



Safeguarding Policy Tutor Doctor Birmingham Solihull

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1 - Introduction

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

Tutor Doctor provides tuition to students of all ages at home, at school or at an appropriate external 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

Each Tutor Doctor Franchise will:

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

Tutor Doctor recognises that:

- All children have a right to be kept safe regardless of age, disability, gender, gender identity, race, religion or belief or sexual orientation.
- 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: Karen Croy
- Email: kcroy@tutordocor.co.uk
- Phone number: 07596 488712

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

- [Children Act 1989](#)
- [Children Act 2004](#)
- [Working Together to Safeguard Children \(2023\)](#)
- [Keeping Children Safe in Education \(2025\)](#)

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

In line with the guidance published in Keeping Children Safe in Education (2025) applicants should be made aware that online searches may be done as part of pre-recruitment checks.

We will ensure that all of our employees provide:

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

Our recruiters have undertaken Safer Recruitment in Education training. Our safer

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recruitment leads are:

- Name: Andrew Croy
- Name: Karen Croy

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 \(2025\)](#)
- [Working Together to Safeguard Children \(2023\)](#)

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

For all elements described within this section, we need to draw tutors' attention to the fact that, as explicitly referenced within [KCSiE 2025](#), being absent, as well as missing, from education can be a warning sign of a range of safeguarding concerns, including sexual abuse, sexual exploitation or child criminal exploitation.

3.1 Recognising Concerns

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

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

3.2 Additional Vulnerabilities

Tutor Doctor recognise 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

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- LGBTQ+ young people
- 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, of 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 abuser 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.

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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>

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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 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. If you suspect a child or young person is in this situation, it must be reported to the DSL immediately.

Further information regarding the role staff play in Prevent can be found here: [Preventing radicalisation – Safeguarding Network](#)

Mental health issues

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>

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

If a tutor arrives at a family's home and nobody is there, or the student does not join 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 refer such concerns to the Designated Person, who will refer the matter to Children's Services and involve other agencies e.g. medical services, police, as required. Children's Services and the Police are empowered to carry out investigations and decide whether children have been abused.

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

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

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

They must:

- Record what they have seen, heard or know accurately at the time the event occurs, **and**

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- Share their concerns immediately with the Designated Person **and**
- Agree action to take.

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

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

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

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

3.7 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.
- **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 Person immediately (certainly within 24 hours)
- Be signed and dated, including the year.

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

3.9 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 Person is concerned that disclosing information to parents would put a child at risk, they will take further advice from the relevant professionals before making a decision to disclose.
- Issues relating to safeguarding will be shared with those who need to know. We will share information about the safety of a child with relevant agencies, including children's social care, in order to fulfil our safeguarding responsibilities.
- If there is room for doubt as to whether a referral should be made, the Designated Person will consult with the Local Authority Designated Officer (LADO) on a no names basis without identifying the family. However, as soon as sufficient concern exists that a child may be at risk of significant harm, a referral will be made without delay (and in any event within 24 hours). If the initial referral is made by telephone, the Designated Person will confirm the referral in writing within 24 hours. If no response or acknowledgment is received within three working days, the Designated Person will contact the LADO again.
- Whether or not Tutor Doctor decides to refer a particular complaint to social services or the police, the parents and student will be informed in writing of their right to make their own complaint or referral to social services or the police and will be provided with contact names, addresses and telephone numbers, as appropriate.
- Where there are concerns about a Tutor's behaviour, we will use our disciplinary procedure. If we have concerns about a Tutor's suitability to work with children, we will

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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 Person for child protection.

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

5 - Monitoring and record keeping

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

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

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

noted in the meeting's agenda and minutes.

6 - Online Tutoring

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

7 - Confidentiality and information sharing

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

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

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

All child protection concerns are recorded and stored securely by the Designated Person for child protection. [Government Guidance on Information Sharing](#)

- Lone Working

In many cases tutors will be working alone with children and must follow the code of conduct below (Appendix ii) However, it is good practice to ensure that:

- Ensure other people know the time and location of your session, including the child's parents
- Consent and relevant agreements are in place
- Clear records are kept of the time spent working with children
- Contact details for emergencies and awareness of any procedures in the setting

The NSPCC offer further information here: <https://learning.nspcc.org.uk/safeguarding-child-protection/lone-working>

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
- Fire procedures

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- Lockdown procedures
- Any other procedure specific to the location.

9 Review arrangements

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.

Next review by 1st September 2026

Signed:



Designated Person and Safeguarding Lead: Karen Croy

email: kcroy@tutordoctor.co.uk

mobile: 07596 488712

Last Update 18/08/2025

Safer Recruitment Leads

Name: Andrew Croy / Karen Croy

Email: acroy@tutordoctor.co.uk / kcroy@tutordoctor.co.uk

FURTHER INFORMATION

Local Authority Contacts

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. The NSPCC also provide free, confidential support and advice. In the event that the Tutor Doctor Designated Safeguarding Lead or Alternative Contact are non-contactable, or have not responded within specified timeframes, the tutor may contact the following. For immediate emergencies dial 999.

