Spark2Life
Children and Vulnerable Adults Safeguarding Policy

March 2026

To be next reviewed in February 2027

CHARITY DETAILS

Name:	Spark2Life
Address:	The Outset Centre, 2A Grange Road, London, E17 8AH
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CEO:	Dez Brown
Charity Number:	1121557
Company Number:	05895562
Regulators:	Charity Commission for England and Wales

SAFEGUARDING TEAM

Chair of the Board of Trustees:	Christine Giscombe
Trustee Safeguarding Lead:	Ade Solarin
Designated Safeguarding Lead:	Jamela Ricketts
Deputy Safeguarding Lead:	Arnold Kinzomba
Safeguarding Line (Mon-Fri, 9am-5pm):	020 4531 6208 and 07415 755 525
Safeguarding email:	safeguarding@spark2life.co.uk

Scope
The Safeguarding Policy applies to all Spark2Life's staff, sessional workers, volunteers and contractors and applies in all settings where youth work happens**.**

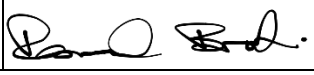
Review Cycle
This policy will be reviewed annually.

Supporting Documents
This policy statement should also be read alongside Spark2Life's organisational policies, procedures, guidance and other related documents.

Statutory and legal framework
- Children Act 1989 (and subsequent amendments) and 2004, Children and Social Work Act 2017, Working Together to Safeguard Children 2023
- Protection of Children Act 1999
- Care Act of 2014
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012. The Protection of Freedoms Act 2012 is of particular importance as all decisions made to bar individuals from working with children or adults are now made by the Disclosure and Barring Service (DBS) under this legislation
- Relevant government guidance on safeguarding children including Working Together 2013
- Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
- The Police Act 1997 • Management of Health and Safety at Work Regulations 1999
- The Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- GDPR and Data Protection Act 2018
- Information, Evidence and Disclosure Regulation 1992
- Keeping Children Safe in Education, 2025
- After-school clubs, community activities and tuition, 2023.
- Domestic Abuse Act, 2021

Safeguarding Framework
Responding well to concerns is an essential part of maintaining and promoting the welfare of those who may be vulnerable or at risk of harm. Spark2Life is committed to this framework:
- Recognise
- Respond
- Report
- Record
- Refer
- Reflect

Signatures

Role:	Designated Safeguarding Lead
Name:	Jamela Ricketts
Phone/Email:	safeguarding@spark2life.co.uk 020 4531 6208
Date:	18/03/26
Signed:	Jamela Ricketts
Role:	Trustee Safeguarding Lead
Name:	Ade Solarin
Phone/Email:	adeolu_solarin@yahoo.com 07916 535 075
Date:	18/03/26
Signed:	Ade Solarin
Role:	Chair of Trustees
Name:	Christine Giscombe
Phone/Email:	christine@spark2life.co.uk 07889 618 229
Date:	18/03/2026
Signed:	
Role:	Chief Executive Officer
Name:	Dez Brown
Phone/Email:	dez@spark2life.co.uk 020 4531 6208
Date:	18/03/2026
Signed:	

Introduction

Spark2Life believes in the intrinsic value of every person and as such, that everyone should be treated fairly and without discrimination or favour. We recognise that when working with children and young people the welfare of the child(ren) is paramount; we have the responsibility to protect and safeguard their welfare whilst entrusted to our care.

What Safeguarding Means to Us[1]

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

In order to keep children safe, Spark2Life is committed to:

- Valuing, listening to and respecting children and young people as well as promoting their welfare and protection.
- The safe recruitment, supervision and training for all staff working with Spark2Life.
- Adopting a procedure for dealing with concerns about possible abuse.
- Encouraging and supporting parents/carers.
- Supporting those affected by abuse.
- Maintaining good links with the statutory childcare authorities and other organisations.

