

Safeguarding and Child Protection Policy Tutor Doctor York

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Introduction

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

Tutor Doctor York 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 York 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 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

Tutor Doctor York 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 behavior 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 York recognise 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:  Mia O'Malley
- Email: york@tutordocor.co.uk
- Phone number:  07517 625075

MASH (Multi Agency Safeguarding Hub) contact details:

Monday to Friday, 8.30am to 5.00pm:

- Phone number: 01904 551900
- email: mash@york.gov.uk

Outside office hours, at weekends and on public holidays, contact the Emergency Duty Team on **0300 131 2131**

***If there are immediate concerns about the safety of a child, you should contact North Yorkshire Police on 999**

Tutor Doctor York 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 \(2025\)](#)

This policy applies to all Tutor Doctor York 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.

Safer Recruitment

Tutor Doctor York complies with the Department for Education's *Keeping Children Safe in Education (2025)* guidance and recommended practices. As such, all of 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 includes a criminal history check.. We understand that should we accept a previously issued DBS we are required to check if there has been a 3-month break in service, as per DBS regulations.
- 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

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 lead is:

- Name: Jon O'Malley
- Phone: 07968 316159

Safeguarding Process

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

- [Keeping Children Safe in Education, Part 1 \(Sept 2025\)](#)
- [Working together to safeguard children, 2023](#)

Tutors, employees and staff members 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.

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 behavior
- 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: 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 11 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 from 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/Child Sexual Exploitation: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it.

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, for example, 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

More information on signs and indicators of abuse can be found at [Definitions and signs of child abuse](#)

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.

Safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and/or alcohol misuse, deliberately missing education, 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. Below are some safeguarding issues all staff should be aware of.

Child-on-child abuse

- All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online. All staff should be clear as to the school or college's policy and procedures with regard to child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.
- All staff should understand that even if there are no reports in their schools or colleges it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if staff have any concerns regarding child-on-child abuse they should speak to their designated safeguarding lead (or a deputy).

- It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- up skirting which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)

- Both CCE and CSE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. Child Criminal Exploitation (CCE)
- Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

- Children can become trapped by this type of exploitation, as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.
- It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation. Child Sexual Exploitation (CSE)
- CSE is a form of child sexual abuse. Sexual abuse 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 clothing. It may include noncontact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.
- CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge for example through others sharing videos or images of them on social media.
- CSE can affect any child who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children do not realise they are being exploited and may believe they are in a genuine romantic relationship.

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, wellbeing, development, and ability to learn.

Female Genital Mutilation (FGM)

Whilst all staff should speak to the designated safeguarding lead (or a deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

Mental Health

- All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation.

- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.
- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken to follow their school or college's child protection policy, and by speaking to the designated safeguarding lead or a deputy.

Children with special educational needs, disabilities or health issues

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- communication barriers and difficulties in managing or reporting these challenges
- cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges or the consequences of doing so.

Any reports of abuse involving children with SEND will therefore require close liaison with the designated safeguarding lead and the SENCO or the named person with oversight for SEND in a school.

Further information can be found in the department's:

- [SEND Code of Practice 0 to 25 years](#) , and
- [Supporting Pupils at School with Medical Conditions](#)

Children Subject to a Child Protection Plan

Any incidents or concerns involving these children must be reported immediately to the allocated Social Worker.

CYPIC/Looked After Children

Any incidents or concerns must be brought to the notice of the designated teacher for Looked After Children or the Designated Safeguarding Lead.

Serious violence

All staff should be aware of the indicators, which may signal children are at risk from, or are involved with, serious violent crime. These may include increased absence from school or college, a change in friendships or relationships with older individuals or groups, a significant decline in educational performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

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 communicate the matter with the DSL at the school, 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:

- Contact the Designated Safeguarding Lead immediately **and**
- 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 few 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.

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.

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
- Be signed and dated, including the year.

Tutor Doctor York 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.

Action by the Designated Person

The action to be taken:

- The DSL at Tutor Doctor York will contact the DSL at the school immediately.
- 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. If the initial referral is made by telephone, the Designated Person will confirm the referral in writing immediately. If no response or acknowledgment is received within 24 hours, 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.

