

FABRICATED OR INDUCED ILLNESS

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1. DEFINITION

Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause.

It is a relatively rare but potentially lethal form of Abuse.

Concerns will be raised for a small number of children when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by the actions of a carer or carers having fabricated or induced illness.

It is important that the focus is on the outcomes or impact on the child's health and development and not initially on attempts to diagnose the parent or carer.

The range of symptoms and body systems involved in the spectrum of fabricated or induced illness are extremely wide.

Investigation of Fabricated and Induced Illness and assessment of significant harm to a child falls under statutory framework provided by Working Together 2018 and Safeguarding Children in whom illness is fabricated or induced (Supplementary guidance to Working Together to Safeguard Children). HM Government 2008.

2. RISKS

There are four main ways of the carer fabricating or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history.
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids.
- Exaggeration of symptoms/real problems. This may lead to unnecessary investigations, treatment and/or special equipment being provided.
- Induction of illness by a variety of means.

The above four methods are not mutually exclusive.

Harm to the child may be caused through unnecessary or invasive medical treatment, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration.

Concern may be raised at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer.

SPECTRUM OF "HARM"

Some children may be presented for medical examination by their parent/carers when they are well. This can be due to overanxious parents/carers, or a lack of understanding. Support may be required in order that the parents/carers are able to interpret and respond appropriately to childhood illness.

A key professional task is to distinguish between the over anxious parent or carer who may be responding in an understandable way to a very sick child and those parent/carers who exhibit abnormal behaviour or have an unexpected response to a diagnosis.

For a small number of children, concerns will be raised when it is considered that the health or development of the child is likely to be significantly impaired or further impaired by action of the parents or carers having fabricated or induced illness.

3. INDICATORS

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering; or
- Physical examination and results of medical investigations do not explain reported symptoms and signs; or
- There is an inexplicably poor response to prescribed medication and other treatment; or
- New symptoms are reported on resolution of previous ones; or
- Reported symptoms and ~~found~~ signs are not observed in the absence of the carer; or
- Over time the child is repeatedly presented with a range of symptoms to different professionals in a variety of settings; or
- The child's normal, daily life activities, such as attending school, are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer.
- Excessive use of any medical website or alternative opinions.

There may be a number of explanations for these circumstances and each requires careful consideration and review.

Concerns may also be raised by other professionals who are working with the child and/or parents/carers who may notice discrepancies between reported and observed medical conditions, such as the incidence of fits.

Professionals who have identified concerns about a child's health should discuss these with the child's GP or consultant paediatrician responsible for the child's care.

CHILDREN WITH CHRONIC ILLNESS OR DISABILITY

- Children with a known chronic illness and/or disability may be more at risk of professionals not recognising where illness is fabricated, and professionals should not assume that all reported symptoms in such a child are due to the chronic illness, and may indicate harm;

4. PROTECTION AND ACTION TO BE TAKEN

Consideration must always be given to exploring the needs of all children in the family. There should be a particular focus on looking at "family history", with a need to consider whether "health issues" for other siblings have been transferred to "subject child".

Combined multi-disciplinary and multi-agency chronologies are key in clarifying concerns and exploring patterns.

Where there is a suspicion of FII, practitioners should consider this guidance carefully when fulfilling their role in assessing and investigating their concerns effectively.

Agencies and practitioners need to be mindful that where a child has suffered, or is likely to suffer, significant harm, it is essential to make a referral to Children's social care in accordance with the Referrals Procedure.

Children who have had illness fabricated or induced require coordinated help from a range of agencies.

Joint working is essential, and all agencies and professionals should:

- Be alert to potential indicators of illness being fabricated or induced in a child.
- Be alert to the risk of harm which individual abusers may pose to children in whom illness is being fabricated or induced.
- Share and help to analyse information so that an informed assessment can be made of children's needs and circumstances including an up to date Chronology
- Contribute to whatever actions and services are required to safeguard and promote the child's welfare.
- Assist in providing relevant evidence in any criminal or civil proceedings.