Trust policy

The Spark2Life Trustees recognise the need to provide a safe and caring environment for all. They also acknowledge that children and young people in particular can be the victims of physical, sexual and emotional abuse, and neglect. The Trustees and Trustees have therefore adopted the procedures set out in this document (hereafter “the policy”). They also recognise the need to build constructive links with statutory and voluntary Children and Vulnerable Adults agencies. The Trustees and Trustees undertake to file a copy of the policy and practice guidelines with the local Children’s Social Services, and any amendments subsequently published. The Trustees agree not to allow the document to be copied by other organisations.

The Trustees and Trustees are committed to on-going Children and Vulnerable Adults training for all volunteers, mentors and caseworkers and will regularly review the operational guidelines attached.

The Trustees and Trustees also undertake to follow the principles found within the Abuse of Trust guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues.

Activities covered by this policy
This policy will cover all departments within Spark2Life that work with children, young people or vulnerable adults whether located on or off the premises of Spark2Life. (Additional policies for residential and day activities can be found in the Appendices.)

[1] Working Together to Safeguard Children

What to do if you suspect that abuse may have occurred

1. If you work with children or vulnerable adults:

Under no circumstance should a worker carry out their own investigation into the allegation or suspicion of abuse.

a. Your concerns must be reported as soon as possible to the Spark2Life Designated Safeguarding Lead (DSL) – (see page 2) who is nominated by the Trustees to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.

b. In the absence of the DSL, or if the suspicions in any way involve the DSL then the report should be made to the Spark2Life Deputy DSL– (see page 2)

c. If the suspicions implicate both the DSL and the Deputy DSL, then the report should be made in the first instance to **Ade Solarin – S2L Safeguarding Trustee** (his number can be found on Pg.2)

d. Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with Spark2Life procedures and kept in a secure place.

e. Whilst allegations or suspicions of abuse will normally be reported to the DSL, the absence of the DSL or Deputy DSL should not delay a referral to the Children's or Adults Social Services Department. See pg. for Social Care numbers.

f. It is, of course, the right of any individual as a citizen to make a direct referral to the Children and Vulnerable Adults agencies, although the Trustees hope that staff use this procedure. If, however, the individual with the concern feels that the DSL/Deputy DSL has not responded appropriately, or where they have a disagreement with the DSL(s) as to the appropriateness of a referral they are free to contact an outside agency directly. We hope by making this statement that the Trustees demonstrate the commitment of Spark2Life to effective safeguarding of Children and Vulnerable Adults.

g. Where staff are working off site at the invitation of another agency for example a school or PRU, it will be necessary to follow the agency's child protection process as well as our own; the school's child safeguarding procedures take precedence over our own.

1.1 Recognising Abuse

Physical:
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing significant 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.

Emotional:
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. May feature age or developmentally inappropriate expectations being imposed on children.

Sexual:
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child 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 children 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect:
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

1.2 Signs of abuse

1.2a Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

1.2b Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia
- Child sexual exploitation – a form of sexual abuse where a child is sexually exploited for money, power or status.

1.2c Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity
- Running away, stealing and lying

1.2d Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry

Also remember that you may not always be working directly with the child but become concerned because of difficulties experienced by the adults e.g.:

- Domestic violence incidents
- Mental health issues
- Substance and alcohol abuse Incidents

In addition to the categories of abuse outlined above, staff should also be alert to the following safeguarding concerns, which may indicate a child or vulnerable adult is at risk of harm or exploitation:

- Children living away from home or gone missing
- Peer abuse including bullying and cyberbullying
- Race and racism
- Radicalisation and violent extremism
- Gang membership
- Sexual exploitation
- Grooming
- Female Genital Mutilation
- Forced marriage
- Concealed pregnancy
- Child trafficking
- Criminal exploitation and county lines
- Self-harm and suicide ideation
- So-called ‘honour’-based abuse
- Contextual safeguarding issues
- Young carers
- Organisational abuse and self-neglect

1.3 Safeguarding Thresholds

Spark2Life recognises that safeguarding concerns can occur across a spectrum of need. To support appropriate decision-making, we use a two-tier threshold framework to determine when concerns should be escalated internally or referred to statutory services.

