



## Safeguarding and Child Protection Policy

### Tutor Doctor Essex

|  |  |           |
|--|--|-----------|
| <u>1</u>   | <u>- Introduction .....</u>                            | <u>2</u>  |
| <u>2</u>   | <u>- Safer Recruitment.....</u>                        | <u>3</u>  |
| <u>3</u>   | <u>- Safeguarding Process .....</u>                    | <u>4</u>  |
| 3.1  | Recognising Concerns .....                             | 4         |
| 3.2  | Procedures for dealing with Concerns.....              | 7         |
| 3.3  | Responding to a disclosure.....                        | 8         |
| 3.4  | Recording what you have been told .....                | 8         |
| 3.5  | Action by the Designated Person .....                  | 9         |
| <u>4</u>   | <u>- Confidentiality .....</u>                         | <u>9</u>  |
| <u>5</u>   | <u>- Monitoring and record keeping .....</u>           | <u>10</u> |
| <u>6</u>   | <u>- Online Tutoring .....</u>                         | <u>10</u> |
| <u>7</u>   | <u>- Confidentiality and information sharing .....</u> | <u>10</u> |
| <u>8</u>   | <u>- Review arrangements .....</u>                     | <u>11</u> |
| Appendix (i) – Tutor and Staff Confirmation Document ..... |  | 12        |
| Appendix (ii) – Code of Conduct .....                      |  | 13        |
| Appendix (iii) – Online working & Safeguarding .....       |  | 15        |

Version 1 created with NSPCC and Tutor Doctor head office and supplied 28 Oct 2022

Version 1.1 checked by Tutor Doctor Essex DSL and deputy DSL and local contacts updated 31 Mar 2023

Version 2 updated by Tutor Doctor Head Office for KCSIE 2024 and supplied 19 Nov 2024

Version 2.1 checked by Tutor Doctor Essex DSL and deputy DSL and local contacts updated 25 Nov 2024

## **1 Introduction**

Tutor Doctor acknowledges the duty of care to safeguard and promote the welfare of children.

Tutor Doctor provides tuition to students of all ages in home, at school both in person and online. We are committed to ensuring children are kept safe by having a safeguarding policy which complies with statutory guidance and reflects best practice in the sector

Through their day-to-day contact with pupils and direct work with families all tutors and staff working with Tutor Doctor clients have a responsibility to:

- Provide a safe environment in which children can learn
- Ensure a professional relationship always applies between the tutor and student
- Know what to do if a child tells them he/she is being abused or neglected
- Identify and respond to concerns promptly to prevent them from escalating
- Follow our safeguarding referral process, or seek guidance, if they have a concern
- Ensure robust safeguarding measures are in place for both face-to-face and online tuition.
- Listen to and respect children

Each Tutor Doctor Franchise will:

- Appoint a designated safeguarding lead (DSL)
- Ensure that all tutors, staff and clients know who the DSL is, and how to contact them
- Make this policy available on our website, and to children and families, so that they know how to raise a concern
- Promote a safe culture, including online, so that staff and children know our expectations of behaviour and feel comfortable in sharing concerns.
- Follow safer recruitment procedures to ensure that all staff and tutors meet the required safeguarding standards
- Offer appropriate safeguarding training for our staff and tutors

Tutor Doctor recognises that:

- All children have a right to be kept safe regardless of age, disability, gender, gender identity, race, religion or belief or sexual orientation.
- That some children are more vulnerable because of special educational needs or being from minority ethnic groups, as they may face barriers with communication or discrimination.

### **Our Designated Safeguarding Lead is:**

- Name: Laura Adams
- Email: ladams@tutordocor.co.uk
- Phone number: 07870 573904

Tutor Doctors Safeguarding Policy adheres to the following legislation and guidance:

- Children Act 1989
- Children Act 2004
- [Working Together to Safeguard Children \(2023\)](#)
- [Keeping Children Safe in Education \(2024\)](#)

This policy applies to all Tutor Doctor staff, contractors and volunteers including those with child facing roles or access to information concerning children. Children are defined as being everyone under the age of 18.

