Safeguarding and Child Protection Policy
September 2026 Tutor Doctor York

Our policy has been developed in consultation with the NSPCC. This policy will be reviewed each year 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.

1 Introduction

Tutor Doctor York acknowledges the duty of care to safeguard and promote the welfare of children. The welfare of the child is paramount and concerns will be acted on promptly.

Tutor Doctor provides tuition to students of all ages in the home, at school or at an external appropriate venue. Tutoring is delivered 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 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, taking their views seriously.

Each Tutor Doctor office will:

- Appoint a designated safeguarding lead (DSL) and a deputy DSL for when the DSL is unavailable.
- 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. Ensure training is up to date and provide regular safeguarding updates.
- Maintain accurate safeguarding records and store them securely.
- Ensure appropriate information sharing and co-operation with external agencies including children's social care.

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.
- 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@tutordoctor.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 Doctors Safeguarding Policy adheres to the following legislation and guidance:

- Children Act 1989
- Children Act 2004
- Keeping children safe in education 2026
- Working together to safeguard children 2026

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.

In some cases, we work with young people who are over 18 and this is reflected in a specific section below.

2 Safer Recruitment

Tutor Doctor complies with the Department for Education's **Keeping Children Safe in Education (2026) guidance** and recommended practices.

Our recruiters have undertaken Safer Recruitment in Education training. Our safer recruitment leads is:

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

For more information, see the Tutor Doctor Safer Recruitment Policy.

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 2026
- Working together to safeguard children 2026

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 Keeping children safe in education 2026 , 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, and can also be apparent online, 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

3.2 Additional Vulnerabilities

Tutor Doctor recognises that any child can be the victim of harm or abuse. However, we are also aware that some children have additional vulnerabilities, and it is important that tutors are aware of this. Whilst this is not an exhaustive list these additional vulnerabilities include:

- Children with disabilities
- Children with additional communication needs, including English as an Additional Language (EAL)
- Children from minoritised faith and ethnic communities
- Lesbian, gay and bisexual children and children who are questioning their sexual orientation or gender identity
- Children with SEN, including Autism Spectrum Disorders
- Looked after children and care experienced children

3.3 Main Types of Abuse (NSPCC Guidance)

Further information can be found here: https://learning.nspcc.org.uk/media/1188/definitions-signs-child-abuse.pdf

Physical abuse

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating.
It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as **fabricated or induced illness**

(FII).

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.

Neglect

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

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.

Sexual Abuse

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence, and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse (online).

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, 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.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities.

Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abusers and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013). Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Emotional abuse

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

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 to be under pressure fear making mistakes or are stressed about their rate of progress could indicate they are struggling.

Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional, or financial 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.

In England and Wales, the Domestic Abuse Act 2021 recognises children as victims of domestic abuse if they "see, hear or otherwise experience the effects of abuse". It specifies that domestic abuse occurs if those involved in the abusive behaviour are aged 16 or over and are personally connected to each other.

Bullying and Cyberbullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.

Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls

Child Trafficking

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

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).

The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016). FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

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 in urinating or frequency
- They struggle to move due to pain or swelling in the groin area
- changes in behaviour, the child may be quiet 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.
Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under-18s to the police (Home Office, 2016).

3.4 Other forms of harm and abuse

As well as the areas included in the NSPCC guidance above (3.2) there are some other forms of harm that you may encounter. In all cases you must report concerns to your Designated Safeguarding Lead

Child Criminal Exploitation/County Lines

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.

Further information can be found here: https://learning.nspcc.org.uk/child-abuse-and-neglect/child-criminal-exploitation

Further information on County Lines can be found here: https://learning.nspcc.org.uk/child-abuse-and-neglect/county-lines

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 must be followed.

This can be damaging and life-changing for children and young people and it is important that it is reported, so that staff can work together to prevent harm and ensure children/young people feel safe.

Abuse linked to faith or belief

Child abuse linked to faith or belief can include a belief in concepts of:

- witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs).
- the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context).
- ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies.
- use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Further information can be found here: https://safeguarding.network/content/safeguarding-resources/harmful-practices/child-abuse-linked-to-faith-or-belief

Forced Marriage

Forced marriage is a marriage without the full and free consent of both parties. It is a form of domestic violence and an abuse of human rights. In an arranged marriage, the family will take the lead in arranging the match, but the couples have a choice as to whether to proceed. In forced marriage, one or both spouses do not (or, in the case of some disabled young people and some adults, cannot) consent to the marriage and some element of duress is involved. Duress can include physical, psychological, sexual, financial, and emotional pressure.

