



Child Protection and Safeguarding Policy

Author: Chin Tan

Reviewed date: 31 July 2020

Next review date: 31 July 2021

All adults working for Tutor Doctor Bristol should 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 tutors and volunteers have a duty to report any child protection concerns to the Designated Person for Child Protection and Safeguarding.

Principles

Tutor Doctor Bristol recognises its legal and moral duty to protect children from harm, and respond to child abuse. Where a child is suffering significant harm, or is likely to do so, action will be taken to protect that child. Action will also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.

We believe that every child regardless of age has at all times and in all situations a right to feel safe and protected from any situation or practice that results in physical or psychological damage. We believe that safeguarding the welfare of students is of paramount importance.

Our tutors will at all times act proactively in child welfare matters, especially where there is a possibility that a child may be at risk of significant harm. It is the responsibility of every member of our community to give safeguarding the highest priority and everyone is entitled to make a referral to Children's Social Care if they believe it necessary.

Children's worries and fears will be taken seriously if they seek help from our tutors and wherever possible their confidentiality will be respected. However, tutors cannot promise confidentiality if concerns are such that referral must be made to the appropriate agencies in order to safeguard the child's welfare.

If we have suspicions about a child's physical, sexual or emotional well being, or that they are being neglected, we will take action.

As a consequence, we

- assert that our tutors are an integral part of the child safeguarding process and have a duty to be vigilant, putting the needs of the child first;
- accept totally that safeguarding children is an appropriate function for all tutors and staff within the organisation.
- recognise that anyone can make a referral to Children's social care
- will ensure that all tutors be alert to the possibility that a child is at risk of suffering harm, and know how to report concerns or suspicions;

- will designate a senior member of the company to act in child protection concerns. He or she will be the Designated Person and is responsible for co-ordinating action with other agencies;
- assert that if anybody believes that a child may be suffering, or may be at risk of suffering significant harm, they will always refer such concerns to the Designated Person who is our safeguarding lead
- will ensure through our recruitment and selection that best endeavours have been taken to ensure all tutors who we place are suitable to work with children. Tutor Doctor Bristol will operate safe recruitment procedures including enhanced DBS checks, personal interviews and taking independent references.
- will report promptly to the Disclosure and Barring Service (DBS) any person whose services are no longer used because he or she is considered unsuitable to work with children or if they resign before we cease to employ them;
- ensure a referral to the National College for Teaching and Leadership (NCTL) is made in cases where a prohibition order is appropriate because of 'unprofessional conduct', 'conduct that may bring the profession into disrepute' or 'a conviction at any time for a relevant offence'.
- will ensure that the directors of the company will undertake an annual review of the child protection and safeguarding policies and procedures and the efficiency with which the related duties have been discharged;

Designated Person

1. The Designated Person is:
Chin Tan, Director at Tutor Doctor Bristol
Phone: +44 7958297523, email: ctan@tutordoctor.co.uk
2. The Designated Person is key to ensuring that proper procedures and policies are in place and are followed with regard to child safeguarding issues.
3. Tutor Doctor Bristol recognises that:
 - The Designated Person must be a senior member of the company.
 - All tutors must be aware of who this person is and what their role is.
 - The Designated Person will act as a source of advice and coordinate action over child protection cases.
 - The Designated Person will need to liaise with other agencies .
 - The Designated Person is the first person tutors report cases to. It is then the responsibility of the Designated Person to discuss the situation with the relevant agencies.
 - The Designated Person is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by the Local Safeguarding Children Board (including contact with a welfare agency within 24 hours of a disclosure or a suspicion of abuse).

Recruitment

In order to ensure that children are protected we will ensure that our staff are carefully selected and screened.

The company operates safe recruitment procedures in accordance with the requirements of the Disclosure and Barring service

In particular **before appointing any member of staff**, volunteer or contractor, the company will:

- Ensure that references are obtained and followed up.
- **Carry out an enhanced Disclosure and Barring check**
- Identify checks to establish that applicants are who they claim to be (through birth certificate, passport, driving licence etc.) and their right to work in the UK.
- Academic qualifications to ensure that qualifications are genuine.
- Previous employment history will be examined and any gaps accounted for.
- Check the Teacher Regulation Agency to verify that they have not been barred from teaching
- Evidence of permission to work for any member of staff who is not a national of an EEA country.