## **2 Safer Recruitment**

Tutor Doctor complies with the Department for Education's **Keeping Children Safe in Education (2024) guidance** and recommended practices. As such, all our employees working with young people are subject to rigorous personal checks which include:

- Identity checks, which include requesting photographic ID documents.
- An enhanced DBS disclosure which will be obtained by Tutor Doctor using their existing provider (U-Check) unless the applicant is registered with the Update Service
- A Barred List check that is required for all staff working with children in a regulated profession
- Checks on immigration status and eligibility to work in the UK
- Further checks on employees who have lived or worked outside the UK (including criminal records checks for overseas applicants), and teacher sanctions and restrictions.
- A 'prohibition from teaching' check
- Online searches

In line with the guidance published in Keeping Children Safe in Education (2024) applicants should be made aware that online searches may be done as part of pre-recruitment checks.

We will ensure that all of our employees provide:

- Two references relating to their most recent employment and to working with children.
- Evidence of appropriate professional qualifications
- A completed self-disclosure form
- A signed Independent Service Agreement and Code of Conduct

Our recruiters have undertaken Safer Recruitment in Education training

Our safer recruitment leads are:

- Name: Laura Adams
- Name: Viv Durham
- Name: Ash Obhrai
- Name Nasreen Iqbal

### 3 Safeguarding Process

All staff and tutors are required to read this Policy, and to confirm they have received and understood the Government guidance given below (*See Appendix 1: Tutor and Staff Confirmation Document*)

- [Keeping Children Safe in Education \(2024\)](#)
- [Working Together to Safeguard Children \(2023\)](#)

Tutors that work within schools or with Local Authority partners, are required to complete relevant safeguarding training and ensure they keep updated with developments in legislation, guidance and current safeguarding issues. This is in line with DfE guidance.

For all elements described within this section, we need to draw tutors' attention to the fact that, as explicitly referenced within [KCSiE 2024](#), being absent, as well as missing, from education can be a warning sign of a range of safeguarding concerns, including sexual abuse, sexual exploitation or child criminal exploitation.

#### 3.1 Recognising Concerns

It is not always possible to be certain that a student is being or has been abused. However, as you get to know a student you should be alert to signs that something does not look, sound or feel 'right'. Some of the signs of abuse are the same regardless of the type of abuse, such as:

- Being afraid of particular places or making excuses to avoid particular people
- Knowing about or being involved in 'adult issues' which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- Having angry outbursts or behaving aggressively towards others
- Becoming withdrawn or appearing anxious, clingy or depressed
- Self-harming or having thoughts about suicide
- Showing changes in eating habits or developing eating disorders

**Physical abuse:** Students may have a physical injury that cannot be adequately explained such as clusters of bruising or multiple injuries at different times. If a student is frequently injured, then that could be a cause for concern. It is also a concern if there is a delay in seeking medical help.

**Emotional abuse:** It can be difficult to spot the signs of emotional abuse but be alert to changes in attitude, behaviour, engagement and attendance. Students who seem under pressure, fear making mistakes or are stressed about their rate of progress could indicate they are struggling.

**Sexual abuse/Child Sexual Exploitation:** It can be very difficult to spot the signs of sexual abuse or sexual exploitation in your role as a Tutor. Be aware of changes in students' behaviour or engagement, or if their mood or general demeanour has changed. Children may

use sexualised language which is beyond what you would expect them to know. Older students may have access to new phones or clothes that they can't easily explain.

**Neglect:** If a student is frequently hungry, dirty or inadequately dressed for the weather, this should be noted. If a student is often left unsupervised or with insufficient resources to engage with their tutoring, then this may be a sign of neglect.

**Domestic Abuse:** Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect. Changes in mood or behaviour may be an indicator although it can be difficult to confirm if domestic abuse is taking place.

**Child Criminal Exploitation:** Where a child is manipulated, encouraged, coerced or in some way forced to participate in criminal activity, including county lines. It can happen to any child under the age of 18 and is still classed as criminal exploitation if the criminal activity being carried out on behalf of somebody else appears to be the child or young person's choice. Signs of a child being criminally exploited may include: frequently skipping sessions, struggling to trust adults, talking about criminal activity, unexplained new gifts, secretive behaviour, owning more than one phone. If you have any concerns about a young person being criminally exploited, it must be reported to the Designated Safeguarding Lead immediately.

**Female Genital Mutilation (FGM):** Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Definition by the world health organisation (WHO).

These procedures are carried out by unqualified members of the communities. There are thought to be around 30 countries that do perform varying forms of FGM. These include several regions of Africa, some parts of the Middle East and Asia. The procedure can be carried out on females from infancy to adolescence. Occasionally adult females are also at risk.

FGM is illegal in any form in the UK. If intelligence is shared that a non-medical practitioner is travelling to the UK to perform FGM they can be arrested on UK soil.