Prevent, extremism and radicalization

Prevent is early support and intervention to help children and young people who are being drawn into terrorism or extremism. A tutor might become aware of possible **extremism or radicalisation** through changes in a student's behaviour, language, interests, online activity, relationships, or attitudes. Indicators should be viewed **in context** and may not mean radicalisation on their own. If you suspect a child or young person is in this situation, it must be reported to the DSL immediately.

Possible signs include:

- Expressing extremist views, intolerance, prejudice, or support for violence to achieve political, religious, ideological, or other aims.
- Using "us and them" language, dehumanising others, or showing hostility towards particular groups or communities.
- Sudden changes in behaviour, mood, attendance, engagement, friendship groups, appearance, or interests.
- Becoming withdrawn or isolated, especially from family, friends, or usual social groups.
- Secretive behaviour, particularly around internet use, social media, messaging apps, gaming platforms, or new contacts.
- Seeking and viewing violent and disturbing material, usually online. This is known as non-ideology radicalisation.

Further information regarding the role staff play in Prevent can be found here: Preventing radicalisation – Safeguarding Network

Mental health issues

We should aim to recognise 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.

Further information is available from the NSPCC: https://learning.nspcc.org.uk/child-health-development/child-mental-health

Serious Violence and gangs

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 include:

- behavioural changes,
- unexplained physical injuries,
- social isolation,
- academic decline,
- risky behaviours,
- fear and anxiety,
- involvement in violent groups,
- and unexplained possession of weapons.

For more information: https://safeguarding.network/content/safeguarding-resources/gangs-youth-violence

Online abuse

Online abuse is any type of abuse that happens on the internet, through technology, or using digital communication. It may include bullying or harassment, grooming, coercion or exploitation, threats, exposure to harmful content, pressure to share images or information, the non-consensual sharing of images, or abuse that begins online and continues offline. Tutors and staff must remain alert to signs that a child may be experiencing online harm, including changes in behaviour, reluctance to engage online, distress after using devices, secrecy

around online activity, or unexplained contact from others. Any concern about online abuse, however small, must be recorded and reported to the DSL without delay, in line with this safeguarding policy.

Where concerns arise during or in connection with online tuition, tutors must not investigate or respond directly beyond ensuring the immediate safety of the child; they must report the concern to the DSL and preserve any relevant information in line with Tutor Doctor's recording and safeguarding procedures.

Artificial Intelligence (AI)

This is an emerging form of risk and harm. AI tools can create additional safeguarding risks if they are used without appropriate oversight, boundaries and professional judgement. These risks may include the accidental sharing of personal or sensitive information, exposure to inaccurate, biased or age-inappropriate content, over-reliance on AI-generated responses, and reduced professional curiosity. AI may also be used by children or others to create misleading content, impersonate individuals, generate harmful messages, or support grooming, bullying, exploitation or coercive behaviour online. Tutors and staff must therefore use AI cautiously, ensure any AI-generated material is checked before use, avoid entering identifiable student information into AI systems. Any concern about AI-related harm or misuse to the Designated Safeguarding Lead following the safeguarding procedures.

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 Condition

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

3.5 Student Absence

Tutor Doctor York understands that a student absent or missing from education may be a warning sign of several potential safeguarding or child protection concerns, such as, but not 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 a 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/carer 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/carer 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.

3.6 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 **without delay** report to the Designated Safeguarding Lead (Tutor Doctor DSL or school/Local Authority responsible individual/ commissioner), 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 Safeguarding Lead **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.

3.7 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.
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- **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.

3.8 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 Safeguarding Lead immediately (certainly within 24 hours)
- 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.

3.9 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 Safeguarding Lead 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 school and local authority contacts without delay and 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 Safeguarding Lead 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 Safeguarding Lead will confirm the referral in writing within 24 hours. If no response or acknowledgment is received within three working days, the Designated Safeguarding Lead 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.

3.10 Responding to concerns – Over 18's

In some cases, tutors may work with young people who are over 18. The key principles of safeguarding and this policy will still apply but there are some additional factors to consider.

We recognise that as they are adults, we will adopt a slightly different approach but also recognise that we will offer support when necessary.