NSPCC

NSPCC Helpline: 0808 800 5000 / help@NSPCC.org.uk

SOLIHULL

Solihull Safeguarding Children Partnership

MASH (Multi-Agency Safeguarding Hub)

- 0121 788 4300 (Monday to Friday, daytime)
- 0121 605 6060 (evenings, weekends and bank holidays)

[MASH Referral Form \(online\)](#)

BIRMINGHAM

Birmingham Safeguarding Children Partnership

Children’s Advice and Support Service (CASS)

- 0121 303 1888
- CASS@birminghamchildrenstrust.co.uk

STAFFORDSHIRE

Staffordshire Childrens Advice Centre (SCAS)

Located within the MASH

- 0300 111 8007 (Monday to Friday, office hours)
- 0345 604 2886 (Emergency Duty Team - evenings, weekends and bank holidays)
- Staffordshire.lado@staffordshire.gov.uk

WOLVERHAMPTON

Reporting a Concern

- 01902 555392 (Monday to Friday, office hours)
- 01902 552999 (Emergency Duty Team - evenings, weekends and bank holidays)
- <https://marf.wolverhampton.gov.uk/>

Appendix (i) – Tutor and Staff Confirmation Document

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

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

Please click on this link below to take you through to the short confirmation survey to advise you have received, saved and read this policy.

Click [here](#) to confirm you have read the [KCSiE 2025](#) and Tutor Doctor Safeguarding policy

Thank you.



Karen Croy
Director and Designated Person for Child Protection and Safeguarding.
Tutor Doctor

e: kcroy@tutordocor.co.uk
m: 07596 488712

Appendix (ii) – Code of Conduct



Tutor Code of Conduct - 2025

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

Tutoring Sessions

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

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

If you are delayed or cannot make an appointment please phone the client in the first instance, giving as much notice as possible. Alternatively call the Tutor Doctor office on 07596 488712 or 07737 413486. The aim would always be 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.

Setting a typical framework for 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 sessions 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 fully 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. If you are ever unclear about a situation, including the desired outcomes, please check back with the Tutor Doctor office team well ahead of time.

Session reports are to be completed as promptly as possible following the session, ideally within 24 hours. These provide an important overview of the work completed as well as any homework

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.

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.

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 Karen Croy who can be contacted via 07596 488712 or kcroy@tutordocor.co.uk.

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 07596 488712** immediately or submit our log of concern by clicking [here](#).

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. Information may not be used with any other third parties without express consent from Tutor Doctor who will in turn seek approval from the client. Please refer to Data Protection and Privacy policies.

Updated 01/09/25

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.

V3 01/09//2025

Appendix (iii) – Online working & Safeguarding



Addendum: Safe approach to Online Tutoring

Tutor Doctor: Updated 1st September 2025

This document acts as an addendum to the Tutor Doctor Safeguarding and Child Protection Policy, updated 1st September 2025, brought about by the increase in Online Tuition for the safety of students and tutors.

General Safeguarding Policy for In-Person and Online Tuition

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

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

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

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

Online Tutoring Safeguarding Principles

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

- Tutors commit to the same behaviours and code of conduct online, as in-person
- All sessions are automatically recorded and saved for a 6 monthly period
- Parents should be present, certainly at the start and end of each online session
- We request video and audio are activated by the student at the commencement and conclusion of each session helping the tutor to complete a brief safe and well check with their online tutee. The tutor will have their video and audio activated throughout the entire session

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.

V3 01/09//2025

- Email correspondence to be either carried out with parent rather than student directly, or parent copied in on direct correspondence with student.

Online Filtering and Monitoring

In line with KCSiE 2025, we recommend that tuition takes place via our preferred platform – LessonSpace (see <https://www.thelessonspace.com/>) - to ensure consistent filtering and monitoring can be carried out by the DSL.

All tuition sessions carried out via LessonSpace platforms will be recorded to ensure that consistent monitoring can take place and any concerns raised after online tuition can be reviewed and recorded by the DSL. We work closely with LessonSpace to ensure the highest levels of safeguarding can be achieved and any functionalities required can be developed to assist with this aim.

Please contact the Tutor Doctor office with any queries or concerns, or if the tutor or student requires us to use an alternative platform for the sessions.

Signed:



Karen Croy
Designated Person and Safeguarding Lead
Tutor Doctor – Birmingham Solihull

e: kcroy@tutordocor.co.uk
m: 07596 488712

Issued 1st September 2025. Due for review 1st September 2026.