



Registered Charity Number 1122298 OFSTED Number EY372502

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

This policy and procedure has been adopted by Grove Cottage through its Trustees Committee which remains responsible for its review.

Original signed version is kept at the Grove Cottage office.

Signed: *Kevin Davis*

Date: 27 /07/2021

Name: Kevin Davis

Chair of Trustees

Reviewed July 2021

Next review: July 2023

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

1.0 GUIDANCE

Safeguarding is defined as: *protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.* (Working Together to Safeguard Children, DfE, 2018, p6)

This Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of Grove Cottage. In particular, this policy should be read in conjunction with:

- Behavioural Management and Anti Bullying Policy
- Confidentiality Policy & Procedure

We comply with the procedures approved by the Local Safeguarding Partners (LSP). We intend to create an environment protecting children from maltreatment preventing impairment of children's health or development ensuring that children grow up in circumstances consistent with the provision of safe and effective care. Taking action to enable all children to have the best outcomes. We ask staff to be alert to any issues of concern of a child life at home or elsewhere. Any suspicion of abuse is promptly and appropriately responded to. In order to achieve this, we will adhere to the following Acts and Legislation: -

- Working Together to Safeguard Children 2018
- Childcare Act 2006
- Children's Act 2004
- Children and Social Work Act 2017
- Children and Families Act and SEND Code of Practice 2014
- EYFS Documentation 2021
- Hertfordshire Safeguarding Children Partnership Procedures Manual (Electronic)
- Protection of Children Act 1999
- Every Child Matters 2003
- General Data Protection Regulation 2018
- The Prevent Duty (Counter Terrorism and Security Act) 2015
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (*makes it a criminal offence to force someone to marry. Includes taking someone overseas to force them to marry (whether or not the forced marriage takes place).*)
- Serious Violence Strategy 2018

2.0 SCOPE

This policy applies to all Trustees, staff and volunteers when undertaking work either paid or voluntary on behalf of Grove Cottage.

3.0 PURPOSE

Our Staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have regular contact with children.

The purpose of this Policy & Procedure is to ensure:

- safeguarding is embedded in all aspects of Grove Cottages work
- all staff at Grove Cottage understand the importance of safeguarding and know how to respond appropriately with concerns
- the organisation understands and fulfils its role of working with other agencies to safeguard and promote the welfare of children at risk
- the organisation complies with legal, regulatory, and contractual responsibilities in relation to safeguarding

4.0 DESIGNATED SAFEGUARDING LEAD

The Board of Trustees have appointed a Safeguarding Trustee and senior staff to the role of DSL and deputies. During operating hours, a DSL or deputy will always be available to discuss any safeguarding concerns. The DSL will undertake formal training every two years. The DSL will also take Prevent awareness training. In addition to this training the DSL will regularly read and digest safeguarding developments to update their knowledge

TRUSTEE SAFEGUARDING DESIGNATED LEAD IS:

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Saturday Designated Deputies

Sam Wardle

Email sam@mencapgrovecottage.org

Becca Lord

Email cottagecrew@mencapgrovecottage.org

5.0 SAFEGUARDING CHILDREN AND YOUNG PEOPLE AT RISK

All visitors to the premises will need to sign in and out with their ID checked on arrival. (Any delivery personnel that come to the setting will have to stay outside of the nursery room). They will be shown a card with a brief explanation of the fact that they will have to put their mobile phone and keys in a box in the kitchen until they leave. They will not be able to be left alone with the children and will not be able to accompany children to the changing room or be involved in any toileting of the children.

Staff members will not be able to carry out any intimate care procedures with the members if they are not in possession of a current DBS, that relates to their job at Grove Cottage. Staff without a DBS will also be shadowed until such time when the DBS is received, and references successfully checked to the satisfaction of the D.S.P.

All children, teenagers and adults at Grove Cottage will not be obscured from the view of staff and must usually be within sight and hearing of staff and always within sight or hearing.

All staff will undergo Safeguarding training with all areas of abuse are made aware to them. The main areas of abuse being: -

Physical abuse, Sexual abuse, Emotional abuse, Neglect and Domestic Abuse, all staff are aware of radicalisation. Staff through this will be trained to “**recognise, respond and refer**” as per Herts LCSB

6.0 TYPES OF ABUSE

Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children maybe abused by an adult or adults or by another child or children.

