

Scenario Suite

The use of scenarios can be a great learning opportunity for staff to consider the wider risks to children and discuss how, as an individual and setting, you can respond to these quickly and effectively, utilising the appropriate procedures. Scenarios encourage dialogue and debate between colleagues which further enhances our learning and personal development.

Scenarios are a valuable tool for professional development. They help us reflect, share ideas, and explore how we might respond to different safeguarding situations. These discussions are important for building confidence and consistency in our practice. However, real-life situations are always more complex. When we're working with actual children and families, we have more facts, context, and emotional connections that influence our decisions. Knowing the individuals involved adds depth to our understanding and often impacts how we respond. While scenarios are useful for preparing and developing our thinking, it's important to recognise that real-life safeguarding decisions are shaped by the relationships, knowledge, and context we hold in each unique case.

Don't forget to use the Working Well with Children and Families in Lancashire guidance. Towards the back of this you will find indicators for each level of need. This is useful as a rough guide to assess which level on the Continuum of Need you should be considering. However, it is not a tick list and your knowledge of the children in your care and their families is of vital importance when thinking about the best support for them.

It's important to remember that safeguarding is a complex and deeply human responsibility. In our roles, we may witness signs such as injuries, poor hygiene, or emotional distress, and we may hear disclosures that are difficult to process. At times, we may also feel empathy for parents and carers, especially when we understand the challenges they face - be it poverty, lack of access to healthcare like dental services, or the pressures of the rising cost of living. These societal factors can significantly impact parenting and family life. However, our primary focus must always remain on the safety and wellbeing of the child. To achieve the best outcomes, we must draw on our knowledge of child development, utilise the resources available to us - both human and physical - and work collaboratively with other agencies. Remember, your Designated Safeguarding Lead (DSL) is your first point of contact for any concerns, and the Early Years Safeguarding Officer is available if you need further advice or support.

During your discussions

It's always a good idea to write down the positives and the vulnerabilities when considering the lived experience of a child. Ideally you want more of the positives. If you have written down more vulnerabilities, then next consider as a single agency what support you can offer. This may be just the solution to the problem without the need to link with wider agencies. For example: Informing parents about child development and what you would expect when. Reassuring parents that tantrums at around 2yrs of age are what would be expected and offer them some strategies to manage these. Advise new parents of the importance of talking softly to their baby and holding them gently.

Top Tip - For each of the scenarios start with your positives and vulnerabilities list. There is an example given in Scenario One - Annabelle.

Scenario 1 - Anabelle

Annabelle is 3 years old. She lives in a 3 bedroomed housing association house** with her mum, dad and 4 siblings aged between 10 months and 7 years. Her dad lost his job 6 months ago and since then his mental health has declined and he is unable to care for the children appropriately. The primary school has raised concerns regarding hygiene attendance and the 7year old being expected to care for her younger siblings. The family have received complaints from neighbours regarding noise, litter and the children playing out. These have been reported to the council. Annabelle is a healthy weight. She can say a few words but is not putting them together in sentences. She has had repeated chest and ear infections. Mum regularly takes her to A&E for these. When Annabelle arrives at nursery today, she is wearing a thin T- shirt and leggings with no socks and strappy sandals despite it being very cold outside.

** Housing associations offer similar types of housing as local councils – often to people on a low income or who need extra support. You can apply directly to a housing association or often through your local council.
[Housing association homes: Apply for a home - GOV.UK](#)

Question 1 - What would you do immediately?

Consider the positives:

- mum and dad are together
- Annabelle is a healthy weight
- they have a home

Consider the vulnerabilities:

- a large family with 5 children
- overcrowded house
- dad recently made redundant
- dad's fragile mental health
- dad being unable to care appropriately for his children is likely to put more pressure on their mum
- primary school raising concerns about the children's hygiene and attendance
- the 7yr old taking on a caring role
- neighbours complaining
- Annabelle's speech is not where it is expected for her age
- she has repeated chest and ear infections and attends A&E for these
- today at nursery she arrives wearing unsuitable clothing for the weather

Question 2 - How would you start a conversation with parents about your concerns?

Possible conversation starters:

"It must be hard work having 5 children of such varying ages. How do you manage day to day?"
"We've noticed Annabelle is not wearing clothes suitable for winter. Does she have warmer clothes for the season?"

Lines of enquiry:

- "Is Annabelle dressing herself before she comes into nursery?"
- "Do you have wider family/friends to support you?"
- "What is the daily routine in your house?"
- "Who offers support to you as parents?"

