

BSMS Safeguarding and Child Protection Policy and Procedures.

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1. Introduction

Brighton and Sussex Medical School (BSMS) is committed to providing a safe and secure environment for children and young persons and also adults in a vulnerable situation.

BSMS runs an established longitudinal widening participation programme for students in year 9 – 13. As well as a range of other activities where under 18's will be attending/participating, this includes but is not limited to: -

- BrightMed
- BrightIdeas
- Outreach school activities
- Work experience
- Open days
- Open lectures
- Interview days

This policy details the procedures that need to be followed when there is concern about the welfare of a child, a disclosure of abuse has been made, or if an allegation is made to or against a university member.

2. Definitions

Child - The law defines a child as being any person under the age of 18.

Young Person - For the purpose of this policy and procedures a 'young person' is anyone between the ages of 0-18 and includes those aged 18 up to their 19th birthday, who are still in full-time education at school or Sixth Form College (but not those at University).

Vulnerable adult - A vulnerable adult is someone who is aged 18 or over who has either a dependency upon others in the performance of, or a requirement for assistance in the performance of basic functions; a severe impairment in the ability to communicate with others; or has a reduced ability to protect themselves from assault, abuse or neglect.

Safeguarding - Defined by the Government's [Working Together to Safeguard Children policy](#) July 2018 as:

- Protecting children from maltreatment
- Preventing impairment of children's 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

University members – Includes all staff and students at BSMS and occasional external speakers where appropriate to the needs of BSMS.

Abuse – A person may abuse a child or an adult at risk by inflicting harm, or by failing to act to prevent harm.

Types of Abuse - See Appendix 1 for definitions of physical, emotional and sexual abuse, neglect, bullying, female genital mutilation and radicalisation.

3. Principles of the Policy

- 3.1 BSMS believes that every young person has the right to be in a safe and caring environment and to feel protected from harm and abuse. They have the right to expect people in a position of responsibility/trust to do everything possible to uphold these rights.
- 3.2 BSMS has a legal responsibility to safeguard the welfare of children who are on our premises, or who come into contact with our university members, in accordance with the Children Acts ([1989](#) and [2004](#)).
- 3.3 A university member will have been recruited using the policy in place or their employer, or admissions policy in the case of BSMS students.
- 3.4 Appropriate Disclosure and Barring Service (DBS) checks will be conducted as necessary on university members. Undergraduate medical students complete a DBS check as part of their application to the course. Students on Tier 4 visas will have completed appropriate police checks. WP & Outreach Team members will renew their DBS check every 3 years. If a guest speaker does not have a DBS, a teaching mentor or a member of the WP & Outreach Team will accompany them during their session.
- 3.5 University members are aware of BSMS Safeguarding and Child Protection Policy and procedures. Relevant university members are trained and updated of changes to the policy.
- 3.6 BSMS will work closely with other organisations to safeguard children.

- 3.7 BSMS will have clear procedures for dealing with allegations of abuse against university members and current students.

4. Recognition of Abuse

- 4.1 BSMS accepts the view outlined in [Keeping children safe in Education](#) (September 2019) that there are four main categories of child abuse. These are:

- Physical
- Emotional
- Sexual
- Neglect

Definitions can be found in Appendix 1.

- 4.2 BSMS also recognises the National Society for the Prevention of Cruelty to Children ([NSPCC](#)) additional five categories of child abuse. These being:

- Bullying
- Online abuse
- Female Genital Mutilation (FGM)
- Child trafficking
- Radicalisation

Definitions can be found in Appendix 1.

5. Concerns of Abuse, Bullying or Radicalisation

- 5.1 Any concerns that a university member has that a young person or vulnerable adult is being harmed or is at risk of being harmed, that doesn't involve one or more of the Designated Safeguarding Officers (DSO), should be raised IMMEDIATELY with a DSO. Concerns should be subsequently documented using the online version of the Reporting Safeguarding Concerns Form (see Appendix 2).

The current DSOs are: -

- Darren Beaney - Head of Admissions and Student Welfare – D.beaney@bsms.ac.uk
- Claire Johnson - Widening Participation & Outreach Manager – C.johnson2@bsms.ac.uk

See Appendix 4 for contact details.

