

Themes arising from the Plymouth Serious Case Review March 2010

Recommendations for those working in Early Years settings:

- Operate safer recruitment procedures, including value based interviewing
- Have effective policies and procedures in place which are communicated to staff, including child protection and intimate care.
- Reflect on nappy changing provision, is this risk assessed? Consider the implications of lone working.
- Encourage open discussions amongst the staff group about good and poor practice and facilitate constructive challenge of each other
- Ensure that safeguarding is openly discussed and staff are aware of the possibility that abuse may happen within their workplace. All staff confident in implementing safeguarding procedures.
- Provide regular supervision and appraisals for all staff working in the setting.
- Have effective whistle blowing procedures and clearly identified lines of accountability.
- Have safeguards in place where boundaries may be blurred through friendship networks amongst staff and parents. Is there a code of conduct in place? Is there a policy for the use of mobile phones? Recommendations for social networking sites?
- Encourage communication and contact with parents and ensure they are kept well informed about their child's day to day experiences. Clearly identified key person and what their role is. Consistent staff in the same rooms.

Plymouth LSCB Serious Case Review March 2010

Little Ted's had been a nursery since 1994; it was an unincorporated not-for-profit association, run by a committee of trustees and managed by the nursery manager from July 2002. Vanessa George joined the group in September 06. Enquiries led to her arrest on the evening of 8th July 2009, after photographs of a sexual nature which showed a nursery tee shirt and appeared to have been taken in the toilet area of the nursery, were discovered on the computer of a 39 year old Colin Blanchard in the north of England. The nursery was closed the next day pending police enquiries and has not re-opened. George, Blanchard and a further female, Angela Allen were convicted on 15th December 2009, George will serve a minimum jail term of 7 years.

Findings in the report:

- The nursery was based on a primary school site and had moved from the basement to the reception area of the school. The previous site had

been open plan and the children had been visible from all angles, but the children were less visible in the new site.

- Nappy changing took place in the toilet area which could be seen from the main room – the toilet door was usually propped open. There were 4 cubicles in a row, one with a full sized door, and 3 others with a half-sized door. Most staff changed nappies on the main nappy changing area easily visible to other staff; George however started to use the cubicle with the full door, saying she could not bend down due to her size. Although the door was open her body blocked the line of vision from the nursery to the child.
- Within the nursery, George is generally described as a popular member of staff. The nursery manager did tell the review that George had ‘changed’ from approximately December 2008. She is described as from that point always seeming to be on the internet and chasing men. The nursery manager heard that George had offered a man sex for doing her MOT, and that she had sex with a man on the moors for money. The manager confronted George about this, but there is no evidence that her behaviour changed as a result.
- Committee was unincorporated and trustees unaware of their responsibilities, no trustee meetings had taken place and of the 4 trustee’s one was deceased.
- There was no formal interview prior to George’s appointment. There were no records of an advertisement, interview or references for the post, but there are copies of a CRB check, health screening, a contract letter, a statement of particulars and pay roll forms. The nursery manager had been a Governor at the school for 24 years and knew George and her 2 children through the school.

Themes arising from this review:

- George had been described by staff as both “horrible” and more often “the life and soul of the party”. The predominant view is of a popular member of staff both with parents and other members of the staff team. The review comments that:
“Although she was not senior in her position, other factors such as her age, personality and length of service could have created an illusion of position of power and encouraged a sense of trust...It is also the case that George is of the ability to behave in a highly manipulative manner and hence gain high levels of trust in others”
- Her position of power within the staff group was such that although staff became increasingly concerned about her crude language, discussion of extra-marital relationships and showing indecent images of adults on her phone, they were unable to challenge her. Another reason for the lack of challenge is that colleagues experienced feelings of guilt and discomfort at having been exposed to this increasingly inappropriate material. By even being shown sexualised pictures it is possible that the staff believed they had “allowed” it to happen and consequently did not know how to raise this with others. By drawing others partially into her activities, George made challenge less likely and may have interpreted the behaviour as implicit.

- A management committee with officers (chair, treasurer and secretary) is usually elected to run the organisation on behalf of its members. The lack of clarity surrounding the responsibilities of trustees and the status of the nursery has left trustees in a vulnerable position.
- Little Ted's did not have a whistle blowing policy and interviews with staff also identified a lack of knowledge about where to go with concerns. There was no supervision or oversight of the manager's practice, and neither parents nor staff knew how to raise issues that might have been relevant to the safety of children within the setting.
- The policies and procedures in relation to child protection were inadequate, having been lifted without adaptation from the Pre-School Learning Alliance documentation. The policy was signed by the manager but had not been properly adopted at a staff meeting. There was no guidance in relation to nappy changing/intimate care and although this may not have prevented the abuse, transparency and discussion about the issue within the staff group will have given a clear message that child protection was a high priority.
- Lack of staff training, combined with an inadequate policy and procedure framework meant the manager was not confident that appropriate action would be taken in relation to child protection. Also, parents were not issued with a prospectus setting out the nursery's responsibilities in relation to child protection.
- Issues of staff ratios emerged as a concern. The setting was recorded as out of ratio on 83 occasions and George was on duty 35 of these. This would have considerably increased the opportunity for her to be on her own with the children.
- It is evident that staff supervision did not take place at Little Ted's. There is no requirement within the EYFS that staff should receive regular one to one supervision. Research into lessons from serious case reviews has concluded that supervision is important in assisting practitioners in coping with the emotional demands of the job, as well as enabling them to reflect on the meaning of their gut feelings. Staff at Little Ted's were becoming increasingly uncomfortable and worried about George's behaviour yet had nowhere to go with these feelings.
- There had been no opportunity for any member of staff through supervision or appraisal to reflect on the knowledge they needed to do their job and identify where there might be gaps that needed addressing through staff development opportunities.
- Little Ted's was a setting firmly based within the community it served and there appear to have been strong personal ties between some staff and parents. This is a strength but the dangers also need to be acknowledged and appropriate safeguards put in place. The dangers are that boundaries become blurred and parents are unable to either see or challenge practices that may indicate inappropriate care.

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