

Safeguarding and Child Protection Handbook

Pocket Money Adventures CIC

Version 1.3

Effective date: 16 July 2026

Review date: 16 July 2027

Approved by: Nathan Waldron, Director, on behalf of the Board of Directors (Pocket Money Adventures CIC)

Change from v1.2: CRITICAL CORRECTION — the Staffordshire referral number in Section 5 was wrong (0800 1313 126) and is corrected to the Staffordshire Families Integrated Front Door (SFIFD) on 0300 111 8007. All references to "MASH" replaced with SFIFD, which superseded the MASH in Staffordshire. Section 6 corrected: suspension is NOT automatic (it is an employer decision, and does not imply guilt), aligning with Staffordshire LADO guidance. Added Section 2.7 Right Help, Right Time (launched 1 July 2026). Added consent principle. Added SSCP Escalation Policy route. Training requirements stated (SSCP Level 2 DSL / Level 1 all deliverers). "Trustees" corrected to "directors" (PMA is a CIC, not a charity). Deputy DSL telephone added. Unborn children and Family Help added per Working Together 2026. Page version identifiers corrected.

Pocket Money Adventures CIC

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Designated Safeguarding Lead: Nathan Waldron • Deputy DSL: Bernadette Houlton

Section 1: Introduction and purpose

This handbook is the practical operational guide for everyone who works with or on behalf of Pocket Money Adventures (PMA). It should be read alongside the PMA Children and Adult Safeguarding Policy. The policy states what we will do. This handbook explains how we do it.

All staff, volunteers, contractors and directors have a responsibility to safeguard children. Safeguarding is not a single task. It is the consistent practice of keeping children safe from harm, abuse and neglect.

PMA is a visiting provider. We deliver on the premises of host schools. In every session the host school's safeguarding procedures are in operation alongside ours, and the host school's Designated Safeguarding Lead (DSL) holds the child's record and history. Our job is to notice, record and hand on promptly — never to investigate.

Section 2: Recognising abuse and neglect

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 — this 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
- Flinching when touched; reluctance to go home

In PMA 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 PMA 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 school's 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 school's DSL and PMA's 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. Neglect is the most common form of child abuse. 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.

PMA operates in areas that include significant deprivation. Signs of neglect must be assessed with a non-judgemental lens. Poverty is not neglect. Neglect is where a child's needs are not met despite resources being available. Consult the school's 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 school's 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. Working Together 2026 strengthened the expectation that practitioners recognise harm outside the home. Signs include sudden absence, unexplained money or gifts, gang-related language, or disclosure of contact with unknown adults. Report to the school's DSL.

2.7 Right Help, Right Time — the Staffordshire threshold framework

New in v1.3. Right Help, Right Time (RHRT) launched on 1 July 2026 and replaced the previous "windscreen model". It is the framework every Staffordshire school and agency now uses. PMA staff are not expected to grade a child's level of need, but must understand the language so we can hand concerns over meaningfully.

RHRT describes four levels of need:

- Level 1 — Everyone (Thriving): core needs met by family and universal services.
- Level 2 — Early Support: emerging needs that one agency, or an Early Help Assessment, can meet.
- Level 3 — Enhanced Support: complex or multiple needs requiring a coordinated multi-agency response.
- Level 4 — Statutory Support: the child has suffered, or is likely to suffer, significant harm.

The framework supports professional judgement. It is not a checklist. A child can enter at any level, including going straight to Level 4, and can step up or down. The Threshold Framework and its interactive toolkit are published at staffsscp.org.uk.

Under RHRT, a practitioner's role does not end when a concern is passed on. We remain responsible for supporting and safeguarding the child at whatever level of support is identified.

2.8 Unborn children

New in v1.3. Working Together to Safeguard Children 2026 explicitly extends safeguarding duties to unborn children where concerns are identified. If a PMA person becomes aware of a concern affecting an unborn child (for example, disclosed domestic abuse in a pregnant parent), it is reported in exactly the same way as any other safeguarding concern.

Section 3: Responding to a disclosure

When a child discloses, the response is critical. A supportive response helps the child feel believed and safe. A poor response can cause further harm.