Safeguarding Spectrum:

- Universal / Preventive: No current concerns. General promotion of safety and wellbeing.
- Emerging / Low Threshold: Early signs of unmet need or vulnerability. Concerns may be addressed through Spark2Life support, Early Help or partnership working.
- Significant Harm / High Threshold: A child or vulnerable adult is experiencing or is at risk of significant harm. Immediate referral to Social Care or Police required.

Threshold Decision Table:

Concern Type	Examples	Action
Low Threshold	Poor school attendance, emotional wellbeing concerns, early signs of parental stress, low-level bullying	Discuss with DSL. Consider Early Help or Spark2Life internal support plan. Monitor.
High Threshold	Disclosure of physical/sexual abuse, evidence of grooming, suicide ideation, Criminal Child Exploitation, CSE, FGM, physical injuries with no explanation	Immediate referral to DSL. DSL to refer to Social Services or Police as appropriate.

Note: Any disclosure of physical abuse, self-harm, suicide ideation, Child Sexual Exploitation, Female Genital Mutilation, or radicalisation must always be treated as High Threshold.

1.4 Digital and Online Safeguarding

Spark2Life recognises that many of our interactions with children, young people and vulnerable adults may take place online or involve digital platforms. We are committed to ensuring that all online communications are safe, respectful, and in line with safeguarding principles.
We will:

- Ensure all staff and volunteers using digital platforms to engage with young people receive appropriate safeguarding training, including online safety awareness.
- Only use Spark2Life-approved communication platforms (e.g. Microsoft Teams, Zoom, work email, WhatsApp) for remote engagement with children and young people.
- Avoid using personal devices or private social media accounts for any communication with service users.
- Ensure at least one other staff member is aware of or present during live video communications with under-18s.
- Record attendance and basic details of online sessions (who, when, how long) and store them securely.
- Only share digital content (videos, messages, worksheets) that has been approved by the Designated Safeguarding Lead or Line Manager.
- Encourage young people and families to report any online concerns, such as cyberbullying, grooming, or inappropriate content.

- Refer to safeguarding procedures where a digital disclosure or concern is raised.

We also recognise that many broader safeguarding concerns may present or begin in digital spaces, including grooming, child sexual exploitation (CSE), radicalisation, criminal exploitation, self-harm encouragement, and cyberbullying. Staff should remain alert to the potential digital context of any safeguarding risk listed in Section 1.2 of this policy.

2. Reporting Procedure

For a step-by-step visual of how to respond to safeguarding concerns involving either children or vulnerable adults, see **Appendix A: Safeguarding Concern Response Flowchart**.

2.1 If you are the DSL:

a. The role of the DSL/Deputy DSL is to collate and clarify the precise details of the allegation or suspicion and pass this information on to the Children's or Adult's Social Services Department. It is Children's Social Services task to investigate the matter under Section 47 of the Children Act 1989.

b. The Trustees will support the DSL/Deputy DSL in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need-to-know basis.

c. The DSL may also be required by conditions of the Spark2Life Insurance Policy to immediately inform the Insurance Company.

2.1.1 When the allegation is about physical injury, neglect or emotional abuse

The DSL/Deputy DSL will:

a. Contact Children's Social Services for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
Contact Adult Social Services if concerned about an adult.

b. Will not tell the parents or carers unless advised to do so having contacted Social Services.

c. Seek medical help if needed urgently, informing the doctor of any suspicions.

d. For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child or adult at risk of injury.

e. Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Social Services direct for advice.

f. Seek and follow the advice given by Social Services.

2.1.2 When the allegation is about sexual abuse

The DSL/Deputy DSL will:

a. Unless for any reason they are unsure, contact the relevant Social Services Department Duty Social Worker for children and families or Police Safeguarding Team direct. They will NOT speak to the parent/carer or anyone else.

