

Little Bears Daycare – Safeguarding and Child Protection Policy (1.2)

“The safety of children is to take a priority above all else and if you work with children, it is your responsibility to ensure that you understand what your role is in terms of safeguarding and applying government guidance to your practice.”



The Statutory Framework for the Early Years Foundation

Stage 2026 paragraph 3.25 states “**providers must train all staff**

to understand their safeguarding policy and procedures and

ensure that all staff have up to date knowledge of safeguarding

issues”.

Person responsible for policy:	Aimee Bailey Beth Williams
Date Approved:	22/07/2026
Agreed:	A Bailey B Williams

At Little Bears Daycare the named personnel with Designated responsibility for Child Protection and Safeguarding are:

Designated Safeguarding Leads	Deputy Safeguarding Lead
Aimee Bailey and Beth Williams	Sally Hale

The named personnel with Designated Responsibility regarding allegations against staff/those working in the setting are:

Managers:	Deputy Manager:	Chairperson of Little Bears Committee:
Aimee Bailey Aimee.Bailey@littlebears-daycare.co.uk Beth Williams Beth.Williams@littlebears-daycare.co.uk	Sally Hale Sally.Hale@littlebears-daycare.co.uk	Laura Leath Chairman@littlebears-daycare.co.uk

The named person with designated responsibility regarding Cared for children and Operation

Encompass are:

Designated Leads for Looked After Children,	Aimee Bailey and Beth Williams
Operation Encompass Leads	Aimee Bailey and Beth Williams

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The overall responsibility for the compliance with statutory safeguarding requirements lies collectively with the Little Bears Management Team as well as The Little Bears Management Committee. In such case Aimee Bailey is nominated as our DSL (designated Safeguarding Officer Lead). The designated safeguarding lead (DSL) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Partners. All practitioners must be alert to any issues of concern in the child's life at home or elsewhere.

The Management Team and Management Committee ensure that there is appropriate policies and procedures in place for action to be taken in a timely manner to safeguard and promote the welfare of the children.

The Little Bears Management Team ensure all staff undergo safeguarding and child protection training including online safety which, includes an understanding of the expectations, applicable roles and responsibilities in relation to filtering and monitoring at induction. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Introduction

At Little Bears Daycare, we are committed to safeguarding children, young people and vulnerable adults. As an Ofsted regulated nursery, we comply with the local child Safeguarding procedures, and it is our duty to record and report to children services any concerns regarding the possible abuse of children in our care. Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. As an Early Years setting, we aim to keep children safe by adopting the highest possible standards and taking all reasonable steps to protect children from harm. Safeguarding is about more than child protection. Child Protection is specifically about protecting children and young people from suspected abuse and neglect. Safeguarding is much wider than child protection.

Our prime responsibility is the welfare and well-being of children in our care. As such it is our duty to the children, parents/carers, and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interest of the child. We use many platforms to support and share information such as the Liquid Logic Portal, Early Help, we also attend regular update meetings to receive all the latest information on how best to support families. We have developed a great working relationship with the local schools and also invite parents to the setting to complete their child's two year checks with our assigned Health Visitor.

As part of our ongoing commitment to safeguarding children in our care we will ensure that this policy is readily available for professionals, parents and partners, to access via our website and Famly App. We will ensure that parents are also given access to the policy prior to children attending the setting and following each update. Where English is not the parents first language, support and consideration will be given to access the information. We will ensure all staff are supported to read, understand, and put the policy into practice. This will include our responsibilities in relation to the EYFS (2025) 3.26 **“must demonstrate that they have secure knowledge and understanding of safeguarding within the EYFS and how to implement it in their setting.”**. For staff where English is not their first language, our policies will be made available in additional formats to ensure all staff are fully aware of their safeguarding responsibilities.

We will ensure staff access safeguarding and child protection training at a minimum annually and receive support and supervision. In addition to this Safeguarding Policy, we also have other supporting policies and procedures in place to enable us to ensure that all children in our care are supported and feel safe.

All management staff have undertaken DSL training and it is refreshed every two years in line with the EYFS requirements (EYFS 2025 3.31 and 3.32)

Our Aim

It is our aim to ensure that all the children receive the highest level of care, provision, and education.