Managing allegations against or concerns about staff members and tutors who work with children at Tutor Doctor York.

Any allegation or concern that an employee or tutor at Tutor Doctor York has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place. All concerns must be reported immediately to the Tutor Doctor York Safeguarding Lead.

Depending on the situation, an appropriate response may involve:

- contact the school and the parents/guardians of the child
- contact the police investigating a possible criminal offence
- contact MASH making enquiries and/or assessing whether a child is in need of support
- follow the relevant disciplinary procedures with individuals concerned.

Tutor Doctor York will make sure any children involved are given appropriate support.

Children`s wellbeing support

Promoting children and young people`s wellbeing is a key part of keeping them safe, helping them develop and ensuring they have positive outcomes into adulthood.

Mental health plays a key role in a child`s overall wellbeing and can be affected by various factors, including:

- abuse and neglect
- family circumstances
- environment
- stress
- loneliness or social isolation.

Negative experiences can adversely affect a child`s mental health, just as positive experiences can help improve it.

All tutors have a responsibility to promote their wellbeing, recognise any concerns about a child`s welfare and know what action to take to keep children safe.

Promoting mental health and wellbeing

Tutors should encourage children and young people to think of their mental health and wellbeing as something that is continually changing, like physical health. Some days we might feel better or worse than others but there are things we can do to improve our overall mental and emotional wellbeing.

Tutors and parents are encouraged to talk to children about strategies they can use to take care of themselves:

- **Exercise** - Staying physically active can have positive effects on mental health. It can reduce stress, anxiety and other mental health issues, and increase self-esteem. Encourage children and young people to build physical activity into their daily routines, from taking a daily walk to participating in extracurricular sports activities.
- **Online wellbeing** - The internet and social media are integral to many children and young people`s lives. They can have a positive impact on children`s wellbeing by helping them connect with family and friends and express themselves in new ways.
- **Healthy relationships** - Relationships play a key part in every child or young person`s wellbeing, from friends and teachers to parents, carers and siblings. Being able to form healthy relationships can help children feel secure and supported. But experiencing unhealthy or abusive relationships can have a long-lasting negative impact.

Tools from Childline - Childline provides many online tools that children and young people may find helpful if they are feeling anxious or stressed:

- **Calm Zone** - activities to let go of stress
- **games** to take your mind off things
- **information and advice** on topics from feelings, relationships, family and schools

- [peer support message boards](#)
- [Childline Kids](#), a section of the Childline website tailored for under 12s.

Monitoring and record keeping

Tutor Doctor York 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. Records should be reviewed regularly so that potential patterns of inappropriate, problematic or concerning behaviour can be identified. Where a pattern of such behaviour is identified, the DSL must contact the school as soon as possible to communicate and decide on a course of action.

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.

On-line Tutoring

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

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](#)

Approved on behalf of Yorkshire Education Ltd (t/a Tutor Doctor York) by:

Name: Mia O'Malley

Position: DSL

Date: September 2025

Next review date: September 2026

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 York 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.

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

Name:

Signed:

Date:

Please complete and return to:

Name: Mia O`Malley

Email: york@tutordocor.co.uk

Appendix (ii) – Code of Conduct



Tutor Code of Conduct

The Tutor Doctor York 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 phone 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 the office in order to alert us at the earliest opportunity. The Tutor Doctor York main office number is [01904 230437](tel:01904230437).

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 the office immediately.

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

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 **Mia O'Malley** who can be contacted at **07517 625 075**. 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 Mia immediately.

Tutoring Environment

A consultation takes place ahead of tuition to determine the needs of the student and the tutoring requirements. This report includes 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. Tutor Doctor works with a large network of tutors and links to online resources that you can access via Tutor Basecamp. 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 York. Information may not be used with any other third parties without express consent from Tutor Doctor York who will in turn seek approval from the client. Please refer to Data Protection and Privacy policies.

More information about Personal Data and Data Protection can be found [here](#).