There are some signs and symptoms to be aware of if you think a child is at risk of FGM:

- the child may be displaying urinary issues such as, pain on urinating or frequency
- They be struggling to move due to pain or swelling in the groin area
- changes in behaviour, the child may be quite and withdrawn
- signs of infection such as temperature, sweating, sickness and lethargy
- the child may have been taken abroad to a country known to perform FGM

If you suspect that a child may have been a victim of or is at risk of FGM then you must report this to the DSL who will immediately report to the police and the local children's social services. It is also important to note that if an adult female has been the victim of FGM then this will mean her daughters will also be at risk.

**Child-on-child abuse:** This is any kind of abuse (emotional, physical, sexual, coercive control) between children or young people. It can take place in person or online. Child-on-child abuse must be taken seriously, and safeguarding procedures (as set out below) must be followed. This can be damaging and life-changing for children and young people and it is

important it is reported so that staff can work together to prevent harm and ensure children/young people feel safe.

**Prevent, extremism and radicalisation:** Prevent is early support and intervention to help children and young people who are being drawn into terrorism or extremism. If you suspect a child or young person is in this situation, it must be reported to the DSL immediately. Further information regarding the role staff play in Prevent can be found here: [Preventing radicalisation – Safeguarding Network](#)

**Mental health issues:** Recognising the signs that a child may be struggling with their mental health. This can be identified by sudden mood and behaviour changes, self-harming, unexplained physical changes, such as weight loss or gain, sudden poor academic behaviour or performance, sleeping problems or changes in social habits, such as withdrawal or avoidance of friends and family.

It is important to note that it is the responsibility of all staff to report any concerns relating to a child or young person's mental health to the DSL. There are many different types of mental health conditions that a child or young person may be suffering from for a range of reasons. Therefore, the signs and symptoms vary. All staff must read the following guidance from the NSPCC: [Child mental health: recognising and responding to issues | NSPCC Learning](#)

**Bullying:** Under the Children Act 1989, bullying should be addressed as a child protection issue. Bullying can take place in person and/or online via social media, text messages or gaming (cyberbullying). Bullying is described as '*behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally.*' (Preventing and tackling bullying, DfE). Bullying can be prejudice-based, such as repeatedly hurting someone due to them belonging to a vulnerable group or due to their beliefs. This can lead to discrimination, including but not limited to: racism, sexism, homophobia and disablism. If a staff member suspects bullying of any nature, or a disclosure is made regarding bullying, it must be taken seriously and safeguarding procedures must be followed.

**Serious Violence:** We recognise safeguarding issues that can put children at risk of serious violence. Behaviours linked to serious violence (including that linked to county lines), radicalisation and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk. We encourage a focus on early intervention and safeguarding their well-being. The main goals are to empower individuals and organisations to recognize signs of violence exposure, establish clear reporting and response protocols, promote collaboration among stakeholders, and prevent violence through education and awareness. The signs of exposure to serious violence are behavioural changes, unexplained physical injuries, social isolation, academic decline, risky behaviours, fear and anxiety, involvement in violent groups, and unexplained possession of weapons. We highlight the significance of listening to young people who disclose their experiences.

**Student Absence:** Tutor Doctor understands that a student absent or missing from education may be a warning sign of several potential safeguarding or child protection concerns, such as limited to sexual abuse, sexual exploitation, or child criminal exploitation. After each lesson, tutors submit a session report; every session report is read and approved by the Tutor Doctor office support team. If a student is absent, a session report is to still be submitted, and the information passed on to the parent/carer or responsible person from the school or local authority.

If a tutor arrives at a family's home and nobody is there, or the student does not join on

scheduled online lesson, the tutor must notify the Tutor Doctor Office who will in turn advise the parent(s)/carer or responsible person from the school or local authority. The tutor may also contact the parent/carers or school directly.

For AEP students who travel to receive tuition in facilities outside of school, such as a library or youth-centre, the tutor must immediately notify the Tutor Doctor office and family/carers as soon as they become aware of a student's absence.

Tutors keeping records of students' attendance and flagging any concerns to the DSL is essential to safeguarding. If a tutor notices repeated absences or anything else unusual regarding a student's attendance it is imperative that these concerns, alongside attendance records, are communicated to the DSL as soon as possible.