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The health, safety, and welfare of all our children are of paramount importance to all the adults who work in our nursery. Our children have the right to protection, regardless of age, gender, race, culture, background, or disability. Children have the right to be safe within the nursery.

We are committed to:

- * Building a “culture of safety” in which children are protected from abuse and harm.
- * We will support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group and support them to learn how to keep themselves safe.
- * Responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with our policies and procedures set out by Shropshire Child Services.
- * Promoting awareness of child abuse issues through training and learning programmes for our staff
- * Empowering young children, through early childhood curriculum, promoting their rights to be strong, resilient, and listened to.
- * Ensure that all staff feel confident and supported to act in the best interest of the child, share information and seek the help that the child may need
- * Ensure staff are trained right from induction to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour.
- * Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates
- * Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND) and other vulnerable or isolated families and children
- * Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities.

It is the policy of Little Bears Daycare to provide a secure and safe environment for all children from abuse. The nursery will therefore not allow an adult to be left alone who has not received their enhanced DBS check clearance and all our staff will receive updated and relevant safeguarding training as part of their induction. As well as receiving training in FGM and Prevent training.

We abide by Ofsted requirements in respect of references and Disclosure and Barring Services checks for all staff and volunteers to ensure that any disqualified person or unsuitable people do not have any access or contact with the children.

We know how important staff ratios are and ensure that we follow the legal requirements for the minimum numbers of staff present with the children at any time as set out in the Early Years Foundation Stage statutory framework

Our Designated Safeguarding Leads **Aimee Bailey and Beth Williams** work together alongside our Deputy Safeguarding Lead **Sally Hale** to co-ordinate child protection issues.

Policy Intention

To safeguard children and promote their welfare we will:

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- * Create an environment to encourage children to develop a positive self-image
- * Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- * Support staff to notice the softer signs of abuse and know what action to take
- * Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- * Provide a safe and secure environment for all children
- * Promote tolerance and acceptance of different beliefs, cultures and communities
- * Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
- * Always listen to children
- * Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- * Share information with other agencies as appropriate.

This policy works alongside these other specific policies to cover all aspects of child protection:

- * Looked After Children Policy
- * Absence Policy
- * Safer Recruitment Policy
- * Operation Encompass Policy
- * Whistleblowing Policy
- * Uncollected Child Policy
- * Missing Child Policy

Looked After Children

Early years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staffs are committed to doing all they can to enable “looked after” children in their care to achieve and reach their full potential.

We recognise that children who are being looked after have often experienced traumatic situations, physical, emotional, sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child’s separation from their home and family signifies a disruption in their lives that has impact on their emotional well-being.

In our setting, we place emphasis on promoting children’s right to be strong, resilient, and listened to. Our policy and practise guidelines for looked after children are based on two important concepts, attachment, and resilience. The basis of this is to promote secure attachments in children’s lives as the basis for resilience.

Our full policy on Looked After Children can be found “**Policies and Procedures 1.3**”

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Monitoring children's attendance

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern.

Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day so the nursery management are able to account for a child's absence.

If a child has not arrived at nursery within one hour of their normal start time the parents will be called to ensure the child is safe and healthy. If the parents are not contactable then the further emergency contacts will be used to ensure all parties are safe.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the local authority children's social care team to ensure the child remains safeguarded.

This should not stop parents taking precious time with their children but enables children's attendance to be logged so we know the child is safe.

Our full policy on Attendance can be found **“Absence Policy”**

Safer Recruitment

At Little Bears Daycare we ensure that all people working with children are suitable to do so and we are therefore extremely vigilant when recruiting new staff to join our team.

We are committed to providing the best possible care to our children, and to safeguard and promote welfare of young children. The nursery is also committed to providing a supportive working environment for all its members of staff. The nursery recognises that, to achieve these aims, it is of fundamental importance to attract, recruit and retain staffs who share this commitment. Little Bears Daycare will follow a strict safeguarding procedure to protect all children and young people in our care and expects all staff and volunteers, students and agency staff to share this commitment.

Our Full Policy on Safer Recruitment and procedures to follow to check the suitability of new recruits can be found **“Safer Recruitment Policy”**

Operation Encompass

Little Bears Daycare are part of Operation Encompass.