Question 3 - Which agencies may be able to help the family in the longer term?

The health visitor, the local Family Hub, Home Start, the older siblings' school, the midwife for baby, Job Centre, mental health support team for dad, the housing team and Speech and Language Therapist – (don't forget to use the Communication and Language Roadmap available from the Lancashire Early Years website)

Scenario 2 – Henry

Henry is age 10 years. He lives with his mum aged 28 and his 2 younger siblings. When mum picks him up from the Out of School Club, she shouts at him a lot or is on her phone and ignores him. His school clothes are dirty and too small. He has recurrent headlice despite the setting providing advice and support to his mum. He has been subjected to name calling at school because of this. His attendance is very good (96%) but his attainment in school is below target. His behaviour can be challenging, and he recently had a fixed term exclusion for bullying. He has been involved in antisocial behaviour with older boys on the estate. You see him at the out of school club most days.

Question 1 - How would you support Henry?

Speak to his mum. Be professionally curious and enquire how she is. You can say that you have noticed how she can appear to be less patient with Henry recently. You can enquire if she needs any support. You can use resources from the '**Social Worker's Toolbox**' to obtain the voice of Henry and carry out 1 to 1 activities with him. For example, there are resources to support with mindfulness. These will help support Henry to cope with stress, difficult emotions and challenges in a healthy way. Ask him what he would like to happen to make a change. Enquire about his routine at home. Who is he close to? Does he see his dad? How does he manage anxious feelings when he is at home?

Question 2- Which other agencies would be useful for you to speak with?

The local Family Hub, the Designated Safeguarding Lead at Henry's school, Police Community Support Officer, Education Partnership Officers, Nest support for young people age 5-11 affected by crime, any local agencies you may know of. A health practitioner will be able to support mum with managing the headlice. You may also link with the nursery/childminder if the younger children attend.

Question 3 - Which level on the Continuum of Need would you assess this to be?

Level 2/3

Scenario 3 - Carlos

Carlos is age 4 years. He has a delay in his speech that sometimes makes it hard for others to understand him. The waiting list for a Speech and Language Therapist is long so you consider there is no point in trying to make a referral. Other than his speech delay, there are no concerns with his development. He is healthy, intelligent and popular with his peers, but can also be a little shy. He lives with his mum, dad and 2 siblings in a 4-bedroom detached house.

Question 1 - How can you help Carlos?

Be confident with your knowledge of child development. You can then consider if Carlos is developing as expected for any other child of a similar age. Meet with parents to work together in making a support plan to best help Carlos.

Question 2 - What resources do you have that may be useful in supporting Carlos?

Use the Communication and Language roadmap resources both in nursery and for family to use too. Available on the Lancashire Early Years website. There are lots of universal support ideas to promote

Carlos' language development further. WellComm is also established across the sector and will help Carlos in a more structured way.

Question 3 – Is it in Carlos' best interest to refrain from making a referral to the Speech and Language Therapist?

It is not in Carlos' best interest if you refrain from making a referral. It may take a while to get an appointment and follow up assessment, but a referral should be made. Each child is considered based on their individual need so timescales on allocation to a therapist is not automatically the same for each child.

Scenario 4 - Muhammed

Muhammed is 4 years old. This morning you have received a telephone call from a concerned neighbour who suggests Muhammed is smacked and verbally abused at home on a regular basis. They further state he is put straight to bed without food when collected from nursery. Muhammed's grandmother and mother are the alleged abusers. The family has had previous involvement from Children's Social Care due to grandmother's overindulgence of alcohol and violence between Muhammed's parents. You are aware that his grandmother takes on the main caring role as mum's mental health is fragile and she is depressed.

Question 1 - How seriously do you take second hand information?

Take all information seriously but check it out for evidence. Remember that wider family, friends and neighbours see and hear a lot within a local community.

Question 2 - Which level on the Continuum of Need would you assess this to be and why?

Level 3. You know there are vulnerabilities given the history and gran is providing much care to Muhammed when previous concerns have been around the risk she poses due to her behaviour. Do you have concerns for Muhammed in nursery? Does this add to the concerns that have just been shared? Has Muhammed made any disclosure that may link to this information? Have you noted any unexplained injuries? Does he appear hungry at nursery?

Question 3 - As Children's Social Care has previously been involved does this make you more concerned?

Yes. Prior Children's Social Care involvement means there is some additional vulnerability. There is a history of violence and alcohol misuse by parents. Gran has also not been a positive role model.