5.2 If the concern involves one or more DSO, the university member should contact the Medical School Secretary - Peter Dennis - with a completed Reporting Safeguarding Concerns Form (see Appendix 2)

- Peter Dennis – Brighton and Sussex Medical School Secretary – P.b.dennis@bsms.ac.uk

5.3 Do not talk about your concerns with anyone else.

5.4 The DSO will collect all details related to the concerns or suspicion and will immediately refer the matter to the appropriate statutory authorities. The statutory authority will assume the task of investigating the matter. University members should not attempt to conduct their own investigation. University members should not do anything that may prejudice any investigations carried out by either Social Services or the Police.

5.5 If an incident occurs outside of regular working hours (weekdays 9am – 4pm) then concerns should be raised with:

NSPCC 24hr helpline – **0800 800500** (NSPCC have legal powers to place a child into protective care)

Sussex Police - **0845 6070999** or **999** – **If a crime has been committed and/or the child or vulnerable adult is at immediate harm the Police should be contacted immediately. This includes disclosures around Female Genital Mutilation (FGM) which is a criminal offence.** Social Services Duty and Assessment Team - **01273 296000**

Child Exploitation and Online Protection (CEOP) -

<https://www.ceop.police.uk/Safety-Centre/> (for concerns regarding online abuse)

A DSO needs to be informed at the earliest available opportunity the next working day and the relevant documentation completed.

6. Disclosure of Abuse

6.1 If a young person or vulnerable adult discloses an incident of abuse, or makes an allegation, the person who receives the information should do the following: -

- Stay calm and listen carefully to what they are saying.
- Take them seriously and do not interrupt them.
- Allow them to tell the story in their own way and at their own pace.
- Find an appropriate, early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.
- Reassure them that they have done the right thing in telling you and that they are not to blame for what has happened.
- Tell them that what they have told you will be taken seriously.
- Use positive prompts. Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Explain to them what you will do next (see Appendix 3).
- NEVER remove or let them remove any clothing in order to see injuries.
- Record using the Reporting Safeguarding Concerns Form what was said using their own words as soon as possible (Appendix 2) – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
- Contact a DSO (or Medical School Secretary if appropriate – see 5.2) as soon as possible for further advice and for onwards referral, as necessary. Contact details can be found in Appendix 4.
- DO NOT talk to other people about the allegations and/or your concerns. Others should only be made aware of this on a ‘need to know’ basis.
- Never use electronic devices to record the conversation.

6.2 If a disclosure is made to you, you may be asked to give evidence at any subsequent investigation or hearing.

6.3 The Reporting Safeguarding Concerns form needs to be completed at the earliest available opportunity after the disclosure or allegation has been made. A DSO and/or The Medical

School Secretary will follow up on any details outlined in the form, taking any actions deemed appropriate.

7. Concerns and Allegations Concerning a Designated Safeguarding Officer.

- 7.1 If allegations, disclosures and/or concerns involve one or more of the DSOs then the above procedures should be adhered to. However, the concerns should be reported directly to Peter Dennis, Medical School Secretary and not to the DSOs. See Appendix 4 for contact details.

If an incident occurs outside of regular working hours (weekdays 9am – 4pm) then concerns can be raised with:

Sussex Police - **0845 6070999** or **999**

NSPCC 24hr helpline – **0800 800500** (NSPCC have legal powers to place a child into protective care)

Social Services Duty and Assessment Team - **01273 296000**

- 7.2 Whilst an investigation is taking place, it will be at the discretion of the relevant Human Resources department to decide the appropriate action. This may include restricted work duties and/or suspension.

8. Concerns and Allegations Concerning an Undergraduate Medical Student

- 8.1 Any allegations made against a current undergraduate medical student will be processed in the same way as stated in section 6.
- 8.2 The allegation will also be reported to the Medical School Secretary (Peter Dennis) as BSMS will need to decide if the situation needs to be taken to the Fitness to Practice Board.

9. Undergraduate students under the age of 18 when commencing the course.

- 9.1 All undergraduate students must turn 18 in their first year of study. The BSMS Phase One School Office and BSMS Student Support will be made aware of any students that start the BM BS degree at the age of 17.