2.1.3 When the allegation of abuse is against a person who works with children or vulnerable adults

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above the DSL in accordance with Local Safeguarding Boards procedures will need to liaise with the Local Authority Designated Officer (LADO) regarding the suspension of the worker and making a referral to the Safeguarding Adviser Network.

2.2 Information Sharing and GDPR

Spark2Life follows the Data Protection Act 2018 and UK GDPR, and we recognise that safeguarding the welfare of children and vulnerable adults takes precedence over data protection concerns in specific circumstances.

Key Principles:

- You do not need consent to share personal information if doing so would protect someone from harm or promote their welfare.
- Seeking consent is best practice when safe and appropriate, but must not delay urgent safeguarding action.
- It is lawful to share information for safeguarding purposes under DPA 2018 Schedule 8, Part 2, Clause 18.
- Staff must record:
    - What was shared
    - Who it was shared with
    - The reason for sharing
    - Whether consent was sought (and why it was or wasn't)

Myth-busting guide to information sharing:

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing:

Data protection legislation is a barrier to sharing information:
No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is always needed to share personal information:
No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Personal information collected by one organisation/agency cannot be disclosed to another:
No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information:
No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT Systems are often a barrier to effective information sharing:
No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.

3. Child Protection Whistleblowing Policy

This guidance is written for all employees and volunteers working at Spark2Life.

How to raise a concern:

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken.
- Try to pinpoint what practice is concerning you and why.
- Approach someone you trust and who you believe will respond.
- Make sure you get a satisfactory response—don't let matters rest.
- Put your concerns in writing on a confidential Disclosure/Concerns Form'.
- Discuss your concerns with the DSL.
- A member of staff is not expected to prove the truth of an allegation, but you will need to demonstrate sufficient grounds for the concern.
- The DSL will undertake an investigation into your concerns and offer you support.

Under "whistleblowing" anyone in our organisation may refer to **Ade Solarin S2L Safeguarding Trustee** (his number can be found on page 2) should you have any concerns about the way an allegation was handled by the DSL or if you have an allegation against the DSL.

You can also call **NSPCC's Whistleblowing Advice Line on 0808 800 5000** if you have a concern and wish to remain anonymous.

You can also refer directly to either Children's Social Care services or the Police if you are concerned that a child is at risk of harm and this policy is not being adhered to.

Don't think what if I am wrong—think what if I am right.

Reasons why people whistleblowing:

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour.
- To prevent the problem worsening or widening.
- To protect or reduce risks to others.
- To prevent becoming implicated yourself.

What stops people from whistleblowing?

- Starting a chain of events, which spirals.
- Disrupting the work or project.
- Fear of getting it wrong.
- Fear of repercussions or damaging careers.
- Fear of not being believed.

Staff must acknowledge their individual responsibilities to bring matters of concern to the attention of the DSL, and/or relevant agencies. Although this can be difficult this is particularly important where the welfare of children may be at risk.

You may be the first to recognise that something is wrong but may not feel able to express your concern out of a feeling that this would be disloyal to colleagues, or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or

young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young people who are targeted. These children need someone like you to safeguard their welfare.

People to contact – see page 12

The appointment of workers (see also: Diversity & Inclusion Policy; Safer Recruitment Policy)

In appointing workers, Spark2Life will be responsible for:

1. Interviewing a potential worker, to establish whether they are suitable for the job that they have applied for. This will include the acquisition of professional and character references.

2. Ensuring that successful candidates complete a Self-Declaration form which informs Spark2Life whether they have ever been convicted, charged or cautioned in relation to any offence and informed of the provision of the Rehabilitation of Offenders Act 1974.

3. Providing the applicant with copies of the Spark2Life Children and Vulnerable Adults Policy and other appropriate current information and discuss it with them to ensure that they fully understand it in relation to practice issues.