Scenario 5 - Max

It's your turn to support children's personal care routines in the toddler room (1-2 years). Whilst changing Max's nappy you go to get his nappy cream from his nursery bag and come across a small packet tucked aside in the back pocket of the bag. You initially disregard it, but as you put things away you notice that it contains a cannabis bud.

Question 1 - Would you tell anyone about what you found? If so, who?

Yes, it is important this information is shared with the setting safeguarding lead, the room leader and the setting manager. The safeguarding lead would be expected to follow up with parents to make further enquiries and decide on next actions.

Question 2 - Do you consider Max is being abused or neglected?

Yes, Max could be at risk from abuse or neglect. Some of the risks include: him getting hold of the cannabis and ingesting it or another child in nursery doing this. You would want to know how it got into his bag. There may be an element of neglect at home with a lack of appropriate supervision.

You may be considering the environment at Max's home and thinking about who is using cannabis. Purchasing cannabis may be prioritised over more important factors e.g. family buying cannabis while in arrears to nursery.

The FRANK website has lots of useful information with a focus on the impact on health and legislation.

Question 3 - What information would you record?

All details around the incident should be recorded including where the cannabis was found and how. Your discussions with senior colleagues should also be logged then all is clear on next actions and how your setting is best supporting Max.

Scenario 6 – Jack

Jack is nearly 4 years old. He is in receipt of the 30 hours funding. His attendance is good and Jack appears to thoroughly enjoy being at your setting. At snack time you notice that Jack is very hungry, he tells you there was 'no breakfast'. During the morning, you observe him being very subdued and distant from his friends. In the afternoon he tells you that 'Mummy is sad'.

Question 1 - How would you support Jack in the first instance?

Ensure his key person is available and able to spend a little more time with Jack to provide him with reassurance. Offer Jack more food should he need it. Don't ask him probing questions.

Question 2 - Can you identify one other agency who may be able to help?

The local Family Hub is a universal resource with free services and groups available to anyone. They can also provide advice and support to early years providers via the setting manager or safeguarding lead.

Question 3 - Would you notify family of Jack's disclosure?

Yes. It is important we are open and honest with families. You have listened to Jack and are following up on this. You have heard the 'voice of the child' as would be expected. You could open a conversation with mum with –"We've noticed Jack's been a little out of sorts today. Do you know why this may be? Jack says you have been sad. Is there anything we can do to help?"

Scenario 7 – Lucy

Lucy has been at your pre-school for six months. You have noticed that her parents have very different relationships with her. Her mum is very anxious about whether she is meeting her targets and working at the 'same level' as her friends. She constantly asks for advice and guidance, and you have noticed that she seems to question everything Lucy does. Her father is quite abrupt with staff, and with Lucy. He frequently comments she needs to be 'braver' and 'toughen up' and Lucy is noticeably subdued when she is with him. At parents evening, her father talks over her mother and you find it challenging to engage them both in conversations about Lucy's development.

Question 1 - What may be happening within the family?

The family may be experiencing additional pressure at the moment which is impacting on their parenting style. There may be an element of coercion and control within parents' relationship. Mum's confidence may be low, and she may benefit from some reassurance that she is meeting Lucy's needs. Parents may have experienced some trauma in their past that is impacting on their presentation and communication style with practitioners.

Question 2 - What may be the impact on Lucy?

Lucy may be confused from experiencing such contrasting parenting styles. She may behave differently when in the care of either parent. If she is living in a hostile/argumentative/controlling environment at home this will have an impact on her. You may notice appears far more relaxed when at nursery. Lucy's confidence may be impacted as she is unsure how to behave. She is likely to be impacted emotionally which is not good for her over all wellbeing.

Question 3 - What will your next actions be?

Continue to engage with both mum and dad. Your safeguarding lead may decide to speak with parents. Perhaps meeting them separately will be beneficial. This will allow for enquiring with mum if all is ok and would provide the opportunity for her to disclose if she is in a controlling relationship. Sharing child development information may help to reassure them that Lucy is meeting her development needs as expected.

Scenario 8 – Susie

Whilst supporting children in the bathroom you notice that three year old Susie is very subdued. She is reluctant to go to the toilet despite looking uncomfortable and as though she needs to go. You ask her if she needs some help, and when you are supporting notice that her genital area is very sore and red.

Question 1- What are your first thoughts?

How recently has Susie been toilet trained? She may still be getting accustomed to using the toilet and not wiping herself properly and so this is causing a rash. She may have a urine infection. She may be experiencing inappropriate touching or sexual abuse. Susie may have had or is having some toileting accidents at home and parents tell her off, which makes her nervous when she needs the toilet.

