilitator does not remove these conditions. Give host staff access to this handbook and obtain acknowledgement of their duties.

Child-level measurement, linkage, identifiable filming or research beyond safe aggregates must not start under a routine delivery booking. The research lead must document the applicable ethics route and approval or determination, protocol, data roles, lawful bases, privacy information, required assessment/agreements, access controls, retention and deletion, and safeguarding response. Obtain parent/carer permission where required and age-appropriate child assent. Respect refusal, distress and withdrawal; ordinary access to activities must not depend on research participation.

Keep coded research data separate from safeguarding records. Codes with a linkage key are personal data. Specify who holds each key, who can access recordings, approved transfers and any limits to withdrawal after anonymisation. Prevent incidental filming and provide a practical alternative for people who decline. Explain confidentiality limits and stop an assessment for safety or distress. No researcher is alone with an individual child. Appendix B records the gate; it is not a substitute for actual approvals.

10. Adults as participants and economic abuse

Adults may disclose coercion, financial control, domestic abuse, exploitation, neglect or other harm. Financial hardship alone is not evidence of abuse. Do not diagnose, investigate or offer personalised regulated financial/debt advice. Use the Adult Safeguarding and Trauma Informed Response Policy alongside this procedure.

- Check immediate safety. Call 999 for immediate danger or urgent medical need. Consider children or other people affected as well.

- Offer a quiet, safe and supported way to speak without the alleged source of risk listening. Do not leave children unsupervised. Avoid public questions or pressing for personal financial detail.

- Listen, acknowledge and ask what the adult wants to happen. Check whether and how it is safe to contact them; a shared phone, email or letter may create risk. Do not inform an accompanying adult automatically.

- Record necessary facts and the adult's wishes, using their words. Seek prompt advice from the PMA DSL or deputy. An adult's decision not to accept help must not automatically be treated as incapacity.

- Use the appropriate adult safeguarding service and consider care/support needs, ability to protect themselves, coercion and risks to others. Normally work with the adult's wishes and consent. Where sharing without consent may be necessary to protect someone, obtain appropriate safeguarding advice, share proportionately under a lawful basis and record the reason. Do not delay emergency protection.

- Agree a safe next step and signpost suitable specialist help through the host or safeguarding lead. Keep any necessary safeguarding record secure and confirm follow-through. Adult safeguarding concerns about workers use adult safeguarding and positions-of-trust arrangements; LADO is the child-workforce route.

11. Training, suitability and quality assurance

Before working in any setting, each deliverer completes role-appropriate safeguarding awareness training, induction on this policy/handbook, host procedures and a practice response to a disclosure. DSL and deputy training must support their actual responsibilities, including allegations, information sharing and local escalation. Observers and evaluators receive the relevant briefing even where they do not deliver activities.

Maintain a restricted central workforce record of role, identity and recruitment checks, DBS eligibility and check scope where applicable, training evidence, renewal/review dates and induction acknowledgement. Verify original evidence through an appropriate confidential process. Do not circulate full DBS certificates in booking packs or treat an unverified certificate description as clearance.

The original handbook records Nathan Waldron's SSCP Level 2 completion on 14 July 2026, verification code 7FVX-SJUA, with renewal tracked to July 2027. That is a retained historical record, not a new verification of the certificate or a claim that all workers are trained. Check the evidence and provider requirements before deployment. PMA's baseline is refresher training at least every two years, earlier when role, guidance or risk requires; annual briefing does not replace required training.

11.1 Practical checks and review

The DSL or uninvolved responsible reviewer checks that safeguards work, rather than only checking that documents exist. Use Appendix B before each new venue/project and whenever arrangements change. Record actual evidence and unresolved actions. Do not collect child-level learning data to demonstrate routine safeguarding quality.

Review	Evidence / action required
Before deployment	Role checks, training and induction verified; contacts and absence cover tested; site and attendance controls agreed.
First host-led activity / material change	Observe or otherwise check delivery and reporting arrangements using an agreed proportionate method. Record findings without child identifiers; resolve essential gaps before continuing.
After each concern or near miss	Confirm safe handover and outstanding actions; review what failed or worked; restrict case details to authorised people.
During an active project	DSL reviews open actions and patterns at least monthly and sooner for risk. Any worker may raise an urgent issue immediately.
Board oversight	Receive a proportionate anonymised summary of trends, overdue controls and resource needs; review at least quarterly while delivery is active and promptly after a serious issue. Do not include unnecessary case details.
Annual and triggered review	Full review by 2 October 2027, or sooner on changed guidance, delivery, serious incident or identified gap. Record changes, approval and worker acknowledgement.

