Management of Cases where Fabricated or Induced Illness (FII) are a concern  
Safeguarding/Child Protection Guidance No 9  
ME CCG Policy Reference:  
MECCG26  

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<tr>
<th>Target Audience</th>
<th>All staff who work with children and their Carers.</th>
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<td>Brief Description (max 50 words)</td>
<td>The aim of this guidance is to provide staff with a reference guide so that they may fulfil their statutory duties to safeguard and protect children and young people.</td>
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<td>Action Required</td>
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1. INTRODUCTION

1.1.1 All Mid Essex Clinical Commissioning Group services are required to fulfil their legal duty under Section 11 of the Children Act 2004 and statutory responsibilities set out in Working Together to Safeguard Children (HM Government 2013). Therefore, safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all health care professionals working within Mid Essex. This may be care offered to children, young people, families or adults who are parents or carers.

1.1.2 This guidance is to be used in conjunction with:
- Working Together to Safeguard Children 2013 http://www.workingtogetheronline.co.uk/index.html
- MECCG –Safeguarding Children and Young People Policy
- NICE clinical guideline 89 When to suspect child maltreatment http://www.nice.org.uk/nicemedia/pdf/CG89NICEGuideline.pdf
- Royal College of General Practitioners http://www.rcgp.org.uk/clinical_and_research/safeguarding_children_toolkit.aspx
- Fabricated or Induced Illness by Carers (FII): A practical guide for Paediatricians. RCPCH 2009 http://www.rcpch.ac.uk/search?search=fabricated+illnesses
- Safeguarding Children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008 http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding/
- Managing Allegations in the Children’s Workforce June 2007(Essex Safeguarding Children Board) www.escb.co.uk

and other National and local safeguarding guidance/procedures as they are produced

2.0 PURPOSE

2.1 The aim of this guidance is to provide staff with a reference guide so that they may fulfil their statutory duties to safeguard and protect children and young people.

2.2 The fabrication or induction of illness in children is a relatively rare form of child abuse and the primary focus for professionals is to ensure the welfare and wellbeing of the child.

3.0 SCOPE

3.1 This policy is applicable to all staff employed by Mid Essex Clinical Commissioning Group

3.2 All staff in:
- The Mid Essex Locality
- All commissioned provider services (adult and children)
- Services that work in partnership with providers
- Independent contractors
- Temporary, voluntary, contracted or self-employed staff
- Bank /agency staff
3.3 The above will be referred to as ‘all staff’ in the policy.

3.4 The Children Act 1989/2004 states a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore in most documentation means ‘children and young people’ throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

4.0 DUTIES WITHIN THE ORGANISATION

4.1 All staff have a duty to safeguard children by recognising abuse and referring onwards as required (Working Together 2013) and key responsibilities are set out in the Safeguarding Children and Young People Policy.

4.2 Roles and responsibilities of staff are clearly articulated within Chapter 3 Safeguarding Children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008 and Chapter 9 SET procedures.

5.0 PROCESS/PROCEDURE

5.1 Introduction

5.1.1 This guidance is intended to supplement professional and national guidance and thus must be used in conjunction with current guidance from HM Government and Royal College of Paediatrics and Child Health in relation to fabricated or induced illness.

5.1.2 For those children who have had illness fabricated or induced are likely to require co-ordinated help from all agencies. Joint working is essential to safeguard the child and where necessary take action within the criminal justice system thus all professionals must be:

- Alert to potential indicators of abuse
- Be alert to the risk of harm which individual abusers or potential abusers may pose to children in whom illness is being fabricated or induced
- Share and help analyse information so that an informed assessment can be made of the child’s needs and circumstances
- Contribute to whatever actions (including the cessation of unnecessary medical intervention) and services to safeguard and promote the child’s welfare
- Assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.

5.2 Identifying Fabricated or Induced Illness (FII)

5.2.1 Identifying Fabricated or Induced Illness is not a swift nor easy process, identifying the carer’s patterns of behaviour will take a multi agency approach, expertise and observation.