Question 2 - How would you encourage Susie to use the toilet?

Stay with her and explain why we use the toilet and make sure she is wiping herself properly. Provide her with reassurance, encouragement and allow her plenty time. Learn and sing the **CBeebies toilet song** with the wider group. Have nice soft toilet paper and make the bathroom routine a positive experience.

Question 3 - Would you share this information with anyone?

Have a chat with parents. Ensure they are supporting Susie effectively and being relaxed about her toilet training. Share some top tips from **The Department for Education website** Enquire if parents have sought advice from the health visitor if not seek consent from parents for the setting to do this.

Scenario 9 - Dan and Andrew

Dan and Andrew are twins aged 3 years. They are well presented, have healthy packed lunches, talk about holidays that they go on and the toys and gadgets they have at home. They attend full time from 7:30am to 6:00pm each day. Parents work and sometimes this involves working away. The children will then go and stay with grandparents during the week. Mum and Dad never attend parents evening or any events put on by nursery. They are always in a hurry and this week didn't have time to speak with the key person who wanted to show them the fabulous drawing Dan had done. Andrew says he loves nursery because people talk to him. He went on to say he and Dan have to play in their room and never downstairs as their Mum doesn't want them to make a mess.

Question 1 - Do you have any concerns for Dan and Andrew?

Yes. This scenario highlights emotional neglect. The boys are missing out on having their parents time and attention. This will have a negative impact in the long term.

Question 2 - The family sound quite affluent. Does this mean there are never any concerns?

Don't be swayed by bias i.e. because they come from a wealthy family with many material possessions it doesn't mean there is no deficit in parenting in other ways.

Question 3 - Can you think of any helpful phrases that may work in engaging with this family? What else could you do?

"Your sons are doing very well in nursery. It's great to have them with us. We are sharing information with parents on child development let me share these resources from the Department for Education to support the education of early years children."

"Here is the curriculum we use for this age group. It is all based on the statutory Early Years Foundation Stage statutory framework. You can also highlight to parents all other specific education resources you may use."

"Have you seen our display on age phase 3 and development expectations? Parents are the first teachers for children, so your sons need you. We can help you with this." Early years practitioners have qualifications and great knowledge to best support all parents.

Promote the importance and value of early education as ideal preparation for the boys starting school. In other words, their engagement is important.

Scenario 10 – New Parent

You have a new parent joining your setting with their child. On arriving mum attends alone. She is very quiet and listens carefully when you are showing her around the nursery. When you sit together to review the policies and procedures she discloses that she was subjected to Female Genital Mutilation as a child and is scared that her family may try to force this upon her baby daughter.

Question 1 – Can you identify any vulnerabilities within the family?

Mum has experienced Female Genital Mutilation. This is likely to have been a traumatic event for her. She will be vulnerable to expectations of wider family who promote the procedure and will likely have much influence on mum's decision making for her own daughter. You can enquire if mum is a single carer and if the child's birth father is actively involved. She may feel very isolated with few friends or family to provide reliable support and advice to her. You would also need to consider mum's ability to prioritise her daughters needs and keep her safe from harm. Female Genital Mutilation is illegal in the UK.

Question 2 - If you felt like you needed further advice who would you speak to?

Your initial conversation would be with your manager of Designated Safeguarding Lead. Children's Social Care can also provide advice. The Lancashire Children's Safeguarding Assurance Partnership policies and procedures has further information and an assessment tool that is helpful to use. It is mandatory to report to statutory services if we know Female Genital Mutilation is going to happen or has occurred.

Question 3 - What information would you record?

It is always important to write things down. Make a record of the whole conversation you have had with mum. Highlight the vulnerabilities as well as your concerns. Keep a note of the information you have shared with safeguarding leads and any next actions and decisions made.

Scenario 11 – Luke

Joe is the father of a 3 year old little boy at your setting called Luke. Recently, on a number of occasions, Luke, has commented that 'Mummy and Daddy were shouting'. Luke has always been keen on rough and tumble play but in the last few weeks this has escalated. When Joe arrives to pick Luke up you notice that he has a bruise on the side of his face. On asking if he is ok, Luke shouts 'Mummy did it'. Joe laughs, changes the subject and takes Luke home.

Question 1 - What may Luke hear, see, feel, experience and imagine when he is at home?

Hear - shouting swearing, threats, crying, things being thrown and breaking, silence in a hostile atmosphere, his mum and dad talking negatively to and about each other.