10. Training

- 10.1 Full-time employed members of the Widening Participation and Outreach team will undergo online Child Protection Awareness Training, provided by the NSPCC. The Designated Safeguarding Officers should undergo additional Designated Safeguarding Lead training.
- 10.2 Full-time employed members of the Widening Participation and Outreach team will undergo online Prevent Training, provided by the University of Sussex.
- 10.3 All current medical students as part of their first year receive comprehensive e-Learning for Healthcare Child Protection Awareness training as a course requirement.
- 10.4 Students recruited to work on widening participation and outreach events will, as part of their training, attend a session covering BSMS Safeguarding Policy and Procedures.

11. Risk Assessments

- 11.1 Risk assessments should be carried out for ALL BSMS –lead activities that involve young people or vulnerable adults.
- 11.2 Risk assessments must be kept up to date and be reviewed each year. They must be kept on file and be easily accessible.
- 11.3 When the BSMS is running activities on behalf of partner organisations, a risk assessment must be requested from the partner and an electronic copy kept on file.

- 11.4 All BSMS university members must be made aware of all risks that are involved with any activities that are being run. Risk assessments will be sent out to university members working the event so they can read it in advance.
- 11.5 If an activity is deemed as too hazardous then it will not be undertaken.

12. Accidents and Near Misses

- 12.1 Accidents or Near Misses that occur on the University of Sussex campus must be reported to the Health and Safety department healthsafety@sussex.ac.uk or 01273 877116. University members that have access to Sussex Direct, can submit an online accident report form.
- 12.2 Accidents or Near Misses that occur on the University of Brighton campus must be reported through an online form here: <https://staff.brighton.ac.uk/safety/Pages/Health-and-safety.aspx>

13. Data Protection

- 13.1 All data concerning children should be kept securely and only be accessible to authorised university members.

- 13.2 [Working together to safeguard children \(July 2018\)](#) states:

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.

As such, if there are legitimate safeguarding concerns, a child's data can be shared with the Child Social Care office, NSPCC or the Police.

- 13.3 BSMS Data Protection Policy can be found [here](#).

14. Online Activities

- 14.1 For activities conducted online, a dedicated Risk Assessment has been created that highlights the procedures and settings required to minimise potential risk to the participants.
- 14.2 Online activity will be conducted using University and not personal accounts. Online platforms that may be used include; Microsoft Teams, Zoom and Brightside.
- 14.3 Participants will be sent an online Code of Conduct before the sessions. By attending the session, they are agreeing to the Code of Conduct.
- 14.4 All activity, where possible, will be recorded and stored on the University Zoom account and Panopto. This may be used as evidence should any safeguarding concerns be reported.
- 14.5 Parental consent will be gained for participants, enrolled on a BSMS Widening Participation programme.
- 14.6 The procedure for dealing with a safeguarding concern, that arises during online activity, is the same as that outlined in section 6.

Appendix 1: Signs and Indicators of Abuse

Type of abuse	Signs/indicators
<p>Physical abuse: happens when a young person is deliberately hurt, and may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a young person. It may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. This unusual and potentially dangerous form of abuse is described as fabricated or induced illness in a child.</p> <p>NB: <i>Reasonable physical restraint to prevent a child from harming themselves, another person, or from causing serious damage to property is not deemed to be abuse.</i></p>	<ul style="list-style-type: none"> • Bruises on legs before a child is mobile • Black eyes without bruising to the forehead • Fingertip bruising and bruises in various stages of healing • Cigarette type burns anywhere, patterned burns (irons), rope burns. Contact burns in abnormal sites • Lacerations to the body or mouth • Multiple fractures. Evidence of old fractures. Any fractures to children under two years' old • Bite marks • Scalds, particularly to feet and bottom • Fading injuries noticeable after an absence from school • Seems frightened of parents, does not want to return home at the end of the day • Shrinks markedly (backs away) at the approach of adults • Displays frozen watchfulness • Constantly asks in words/actions what will happen next.
<p>Emotional abuse: would involve causing a long-lasting impact on the emotional development of a young person. For example, saying that a young person is worthless, unloved or inadequate. It may also involve seeing or hearing the abuse of another, including domestic violence, and may cause a young person to be frequently frightened.</p>	<ul style="list-style-type: none"> • Excessive behaviour, such as extreme aggression, passivity or become overly demanding • Children who self-harm, for instance by scratching or cutting themselves • Is either inappropriately adult or infantile • Children who persistently run away from home