Physical abuse A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and behaviour problems

Burns and Scalds – shape, definition, size, depth, scars	
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness -
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability,
- as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

- It may involve seeing or hearing the ill-treatment of another.
- It may involve serious bullying (including cyber bullying),
- causing children frequently to feel frightened or in danger,
- or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a ‘loner’ Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn

Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

Sexual abuse	
<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p> <p>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.</p>	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	

Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

PREVENT: Safeguarding Children and Young People from Radicalisation

Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of all safeguarding approaches.

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children's behaviour, which could indicate that they may be in need of Prevent support. They must act proportionately to the concern using the Prevent 'notice, check, share' approach, which may lead to the DSL making a Prevent referral.

Local Hertfordshire County Council guidance on Prevent is featured at 6.25 of the Hertfordshire Safeguarding Children's Partnership CP procedures

https://hertsscb.proceduresonline.com/chapters/p_prevent_guide.html which outlines the specific duties in Hertfordshire.

Domestic Abuse

Domestic abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological; physical; sexual; financial; and emotional.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this

policy and speak to the DSL/DDSL. The DSL/DDSL are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to a safeguarding concern.

Staff should not assume a colleague, or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

Staff and volunteers should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect** as well as being aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

6.1 BARRIERS TO RECOGNISING AND RESPONDING TO ABUSE

- Discomfort
- Lack of Knowledge
- Denial/Disbelief
- Apathy
- Grooming Process
- Lack of Ownership
- Lack of Safeguarding Process
- Emotional Blocks

6.2 Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

- This can include:
- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration.
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- Communication barriers and difficulties
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.

- Lack of choice/participation
- Isolation

7.0 RESPONDING TO SUSPICIONS OF ABUSE

- The first concern will be the child. Changes in behaviour/appearance will be investigated and observed. The child's name, address, age, dates and times of observations will be noted on the observation records. All records will be kept confidential and kept in the lockable filing cabinet. However, Ofsted will need to be informed of any incidents within one day along with any paperwork.
- The child will be reassured and helped to understand that they themselves are valued and respected.
- Continued support will be given to the family, while the situation is investigated.
- Parents will normally be the first point of reference, but if they are not in a position to allay any legitimate anxieties, the matter will be taken up with Children's Services who's contact details are:- **Children's Services : 0300 123 4043**
- We can also refer to the **Multi Agency Safeguarding Hub (MASH)**, a multi-agency team working alongside the Customer Service Centre Team. Cases are referred to the MASH team where there is a clear child protection concern.
- In extreme cases where immediate action is required the police must also be called, and the child, teenager, must remain at the setting with two members of staff.
- Police telephone: **999**

7.1 RESPONDING TO A DISCLOSURE

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. **If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:**

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify what is being said.

- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Complete a Record of Concern

Pass the information to the DSL without delay (if a DSL or Deputy is not available, staff must inform a senior member of staff).

Support- Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the DSL.

7.2 Allegations

If any allegation is made against a member of staff or volunteer, we note down the date, against whom the allegation is made, who it was made by, the content of the allegation and the names of any witnesses only. This information is then passed immediately to the LADO (local authority designated officer) of whom there are two and they will investigate the matter. Their number is always on view on the brown card displayed in the changing room and by the telephone in the passage. Please complete a Hertfordshire LADO referral form within one day https://hertsscb.proceduresonline.com/client_supplied/lado_referral_form.doc

Timely consistent, thorough and fair process provides protection for the child, teenager, adult, and support to the subject of the allegation. Enquiries will be conducted by an independent person, not friend or relative, supervisor or colleague. Children will not be repeatedly interviewed or pressed on the matter.

7.3 Inappropriate Behaviour

Inappropriate behaviour displayed by staff or volunteers, such as excessive “one to one” attention beyond the requirements of their role and responsibilities or inappropriate sexual comments, will not be tolerated. Neither will sharing or inappropriate images in any form. No favouritism must be shown by staff or volunteers at any time to any child or teenager and all must be valued and treated equally.

7.4 Staff taking medication/other substances

Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, the staff member should seek medical advice. Staff members only work directly with children if medical advice confirms that the medication is unlikely impair that staff member’s ability to look after children properly. Please refer to our Workplace Alcohol Smoking and Drugs Policy. All medication on the premises must be securely stored, and out of reach of children, at all times.

8.0 WHISTLE BLOWING

Whistle Blowing is a term used for an employee, raising concerns about practices and procedures used in their workplace, without fear of repercussions. This may take place when the person offending is the manager or the designated safeguarding officer. All staff should report any concerns in good faith that they have regarding inappropriate behaviour or actions of colleagues.