5.2.2 There are three main ways a carer fabricates or induces illness in a child, they are not mutually inclusive but include:

- Fabrication of signs and symptoms, including giving a grossly exaggerated or false past medical history.
• Falsification of test results and records, this includes altering charts and records and substituting specimens of body fluids
• Induction of illness by a variety of means

5.3 Recognition of emerging concerns

5.3.1 Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or care giver who has fabricated or induced illness these concerns may arise when:
• Reported symptoms and signs found on examination are not fully explained by any medical condition from which the child is suffering; or
• Physical examination and results of medical investigations do not explain the 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 seen in the absence of the carer; or
• Over time the child is repeatedly presented with a range of signs and symptoms; or
• The child’s normal daily life activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.

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

5.3.3 A developmental history and developmental assessment should be undertaken.

5.3.4 Consultation with peers, named or designated professionals or colleagues in other agencies will be an important part of the process of making sense of the underlying reason for the signs and symptoms.

5.3.5 The characteristics of fabricated or induced illness are that there is a lack of the usual corroboration of findings with signs and symptoms, or, in circumstances of proven organic illness, lack of usual response to proven effective treatments. It is this puzzling discrepancy that normally alerts the clinician to possible harm being suffered by the child

5.4 Characteristics of fabricated/induced illness

5.4.1 The following features can be associated with this form of abuse, though none is indicative in itself:
• The child’s medical, especially hospital treatment begins at an early stage of their ‘illness’.
• They attend for treatment at various hospitals and other healthcare settings in different geographical areas.
• They may develop a feeding disorder as a result of unpleasant feeding interactions.
• Non-organic failure to thrive.
• The child develops an abnormal attitude to his/her own health.
• Poor school attendance and under achievement.
• Incongruity between the seriousness of the story and the actions of the parents.
• The child may already have suffered other forms of abuse.
• Erroneous or misleading information provided by the carer.
• History of unexplained death, illness, or multiple surgery in parents and/or siblings.
• Carer history of childhood abuse, false allegations of physical or sexual assault, self-harm or psychiatric disorder (especially personality disorder or psychotic illness).
• Carer over-involvement in medical tests, taking temperatures or measuring bodily fluids.
• Carers observed to be intensely involved with the child, e.g. not allowing anyone else to undertake their child’s care.
• Carers may appear unusually concerned about the results of investigations that may indicate physical illness in the child, although conversely they may not appear at all concerned.

5.5 What to do if you have a concern about fabricated/induced illness

5.5.1 Health professionals who have concerns or a suspicion that fabricated or induced Illness is being presented must consult with their Named/Designated Doctor and/or Named/Designated Nurse. (see appendix 2 for contact list)

5.5.2 There may be a number of explanations for these circumstances. Careful consideration and review of information should be undertaken in consultation with peers and colleagues both within their own and other agencies, including the Designated Doctor / Designated Nurse Safeguarding Children.

5.5.3 A medical opinion should be sought through a Consultant Paediatrician. Symptoms and signs require careful evaluation alongside results of tests and observations.

5.5.4 A chronology of health involvement, including access to all health services should be prepared to provide comprehensive information.

5.5.5 Any relevant information relating to the parents or siblings medical history to be shared appropriately with other health professionals. Practitioners should seek advice about sharing this information without consent, but in FII lack of consent must not hinder the process

5.5.6 When no explanation can be found for the condition this should be recorded in the child’s records and the Paediatrician informs the carers that there is no explanation and records the carer’s response.

5.5.7 A future plan as to further tests, investigations or assessments, which maybe in a specialist setting, should be shared with the carers.

5.5.8 Carers whilst being kept informed should “at no time have the concerns about the reasons for the child’s signs and symptoms shared with them, if information would jeopardise the child’s safety”. (Working Together 2013 and supplementary guidance 2008)

5.5.9 Health records should be kept secure to prevent tampering and all entries legible, signed and dated. All records and referral letters should be completed and maintained in chronological order.

5.5.10 If a health professional considers their concerns are not being responded to appropriately, the concerns should be discussed with the Designated Doctor / Nurse Safeguarding Children.