Type of abuse	Signs/indicators
	<ul style="list-style-type: none"> • Children who show high levels of anxiety, unhappiness or withdrawal.
<p>Neglect: is persistently failing to meet a young person's basic physical and/or psychological needs usually resulting in serious damage to their health and development. Such as providing sufficient food, clothing and a safe home.</p>	<ul style="list-style-type: none"> • Frequent absenteeism from school • Beggars or steals money or food • Lacks needed medical or dental care, immunizations or glasses • Lacks appropriate clothing, e.g. for weather conditions, shoes are too small, ill-fitted clothes • Clothes are consistently dirty or 'smelly' • Teeth are dirty, hair quality is poor and contains infestations • Hands are cold, red and swollen • Loss of weight or being constantly underweight • The parent or adult caregiver has failed to protect a child from physical harm or danger.
<p>Sexual abuse: involves forcing or persuading a young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the young person is aware of what is happening.</p> <p>Sexual abuse can involve contact abuse and/or non-contact abuse. Contact abuse happens when the abuser makes physical contact with the young person. Non-contact abuse involves non-touching activities. It can happen online or in person.</p>	<ul style="list-style-type: none"> • Difficulty walking or sitting • Pain/itching/bleeding/bruising/discharge to the genital area/anus • Urinary infections/sexually transmitted diseases • Persistent sore throats • Eating disorders • Self-mutilation • Refuses to change for gym or participate in physical activities • Exhibits an inappropriate sexual knowledge for their age • Exhibits sexualised behaviour in their play or with other children

Type of abuse	Signs/indicators
	<ul style="list-style-type: none"> • Lack of peer relationships, sleep disturbances, acute anxiety/fear • School refusal, running away from home.
<p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>	<ul style="list-style-type: none"> • Going missing for periods of time or regularly returning home late • Frequently staying out late or overnight with no explanation as to where they have been. • Going places that you know they cannot afford. • Skipping school or being disruptive in class • Suddenly acquiring expensive gifts such as mobile phones, jewellery – even drugs – and not being able to explain how they came by them. • Having mood swings and changes in temperament • Noticeable changes in behaviour – becoming secretive, defensive or aggressive when asked about their personal life. • Wearing inappropriate clothing that is too adult or revealing for their age. • Displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting') • Getting into trouble with the police. • Bruises, marks on the body, sexually-transmitted diseases, pregnancy, drug and alcohol abuse or self-harm. • Repeated phone calls, letters, emails from adults outside family social circle.
<p>Bullying: defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend</p>	<ul style="list-style-type: none"> • Coming home with cuts and bruises • Torn clothes

Type of abuse	Signs/indicators
<p>themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).</p>	<ul style="list-style-type: none"> • Asking for stolen possessions to be replaced • Losing dinner money • Falling out with previously good friends • Being moody and bad tempered • Wanting to avoid leaving their home • Aggression with younger brothers and sisters • Doing less well at school • Sleep problems • Anxiety • Becoming quiet and withdrawn.
<p>Female Genital Mutilation (FGM): Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.</p>	<p>Indicators a girl may be at immediate risk of FGM: A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:</p> <ul style="list-style-type: none"> • a long holiday abroad or going 'home' to visit family • relative or cutter visiting from abroad • a special occasion or ceremony to 'become a woman' or get ready for marriage • a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt. <p>Indicators FGM may have taken place: A girl or woman who's had female genital mutilation (FGM) may:</p> <ul style="list-style-type: none"> • have difficulty walking, standing or sitting • spend longer in the bathroom or toilet • appear withdrawn, anxious or depressed • have unusual behaviour after an absence from school or college