Recognising Abuse

Because they are in regular and frequent contact with children, tutors are particularly well placed to observe outward signs of abuse or unexplained changes in behaviour or performance which may indicate abuse. If tutors are concerned they should talk to the Designated Person. It is also important to bear in mind that changes in behaviour can have a number of causes, such as drug or alcohol abuse. The Designated Person will seek advice from the relevant external agency when appropriate. It should also be noted that any member of staff can make a referral.

Abuse can be:

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical 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 abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 cyberbullying), 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, although it may occur alone.

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: 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 as a result 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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- child sexual exploitation (CSE) – see also below
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also below
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- radicalisation
- sexting
- teenage relationship abuse
- trafficking

Further information on Child Sexual Exploitation and Female Genital Mutilation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation

involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Possible Signs of Abuse

We all need to be alert to signs and symptoms that may indicate that a young person has suffered or is suffering abuse. Many of the signs and symptoms listed below may have an alternative explanation but all are a concern – particularly if several of these occur or they are persistent:

- Unexplained bruises and injuries – particularly if these appear inconsistent with the explanation
- Untreated injuries
- Withdrawal from physical contact
- Unwillingness to undress for PE or for medical examination
- Asking to drop subjects with a particular teacher and seemingly reluctant to discuss the reasons
- Attention seeking or over compliance
- Attempted suicide / self-harm / self-mutilation
- Aggression to others / violent outbursts
- Poor peer relationships
- Inappropriate sexual remarks or behaviour
- Presence of sexually transmitted diseases
- Pregnancy
- Eating disorders
- Depression / low self-esteem / self-deprecation
- Alcohol or drug abuse
- Lying / delinquency / stealing
- Poor personal hygiene
- History of running away
- Inappropriate response to painful situations
- Overreaction to mistakes
- Reluctance to go home
- Fear of parents being contacted

Procedures for dealing with Concerns

Tutors **should not** investigate suspicions personally; if somebody believes that a child may be suffering, or may be at risk of suffering significant harm, they must first refer such concerns to the

Designated Person, who will refer the matter to Children's Services and involve other agencies e.g. medical services, as required. Children's Services and the Avon & Somerset 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, please contact the Police on 999 **AND** also inform the Designated Person will liaise with all relevant parties/agencies to support the safeguarding of the student.

Tutors 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.

Talking and listening to children

If a child wants to confide in you, you SHOULD

- Be accessible and receptive
- Listen carefully and uncritically, at the child's pace
- Take what is said seriously but be non-judgemental
- Reassure the child that it is all right to tell
- Explain that you must pass this information on
- Remember that the child is feeling vulnerable
- Make a careful record of what was said (see below)
- Gather information on a 'need to know' basis – you do not need the whole story, just sufficient to take the next step

You MUST NOT

- Make promises about confidentiality
- Investigate or seek to prove or disprove the allegation
- Assume that someone else will take the necessary action
- Jump to conclusions, be dismissive or react with shock, anger etc
- Speculate or accuse anybody
- Investigate, suggest or probe for information – do not ask 'leading questions'
- Confront another person allegedly involved
- Offer opinions about what is being said or the persons allegedly involved
- Forget to record what you have been told
- Fail to pass this information on to the Designated Person
- Gossip about what you have been told either to colleagues or others

Recording what you have been told

Your written record should:

- Include the time, date and place of the disclosure and details of 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)

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

Action by the Designated Person

The action to be taken will take into account:

- In accordance with section 47 of the 1989 Children Act the Local Safeguarding Children Board will be contacted and advice sought from it.
- the nature and seriousness of the suspicion or complaint. A complaint involving a serious criminal offence will always be referred to social services and or the police
- the wishes of the student who has complained, provided that the student is of sufficient understanding and maturity and properly informed. However, there may be times when the situation is so serious that decisions may need to be taken, after all appropriate consultation, that override a student's wishes
- the wishes of the complainant's parents, provided they have no interest which is in conflict with the student's best interests and that they are properly informed. Again, it may be necessary, after all appropriate consultation, to override parental wishes in some circumstances. If the Designated Person is concerned that disclosing information to parents would put a child at risk, he or she will take further advice from the relevant professionals before making a decision to disclose
- duties of confidentiality, so far as applicable.