4. Reviewing the applicant's DBS certificate and online updates, if they are part of the updating service alongside two forms of identity (i.e. Passport or Drivers Licence for photo ID and bill
with their address). It's important to check that the DBS certificate applies to the same type of work (i.e. for working with children or with Vulnerable adults at the checks carried out differ). or direct work can begin without receipt of two satisfactory references.

5. An enhanced DBS check is carried out for all Spark2Life staff who work directly with children and young people, and will be updated on a three yearly basis or on a 'live' basis for those registered with the DBS update service. Overseas checks will also be undertaken for any person who has lived abroad in the last 7 years, which will include police checks / letters of good conduct.

6. We will not recruit anyone who has been barred from working with vulnerable groups to undertake regulated activity i.e. work which involves close and unsupervised contact with vulnerable groups including children

7. If an applicant does not have a DBS check then the appointed Spark2Life worker will process the applicant's DBS documentation in line with the current Local Safeguarding Board guidelines. It should be noted that all DBS Applications should include the title of the work that they will be doing.

8. Applicants will be signed up to the DBS update service at the time of receiving their DBS certificate.

9. Direct work cannot begin without receipt of two satisfactory references and a satisfactory DBS certificate.

10. Providing a full current list of all workers on an annual basis in time for publication at the Annual General Meeting.

11. Safeguarding Induction Training is delivered to all staff and volunteers who work directly with children and vulnerable adults.

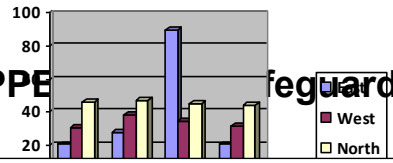
12. It is a requirement of Spark2Life that viewing panels are in place in doors of rooms where Spark2Life programmes and services are delivered, so that the Spark2Life staff or other staff members can see through the viewing panels.

Support to those affected by abuse

The Trustees are committed to working with statutory agencies as appropriate to support those who have been affected by abuse. If you as an adult are a survivor of abuse but would still like support you can call **NAPAC (The National Association for People Abused in Childhood)** on **0808 801 0331**

Working with offenders

When someone attending a Spark2Life activity is known to have abused children, the Trustees will arrange for the supervision of the individual concerned and in its commitment to the protection of children and vulnerable adults, set the boundaries for that person which they will be expected to keep.



APPE[illegible]feguarding Concern Response Flowchart.

Spark2Life staff member or volunteer becomes concerned about the safety or welfare of a child.

Spark2Life staff member or volunteer becomes concerned about the safety or welfare of an adult.

The Spark2Life staff member or volunteer immediately shares the concern with the Designated Safeguarding Lead (DSL or Deputy DSL).

DSL assesses level of risk using threshold guidance

DSL assesses if adult:
- Has care and support needs
- Is experiencing or at risk of abuse
- Cannot protect themselves

DSL decides:
-Monitor
- Internal support
- Early Help referral / Referral to Adult Social

