**Single Agency Foundation Safeguarding Scenarios – with trainer notes**

Participants should work in small groups of 4-6 people. They will be asked to read the scenarios and answer the following questions:

1. Is this abuse?

2. If so, which category of abuse?

3. What are you worried about?

4. If nothing changes, what impact will this have on the child?

Trainers will select 3-4 scenarios for each group. Some of the scenarios will not require a lot of discussion, but still contain important learning points for participants.

**Early Years**

1. **Amira is three years old. Today, she arrives late when she is usually on time; Her Mother is upset and says they over slept. Amira becomes tearful when her Mother leaves and wants only to sit and look out of the window. She is normally happy and engages in lots of play. Later that morning, you see Amira playing with two dolls. She is bashing them together and repeating “you dirty cow”. The child sees you watching, stops playing and bursts into tears.**

Participants should identify that they believe Amira has witnessed DVA – and there should be discussion around whether he has ‘made a disclosure’ – a good opportunity to point out that children communicate through many different ways. Witnessing DVA is considered emotional abuse, although there could be other types of abuse happening in addition to the DVA.

Participant worries should include possible harm to Amira, concerns for Mum, and discussion around speaking to Amira, and to Mum about it. Allowing discussions about concerns around speaking to Amira or her Mum is good, with a focus on how to manage concerns and get support to speak about concerns. Staff must inform the safeguarding lead of what they have seen immediately, and make a factual record of what they saw and heard as soon as possible. The safeguarding lead may have additional information regarding the family, or make the decision to share information with other agencies in case there are existing concerns that escalate as a result of this info. Context is relevant here, so recording the fact that this behaviour is unusual is important, not just what the behaviour was. If group are not aware then trainer will need to explain the impact on children when they live with DVA – the following activity Adam’s story shows this in more detail.

1. **You visit Sarah at her home. She is Mum to 6 month old Alfie, 2 year old Chantelle and 4 year old Joshua. She tells you that she does not wish to stay in this world. She says that she is hearing voices and that nobody can look after her children like she does and she will not leave them behind.**

This is included to encourage discussion around the impact a parent/carer’s mental health can have on their capacity to parent and keep children safe. There is no indication that Sarah has abused the children, but her comments suggest that she is considering physically harming them. Participants should be able to identify that abuse is not always a stereotype of a completely nasty person deliberately harming a child for their own pleasure – in fact it is rarely this.

Participants should identify the risk of physical harm to the children, the need to take immediate action to keep the children safe, but that this could be checking if there is an existing safety plan, calling her partner, or GP. The children must not be left alone with Sarah until she can be assessed by a qualified mental health professional regarding whether she is a risk. Staff who complete home visits should be aware of their own procedure if they encounter safeguarding concerns out of the office. Impact discussion should include the long term impact of living with mental illness, not just the short term risk of harm.

1. **Three month old Sasha has a small bruise, the size of a 5 pence coin, just below their ear. Dad says that Sasha fell off the changing table and bumped their head on a toy on the floor.**

Children who cannot move independently do not bruise – without a very unusual explanation or one where the parent is involved in the injury accidentally. A 12 week old baby cannot fall because they cannot roll themselves over. If a baby can’t yet crawl all visible injuries should be treated seriously.

Bristol has non mobile baby guidance which all staff working with this age of child needs to know about, and incorporate into their setting procedures. Any mark, however small must be shared with the safeguarding lead, and may lead to an examination by the community paediatrician. This is not necessarily abuse, so participants should consider how they would explain the need to report concerns to parents. Worries are that there could be internal injuries that have not been identified.

**Primary School Age**

1. **Rakesh (6 years old) starts giggling and laughing and said that last night he saw something rude on Mummy’s IPad. When you ask what he saw, he said that he saw someone’s privates. Rakesh says that he uses the IPad a lot when he’s at home and that Mummy lets him go on there where he talks to his friends on there. He says this is where he talks to his special friend Joanna who often shows him the naughty pictures of her privates. Rakesh says he talks to Joanna a lot when he gets back from school. Sometimes she asks him to show his privates and he says they all find it funny.**

Participants should identify that sexual abuse can be online, with no physical contact involved. Worries include whether Mum has any awareness of/collusion with activity, possible neglect in terms of lack of effective supervision – or maybe parents are not aware that Rakesh can access the internet on the IPad and need work around online safety. There might be risk to Rakesh in the real world as well if he has shared information about where he lives, goes to school etc. Impact is the same for any other child experiencing sexual abuse.

1. **Sam is 9 years old. He has Down’s syndrome. He works hard and has support at school from a 1:1. He is known for his enthusiasm and cheerfulness, and is popular with staff. Recently you have noticed that he is subdued. He is not completing homework for school and often turns up without the required equipment. On several occasions he has said that he cannot find his bag. Today you noticed a bruise on his neck which he covered up when he saw you looking. Then, just before lunch, you notice him in an argument with another young person. She tells you that Sam has taken her sandwich out of her bag and eaten it. Sam refuses to speak to you so you tell him that you will speak to his parents. At which point he shouts, kicks over his chair and leaves the room.**

This scenario should raise concerns around possible neglect and physical abuse. Worries include Sam’s ability to recognise and explain what is happening, whether his parents are coping, do they have capacity to parent Sam with his additional needs. Important to highlight that his parents must be able to meet all of Sam’s needs, and it is not okay to neglect or physically abuse a child because they are more demanding or have special needs. However, support needs of the parent must be considered. Discussion should also include how to speak to Sam about what is happening, and the need to share concerns with safeguarding lead.