If there is need for a member of staff to Whistle Blow they must contact Ofsted with their concerns.

Ofsted Whistle Blowing: - 0300 123 3155

whistleblowing@ofsted.gov.uk

NSPCC Whistle blowing advice Line 0800 0280 285

help@nspcc.org.uk

9.0 RECRUITMENT

All applicants for work within Grove Cottage, whether voluntary or paid, will be interviewed before an appointment is made. During this process applicants will be asked if they or any of their family or partner has had any allegation made against them, this information may not necessarily prevent them from working at Grove Cottage. However, if allegations have been made against the applicant the position can be refused. They will be asked to disclose any convictions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment within the setting).

No one will have unsupervised contact with the children, teenagers or adults, until their records have been checked.

All applicants will be checked by the Disclosure and Barring Service. This will be checked every three years. Staff will also be asked to join the update service. People under the new definition of a "Regulated activity" will continue to be eligible for an enhanced disclosure with a barred list check.

All applicants will have to provide two references to support their application. One from a personal friend who has been known to them for at least two years, and one from their previous employer. These references will be checked by the Manager who will sign to say she has personally spoken to the referees and sought explanations if this is deemed to be necessary. No reference will be accepted unless it contains a hand-written signature.

In the case of a new manager being appointed this procedure will be carried out by Grove Cottage Board of Trustees.

This information will be recorded and kept in a personnel file for each member of staff. Their disclosure number, date of disclosure and name of who obtained this information will be stored on a data base. DBS checks will be carried out every three years.

This complies with the EYFS Safeguarding requirements of the 'provider taking necessary steps to safeguard and promote the welfare of children' [EYFS, 2017]

10.0 STAFF AND VOLUNTEER SUPERVISION

Supervision should provide opportunities for staff and volunteers to discuss any issues they may have concerning children's development or wellbeing. Identify solutions to address issues as they arise and receive coaching to improve their personal effectiveness.

We have adopted in accordance with the Department for Education (DfE) the statutory requirements for early years providers. We aim to demonstrate what this means in practice, we have studied the statutory guidance of July 2017

Democracy: making decisions together

As part of the focus on self-confidence and self-awareness as cited in Personal, Social and Emotional Development:

- Managers and staff and volunteers can encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other's views and values and talk about their feelings, for example when they do or do not need help. When appropriate demonstrate democracy in action, for example, sharing views on what the theme of their role play area could be with a show of hands.
- Staff and volunteers can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. All members should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

Rule of law: understanding rules matter as cited in Personal Social and Emotional development

As part of the focus on managing feelings and behaviour:

- Staff and volunteers can ensure that all our young members understand their own and others' behaviour and its consequences and learn to distinguish right from wrong.
- Staff and volunteers can collaborate with members to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all understand rules apply to everyone.

Individual liberty: freedom for all

As part of the focus on self-confidence & self-awareness and people & communities as cited in Personal Social and Emotional development and Understanding the World:

- Members should develop a positive sense of themselves. Staff and volunteers can provide opportunities for all to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children, teenagers and adults to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
- Staff and volunteers should encourage a range of experiences that allow children, teenagers and adults to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions Mutual respect and tolerance: treat others as you want to be treated.

As part of the focus on people and communities, manager feelings and behaviour and making relationships as cited in Personal Social and Emotional development and Understanding the World:

- Trustees, Managers and staff should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children, teenagers and adults are engaged with the wider community.
- Members should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
- Staff and volunteers should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staff and volunteers should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's, teenagers and adults' experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

What is not acceptable is:

- Actively promoting intolerance of other faiths, cultures and races.
- Failure to challenge gender stereotypes and routinely segregate girls and boys
- Isolating children, teenagers and adults from their wider community
- Failure to challenge behaviours (whether of staff, children, teenagers, adults or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs.

9. INDUCTION

All new employees will begin with a probation period of three months in which to settle in and understand the standards and rules of the setting. A review will be carried out after two weeks and after one month. During this time, they will be allowed to work fully within the setting.

All new employees will be welcomed and included in discussions about the setting reference our *Employment Policy*.

10 CODES OF CONDUCT

In addition to observing the provisions of this Policy and Procedure, all Trustees, staff and volunteers must complete an *Annual Staff Declaration*.

Appendix

TRUSTEE SAFEGUARDING DESIGNATED LEAD IS:

Karen Wallace, Trustee

Mobile; 07427 685773

Email;

safeguarding@mencapgrovecottage.org

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