Early Years Safeguarding Quiz



In this quiz, we walk you through five different early years safeguarding scenarios and offer three different options for the next steps you should take in each situation. In some cases, there may be more than one correct answer for a possible course of action.

SCENARIO 1

A TA noticed that a boy will only play with other boys and not girls. He is dismissive of female staff and only follows instructions given by male members of staff. He is part of a family that pays careful and strict observance to their cultural traditions and religious customs.

He recently screamed at and hit a little girl who tried to play with him outside in the garden. The little girl was very upset and was left with a red mark on her arm. He denied hitting her and said he told her to go away because she is a girl.

At 4 years old, we would not expect that a child would have such set ideas about who to play with or have such strong gender preferences. Since another pupil has been injured, the situation needs to be dealt with.

However, staff may fear they do not have appropriate awareness and appreciation of the values, and beliefs of a group that they don't belong to. This makes it hard to challenge things, as addressing issues that they fear are sensitive may lead to accusations of racism or cultural inappropriateness.

- 1. Meet with the boy's family face-to-face to discuss concerns and make recommendations for any relevant referrals and appropriate support
- 2. Tell the family that they will have to find alternative nursery care for their son due to his inappropriate behaviour
- 3. Meet with the little girl's family and tell them that you are worried about the behaviour of the little boy and religious beliefs of his family and that you will make sure he never hits her again

A child with Cerebral Palsy is prone to trips and falls. She frequently has knocks, bumps and bruises, but seems to bounce back and does not worry about them.

She has a K-frame walker which helps her stability and mobility, but her parents often forget to bring it and so she frequently manages without it. She should wear leg braces and hand splints to help reduce muscle tightness and joint stiffness, but she is frequently without them because her family say that she does not like them.

There has been an increase in the number of bruises she has been seen with and some of these are on her thighs and the top of her arms, as well as her chest.

These are areas that you would not ordinarily expect to see bruising, and staff know that a child with SEND is three times more likely to suffer abuse than their ablebodied peers and may be less able to explain what is happening to other adults.

- 1. Ask the physiotherapist and occupational therapist to assess the current situation and make recommendations for care and support of her physical needs
- 2. Make a referral to children's social care as the bruising appears to be in places of concern and is also increasing over time
- 3. Meet with the family to discuss concerns around her not having the K-frame or braces and splints at nursery and explain the importance of this to encourage them to ensure that she has them

A little girl has repeatedly been found showing her genitals to other children and even though she has been told that this is not appropriate she continues even when staff are watching.

She has a fascination with watching other children in the bathroom and with trying to see and touch their genitals and has tried to pull their trousers down, finding this funny. She has attempted to touch the breasts of several female members of staff and laughs when doing this.

Recently she was found trying to force some other children in the playhouse to play her 'special secret game' instructing them to all lie down together. She became angry and upset when they would not play her game and tried to insist, even when the other children became distressed.

Some of this behaviour may be an indicator of sexual abuse of the pupil, but also the behaviour towards other children is a cause for concern as possible child-on-child abuse.

- 1. Tell the child that their behaviour is unacceptable and that they will not be able to play with other children if she continues to do these things
- 2. Meet with the family and offer relevant support for the child and make any appropriate referrals for her and the family
- Ensure all staff have up to date training and support for managing sexualised behaviour and recognising age appropriate actions and any concerning behaviour

Staff at a nursery have noticed a boy always arrives sitting in a pushchair with a smartphone. When he is collected, he is put back in the pushchair and given sugary snacks and the phone for his walk home with his Granny.

The child told a play therapist that he has been watching fighting like daddy and demonstrated what appears to be him acting out cage fighting. Too much screen time has a negative impact on children and without suitable parental controls, there is a risk he could access inappropriate material.

Mum and Dad both work full time in the local supermarket, Dad on night shifts and Mum during the day. Granny takes care of the child during the day, but has health concerns and so finds it difficult to keep up with his demands. All three caregivers want the best for him and feel that they are doing everything they can to give him a happy life while meeting their financial needs.

Advice from staff is always gratefully accepted, but does not seem to be acted on and no change in behaviour has been noted, so concerns remain. Mum, Dad and Granny are all under pressure working full-time or caring for the boy, making it difficult to prioritise the needs of the child during decision-making.

- Support the child through play therapy to help him share any concerns he has and to help him recognise dangers online
 - 2. Meet with granny to discuss any support that she might need and to help her consider alternative distractions and how to offer healthy snacks for the journey to and from nursery
- 3. Meet with parents to discuss the concerns around online risks and harm and to offer support and any relevant referrals to other agencies for additional interventions as necessary

A girl with additional needs and Down's Syndrome is fostered and lives in a family with five children. She is very well-settled and presents as a happy child with a keen sense of adventure, a sweet smile and an infectious laugh. Her communication relies on Makaton signs and symbols and she has had struggles with swallowing following open heart surgery, so is currently PEG-fed.

The foster mum is finding the additional support needs of the child a challenge and has been frustrated with PEG feeding. Using Makaton has been an incredible improvement to encourage communication, but the foster mum is finding it tough to concentrate on developing this.

Staff at the nursery are concerned that the foster mum is beginning to resent having to manage the extra care needs that this little girl has and that she may also be feeling guilty about this. Acknowledging the pressure that comes with care needs can make it harder to recognise the cause for concern that struggling to meet these needs brings.

WHAT ARE THE NEXT STEPS?

- 1. Tell the foster mum that you are worried about her and think she may need to stop fostering for now
- 2. Discuss concerns in the next Pupil Education Planning Meeting and with the allocated social worker, call for a new meeting if one is not scheduled soon
- 3. Make sure the little girl knows that her foster mum is struggling so that she can try her best to be good and not cause any stress

SCENVBIO 2 - 5

SCENARIO 3 - 2,3 SCENARIO 4 - 1,2,3

SCENARIO 1 - 1

SCENPBIO 2 - 1,2,3