Operation Encompass is a national police and education early intervention safeguarding partnership which supports children who experience Domestic Abuse. It is in place in every police force in England and Wales, the Isle of Man, Jersey, Guernsey, Scotland, Northern Ireland and Gibraltar.

Children were recognised as victims of domestic abuse in their own right in the 2021 Domestic Abuse Act.

Our Full Policy on Operation Encompass can be found **“Operation Encompass Policy”**

Uncollected Child

The purpose of this policy is to ensure that the safety, well-being and protection of our children. We understand that on occasions, parents/carers will be unavoidably delayed and unable to collect their child/children at the end of their

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nursery session. This policy sets out to reassure parents/carers, that in the event of this happening their child/children will be properly cared for by an experienced and qualified practitioner who is known to their child/ren so that there is minimum distress to the child/children.

Our Full Policy on Uncollected Children can be found “**Uncollected Child Policy**”

Definitions of Abuse:

Abuse is 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. Staff in the nursery recognise that child abuse can and does happen in all types of families.

The following identifies some possible manifestations of child abuse; however, these lists are not exhaustive.

Neglect- is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child’s medical problems, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems hungry, tired, has ill -fitting clothes, poor personal hygiene, e.g., soiled, unchanged nappies, etc.

Procedure:

- The concern should be discussed with the parent/carer.
- Such discussions will be recorded, and the parent/carer will access to such records.

If there appears to be any queries regarding the circumstances the child protection/MASH team.

Physical abuse

Physical signs may involve unexplained bruising/marks in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations, or abrasions. Staff may notice several behavioural signs that also indicate physical abuse such as a child that shy’s away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

Procedure:

All signs of marks/injuries noticed on a child will be recorded immediately on an Accident/Incident Form via Famly.

The incident will be discussed parents at the earliest opportunity either by a phone call or message via Famly.

If there appears to be any queries or concerns regarding the injury, the child protection/MASH team will be called for advice immediately.

Sexual abuse

Physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge, or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexually explicit language, and knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.

Procedure:

The observed instances will be detailed in a confidential report

The observed instances will be reported immediately to the designated person/nursery manager.

The matter will be referred straight to the child protection team/MASH hub.

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Emotional abuse

Physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, telling lies, have an inability to have fun and join in play, low self-esteem, speech disorders, and be inappropriately affectionate towards others.

Procedure:

The concerns should be discussed with the parent/carer by the designated person/nursery manager.

Such discussions will be recorded, and the parent/carer will have access to such records

- If there appears to be any queries or ongoing concerns after discussion with parent/carer the child protection team/MASH team will be notified.

Recording suspicions of abuse and disclosures (procedures);

Staff will be an objective record of any observation or disclosure and include-

- Child's name/address/D.O.B and age
- Date, time, location of the observation or disclosure
- EXACT words spoken by the child, this should not be changed by an adult “to sound better”.
- Name of the person who the concern was reported to with date and time and names of any other person present at the time.
- Any discussion held with parents/carer
- Name and signature of person completing the report/observation.

However, when identifying any potential instances of abuse, staff must always be aware that children may demonstrate individual, or combinations of indicators detailed above but may not be the subject of abuse. Individual or isolated incidents do not necessarily indicate abuse. Staff should always remain vigilant and must NOT ignore warning signs and contact the relevant services at any stage for support.

Female Genital mutilation (FGM)

As our duty of care, we have a statutory obligation under national safeguarding protocols (e.g working together to safeguard children) to protect young girls and women from FGM as it is an illegal, extremely harmful practise and a form of abuse.

It is essential that we work closely together with other agencies if we suspect a child has suffered or is likely to suffer FGM as appropriate safeguarding efforts. This is reflected in the Multi-Agency Practise Guidelines.

