



## Safeguarding Children in whom illness is fabricated or induced

- ✓ The law
- ✓ Signs and symptoms
- ✓ What we/they should do



## The Law

**The fabrication or induction of illness in children is a relatively rare form of child abuse.** Where concerns exist about fabrication or induced illness, it requires professionals (Health, social care, education, police and those in the independent sector) to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness. **The management of these cases requires a careful medical evaluation** which considers a range of possible diagnoses. **At all times professionals need to keep an open mind to ensure that they have not missed a vital piece of information.**

**(Linked to Children Act 1989 and other Government/Dept of Health documentation)**

# Terminology

- The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow 1977), Factitious illness by Proxy (Bools 1996) or Illness Induction Syndrome (Gray et al, 1995). It is felt that the use of terminology may result in a loss of focus on the welfare of the child. **Thus, it is advised that all professionals use the term 'fabrication or induction of illness in a child'**

# Signs and Symptoms

There are three main ways of the carer (**Note = meaning any adult exercising parental responsibility**) fabricating or inducing illness in a child. These are not mutually exclusive and include:

- **Fabrication** of signs and symptoms: This may include fabrication of past medical history.
- **Fabrication** of signs and symptoms and **falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- **Induction** of illness by a variety of means.

# List of possible carer's behaviours associated with fabricated or induced illness

- Deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with a child's body so as to cause physical harm signs.
- Interfering with treatments by over-dosing with medication, not administering them or interfering with medical equipment such as infusion lines.
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems
- Exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake unnecessary investigations which could make the situation worse.
- Obtaining specialist treatments or equipment for children who do not require them.
- Alleging psychological illness in a child
- **\*Note and consider the possible psychological damage to the child taking place and possible negative behaviour issues as a result!**

# Actions

- **‘Children have varying needs which change over time. Judgements on how best to intervene when there are concerns about harm to a child will unavoidably entail an element of risk – two extremes being leaving a child in a dangerous situation or removing a child unnecessarily from their family. The way to proceed is through competent professional judgements based on a sound assessment of the child’s needs, the parents’ capacity to respond to those needs - including their capacity to keep the child safe from significant harm and the wider family circumstances.’ (Working Together 2006)**

# Key factors seen as significant or important in cases identified

- Many families have experienced a number of major stress factors in their lives.
- Issues in which the parents have significant needs in respect to the manner family members relate to each other.
- Past histories of individual family members can have a significant impact on the case.
- Safeguarding and promoting the welfare of children depends upon effective information sharing, collaboration and understanding between agencies and professionals. It is essential that support is given to these vulnerable children and families before they reach the point where their reaction to their difficulties is to fabricate or induce illness in their child.
- \* In school, thus, importance of form tutor role linking with DSL and alternates and, consequently, relevant outside agencies.