Step 1 — Listen

- Stay calm. Do not show shock, anger or disgust.
- Give the child your full attention. Do not take calls, tidy up, or signal that you are short of time.
- Listen without interrupting and let the child speak at their own pace.
- Use open, non-leading prompts only (TED): "Tell me what happened." "Explain that a bit more." "Describe where that happened."
- Never ask leading questions such as "Did someone hurt you?" or "Did they hit you with a belt?"
- Never blame the child or ask what they did to cause it.
- Never promise to keep what the child says confidential. Say instead: "I may need to tell someone who can help keep you safe."

Step 2 — Reassure

Tell the child: "You were right to tell me." "This is not your fault." "I will keep you as safe as I can." "I am going to tell [DSL name] so we can help you."

Do not say: "Everything will be fine." "Don't worry." "I promise I won't tell anyone."

Step 3 — Do not investigate

PMA staff are not investigators. You are not the police or a social worker. Your role is to receive and report, not to establish facts. Do not ask detailed follow-up questions, do not try to work out what happened, do not suggest what might have happened, do not contact the alleged abuser or their family, and do not tell other staff except as required for safeguarding.

Do not use body maps. PMA staff are not medical practitioners. Describe any mark or injury in writing instead. Do not photograph a child or an injury under any circumstances.

Step 4 — Record

Write up what was said as soon as possible, normally within 24 hours, using the Record of Concern template (Section 7). Note the date, time and location; the child's exact words in quotation marks, in the child's own language and not interpreted; who else was present; any observable signs; what action you took. Separate fact from opinion and make clear which is which. Sign and date the record.

Step 5 — Report

Report the same day to the host school's Designated Safeguarding Lead, and to PMA's DSL (Nathan Waldron) at safeguarding@pocketmoneyadventures.co.uk. Do not delay. Do not discuss the disclosure with colleagues unless instructed by the school DSL. Do not discuss with the child's parents unless advised by the school DSL — in some cases telling a parent first would place the child at greater risk.

Step 6 — Refer

If there is immediate danger to the child, call 999 first, then contact the SFIFD or the Emergency Duty Service.

For all other concerns the host school's DSL makes the referral, because they hold the child's record and history. PMA staff do not refer directly where a school DSL is engaged and acting.

If the school DSL does not act, PMA's DSL will refer directly to the Staffordshire Families Integrated Front Door (see Section 4).

Consent — the principle

New in v1.3. It is not necessary to seek consent to share information for the purposes of safeguarding a child, provided there is a lawful basis to process the information. Consent is not required to make a child protection referral. Where it is safe to do so we would normally tell a parent that a referral is being made, but we do not seek consent, and do not inform them, where doing so would place the child or anyone else at increased risk. Data protection law does not prevent the sharing of information to keep a child safe.

Section 4: Escalation procedures

If a concern is not acted on by the host school's DSL within one working day, PMA's DSL will escalate directly to the Staffordshire Families Integrated Front Door and will inform the school DSL in writing that we have done so.

If the concern involves PMA's DSL (Nathan Waldron), report immediately to the Deputy DSL, to any other board member, or directly to the Local Authority Designated Officer (LADO). At all times the welfare of the child comes first.

Professional challenge (SSCP Escalation Policy)

New in v1.3. Where PMA disagrees with another agency's safeguarding decision, we follow the SSCP Escalation Policy (staffsscp.org.uk/sscp-escalation-policy). In outline: raise the matter directly with the professional concerned within one working day; if unresolved, escalate to the line manager, with contact between agencies within one working day; the line manager completes the SSCP Escalation Form and refers to their manager within one working day; a meeting is held within two working days if required, with the outcome in writing within two working days. If still unresolved it routes to the SSCP Representative, then the SSCP Manager, then an Independent Professional Advisor, with a final decision via the Independent Chair.

Professional disagreement is a normal and legitimate part of multi-agency safeguarding. Being new, junior or an external provider is not a reason to stay silent.

LADO — allegations against people in a position of trust

The LADO manages and oversees allegations against adults who work or volunteer with children. A LADO referral is separate from a safeguarding referral, and there will be times when both are needed.