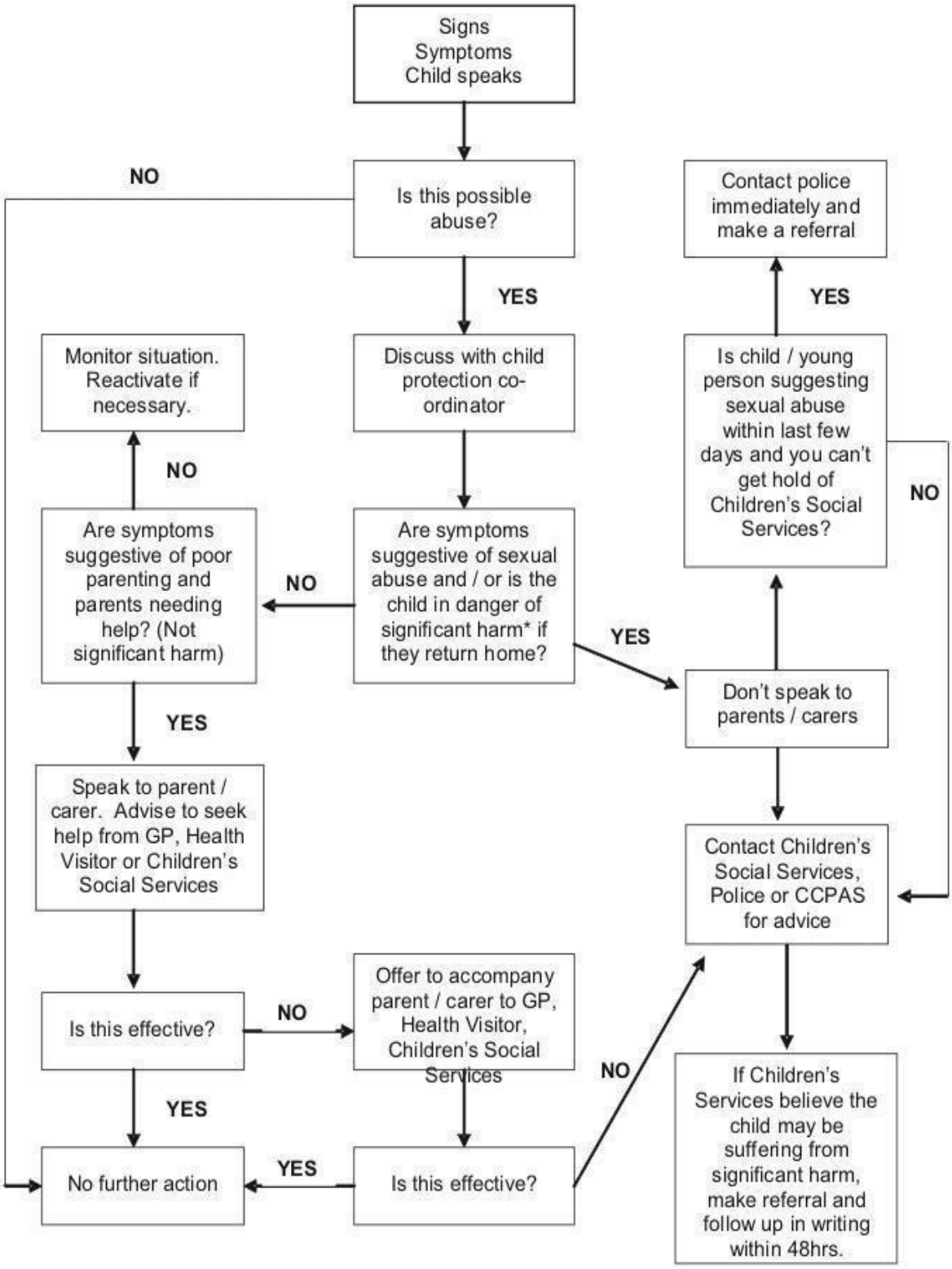
If high risk/ immediate danger:
-Refer to Children's Social Care (or)
- Refer to Adult Social Care (or)
- Call Police on 999 if urgent

Record all actions and decision in secure safeguarding records. The Spark2Life staff member must regularly review progress of concern and record updates and actions.

Once Spark2Life DSL is satisfied that sufficient actions have been taken to safeguard the child or vulnerable adults, either by ourselves or external agencies, the DSL can mark the concern as "completed".

NB: Volunteers and those without access to Spark2Life systems must inform their Line Manager immediately after their session. (If their Line Manager is unavailable or cannot be reached, they must inform the Spark2Life DSL).

APPENDIX B – Children and Young People Flowchart of Action.



APPENDIX C – Critical Incident Procedure.