More information on signs and indicators of abuse can be found at <https://learning.nspcc.org.uk/media/1188/definitions-signs-child-abuse.pdf>

**If you have a concern about the safety or welfare of a student, however small, you must report it to the Designated Safeguarding Lead as soon as possible.**

### **3.2 Procedures for dealing with Concerns**

Tutors and staff **should not** investigate suspicions; if somebody believes that a child may be suffering, or may be at risk of suffering significant harm, they must refer such concerns to the Designated Person, who will refer the matter to Children's Services and involve other agencies e.g. medical services, police, as required. Children's Services and the Police are empowered to carry out investigations and decide whether children have been abused.

In cases where the **immediate safety and wellbeing of the child** is a cause for concern, the Designated Person will liaise with all relevant parties/agencies, including contacting emergency services if deemed necessary, to safeguard the student.

Tutors and staff suspecting or hearing a complaint of abuse will follow the procedures below.

- Upon the receipt of any information from a child, or if any person has suspicions that a child may be at risk of harm, **or**
- If anyone observes injuries that appear to be non-accidental, **or**
- Where a child or young person makes a direct allegation or discloses that they have been abused, **or**
- Makes an allegation against a member of staff:

They must:

- Record what they have seen, heard or know accurately at the time the event occurs, **and**
- Share their concerns immediately with the Designated Person **and**
- Agree action to take.

Communication must be by email to the email address for The Designated Safeguarding Lead which is detailed above and must have 'Urgent Safeguarding Concern' in the subject line. A

telephone number is also given above and may be used for immediate concerns or for guidance from the DSL.

Tutors and staff should expect a prompt response from the DSL. If this is not forthcoming within 24 hours, please contact again by both phone and email.

Tutors and staff are always able to make a direct referral to Children's Social Care, or report an incident to the police, if necessary. Our DSL will always be available to discuss any safeguarding concerns.

### **3.3 Responding to a disclosure**

If a student tells you they are experiencing abuse, it's important to reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault. Follow this guidance so that students know they are being listened to and taken seriously.

- **Show you care, help them open up:** Give your full attention to the student and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- **Take your time, slow down:** Respect pauses and don't interrupt – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
- **Show you understand, reflect back:** Make it clear you're interested in what the student is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

Never talk to the alleged perpetrator about the student's disclosure. It is not your role to investigate what happened.

Hearing about child abuse can be upsetting. You can contact the Designated Safeguarding Lead for advice and support.

### **3.4 Recording what you have been told**

Every concern should be taken seriously and recorded. Although an isolated incident may seem insignificant, it may be part of a larger picture and therefore important in securing help for the student.

The written record should:

- Include the time, date and place of the disclosure, with details of anyone else who was present
- Be in the child's words wherever possible
- Be factual
- Differentiate between fact, opinion, interpretation, observation or allegation
- Be passed on to the Designated Person immediately (certainly within 24 hours)
- Be signed and dated, including the year.



Tutor Doctor will ensure that all tutors are familiar with the procedures for keeping a confidential written record of any incidents and with the requirements of the Local Safeguarding Children's Board.

### **3.5 Action by the Designated Person**

The action to be taken will take into account:

- If the Local Safeguarding Children Board will be contacted and advice sought.
- The nature and seriousness of the suspicion or concern - if it is thought to involve a criminal offence the social services or police will be contacted.
- The wishes of the student who has complained, provided that the student is of sufficient understanding and maturity and properly informed. We cannot promise to keep information confidential if we are concerned about a student's safety and welfare. When sharing information about a child we will seek to do so with consent. However, there may be occasions when information will be shared without consent if it is in the best interests of the child's welfare.
- The wishes of the complainant's parents or Guardian provided they have no interest which is in conflict with the student's best interests and that they are properly informed. When sharing information about a child we will seek to do so with consent. However, there may be occasions when information will be shared without consent if it is in the best interests of the child's welfare. If the Designated Person is concerned that disclosing information to parents would put a child at risk, they will take further advice from the relevant professionals before making a decision to disclose.
- Issues relating to safeguarding will be shared with those who need to know. We will share information about the safety of a child with relevant agencies, including children's social care in order to fulfil our safeguarding responsibilities.
- If there is room for doubt as to whether a referral should be made, the Designated Person will consult with the Local Authority Designated Officer (LADO) on a no names basis without identifying the family. However, as soon as sufficient concern exists that a child may be at risk of significant harm, a referral will be made without delay (and in any event within 24 hours). If the initial referral is made by telephone, the Designated Person will confirm the referral in writing within 24 hours. If no response or acknowledgment is received within three working days, the Designated Person will contact the LADO again.
- Whether or not Tutor Doctor decides to refer a particular complaint to social services or the police, the parents and student will be informed in writing of their right to make their own complaint or referral to social services or the police and will be provided with contact names, addresses and telephone numbers, as appropriate.
- Where there are concerns about a Tutor's behaviour, we will use our disciplinary procedure. If we have concerns about a Tutor's suitability to work with children, we will discuss our concerns with the Local Authority Designated Officer and follow their advice.