If a child in our care shows signs and symptoms (see below) of FGM or we have good reason to suspect the child is at risk of FGM, we MUST refer the child using our existing standard safeguarding procedures as it is a form of child abuse. When a child is identified as “at risk” of FGM, this information MUST be brought to the child’s GP attention and health visitor (as per section 47 of The Children’s Act 1989)

Important Signs & Symptoms to look out for if you suspect the child is “at risk” of FGM

- Father comes from a community that is known to practice FGM
- Mother/Family may have limited contact with people outside family
- It is known that the mother has FGM
- Family does not engage with professionals (health, school, other)
- Parents say that they or a relative will take the child abroad for a prolonged period
- Child spoken about a holiday to her country of origin or another where the procedure is practiced
- Child has confided that she is to have a “special procedure” to “become a woman” or to be “more like her mum/sister/aunt” etc

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- Family/child are already known to social services

Important Signs & Symptoms to look out for if you suspect the child has had FGM

- Child regularly attends GP appointments, has frequent Urinary Tract Infections (UTI'S)
- Increased emotional and physiological needs e.g. withdrawals, depression, or significant changes in behaviour.
- Child talks about pain/discomfort between legs
- Child has difficulty walking, sitting for extended periods of time- which was not a problem previously

Significant or Immediate Risk

- Child confides in a member of staff/professional that FGM has taken place
- Parent or family member discloses professional/ nursery child has had FGM

Child sexual exploitation

Child Sexual Exploitation (CSE) is defined a form of child sexual abuse. It occurs when an individual or a group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs, or wants, and/or the financial advantage or increased status of the perpetrator facilitator. The victim may have been sexually exploited even if the sexual activity is consensual. CSE does not always have to involve physical contact; it can also occur through the use of technology.

Indicators/warning signs of CSE

- Staff members will be aware of the children most at risk of being sexually exploited, including vulnerable children/young people
- Being secretive
- Acting withdrawn and isolated
- Unexplained school absences
- Acting hostile or aggressive
- Displaying inappropriate sexualised behaviour for age
- Having physical injuries without plausible explanation
- Trying to conceal marks or scars on their body

As with any type of abuse, we will be aware of signs and symptoms and any concerns we may have will be followed with the same procedure.

Upskirting

Under the Voyeurism Act 2019, it is an offence to operate equipment and to record an image beneath a persons clothing without consent and with the intention of observing, or enabling another person to observe, the victims genitals or bottom. Upskirting will not be tolerated and any incidences will be reported to the DSL who will then decide on next steps to take, which may include police involvement.

Prevent Duty

In Line with section 26 of the counter terrorism and security act (2015) we understand the importance of staff members being able to recognise and identify vulnerable children and to have “due regard to the need to prevent people from being drawn into terrorism”.

We recognise the importance of protecting children from the risk of radicalisation and promoting British values in the same way we would protect and safeguard children from any other abuse.

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We will ensure all staff members are able to notice changes in children's behaviour as we would do with any kind of safeguarding matter as there is no single way of being able to identify a child who is at risk of being vulnerable or susceptible to radicalisation/extremism.

Regular reviews on our e-safety policy and use of mobile phones and internet policy are carried out as we recognise the increased risk of online radicalisation.

All staff members are also aware of the appropriate time to make a referral to the “Channel Programme”

Toxic Trio

The ‘toxic trio’ is made up of three issues: domestic abuse, mental ill-health, and substance misuse. These issues often co-exist, particularly in families where significant harm to children has occurred. The Children's Commissioner reported in 2018 that 100,000 children in England were in a household where one adult faces all three ‘toxic trio’ issues to a severe extent, and 420,000 children were in a household where one adult faces all three to a moderate/severe extent.

One reason why these issues often co-exist is that a parent misusing drugs, or alcohol is more likely to be in a relationship where domestic abuse occurs – those who misuse drugs or alcohol have a greater chance of experiencing mental ill-health. Conversely, adults with mental health problems are more likely to abuse drugs or alcohol; there are many different situations that could lead to all three of the toxic trio arising.

It is important to be aware of the toxic trio, because it is viewed as a key indicator of increased risk of harm to children and young people. Studies such as Brandon (2012) have shown that, in 86% of incidents where children were seriously harmed or died, one or more of the trios played a significant role – similar findings are reported inside Botha et al. (2016).

Honor Based Violence

Honor based violence (HBV) can be described as a “collection of practises, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and or/honor”

Some families believe that certain actions bring shame on the family and may react with punishment, these actions may include rejecting a forced marriage (also covered in this policy) having an unapproved relationship, the wearing of make up or certain clothing. Any abuse is a violation of human rights, there is no “honor” or justification for abusing the human rights of others.