Introduction & Guiding Principles
A critical incident is defined as any potentially traumatic event that affects multiple staff, children, young people, or vulnerable adults within the Spark2Life community, and may overwhelm their capacity to cope. This policy is rooted in five evidence-based principles that promote emotional and psychological recovery:

- **Safe**: Minimise exposure to further stress, provide accurate, age-appropriate information, and maintain familiar routines.
- **Calm:** Create emotional regulation opportunities, offer reassurance, basic comfort (e.g., water, rest), and avoid forcing discussion.
- **Connected**: Strengthen social support and maintain belonging through peer, staff, or family interactions.
- **In Control:** Involve people in decisions where possible and offer choices to restore a sense of agency.
- **Hopeful:** Balance acknowledgement of distress with optimism for the future, highlighting resilience and next steps.

Purpose & Benefits
This appendix aims to:

- Provide a structured, trauma-informed response to critical incidents.
- Support psychological recovery for staff, service users, and affected families.
- Enable continuous operation of Spark2Life services.
- Identify individuals at heightened risk who may require tailored follow-up

Scope & Definitions
Applies to incidents such as:

- Death or serious injury of service users or staff
- Suicide attempts or disclosures
- Serious safeguarding or legal breaches
- Violent or traumatic events in service settings
- Major operational disruptions (e.g., cyber breach, lockdown)
- Any other event causing widespread distress

Critical Incident Management Team (CIMT)
A designated team oversees response and recovery. Recommended roles include:

- **Incident Lead** (typically CEO or DSL)
- **Safeguarding Lead**
- **Staff Wellbeing Lead** (ensuring team care)
- **Communications Lead**
- **External Support Liaison** (e.g., counsellor)
- **Trustee Safeguarding Lead**

Roles should remain flexible to reflect the nature and impact of the incident. Consider designating someone to specifically monitor the welfare of CIMT members themselves UK Trauma Council.

Phased Response Structure
A. Preparation

- Policy awareness and staff training (e.g. INSET sessions)
- Regular policy reviews and clear sign-off procedures
- Access to trauma-informed tools and resources.

B. Immediate Response (First Hours to Days)

- Ensure physical and emotional safety, and preserve environments if needed.

- Communicate succinctly using tried-and-tested language (e.g., “We are responding. You are not alone.”)
- Set up safe spaces for staff and service users
- Identify those severely impacted and initiate supportive check-ins.

C. Medium-Term Response (First Weeks)

- Continue proactive outreach to affected individuals
- Monitor emotional wellbeing, escalate to additional support if needed
- Reinforce continuity, connection, and shared meaning (e.g., reflective sessions, shared activities)
- Hold debriefs for staff; maintain transparent internal communication.

D. Ongoing Response (Months and Beyond)

- Conduct a structured review to capture learning and practice improvements
- Maintain support as needed; plan and mark meaningful anniversaries or memorials
- Build resilience through commemoration and reflection, while embedding enduring improvements

Critical Incident Report Form

(Use this within 24 hours and retain securely.)

	Details
Date and time of incident	
Location	
People involved (names and roles)	
Brief Description of incident	
Immediate actions taken	
Emergency services contacts?	Yes/No – provide details
Internal Notifications (Who and when did yo notify)	
Safeguarding referral made?	Yes/No – provide details
Witness statements attached?	Yes/No – provide details Yes/No – provide details
Ongoing risks identified?	
Support provided?	To staff/service users (provide detail)

All completed forms must be submitted to the **CIMT Lead** within 24 hours.

Dissemination, Review & Update

- Approvals by Leadership and Trustee Board
- Staff training on activation and use
- Scheduled reviews (e.g., annually or post-incident) to embed learning

8. Support Resources & Partnerships

List internal and external supports, e.g.:

- Spark2Life counselling or supervision resources
- Local trauma-informed mental health services
- Links to UKTC templates and materials, including lesson plans, postcard resources for parents, etc.

APPENDIX D – Safeguarding Training Appendix.