Type of abuse	Signs/indicators
	<ul style="list-style-type: none"> • be particularly reluctant to undergo normal medical examinations • ask for help, but may not be explicit about the problem due to embarrassment or fear.
<p>Child trafficking: involves children being recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for: child sexual exploitation; benefit fraud; forced marriage; domestic servitude such as cleaning, childcare, cooking; forced labour in factories or agriculture; criminal activity such as pickpocketing, transporting drugs, working on cannabis farms, selling pirated DVDS, and bag theft. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.</p>	<p>Signs that a child has been trafficked:</p> <ul style="list-style-type: none"> • spends a lot of time doing household chores • rarely leaves their house, has no freedom of movement and no time for playing • is orphaned or living apart from their family, often in unregulated private foster care • lives in substandard accommodation • isn't sure which country, city or town they're in • is unable or reluctant to give details of accommodation or personal details • might not be registered with a school or a GP practice • has no documents or has falsified documents • has no access to their parents or guardians • is seen in inappropriate places such as brothels or factories • possesses unaccounted for money or goods • is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt • has injuries from workplace accidents • gives a prepared story which is very similar to stories given by other children. <p>Signs that an adult is involved in child trafficking:</p> <ul style="list-style-type: none"> • making multiple visa applications for different children

Type of abuse	Signs/indicators
	<ul style="list-style-type: none"> • acting as a guarantor for multiple visa applications for children • travelling with different children who they are not related to or responsible for • insisting on remaining with and speaking for the child • living with unrelated or newly arrived children • abandoning a child or claiming not to know a child they were previously with.
<p>Radicalisation: involves children or young people being specifically targeted, groomed or radicalised to take part in, assist with or promote potential terrorist or extremist activities.</p>	<p>Radicalisation can be really difficult to spot. Signs that may indicate a child is being radicalised include:</p> <ul style="list-style-type: none"> • isolating themselves from family and friends • talking as if from a scripted speech • unwillingness or inability to discuss their views • a sudden disrespectful attitude towards others • increased levels of anger • increased secretiveness, especially around internet use. <p>Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. However, these signs do not necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.</p>

Appendix 2. Safeguarding Concerns Form

To report safeguarding concerns that do NOT involve Designated Safeguarding Officers, please contact one of the DSOs and complete the online [Reporting Safeguarding Concerns Form](#). If university members experience problems accessing the online form, the Word document version found on the BSMS website may be used. Once completed, please password protect the document before emailing it a DSO. Please send the password in a second email.

To report a safeguarding concern that involves one or more DSO, please complete the form below. A Word document version can also be found on the BSMS website. Once completed, please password protect the document before emailing it to Peter Dennis (Medical School Secretary) via p.b.dennis@bsms.ac.uk. Please send the password in a second email.

Reporting Safeguarding Concerns Form

This form is to be used by a university member to either:

- report a safeguarding concern that involves a DSO
OR
- by a university member who wishes to report a safeguarding concern, that does not involve a DSO, but is experiencing difficulties with the [online form](#).

The [online form](#) should be used where the safeguarding concern does not involve a DSO and the university member does not experience any difficulties using it. Data submitted via this form will be processed in line with the [BSMS Widening Participation and Outreach Privacy Notice](#).

Today's date:	Time:
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Details of those who may be at risk

Name of young person/vulnerable adult who may be at risk:
Reason for reporting a concern (delete as appropriate): 1. This person is a child/young person who may be at risk

2. This person is at risk of harm/at risk of harming others	
3. This person is at risk of involvement in extremist activity	
Gender:	Date of birth (Age)
Address:	
Email address (if known)	Telephone number (if known)
Ethnicity (if known):	Language(s) spoken:
Additional needs:	
Activity individual was involved in when concerns were raised	

Details of parent(s)/carer(s) of those who may be at risk

	Parent/carers (1)	Parent/carers (2)
Name		
Relationship to person at risk		
Address		
Telephone number		

Email address		
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Details of person reporting concern and/or incident

Name:	Job title/position held at Brighton & Sussex Medical School:
Contact Details:	

Report

Are you reporting your own concerns or responding to concerns raised by someone else (delete as appropriate)?

1. Reporting own concerns
2. Responding to concerns raised by someone else

If you are responding to concerns raised by someone else, please provide their name, position within the organisation, and contact details:

What happened? Please ensure to include the exact wording and phrases heard and/or seen and whether information is first-hand or the accounts of others.