If there is room for doubt as to whether a referral should be made, the Designated Person will consult with the 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 to social services within 24 hours. If no response or acknowledgment is received within three working days, the Designated Person will contact social services again.

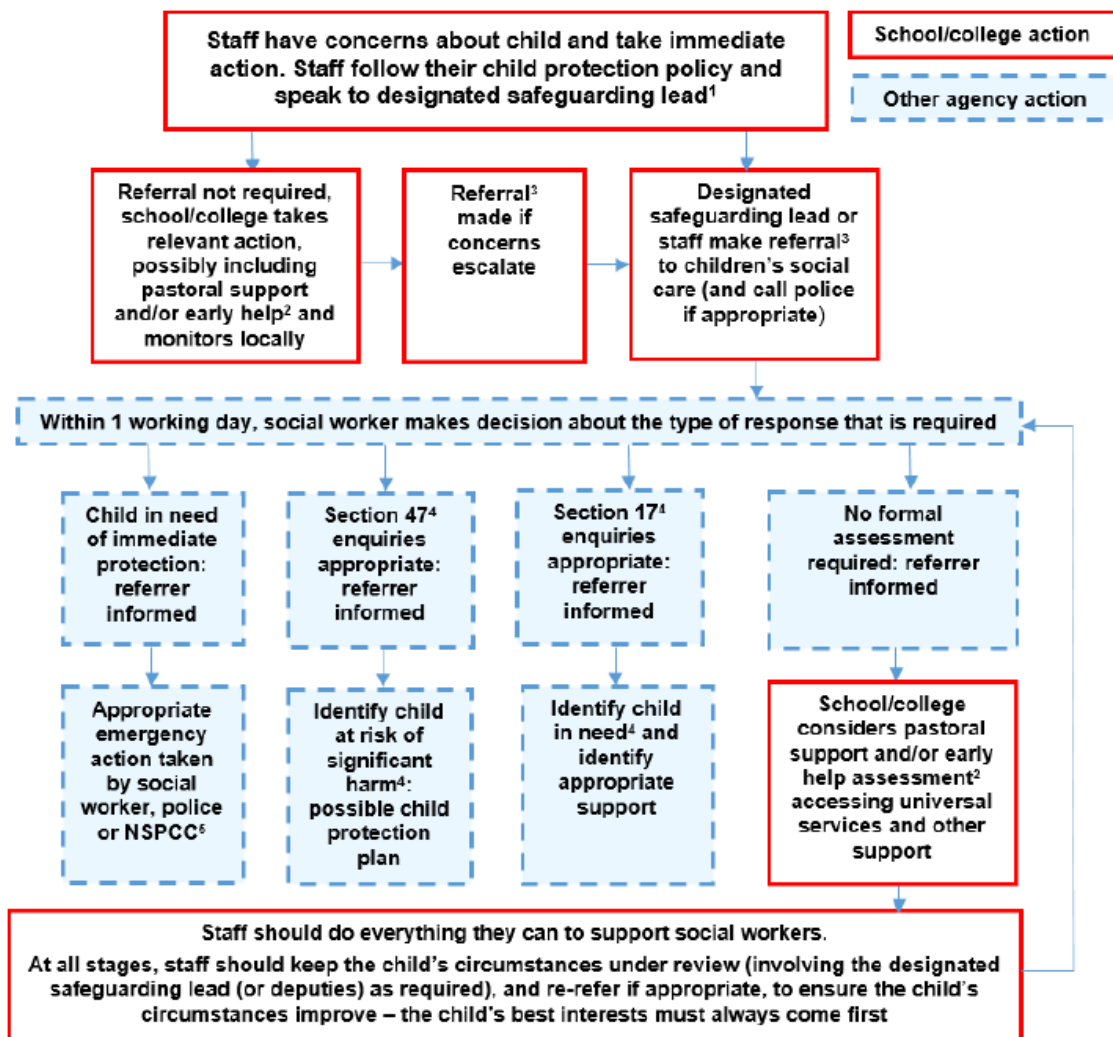
Whether or not Tutor Doctor Bristol decides to refer a particular complaint to social services or the police, the parents and student will be informed in writing of their right to make their own complaint or referral to social services or the police and will be provided with contact names, addresses and telephone numbers, as appropriate.