## **4 - Confidentiality**

Tutors and staff will ensure that data and sensitive information about students is handled in accordance with the requirements of the law, and any national and local guidance.

Regardless of the duty of confidentiality, if any tutor has reason to believe that a child may be suffering harm, or be at risk of harm, their duty is to forward this information without delay to the Designated Person for child protection.

All child protection concerns are recorded and stored securely by the Designated Person for child protection.

## **5 Monitoring and record keeping**

Tutor Doctor will ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored. Where there are repeated concerns about a child, we will create a separate 'child protection file' for that child. Further details can be found in the NSPCC document "[Child Protection Records, Retention and Storage](#)". Files will be retained until the child reaches 25 years of age (this is the regulation for child protection files in England). Where we are required to share child protection information this will be done securely.

Where there are allegations against a Tutor, we will retain records until that person has reached retirement age, or for 10 years or, whichever is the longer.

Tutor Doctor will ensure that confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored. Any new/current safeguarding concerns will be raised weekly at the support team meeting, and processes and themes reviewed termly during our tri-annual review and noted in the meeting's agenda and minutes.

## **6 Online Tutoring**

Where circumstances dictate, the tutoring solution may well be delivered online. Tutors will be advised of the necessary measures, which will vary by platform, to ensure the online space/classroom is secure. We recommend that the same policy of parents being present is followed for online sessions as they are with in-person sessions.

## **7 Confidentiality and information sharing**

All staff and tutors will ensure that all data about students is handled in accordance with the requirements of the law, and any national and local guidance.

Any member of staff or tutor who has access to sensitive information about a child or the child's family must take all reasonable steps to ensure that such information is only disclosed to those people who need to know.

Regardless of the duty of confidentiality, if any tutor or member of staff has reason to believe that a child may be suffering harm, or be at risk of harm, their duty is to forward this information without delay to the Designated Person for child protection.

All child protection concerns are recorded and stored securely by the Designated Person for child protection.

[Government Guidance on Information Sharing](#)

[NSPCC Guide to Information Sharing and Confidentiality](#)

## **8 Review arrangements**

This policy will be reviewed annually by 1st September and ensure appropriate action is taken to reflect any changes in legislation and/or government guidance, and any requirements of the Local Safeguarding Children Board.

**Next review by 1st September 2025**

Signed: **Designated Person and Safeguarding Lead: Laura Adams**

email: Ladams@Tutordocor.co.uk

telephone: 07870 573903

mobile: 07870 573904

**Last Update 25/11/2024**

### **Safer Recruitment Leads**

- Laura Adams Ladams@Tutordocor.co.uk
- Viv Durham Vdurham@Tutordocor.co.uk
- Ash Obhrai Aobhrai@Tutordocor.co.uk
- Nasreen Iqbal Niqbal@Tutordocor.co.uk

## **FURTHER INFORMATION**

[NSPCC](#)

[Essex Safeguarding Children Board](#)

**Appendix (i) – Tutor and Staff Confirmation Document**

**Child Protection and Safeguarding Policy**  
**Keeping Children Safe in Education: Information for all tutors**  
**and staff.**

**All adults working with Tutor Doctor must know the name of the Designated Person for Child Protection and Safeguarding and know and follow relevant child protection and safeguarding policy and procedures. All staff have a duty to report any child protection concerns to the Designated Person for Child Protection and Safeguarding.**

**Please sign below to confirm you have read and understood the latest safeguarding policy including KCSIE 2024.**

**Thank you. Laura Adams, DSL, Tutor Doctor Essex**

Signature

Name

Date

## **Appendix (ii) – Code of Conduct**



# **Tutor Code of Conduct**

The Tutor Doctor Code of Conduct accompanies the Tutor Terms and Conditions and outlines the necessary ways of working, what you can expect from us and what we, and the schools and families you work with, will expect of you. It also covers important information on Data Protection and safeguarding.

### **Tutoring Sessions**

A typical tutoring session is 60 minutes, though this can vary by client.

Tutors are expected to be prompt and arrive a few minutes before the session is due to start to ensure there is time to set-up without affecting the student tutoring time.