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who shares the concerns:

Are you aware of any previous incidents or concerns relating to this child/young person who may be at risk and of any current risk management plan/support plan? If so, please provide details:

What actions have been taken and by whom? Please include details of university staff (e.g. Designated Safeguarding Officer, Line Manager, Supervisor Security, Student Services, Human Resources) or external support services (e.g. Children's Social Care, the Police etc.):

Have you explained to the child/young person/adult who may be at risk, and/or their parent/carer or advocate where appropriate, why, what, how and with whom, their information will or could be shared? Have you obtained their consent to share this information (if this was safe and appropriate)? Please provide details:

What are the next steps, who will undertake these steps and when?

Additional information:

Signed:

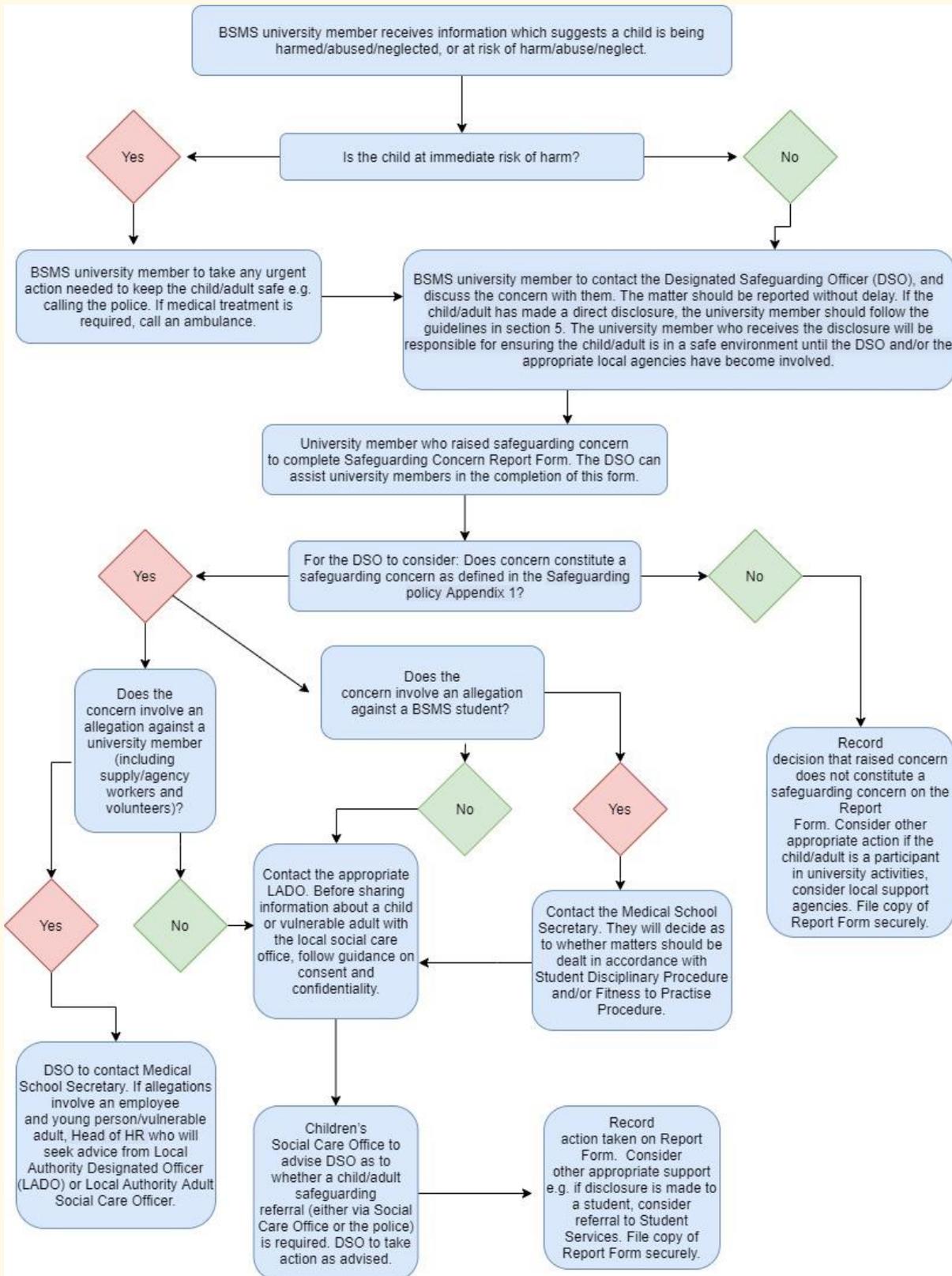
Dated:

Name and position:

If the concerns involve a DSO, please password protect the document before emailing it to Peter Dennis via p.b.dennis@bsms.ac.uk. Please send the password in a second email.