11.2 Test understanding before independent delivery

Ask each worker to explain: a child discloses while a parent waits nearby; the named lead is unavailable or implicated; an adult asks for help without their partner knowing; attendance exceeds the assessed limit; filming has been requested without a protocol. A satisfactory response identifies immediate safety, the correct reporting route, boundaries and the necessary record. Brief or retrain before deployment if the response is unsafe. This is an internal competence check, not an accredited qualification.

11.3 Annual review and issue control

Effective date remains 2 October 2026 and the next scheduled full review remains 2 October 2027. For future changes, issue a revised adopted copy only after approval has been recorded. Keep the original signed issue and change record. Notify affected staff and hosts of changes and record that they understand their responsibilities. Do not describe a policy revision as evidence that venue, workforce, research or filing requirements have been completed.

Appendix A. Record of concern

Restricted safeguarding record. Complete for a real concern only. Emergency action and verbal reporting come first. Continue on a separately identified sheet if needed; preserve original notes.

Field	Actual record
Record reference / page	
Recorder name / role / contact	
Concern date, time, location / session	
Necessary person identifier / age or role	
Who was present / communication support	
Observed facts / actual words / source of information	
Immediate safety and action taken	
Person's wishes / safe contact / notification risks	
Who was informed / time / secure method	
Referral recipient / reference / advice	
Next action / named owner / review time	
Recorder signature / date / time	

Clearly label opinion and information reported by others. Record any decision not to refer and the reason. Do not put this form in a research dataset or open attendance register. Transfer and retain under section 6.

Appendix B. Pre-start safeguarding and research gate

Project / venue / room: _____
Delivery dates / format: _____
PMA / host / evaluator leads: _____

For each row record Verified / Pending / Not applicable, the evidence location and a named action owner. Give a reason for Not applicable. Pending essential controls mean do not start the affected activity.

Essential check	Status / evidence / action owner
Written allocation of delivery, supervision, safeguarding and evaluator duties accepted	
Named contacts, absence cover, safe referral and emergency routes verified	
Actual duties assessed; role checks, training, induction and competence verified	
Headcount includes all ages and adults; safe limit, staffing and room confirmed	
First aid, fire, accessible evacuation, public access, toilets and lost-child response agreed	
Communication, support and supervised quiet/assessment spaces suitable	
Secure concern records, transfer, access and applicable retention confirmed	
Host-led monitoring, incident reporting and stop/resume authority agreed	
Research only: protocol, ethics route and approvals/determination documented	
Research only: data roles, lawful bases, privacy, required agreements/assessment approved	
Research only: permission, assent, refusal, withdrawal, recording alternatives and data lifecycle workable	

Decision and authorisation to start the activity

Proceed / Proceed with recorded restrictions / Do not proceed
Reasons / restrictions / unresolved actions: _____

_____
PMA responsible lead / signature / actual date: _____
Host responsible lead / signature / actual date: _____
Evaluator confirmation where relevant / actual date: _____
Recheck trigger / date: _____

Signatures here record actual operational confirmation when completed. Blank fields are not approvals. Signing this checklist does not replace the project protocol, contract, ethics approval or the organisations' own obligations.

Appendix C. Induction and acknowledgement

Name / organisation / role: _____
Project / site / permitted activities: _____
Briefing lead / actual briefing date: _____

- I can find the policy, handbook and host contacts and know the deputy/external route.

- I understand immediate safety, disclosure response, no investigation and secure recording.

- I understand professional boundaries, supervision, attendance limits and stop conditions.

- I know how to report worker conduct concerns, adult concerns and suspected data incidents.

- I understand routine Zero Child Data and that research or filming needs separate approval.

- I have raised any uncertainty about my competence, checks or responsibilities before deployment.

Questions / further briefing or restrictions: _____
_____
Worker signature / actual date: _____
Briefing lead signature / actual date: _____

Reference sources and scope

Use current published guidance and local procedures. KCSIE is school/college statutory guidance; PMA follows relevant host requirements and uses appropriate safeguarding principles without claiming PMA is a school. The sources below support the procedures and contact routes; they do not certify PMA compliance.

DfE: Working Together to Safeguard Children: official source

DfE: Keeping Children Safe in Education: official source

DfE: information sharing to safeguard children: official source

DfE: out-of-school settings safeguarding guidance: official source

DBS: regulated activity and supervision change: official source

DBS: legal duty to refer: official source

Staffordshire: child/adult reporting contacts: official source

Stoke-on-Trent: professional child safeguarding / LADO: official source

Stoke-on-Trent: adult safeguarding reporting: official source

Adult safeguarding: reporting, wishes and consent: official source