See - adults crying, injuries to his parents, blood, things broken at home, the police visiting because of reports of violence, he may see more of wider family e.g. Gran as they take on responsibility for him when mum and dad argue.

Feel - very scared, emotional, like he has to take sides, not sure how to behave at home, responsible for keeping his mum and dad happy, constant butterflies in his tummy, anxious, sad, frustrated, angry, sick, nervous, confused. He feels alone at the dog is his security, safety and best friend at home.

Experience - being told to shut up, having to regulate how he behaves, comforting either parent, either parent being absent, police or other services visiting, having to protect himself if a parent is violent.

Imagine- that someone is being killed, that he will lose either parent, that nothing will change.

Question 2 - As a childcare practitioner how might you feel?

Perhaps some of your feelings are similar to Luke's. You may feel overwhelmed. You might also have dismissive thoughts in that men do not experience violence at home. You will have empathy for Luke and just want to ensure his safety. You might also have worrying thoughts that something serious will happen. You are likely to feel apprehensive and unsure of how to approach things and what to say to his parents.

Question 3 - Do you know of any local support services that may be able to help the family?

Domestic Abuse Support Services Lancashire (DASSL) Your local Family Hub, Men's Advice Line.

Scenario 12- Colleague A and B

At lunchtime, you are sat in the staff room and notice that two colleagues are looking at their personal phones. When you listen to them taking, it appears that they have taken photos of some of the children. You ask them if they took those photographs today and your colleague responds "They were so sweet. I'm going to print the photographs for their mum".

Question 1 - Is this something you should ignore as they are your colleagues?

Do not ignore this behaviour even if the colleagues are more senior to yourself. All practitioners must behave in a safe and responsible manner when working with vulnerable groups such as with very young children. Think if your setting has a whistleblowing policy so you can report your concerns via this route. The Safer Working Practice booklet from the Safer Recruitment Consortium is a helpful guide to ensure we work in an open and transparent way in promoting a positive safeguarding culture.

Question 2 - Would you tell anyone about this?

Yes. It is important you share your observations with your manager and Designated Safeguarding Lead.

Question 3 – What policies and procedures does your setting have around the use of mobile phones, digital devices and image sharing?

Do you remember seeing these types of policies as part of your induction? Is your manager routinely sharing the messages across the whole team? What are the rules around the use of phones in your setting? Can parents use their phone while in the rooms with children? How often are these policies and ways of working reviewed?

What Next?

Remember, your Designated Safeguarding Lead (DSL) is your first point of contact for any concerns, and the Early Years Safeguarding Officer is available if you need further advice or support.

Next think about what support you know of locally that you can signpost families on to. If you are a creative type you could put together a booklet for prospective families highlighting all the agencies within say a 4 mile radius. You may include: the local GP practices, dentists, Family Hubs, Citizens Advice, nearby primary and secondary schools, local foodbank. Even bus timetables and taxi numbers are useful as not everyone has a car.

Think about when you go on holiday and in the hotel bedroom there's a brochure telling you of the best restaurants, top places to visit and transport links. It signposts you to information and services that are relevant and can further help you. Think about how you could create something similar to this which signposts families to service and networks that can support them in their parenting journey.

Use your professional judgement. You may decide that other agencies are best placed to support a family. This may include the expertise from a health visitor, The Lancashire Inclusion Service, housing, Children's Social Care or the Family Hubs. Have a chat with your setting safeguarding lead and highlight why you think wider agencies need to be involved. You can then work together in arranging additional services to best support the children in your care.

Don't forget to use your personal qualities when engaging with families. Tap in to and refine things like active listening skills. Show compassion and empathy to families who may be struggling. Be assertive and confident when needed and open and honest when supporting families. Be a great team player and reliable in supporting your colleagues. Continue to have the child as your main priority and consider their lived experience. Finally keep a sense of humour and look after your personal wellbeing.

Where to find further resources

Lancashire County Council [Home - Lancashire County Council](#)

Lancashire Early Years [Early years support and training - Lancashire County Council](#)

Lancashire Children's Safeguarding Assurance Partnership [Lancashire Safeguarding Partnership](#)

We have not added links as these often change but you can complete an online search for the websites listed below

The National Society for the Prevention of Cruelty to Children (NSPCC)

The Social Workers Toolbox

Child Accident Prevention Trust

Lullaby Trust (safer sleep)

WellComm

Dad Pad

Domestic Abuse Support Services Lancashire

FRANK (drugs)

Citizens Advice

Trauma Informed Lancashire