1. **Danika is 10 years old. She tries to spend as much time with adults as is possible. She always wants to speak to you and tell you about her day, although sometimes she makes stories up about her life – telling staff that she has been on trips out, or family events that have not happened. You are helping her with a task when she tells you that she is useless, and will never get anything right, her Mum always tells her not to even bother trying.**

**You speak to Mum about your concerns and Mum tells you that Danika “was born stupid, there is no point trying anything with that girl, she can’t do anything right and she will probably get herself pregnant and waste her life away.” When you ask Mum what Danika is good at her response is “causing trouble, I wish she had never been born”.**

Participants should identify concerns around emotional abuse, and discuss the difference between a parent having a difficult day and behaving inappropriately once, and persistent abusive behaviour. Worries should include how to raise concerns with Mum and help her to understand why her behaviour is harmful, the long term risks for Danika, and impact should include the effect of Adverse Childhood Experiences (ACE’s) and the risk of contextual safeguarding issues for any child who is emotionally abused at home.

1. **Lucy is 10 years old. She has long hair that she normally wears tied back, but today it is down. You notice that there is a bruise behind her ear, and she isn’t using her right arm as much as she normally does, and seems to be holding it as still as possible. A member of staff accidentally bumps into her and Lucy grabs her own arm and begins to cry. She does not want to tell you what has happened, she says it needs to stay secret and telling will make it worse.**

Concerns should be around physical abuse. Worries should include who is harming Lucy, and the circumstances may involve other risks. Worries also include talking with Lucy about concerns without leading her, and what might happen if nothing changes. Physical abuse is often the simplest of categories to identify, but participants should be discussing that addressing it can be just as complex as other forms of abuse.

**Teenagers**

1. **John is 16 years old; he is in post 16 provision at a special school. He lives in a children’s home. He has learning difficulties, his emotional and cognitive development is mildly delayed to approx. that of a 12 year old. His attendance has recently dropped from 95% to around 20%, he is not staying at the children’s home, and is spending time at an address that is not suitable for her (his cousin, where all children have been removed due to physical abuse and neglect). He has told staff and pupils about a 25 year old boyfriend that he met online. He has also talked about drinking alcohol on a visit home during the Christmas break. John wants to move out of the area with the people she stays with when she isn’t at the children’s home.**

Participant discussions should revolve around possible CSE, and risks of harm at the house he spends most of his time at. Worries should be about where he spends his time, his ability to recognise risk and act protectively and should also include how to speak to John. All information should be shared with the safeguarding lead, and with the social worker.

1. **Rebecca is 14 years old. She tells you that her mum has a new boyfriend. She says she is pleased for her mum but wishes she wasn’t left in charge so often. Rebecca tells you that her mum works really long hours and that she has to collect her younger brothers from school and look after them until she gets in from work. Most weekends her mum goes to see her boyfriend leaving Rebecca and her little brothers. Sometimes she doesn’t get back till late or forgets to leave money to buy food and there is nothing in the house to eat. Rebecca tells you that last weekend the youngest child was sick all night and that she didn’t know what to do. Rebecca says she is always getting into trouble for coming into school late and for not doing her coursework but she feels tired and dizzy and cannot concentrate.**

This scenario highlights adolescent neglect, often through abandonment. Participants should discuss the challenge in identifying neglect in teenagers – in this case Rebecca has spoken about it but often young people don’t. Highlight different signs and symptoms to a younger child as a teenager often has ability to wash and clean themselves. Neglect could also be hidden for the younger siblings due to Rebecca’s actions. Worries will include the younger siblings and the need to share information with other organisations to keep children safe.

1. **Lorna has 3 children – Ed is 17 years old, Jackson is 14 years old and Daisy is 5 years old. Lorna tells you that she is really worried about Ed and Jackson. They are often fighting at home, the fights are physical and she is scared that one of them will get hurt. Daisy is getting upset, and recently she ran out of the house whilst Ed and Jackson were fighting. When Lorna was changing Jackson’s bed she found a sharp kitchen knife under the pillow – Jackson said that he gets scared and keeps it to protect himself.**

Participants should recognise that young people can harm others, and it is important to balance the risk they pose with their own needs, and the need to keep other children safe. Participants should be identifying that this is DVA; worries should include concern for all of the children, and the risk to Mum if she tries to break a fight up. Participants should respond in the same way as if this was violence between intimate partners in terms of the sharing of information and making necessary referrals.

1. **Chantelle is 15 years old. Until recently her best friend was Becky, who was also 15 and dual heritage. Chantelle has not been spending as much time with Becky, and she started to talk about a new group of friends that she met online. Becky comes to you; she is really upset because she overheard Chantelle telling a group of other girls that Becky wasn’t her friend because she isn’t “English” enough. Becky thinks that Chantelle has a tattoo of the number 88 and a skull. Chantelle has also talked about going to a meeting with her new friends at the weekend.**

Participants need to identify the risk of extremism/radicalisation is this scenario. Worries should focus on who has groomed Chantelle, whether concerns exist about other family members, how to keep Becky safe. Staff should know what their internal procedure is; this case would be referred to the local Chanel panel “bridging the gap”.