If the concerns do not involve a DSO, please password protect the document before emailing it to a DSO. Please send the password in a second email.

Appendix 3. Procedure for reporting Safeguarding concerns



Appendix 4. Safeguarding Children and Young People Contacts

Brighton & Sussex Medical School

Designated Safeguarding Officers:

Darren Beaney - Lead

Room 334 Watson Building
University of Brighton, Falmer Campus
T: 01273 641842
E: d.beaney@bsms.ac.uk

Claire Johnson - Deputy

Room 334 Watson Building
University of Brighton, Falmer Campus
T: 01273 641841
E: c.johnson2@bsms.ac.uk

Peter Dennis – Medical School Secretary

Medical Teaching Building, BSMS, University of Sussex, Falmer Campus BN1 9PX
T: 01273 877898
E: p.b.dennis@bsms.ac.uk

Brighton & Hove

Front Door for Families

Opening times: Monday to Thursday 9am - 5pm, Friday 9am - 4.30pm

C/O Whitehawk Community Hub and Library,
179A Whitehawk Road,

Brighton,
BN2 5FL

Telephone: 01273 290400

Email: FrontDoorForFamilies@brighton-hove.gcsx.gov.uk

Out of Hours Emergency Duty Service: 01273 335905

<http://www.brighton-hove.gov.uk/frontdoorforfamilies>

Brighton and Hove Safeguarding Children Partnership (BHSCP)

<https://www.bhscp.org.uk/>

Local Authority Designated Officer (LADO) – responsible for the management of allegations of abuse against adults who work with children:

Darrel Clews

Safeguarding Team

Children's Services

Moulsecoomb Hub North Building,

Hodshrove Lane,

Brighton

BN2 4SE

Telephone: 01273 295643

Email: darrel.clews@brighton-hove.gov.uk

Safeguarding Vulnerable adults

<https://new.brighton-hove.gov.uk/adult-social-care>

Telephone: 01273 295555

East Sussex – Eastbourne, Hastings

Single Point of Advice (SPoA)

Telephone (Mon-Thurs 8.30am-5pm and Fri 8.30am-4.30pm): **01323 464222**

Email: 0-19.SPOA@eastsussex.gov.uk

Emergency Duty Service (Out of Hours): 01273 335905/6

<http://www.eastsussexlscb.org.uk/professionals/single-point-of-advice/>

<http://www.eastsussexlscb.org.uk/>

Local Authority Designated Officer (LADO):

<https://www.esscp.org.uk/professionals/lado/> - online reporting form

Vulnerable Adults

Adult Social Care

Phone: 0345 60 80 191

Text: 07797 878 111

Email: [Health and Social Care Connect](#)

West Sussex – Worthing, Bognor, Midhurst, Crawley

Multi-Agency Safeguarding Hub (MASH)

Multi Agency Safeguarding Hub

Fourth Floor

County Hall North (Parkside)

Chart Way

Horsham

West Sussex

RH12 1XH

Telephone (Monday to Friday between 9am-5pm): 01403 229900

Out of Hours (including nights, weekends and bank holidays): 0330 222 6664

Email: MASH@westsussex.gov.uk

<http://www.westsussexscb.org.uk/2016/04/multi-agency-safeguarding-hub-mash/>

<http://www.westsussexscb.org.uk/>

West Sussex County Council Local Authority Designated Officer (LADO):

Contact: Jenny Coker

Telephone: 0330 222 3339 (Available 09.00 – 17.00)

Email: LADO@WestSussex.gov.uk

Website: <https://www.westsussexscp.org.uk/professionals/concerns-at-work-2/lado-local-authority-designated-officer/>