However, it is important to note that sharing information about adults at risk should only be done with their explicit consent, unless:

- They do not have the mental capacity to consent
- The concern relates to risks of harm posed to other children or adults
- There is a public duty of care to intervene, such as a crime has been or may be committed.

If you have a concern about a young person over the age of 18 you should follow the procedures above, including contacting the DSL for guidance and 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 Safeguarding Lead.

All child protection concerns are recorded and stored securely by the Designated Safeguarding Lead.

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

The tutoring solutions we offer are increasingly 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.
Our recommended online platforms record all sessions for safeguarding purposes, recordings are held securely, retained in line with our Data Protection Policy, and accessed only for defined purposes (quality assurance and safeguarding review).

Any online safety concern that indicates a child is at risk of harm is reported to the DSL and process followed as outlined in this policy.

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 Safeguarding Lead.

All child protection concerns are recorded and stored securely by the Designated Safeguarding Lead. Government Guidance on Information Sharing

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 talking 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 longlasting 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

8 Working in external settings

In some cases, tutors work in physical locations outside of the home, such as schools, youth centres etc. In such instances tutors should be familiar with:

- The safeguarding procedures of the setting, including the name and contact details of the DSL.
- Fire procedures
- Lockdown procedures
- Any other procedure specific to the location.

9 Review arrangements

This policy is reviewed each year by 1 September and appropriate action is taken to reflect any changes in legislation, government guidance, and any requirements of the local safeguarding partnership. The safeguarding element of this policy is reviewed by the NSPCC as part of the annual refresh where offices participate in that arrangement.

Next review by 1st September 2027

Signed: **Designated Person and Safeguarding Lead: Mia O'Malley**

Email: york@tutordoctor.co.uk
mobile: 07517625075

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.

Each staff member, tutor, contractor, and volunteer confirms at onboarding, and reconfirms at least annually, that they have read this policy and the current Keeping Children Safe in Education Part 1 in full.

Confirmations are held securely and are checked as part of the safer recruitment process.

Thank you
Mia O'Malley

Director and Designated Person for Child Protection and Safeguarding
Tutor Doctor York

E: york@tutordoctor.co.uk:
M: 07517625075

Appendix (ii) – Letter of Assurance

This letter is issued to all school and local authority clients ahead of commencing tuition to verify the processes completed for all tutors engaging with their students.

Letter of Assurance – Safer Recruitment 2026/2027

Dear [Recipient Name],

To ensure the effective safeguarding of students at [School / Local Authority / Trust Name], this letter provides assurance that Tutor Doctor York has appropriate safeguarding procedures in place, and that all safer recruitment checks have been carried out on our staff, both employees and contractors. Our Safeguarding Policy and Safer Recruitment Policy & Procedures have been renewed and verified by the NSPCC in September 2026 in line with Keeping Children Safe in Education 2026.

I, Mia O'Malley, as DSL, confirm that Tutor Doctor York has completed the following safer recruitment checks pre-employment and on an on-going basis:

- Verification of identification checks
- Evidence of right to work in the UK undertaken
- Evidence of further checks undertaken on individuals who have lived or worked outside the UK
- Evidence of relevant professional qualification / registration checks (where relevant)
- Employment history and reference checks
- Enhanced DBS check (or equivalent criminal records check for the relevant jurisdiction)
- Barred list check for those engaged in regulated activity
- Tutors undertake Safeguarding and Prevent training as required by commissioning Local Authority

All staff have been informed that it is an offence to be deployed to work with students if they are disqualified under the Childcare Act 2006 (Disqualification) Regulations 2018 (or equivalent legislation in the relevant jurisdiction).

All staff have a contractual obligation to inform Tutor Doctor York if, during the course of their engagement, they receive a reprimand, final warning, caution or conviction from the Police or Courts.

We recognise that in some cases additional information or checks are required beyond those listed above. Where this applies, such requests will be satisfied through our onboarding process and/or via additional documentation provided on request, in line with the specific requirements of the school, local authority or trust.

Further confirmation of pre-employment and on-going employment checks can be obtained at any time by contacting the Tutor Doctor York Designated Safeguarding Lead at york@tutordoctor.co.uk

Yours sincerely,

Mia O'Malley

Appendix (iii) – 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 usto reschedule the appointment where required. Pease 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.

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