It is important to be alert to signs/ symptoms, distress and indications of such abuse:

Self harm

- Absence from nursery
- Changes in how they dress/act
- Visible injuries
- Signs of depressions

Forced marriage

A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give informed consent to. Forced marriage is a criminal offence.

Forced marriage is not the same as an arranged marriage which is common in several cultures, where the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement, remains with the prospective spouses,

It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse. Coercion may include physical, psychological, financial, sexual, and emotional pressure. It may also involve physical or sexual violence and abuse.

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Human Trafficking and Modern slavery

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported, and then exploited, forced to work or are sold on. For an adult or child to have been a victim of human trafficking there must have been:

Action- recruitment, transportation, transfer etc

Means- threat or use of force, coercion, abduction, abuse of power/vulnerability.

Purpose- sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs.

Witchcraft

Child abuse linked to faith or belief (CALFB) occurs across the country and can happen in families when there is a concept of belief in:

Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)

The evil eye or djinns (traditionally known in some Islamic faiths) and dakini (in the hindu context)

Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or use of their body parts is believed to produce potent magical remedies.

Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Families and children can be deeply worried by the evil forces, and abuse often occurs when an attempt is made to “exorcise” and “deliver” the child.

Reasons for the child being identified as “different” may be disobedient or independent nature, bed wetting, nightmares, or illness. Attempts to “exorcise” the child may include but are not limited to; beating, burning, starvation, cutting or stabbing.

County Lines

County Lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and or/transport them to Suburban areas, market towns and coastal towns. It is against the law and is a form of child abuse.

Cuckooing

Cuckooing is a type of criminal exploitation in which a drug dealer will take over somebody’s home to use as a base for county lines drug trafficking.

Criminals often target vulnerable people to target, victims may often have drug and or mental health issues, single parents and those living in poverty. Coercion, intimidation, violence (including sexual violence) and weapons are often used. Cuckooing will often take place in a multi- occupancy or social housing property.

Fabricated Illness

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. (NHS)

FII was previously known as “Munchausen’s Syndrome by proxy” (not to be confused with “Munchausen’s Syndrome, where a person pretends to be ill or causes illness of injury to themselves).

The following is a list of some of the behaviours exhibited by carers, which can be associated with fabricating or inducing illness in a child;

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- Inducing symptoms in children by administering medication or other substances, or by intentional suffocation
- Interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines and feeding apparatus
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous
- Obtaining specialist treatments or equipment for children who do not require them
- Falsifying test results and observation charts
- Alleging unfounded psychological illness in a child

Carers may be observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else (either family members or professionals) to undertake any of their child's care, others may spend little time interacting with their child. A key professional skill is to distinguish between a very anxious carer who may be responding in a reasonable way to an extremely sick child, and those who exhibit abnormal behaviour.

Staff should be alert to the possibility of FII when a child;

- Has frequent and unexplained absences

Is frequently unwell and parents repeatedly claim that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which carers have not themselves noticed e.g. headache, tummy aches, dizzy spells, blank episodes etc

This Policy Was Adopted By	Little Bears Daycare
Signed on Behalf of Provider	Signed by: 22 July 2026 
Name of Signatory	Laura Leath A09CBB2940B14B1
Role of Signatory	Chairperson of Little Bears Daycare

Key information from the legislation

The Children Act 1989

Voyeurism Act 2019

Equality Act 2010

Children and Families Act 2014

The United Nations convention on the Rights of the Child 1992

The Human Rights Act 1998

Keeping Children Safe in Education 2019

Working Together to Safeguard Children 2018

The Children and Social Work Act 2017

The Education Act 2002

Designated Safeguard Lead

Children act (2004/1989)

Working together to safeguard children (2018 / 2020)

Safeguarding Vulnerable Groups Act (2006)

Counter-Terrorism Act and Security Act (2015)

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Multi-Agency Practise Guidelines

Female Genital Mutilation Act 2003

Serious Crime Act 2015

Children and Social Work Act 2017

The Prevent Duty 2015

Data Protection 2018