Refer to the LADO where an adult who works or volunteers with children has:

- behaved in a way that has, or may have, harmed a child;
- possibly committed a criminal offence against, or related to, a child;
- behaved towards a child in a way that indicates they may pose a risk of harm to children; or
- behaved in a way that indicates they may not be suitable to work with children.

Concerns can also arise from an adult's personal life where that poses a risk of harm in the workplace.

Corrected in v1.3. Refer to the LADO within 24 hours of an allegation being made, and expect a response within one working day. Always use the LADO referral form (search "LADO referral form" at staffordshire.gov.uk or staffsscp.org.uk). If unsure whether a concern meets the threshold, email staffordshire.lado@staffordshire.gov.uk for advice.

Staffordshire Families Integrated Front Door (SFIFD)

Corrected in v1.3. The SFIFD is the single point of contact for safeguarding concerns in Staffordshire. It superseded the MASH. It is a multi-agency service including the local authority, police, health, probation and mental health, so that information can be gathered and shared to inform the decision. You can ring to talk a concern through even if you are not sure it meets a threshold.

After contact, a Consultant Social Worker reviews the information, considers the child's lived experience, strengths and needs, gathers information from relevant agencies, speaks with parents or carers where appropriate, and decides the most appropriate level of support. If no outcome is received within five working days, chase it.

Section 5: Key contacts

Corrected in v1.3. The Staffordshire number previously shown in this section (0800 1313 126) was incorrect and must not be used. The correct number is 0300 111 8007.

PMA DSL — Nathan Waldron	safeguarding@pocketmoneyadventures.co.uk • 07500 804810
PMA Deputy DSL — Bernadette Houlton	bernadette@pocketmoneyadventures.co.uk • 07773 814684
Staffordshire Families Integrated Front Door	0300 111 8007 (option 1) • staffordshire.gov.uk/reportconcern
Staffordshire out of hours (Emergency Duty Service)	0345 604 2886
Stoke-on-Trent Children's Advice and Duty Service	01782 235100
Stoke-on-Trent out of hours (Emergency Duty Team)	01782 234234
Staffordshire LADO	staffordshire.lado@staffordshire.gov.uk • urgent advice via SFIFD 0300 111 8007
Stoke-on-Trent LADO	LADO.sp@stoke.gov.uk • referrals via CHaD 01782 235100
Police	999 emergency • 101 non-emergency
NSPCC Helpline	0808 800 5000
NSPCC Whistleblowing Advice Line	0800 028 0285

SFIFD opening hours: Monday to Thursday 8:30am–5:00pm, Friday 8:30am–4:30pm. Outside these hours use the Emergency Duty Service. In an emergency always call 999 first.

Where a concern relates to the DSL, contact the Deputy DSL directly, another board member, or the LADO. The Deputy DSL holds a separate line so that this route is always independent of the DSL.

Section 6: Managing allegations against PMA people

If an allegation is made against any PMA person, including the DSL:

- Report to the LADO within 24 hours. Expect a response within one working day. Use the LADO referral form.
- Make a safeguarding referral to the SFIFD as well if a child may have been harmed or is at risk of harm. Both processes may apply.
- Do not investigate. PMA conducts no investigation until the LADO has given guidance.
- Support the child. The alleged victim and any other affected children are offered support, coordinated with the host school.
- Support the person. An allegation is a stressful experience. We will advise them of their right to union representation where applicable, name a person to check in with them, and signpost support.
- Maintain confidentiality. Details are restricted to those who need to know.

Suspension

Corrected in v1.3. The previous version of this handbook stated that suspension is immediate and automatic. That was wrong and is corrected here. Suspension is not automatic and does not imply guilt or innocence — it is part of a process. It is a decision for PMA as the employer, following our own policies and procedures. Where children's social care or the police are involved, the LADO may seek their views on suspension and inform us. The LADO may also advise on alternatives such as a risk assessment or alternative duties. PMA will take a proportionate decision on a case-by-case basis, with the welfare of the child as the paramount consideration, and will record the reasoning.

Pending any decision, PMA will ensure the person has no unsupervised contact with children in any PMA delivery.

