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| **Fabricated or Induced Illness**  |  |

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**Definition**

Fabricated or Induced Illness is a condition whereby a child/young person suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause. Fabricated illness involves a well-child being presented by parents or carers as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality and suffering harm or potentially suffering harm as a consequence. Any child/young person regardless of age, gender, disability, ethnicity, religion or sexual orientation can be affected by fabricated or induced illness. Babies, very young children/young people with disabilities or language barriers may be at greater risk due to possible communication difficulties.

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

Concerns will be raised for a small number of children/young people when it is considered that the health or development of a child/young person 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/young person'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/young person falls under these policy and procedures and helpful guidance relating to England/Wales but useful for Northern Ireland, can been found in [**Safeguarding Children in Whom Illness is Fabricated or Induced (supplementary guidance to Working Together to Safeguard Children)**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf), HM Government 2008.

**Risks**

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

* 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 and adaptions being provided;
* Induction of illness by a variety of means.

The above four methods are not mutually exclusive.

Harm to the child/young person 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 carer, and lack independent corroboration.

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

**Indicators**

* Reported symptoms and signs found on examination are not explained by any medical condition from which the child/young person 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/young person is repeatedly presented with a range of symptoms to different professionals in a variety of settings; or
* The child/young person’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/young person 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/young person 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/young person’s health should discuss these with the child/young person’s GP or consultant paediatrician responsible for the child/young person’s care.

**Protection and Action to be Taken**

Where there is a suspicion of Fabricated or Induced Illness, staff 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/young person has suffered, or is likely to suffer, significant harm, it is essential to make a referral to children’s social services in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html).

Children/young people 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/young person;
* Be alert to the risk of harm which individual abusers may pose to children/young people in whom illness is being fabricated or induced;
* Share and help to analyse information so that an informed assessment can be made of children/young people’s needs and circumstances including an up to date Chronology;
* Contribute to whatever actions and services are required to safeguard and promote the child/young person’s welfare;
* Assist in providing relevant information in respect to any investigation and 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/young person.

The signs and symptoms require careful medical evaluation for a range of possible diagnoses.

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.

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.

If no paediatrician is already involved, the child/young person’s GP should make a referral to a paediatrician.

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.

Normally the consultant paediatrician will tell the parent(s) that they do not have an explanation for the signs and symptoms.

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/young person’s signs and symptoms be shared with parents if this information would jeopardise the child/young person’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 parent/carer and as a consequence the child/young person’s health or development is or is likely to be impaired, a referral should be made to children’s social services or the Police (see [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html)):

* Lead responsibility for the coordination of action to safeguard and promote the child/young person’s welfare lies with children’s social services;
* Any suspected case of fabricated or induced illness may involve the commission of a crime and therefore the Police should always be involved in line with the [**Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland**](http://www.proceduresonline.com/sbni/files/joint_invest_protocol.pdf);
* The paediatric consultant is the lead health professional and therefore has lead responsibility for all decisions pertaining to the child/young person’s health care.

In cases where the police obtain evidence that a criminal offence has been committed by the parent or carer, and a prosecution is contemplated, it is important that the suspect’s rights are protected by adherence to the Police and Criminal Evidence (NI) Order 1994.

**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/young person 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/young person.

Contrary to normal professional relationships with parents, being challenging about suspicions from the start may scare off a parent thus making it more difficult to gain evidence. There may be an unintended consequence in increasing the harmful behaviour in an attempt to be convincing.

Parents who harm their children/young people 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. Practitioners may also usefully reference the section on working with Disguised Compliance.

**Further Information**

[**Fabricated or Induced Illness in Children: A Rare form of Child Abuse?**](http://www.scie-socialcareonline.org.uk/fabricated-or-induced-illness-in-children-a-rare-form-of-child-abuse/r/a11G00000017vO5IAI)

[**Fabricated or Induced Illness**](http://www.nhs.uk/Conditions/Fabricated-or-induced-illness/Pages/Introduction.aspx)

[**Safeguarding Children in Whom Illness is Fabricated or Induced (supplementary guidance to Working Together to Safeguard Children)**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf), HM Government 2008

[**Fabricated or Induced Illness by Carers: A Practical Guide for Paediatricians,**](http://www.rcpch.ac.uk/system/files/protected/page/Fabricated%20or%20Induced%20Illness%20by%20Carers%20A%20Practical%20Guide%20for%20Paediatricians%202009_1.pdf) Royal College of Paediatricians and Child Health, Oct 2009

[**Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse - Northern Ireland**](http://www.proceduresonline.com/sbni/files/joint_invest_protocol.pdf)

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