Referral

Anyone within our organisation can raise concerns and suggest a referral to social services. We ask that this action is discussed and agreed with Chin Tan, our Designated Safeguarding Lead. For children living in Bristol, referrals are made via the link below

<https://www.bristol.gov.uk/social-care-health/reporting-concerns-about-a-child-first-response>

Actions where there are concerns about a child



Once a referral is made, you should expect to be available in supporting social workers and other agencies in their statutory assessments.

Confidentiality

All 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 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 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.

Conduct of Staff

Tutor Doctor Bristol has a duty to ensure that professional behaviour applies to relationships between tutors and students, and that all tutors are clear about what constitutes appropriate behaviour and professional boundaries.

At all times, tutors are required to work in a professional way with students. All tutors should be aware of the dangers inherent in:

- Working alone with a child
- Physical interventions
- Cultural and gender stereotyping
- Dealing with sensitive information
- Disclosing personal details inappropriately
- Meeting students outside tutoring hours or tutoring duties

Tutors should be aware of the situations in which their actions have the potential to be misinterpreted and which might then give rise to child-protection concerns. Tutors should exercise particular care in settings of the following nature:

- The giving of gifts
- Students in distress
- One-to-one situations
- Use of photography and other electronic media, including ICT.
- Particular caution should be exercised with social networking sites

Tutors should:

- Understand the responsibilities which are part of their role and be aware that appropriate sanctions will be applied where these are breached
- Always act and be seen to act in the child's best interests
- Avoid any conduct which would lead any reasonable person to question their motivation and intentions
- Take responsibility for their own actions and behaviour
- Be open to advice and feedback from colleagues
- Always report any child protection concerns to the appropriate person
- Act in a professional manner treating all students fairly and with respect

Tutors should NOT

- Use their position to gain access to information for their own advantage and/or a child's or family's detriment
- Use their power to intimidate, threaten, coerce or undermine students

- Use their status and standing to form or promote relationships with children which are of a sexual nature or which might become so

Where no specific guidance exists about particular situations or where staff are worried about how their actions might be interpreted they are advised to:

- Discuss the circumstances that informed their action or proposed action with the Designated Person for child protection. This will help to ensure that the safest practices are employed and reduce the risk of actions being misinterpreted
- Always discuss any misunderstandings, accidents or threats with the Designated Person
- Always keep a record of discussions and actions taken

All tutors must understand that an allegation that they have assaulted a child, or placed a child at risk of harm will be a multi agency matter, involving the Police and Children’s Services.

FURTHER INFORMATION

Independent Safeguarding Authority– PO Box 181, Darlington DL1 9FA

0300 123 1111

Children’s Services (Bristol City Council) – Child protection concerns: 0300 123 4043

NSPCC - 0808 800 5000

Keeping Bristol Safe Partnership: <https://bristolsafeguarding.org/>

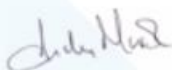
Local arrangements in Bristol: <https://bristolsafeguarding.org/media/42653/keeping-bristol-safe-partnership-local-arrangements-2019-20.pdf>

The “Three safeguarding partners” have equal and joint responsibility for local safeguarding arrangement. Within Bristol, they are:

Executive Director – People Directorate	Bristol City Council
Chief Executive Officer	Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG)
Chief Constable	Avon and Somerset Police



Jacqui Jensen
Executive Director
Bristol City Council



Andy Marsh
Chief Constable
Avon and Somerset Police



Julia Ross
Chief Executive
Bristol, North Somerset,
South Gloucestershire Clinical
Commissioning Group



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

All adults working in Tutor Doctor Bristol should 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.

I acknowledge receipt of a copy of the Tutor Doctor Bristol Child Protection and Safeguarding Policy. I confirm that I have read their contents and will abide by them. I understand my commitment to the protection and safeguarding of children at Tutor Doctor Bristol as detailed in the paragraph above.

I will attend Child Protection Training as required by Tutor Doctor Bristol.

Name:

Signed:

Date:

Please complete and return to Chin Tan, Tutor Doctor Bristol.
ctan@tutordocor.co.uk