LADO outcomes

An allegation is concluded as one of four outcomes: Substantiated (enough evidence to prove it); False (enough evidence to disprove it); Malicious (enough evidence to prove a deliberate act to deceive, and the allegation is entirely false); or Unsubstantiated (insufficient evidence to prove or disprove — this is not the same as false, and implies no guilt or innocence).

Where an allegation is substantiated, PMA may have a legal duty to refer the person to the Disclosure and Barring Service, and to any relevant professional regulatory body. This duty applies even if the person resigns before a decision is reached.

Section 7: Record of Concern template

Field	Entry
Date and time of concern	
Name of person completing this form	
Child's first name (first name only)	
Year group / class	
Host school and session date	
What was observed or disclosed (child's exact words in quotes)	
Fact or opinion (state clearly which)	
Who else was present	
Immediate action taken	
Who was informed and when (school DSL / PMA DSL / SFIFD)	
Signature and date	

Section 8: Online safety

PMA materials may be used digitally by schools. PMA does not operate direct online contact with children. Safeguarding principles apply to any digital communication:

- All programme materials must be age-appropriate and free from harmful content.
- PMA staff must never communicate with children via personal social media, email, messaging apps or video calls.
- Programme materials must not be shared in ways that identify individual children. Where case study images or quotes are used, written school approval and parental consent must be on file.
- Any digital material containing child data must be stored securely with restricted access.

Schools remain responsible for their own digital safeguarding. PMA does not provide online safeguarding training to schools.

Section 9: Safer working practice in schools

- Sign in on arrival and wear a visitor badge at all times.
- Identify the host school's DSL on arrival and know how to contact them during the session.
- Never be alone with a child. All interactions take place with school staff present or in view.
- Never give a child your personal phone number, email or social media details.
- Never photograph or film children without explicit written school approval and parental consent. Store any images securely.
- Never take children off school premises under any circumstances, even with parental permission.
- Never give children gifts, money or personal items.
- Follow the school's safeguarding briefing at the start of every visit.
- Report any concern to the school's DSL before leaving the premises.
- Challenge any breach of safeguarding. If you see another adult behaving inappropriately with a child, report it.

These practices protect children and they protect you. They are non-negotiable.

Section 10: Training

| New in v1.3. PMA follows the SSCP training expectations for organisations working with children.

- The Designated Safeguarding Lead holds SSCP Level 2 (Working Together to Safeguard Children). Nathan Waldron completed Level 2 on 14 July 2026 (certificate verification code 7FVX-SJUA). Renewal is due in line with SSCP requirements, tracked to July 2027.
- Everyone who delivers PMA sessions completes SSCP Level 1 safeguarding awareness training, free via the SSCP Learning Zone, before working in a school.
- Safeguarding training is renewed at least every two years, or sooner if legislation or SSCP guidance changes.
- The DSL completes training on managing allegations of abuse made against a person who works with children, and cascades that learning to all deliverers.
- Training and DBS status are held on a central record with renewal dates, reviewed at least annually.

Section 11: Annual review

This handbook is reviewed annually. The next full review is scheduled for 16 July 2027. It will also be reviewed immediately whenever legislation changes (for example Keeping Children Safe in Education or Working Together to Safeguard Children), a serious safeguarding incident occurs, a significant gap in procedure is identified, or new risks emerge. All PMA people will be notified of updates and must confirm they have read and understood the revised handbook.

Version history

Version	Date	Change
1.0	15 Apr 2026	Initial handbook.
1.1	24 Apr 2026	ICO number updated to ZC124930. Deputy DSL named. Rebranded to PMA house style.
1.2	29 May 2026	Safeguarding children definition updated to Working Together 2026 (six points).
1.3	16 Jul 2026	Critical correction to Staffordshire referral number; MASH replaced with SFIFD; suspension corrected to non-automatic; Right Help, Right Time added; consent principle added; SSCP escalation route added; training requirements stated; unborn children added; directors not trustees; Deputy DSL telephone added; page version identifiers corrected.

Issued by Nathan Waldron, Director | Pocket Money Adventures CIC | 16 July 2026