

ESSEX PARTNERSHIP UNVERISTY NHS FOUNDATION TRUST

PROCEDURES FOR SAFEGUARDING CHILDREN IN WHOM ILLNESS IS
FABRICATED OR INDUCED

1.0 INTRODUCTION

- 1.1 This procedure outlines the procedures to follow when staff are concerned that the health or development of a child may be significantly impaired by the actions of a parent or carer having fabricated or induced illness.(FII)
- 1.2 This procedure should be read in conjunction with the below which is available on the Trust intranet.
- Local Safeguarding Children's Board guidelines and the DoH Revised Guidance 2008.
 - The Royal College of Pediatrician's and Child Health 2009 *Fabricated or Induced Illness by Carers* provides further guidance for medical staff
- 1.3 Staff should be aware that there are a number of local Operational Procedures regarding FII that link to this overarching procedure. These should also be referred to and are available on the trust intranet or via the Safeguarding team.

2.0 DEFINITION

- 2.1 Fabricated or Induced Illness (FII) in a child is a condition whereby a child suffered harm through the deliberate action of the parent usually mother or female carer and which is duplicitously attributed by the adult to another cause
- 2.2 There are 3 main and not mutually exclusive ways of the parent/carer fabricating or inducing illness:
- Fabrication of signs and symptoms, including fabrication of past medical history;
 - Fabrication of signs and symptoms and falsification of hospital charts, records, letters, documents and specimens of bodily fluids;
 - Induction of illness by a variety of means.
- 2.3 Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the parent/carer, and lack of independent collaboration.

The child may additionally suffer emotional harm through the limitations placed on their development and social interaction e.g. prevention from participation in normal activities.

3.0 RECOGNITION OF EMERGING CONCERNS

- 3.1 FII should be suspected if a child's history, physical or psychological presentations or investigations lead to a discrepancy with a recognised clinical picture and one or more of the following is present:
- Reported symptoms and signs found on examination are not explained by any medical condition;
 - Results of investigations do not explain reported signs and symptoms;
 - Inexplicably poor response to prescribed medication and treatment and the parent/carer appears to know a lot about the medication and treatment;
 - New symptoms reported on resolution of previous ones;
 - Over time the child repeatedly presents with a range of symptoms;
 - Child's normal daily life activities are being curtailed;
 - The attendance at various hospitals, in different geographical areas;
 - Carers may be over involved in participating in medical tests;
 - Taking temperatures and measuring bodily fluids;
 - Reported symptoms are only observed by the parent/carer and only appear or reappear when they are present;
 - There is a history of events that are biologically unlikely;
- 3.2 Staff working with the child may notice discrepancies between reported and observed medical conditions.
- 3.3 Trust Staff working with the parent/carer may also note relevant concerns e.g. the child being drawn in to the parent's mental illness.
- 3.4 Trust Staff working with parents where it is felt the parent is fabricating illness should always consider the welfare of children.
- 3.5 Generally some indicators of abuse (often in the context of wider parenting difficulties) may (or may not) be associated with this form of abuse such as:
- Non organic failure to thrive.
 - Speech, language or motor developmental delays.
 - Dislike of close physical contact.
 - Attachment disorders.
 - Low self-esteem.
 - Poor quality or no relationships with peers because social interactions are restricted.
 - Poor attendance at school and under-achievement.
 - Child's carers may have history of abuse and/or psychiatric illness.

4.0 STAFF RESPONSE

- 4.1 Trust Staff who have concerns about a child with suspected FII should discuss the case with their line manager and Trust Safeguarding Team. An early discussion should take place with the child's GP and where relevant paediatrician.

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- 4.2 Diagnosis of FII can be very difficult because the reported signs and symptoms cannot be confirmed when they are being exaggerated or imagined, or maybe inconsistent when they are being induced or fabricated.
- 4.3 Where FII is suspected staff should check if parent is also known to Trust services. The practitioner should record the health concerns within the child's health records so other clinicians can access this. With support from the safeguarding team the professional will arrange an initial professionals meeting within 10 days of the initial identification of concerns.
- 4.4 The responsible paediatrician will lead this meeting and all health professionals involved in the child's care should attend along with the Designated Nurse. In cases where there is not a paediatrician the Designated Doctor will lead this meeting. A chronology of involvement with child or parent will be required and the template for this will be shared by the commissioning safeguarding team for the practitioner to complete and return. A composite chronology will then be shared with the Designated Paediatrician or Doctor. The responsible paediatrician will then arrange for a medical evaluation to take place and if no paediatrician is known to the child a referral will be made from the GP to allocate a paediatrician.
- 4.5 Where the consultant has reasonable cause to suspect that the child is suffering or is likely to suffer significant harm a referral to Children's Social Care will be required which clearly outlines the specific concerns. The parents should **NOT** be informed that a referral is being made. The police child abuse investigation team will also be informed of any referral where FII is suspected as this may also involve a crime.
- 4.6 Children's social care will arrange a strategy meeting to gather information; this meeting will involve police and all other relevant professionals. In such cases, parents must **NOT** be informed of the meeting or professionals concerns of FII at this stage.
- 4.7 The outcome of the strategy meeting will set out the immediate plan to protect the child, which may include admission of the child/children to hospital for observation. A second professional meeting with the Designated Doctor and other health professionals may also be arranged to discuss the outcome and any further action required.
- 4.8 Trust staff attending a Case Conference must prepare a Case Conference report and any supporting information e.g. chronology of involvement.
- 4.9 If staff feel they need to escalate their concerns regarding, professional difference of opinion they must consult with the Safeguarding Team and follow the local LSCB escalation protocol.

END