If you are delayed or cannot make an appointment please contact the client in the first instance, giving as much notice as possible. This will enable us to reschedule the appointment where required. Please note separate arrangements will be in place for school programmes and the office will have advised you on necessary process ahead of time.

Unforeseen circumstances do occur so ensure you have your clients' contact details together with those of your identified Education Consultant in order to alert us at the earliest opportunity.

Setting a typical framework to the sessions encourages good learning and effective use of time. A typical 1-hour session would be broken down as follows:

- 10 minutes recap on last week including any homework and update on school this week.
- 45 minutes following the curriculum (current school or revisiting building blocks)
- 5 minutes agreeing homework and reviewing session with student and parent.

We recommend that you have the student working on some studies whilst you update the parent at the end of a session. This gives the student the full-allotted time, so all parties feel time is used effectively. Again, a different approach may be required for schools and council students, and all this will be confirmed to you.

Session reports are to be completed as promptly as possible following the session, ideally within 48 hours. These provide an important overview to the work completed as well as any homework provided, where applicable.

## **Behaviour**

There is zero-tolerance for abuse or poor behaviour, we expect all our families to treat all the tutors we work with and our support staff with respect, and under no circumstances should you be subjected to abuse and violent outbursts. We also expect your working environment to be safe. In the event of any inappropriate circumstances or behaviour, please calmly excuse yourself, leave the premises and telephone your Education Consultant immediately.

We also expect that tutors will be prompt, courteous and present professionally when tutoring for Tutor Doctor.

Do not arrive for a session if you are intoxicated through either drink or drugs. Tutors will be instantly removed from our books in either of these circumstances.

## **Safeguarding**

The Designated Safeguarding Lead is Laura Adams who can be contacted via [ladams@tutordocor.co.uk](mailto:ladams@tutordocor.co.uk) or 07870 573904.

All tutors are issued with our Safeguarding Policy and processes and have access to appropriate safeguarding training. If you have any safeguarding concerns about a student please call Laura Adams immediately.

## **Tutoring Environment**

A consultation takes place ahead of tuition to determine the needs of the student and the tutoring requirements. This captures any special considerations that may be relevant, for example SEND, allergies, 'family has pets', to ensure all parties can work within a safe and appropriate environment.

Teaching materials, books, lesson plans, exam past papers, and resources are solely provided by the Tutor. Please ensure you always arrive at a tutoring session with the relevant materials for the study objectives.

## **Data Protection and Privacy**

As a tutor you will have access to private information about each student. You are expected to comply with all data protection policies and share information only with Tutor Doctor. Information may not be used with any other third parties without express consent from Tutor Doctor who will in turn seek approval from the client. Please refer to Data Protection and Privacy policies.

## **Appendix (iii) – Online working & Safeguarding**



### **Addendum: Safe approach to Online Tutoring**

Updated 25<sup>th</sup> November 2024

#### **General Safeguarding Policy for In-Person and Online Tuition**

Tutor Doctor acknowledges the duty of care to safeguard and promote the welfare of children.

We are committed to ensuring safer recruitment practices, and that safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

Through their day-to-day contact with pupils and direct work with families all tutors and staff working with Tutor Doctor clients have a responsibility to:

- Provide a safe environment in which children can learn
- Ensure a professional relationship applies at all times between the tutor and student
- Know what to do if a child tells them he/she is being abused or neglected
- Identify concerns early to prevent them from escalating
- Identify children who may benefit from early help
- Follow the referral process if they have a concern
- Measures will be just as relevant and just as robust for online to in-person tuition

#### **Online Tutoring Safeguarding Principles**

The specific way tutors can ensure online tutoring can take place in a safe environment will vary by platform, however, we request that the following principles are followed;-

- Tutors commit to the same behaviours and code of conduct online, as in-person
- Parents should be present, certainly at the start and end of each online session
- Email correspondence to be either carried out with parent rather than student directly, or parent copied in on direct correspondence with student.

#### **Online Filtering and Monitoring**

In line with KCSiE 2024, we recommend that tuition takes place via our preferred Platforms Google Meets or Bramble.

Please contact your Tutor Doctor office with any queries or concerns.

Signed:

Designated Person and Safeguarding Lead: Laura Adams  
Tutor Doctor Essex

e: ladams@tutordocor.co.uk  
t: 07870 573904

Issued 25<sup>th</sup> November 2024 and due for review before 1<sup>st</sup> September 2025.