1. Induction (within first 2 weeks)
All staff/volunteers/contractors:

- Safeguarding Training (Level 2)
- Contextual Safeguarding Training
- Prevent Duty (online)
- Introduction to GDPR & Confidentiality
- Code of Conduct & Whistleblowing Overview
- MCA & DoLS (if working with vulnerable adults)

DSL only: DSL Safeguarding Training (Level 3)

3. Annual refresher (every 12 months)

- Advanced Safeguarding Training (Level 2)
- DSL Training Refresher (Level 3 - for DSLs only)
- Internal Spark2Life refresher session

4. Recording and review

- Training is logged by HR on the internal tracker
- Certificates or proof must be uploaded within 2 weeks
- Reviewed during appraisals and line management

Spark 2 Life

APPENDIX E – CONTACT DETAILS FOR LOCAL AUTHORITIES

BOROUGH	Children 9am – 5pm	Children 5pm-9am	Adult 9am -5am	Adult 5pm - 9am
Barking & Dagenham	020 8227 3811 childrensservices2@lbbd.gov.uk	020 8594 8356	0208227 2915 IntakeTeam@lbbd.gov.uk	020 8594 8356
Enfield	020 8379 5555 childrensmash@enfield.gov.uk	020 8379 1000	020 8379 3196 TheMASHTeam@enfield.gov.uk.	020 8379 5212
Greenwich	020 8921 3172 mash-referrals@royalgreenwich.gov.uk	020 8854 8888	020 8921 2304 aops.contact.officers@royalgreenwich.gov.uk	020 8854 8888
Hackney	020 8356 2710 MASH@hackney.gov.uk	020 8356 5500	020 8356 5782 adultprotection@hackney.gov.uk	020 8356 2300
Havering	01708 433222 tmash@havering.gov.uk	01708 433999	01708 433550 safeguarding_adults_team@havering.gov.uk	01708 433999
Lewisham	020 83146660 mashagency@lewisham.gov.uk	020 8314 6000	020 8314 7777 Gateway@lewisham.gov.uk	020 8314 7766
Newham	020 3373 4600 mash@newham.gov.uk	020 8430 2000	020 3373 0440 ASCsafeguardingconcerns@newham.gov.uk	020 3373 0440
Waltham Forest	020 8496 2310 MASHrequests@walthamforest.gov.uk	020 8496 3000	020 8496 3000 WFDLiaison@walthamforest.gov.uk	020 8496 3000
Kent	03000 411111 social.services@kent.gov.uk	03000 419191	03000 41 61 61 social.services@kent.gov.uk	03000 41 61 61
Lambeth	020 7926 3100 helpandprotection@lambeth.gov.uk	020 7926 5555	020 7926 5555 adultsocialcare@lambeth.gov.uk	020 7926 5555
Croydon	020 8255 2888 mash@croydon.gov.uk	020 8726 6400	020 8726 6500	020 8726 6000
Redbridge	020 8708 3885 cpat.referrals@redbridge.gov.uk	020 8708 5897	020 8708 7333	020 8554 5000
Haringey	020 8489 4470 MASHReferral@haringey.gov.uk	020 8489 0000	020 8489 1400 firstresponseteam@haringey.gov.uk	020 8489 0000
Southwark	020 7525 1921 MASH@southwark.gov.uk	020 7525 5000	020 7525 1921 OPPDContactteam@southwark.gov.uk	020 7525 5000
Brent	020 8937 4300 Family.FrontDoor@brent.gov.uk	020 8863 5250	020 8937 4300 safeguardingadults@brent.gov.uk	020 8863 5250

CONFIDENTIAL

DISCLOSURE/CONCERNS FORM

Name of Client:	
Address:	
Date of Birth:	
Name of Person Reporting:	
Date of Reporting:	
Time of Reporting:	

Sequence of Events/Actual Words Used/Observations

Details of Actions Taken and by Whom

Notes from DSL (including further actions to be taken)

BODY CHART