5.5.11 If concerns relate to a member of staff they must be discussed with the Local Authority Designated Officer.
5.6 Referral Process
(please refer to SET procedures and other guidance’s for complete process)

5.6.1 Following medical investigation, consultation and review being undertaken in consultation with the Named or Designated Doctor Safeguarding Children, and there is a possible explanation that the child’s signs and symptoms may be fabricated or induced illness, a referral to Children’s Social care should be made. (see appendix 1 for flow chart)

5.6.2 In general a referral would normally be undertaken with the permission of the parent/carers however this should only be done where informing the parent/carer will not place the child at increased risk of significant harm. [Safeguarding Children in Whom Illness is Fabricated/Induced, DCSF (2008), paragraph 3.12/3.13 and Working Together to Safeguard Children (2013) paragraph 5.35].

5.6.3 A case of fabricated or induced illness may also involve the commission of a crime; therefore the Police Child Abuse Investigation Unit should always be involved in accordance with Working Together to Safeguard Children (2013).

5.6.4 Children’s Social Care will have lead responsibility for actions to safeguard the child: the Paediatric Consultant will continue to hold the responsibility for the child’s health and decisions pertaining to it.

5.6.5 All three agencies should work closely together making joint decisions, especially about sharing information with the carers.

5.6.6 All information and information sharing should be documented clearly

5.6.7 Promoting children’s well being and safeguarding them from harm depends crucially on effective information sharing, collaboration and understanding between agencies and professionals. In cases where there is concern that illnesses are being fabricated/induced, there may be a difference of opinion about how to best safeguard a child’s welfare.

5.7.1 Covert Video Surveillance (CVS)

5.7.1 The use of covert video surveillance is governed by the Regulation of Investigatory Powers Act 2002.

5.7.2 After a decision has been made at a multi-agency strategy discussion to use CVS this should be undertaken, controlled and be accounted for by the police. (See 6.3 Safeguarding Children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008)

5.7.3 Limited knowledge of use of the CVS within the organisation (normally a hospital) includes limiting staff’s awareness and thus the Chief Executive Officer must be made aware of this decision.
Appendix 1
Medical evaluation where there are concerns regarding signs and symptoms of illness
(Safeguarding Children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008)

Concerns about a child’s signs and symptoms of illness

If no paediatrician involved GP to refer child

Medical assessment by consultant paediatrician

No explanation for signs and symptoms

Concerns regard Fabricated/induced Illness (FII); refer for other services if

Next steps: Further specialist advice and test sought
Discuss with Named/Designated Dr & or Designated Nurse

Concerns regard FII Clinical treatment provided

Discuss with Named/Designated Dr & or Designated Nurse

Initiate referral to social care and police
Consider carefully whether to inform carers
Appendix 2
Safeguarding Contact Details

Mid Essex Safeguarding Children Contact Sheet
For Advice and Support for All Providers
(also Social Care/Policing)

NHS Mid Essex Swift House, Chelmsford
Designated Professionals for Safeguarding and Looked after Children

01245 459391

Mid Essex Hospitals Trust Safeguarding Team
Broomfield Hospital

Safeguarding Children Team
Tel: 01245 514728/Mobile 07825 298396

Safeguarding Maternity
Tel: 01245 513351/Mobile: 07876 791965/07887 636751

Central Essex Community Services Safeguarding Team:

Safeguarding Team
8 Collingwood Road
Witham CM8 2TT
Tel: 01376 302249, Fax: 01245 397767

Essex Social Services

Initial Response Team
(for professional advice
Tel: 01206 266068/266069
Email: irt@essex.gov.uk

Out of Hours - Emergency Duty Services Social Worker:
Tel: 0845 606 1212
Fax: 08456 016 230
Minicom text phone: 01206 266024

For Managing Allegations in the workforce:
Call either Designated Nurse for advice or Local Authority Designated Officer (LADO)
Office Hours 01245 436744 Out of Hours Social Care
0845 606 1212

Essex Police Child Protection Units

Essex Police Headquarters
0300 333 4444
Chelmsford Unit
01245 491491 ext. 54207

NSPCC
0808 800 5000
Text: 88888

For Southend Essex & Thurrock Child Protection Procedures
www.escb.co.uk

For Mid Essex PCT safeguarding children policies and procedures:

Mid Essex CCG www.midessexccg.nhs.uk
The NHS North Essex Cluster website www.northessex.nhs.uk

Next Page for NHS Mid Essex individual contact details

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## Mid Essex Safeguarding Children Team

**Safeguarding Commissioning (09:00-17:00 Mon-Fri only)**  
Swift House  
Hedgerows Business Park, Colchester Road  
Springfield Chelmsford, Essex CM2 5PF  
Tel: 01245 459391, Safe Haven Fax: 01245 398710  
MECCG.safeguardingchildren@nhs.net

### Designated Nurse Safeguarding Children
Sarah Jane Ward  
Tel: 01245 459391/398069/07949 907841  
E.mail: Sarahjaneward@nhs.net

### Designated Dr –Safeguarding (Tues/Thurs pm only)
Dr Kugan  
01245 459391

### Designated Nurse Looked After Children
Joy Edwards  
Tel: 01245 459391  
Email: Joy.edwards3@nhs.net

### Designated Doctor LAC
Dr Lily Murtaza  
Moulsham Grange Children’s Centre  
Tel: 01245 546300 Fax: 01245 546301

### Child Protection Administrator/PA Sarah Jane Ward
Kim Adams  
01245 459391  
Email: Kimadams@nhs.net

### Child Death Review Administrator
Kim Adams  
Tel: 01245 459391  
Email kimadams@nhs.net  
Child Death Notifications/Enquires ,Email : MECCG.cdr@nhs.net

### Central Essex Community Services
Safeguarding Team  
8 Collingwood Road, Witham CM8 2TT, Tel: 01376 302249, Fax 01245 397767

### Safeguarding Lead Adults & Children
Vacant Post  
01376 302262 079831 56047  
Fax: 01376 302

### Domestic Abuse Specialist Practitioner
Jane Reeve 07879 497261  
Email Jane.reeve@nhs.net

### Lead Practitioner Vulnerable Adults
Rob Milner  
Mobile: 07506 275540

### Health Advisor for Young People in Care
Lisa Stich  
Tel: 01376 302262/07949 259557  
Email: l.stich@nhs.net

### Named Nurse Child Protection
Rachel Cutler/Kathy Rust  
Tel: 01376 302249/07534986899/07825931724  
Email rcutler@nhs.net  
kathy.rust@nhs.net

### Named Doctor Child Protection
Dr Geetha Kugan, Moulsham Grange  
Childrens Centre Moulsham Street, Chelmsford, Essex CM2 9AH  
Tel: 01245 546306 /01245 546300  - PA Bridget Taylor

### Administrator for Looked After Children
Charlotte Phillips  
8 Collingwood Road, Witham CM8 2TT  
Tel: 01376 302261  
Fax: 01376 302367  
Email: Charlotte.phillips1@nhs.net

### Administrator to Domestic Abuse Team
Vicky Bartrop  
Email: Vbartrop@meht.nhs.uk

### Mid Essex Hospitals Trust, Broomfield Hospital

### Named Nurse Safeguarding Children
Stephen Hynes  
Tel: 01245 443673 EX 4728  
PA – Monica Turner

### Associate Named Nurse Safeguarding Children
Sue Wright  
Tel: 01245 443673 EX 4728  
PA – Monica Turner

### Named Doctor/Designated Doctor CDR
Dr Manas Datta  
01245 513260  
PA Patricia Bell

### Lead Midwife Vulnerable Women
Tracey Samuels  
Chelmsford  
Tel: 01245 513351  
Maternity Secretary 01245 443673

### Lead Midwife Safeguarding Children
Diane Roberts  
Chelmsford  
Tel: 01245 515167/07887 636751

### Accident Reduction Liaison
Julie Payne  
01245 514286  
Email: Julie.payne2@meht.nhs.uk

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References

Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children 2013
http://www.workingtogetheronline.co.uk/index.html

www.escb.co.uk

NICE clinical guideline 89 When to suspect child maltreatment

Fabricated or Induced Illness by Carers (FII): A practical guide for Paediatricians. RCPCH 2009 http://www.rcpch.ac.uk/search?search=fabricated+illnees

Safeguarding Children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008.
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