Consultation with peers or colleagues in other agencies is an important part of the process of making sense of the underlying reasons for these signs and symptoms. The characteristics of fabricated or induced illness are that there is a lack of the usual corroboration of findings with signs or symptoms or, in circumstances of diagnosed illness, lack of the usual response to effective treatment. It is this puzzling discrepancy, which alerts the medical staff to possible harm being caused to the child.

Where there are concerns about possible fabricated or induced illness, the signs and symptoms require careful medical evaluation for a range of possible diagnoses by a paediatrician.

Normally, the doctor would tell the parent/s that s/he has not found the explanation for the signs and symptoms and record the parental response.

The child's GP should make a referral to a paediatrician (if the child is not currently under the care of paediatrics)

Where, following a set of medical tests being completed, a reason cannot be found for the reported or observed signs and symptoms of illness, further specialist advice and tests may be required.

Parents should be kept informed of further medical assessments/ investigations/tests required and of the findings but at no time should concerns about the reasons for the child's signs and symptoms be shared with parents if this information would jeopardise the child's safety and compromise the child protection process and/or any criminal investigation.

When a possible explanation for the signs and symptoms is that they may have been fabricated or induced by a carer and as a consequence the child's health or development is or is likely to be impaired, a referral should be made to Children's social care Services or the Police (see Referrals Procedure):

- Lead responsibility for the coordination of action to safeguard and promote the child's welfare lies with Children's social care.
- Any suspected case of fabricated or induced illness may involve the commission of a crime and therefore the police should always be involved.
- The paediatric consultant is the lead health professional and therefore has lead responsibility for all decisions pertaining to the child's health care.

5. ISSUES

Whilst cases of fabricated or induced illness are relatively rare, the term encompasses a spectrum of behaviour which ranges from a genuine belief that the child is ill through to deliberately inducing symptoms by administering drugs or other substances. At the extreme end it is fatal or has life changing consequences for the child.

Contrary to normal professional relationships with parents, being challenging about suspicions may have the unintended consequence of increased harmful behaviour, which is an attempt to be credible.

Parents who harm their children this way may appear to be plausible, convincing and have developed a friendly relationship with practitioners before suspicions arise. They may also demonstrate a seemingly advanced and sophisticated medical knowledge, which can make them difficult to challenge. Practitioners should demonstrate professional curiosity and challenge in an appropriate way and with coordination between the agencies.

If referrals are made to tertiary centres for investigations, such as regional children's hospitals, this can pose a challenge for practitioners. The scope of multi-agency working must include these specialists in order to maintain an overarching view of what is happening for the child.

6. EFFECTIVE SUPPORT AND SUPERVISION

Working with children and families where fabricated or induced illness is suspected or confirmed requires sound professional judgements to be made. This demanding work can be distressing and stressful and practitioners will need regular support and supervision to enable them to deal with the feelings, the suspicion or identification of this type of abuse, and to maintain focus especially when coming to terms with the fact that a child's illness has been caused by another person often the primary carer. Where a professional has come to know a family well and trusted them, e.g. where the child has a chronic medical problem or disability, this can be particularly challenging. Operational managers and/or supervisors should recognise the stress experienced by front-line staff who may have had a close professional relationship with a family.

ALLEGATIONS AGAINST STAFF OR VOLUNTEERS

If the parents / carers are working with children in a professional capacity as either paid staff or volunteers, then appropriate action needs to be taken in respect of dealing with this situation. See North East Lincolnshire Safeguarding Children Partnership policy for managing Allegations Against Staff or Volunteers working with children and young people.

7. FURTHER INFORMATION (LINKS)

Safeguarding Children in Whom Illness is Fabricated or Induced (supplementary guidance to Working Together to Safeguard Children), HM Government 2008

Fabricated or induced illness (FII) by carers - a practical guide for paediatricians | RCPCH Royal College of Paediatricians and Child Health, Oct 2009

FII by carers update statement Jan 2013