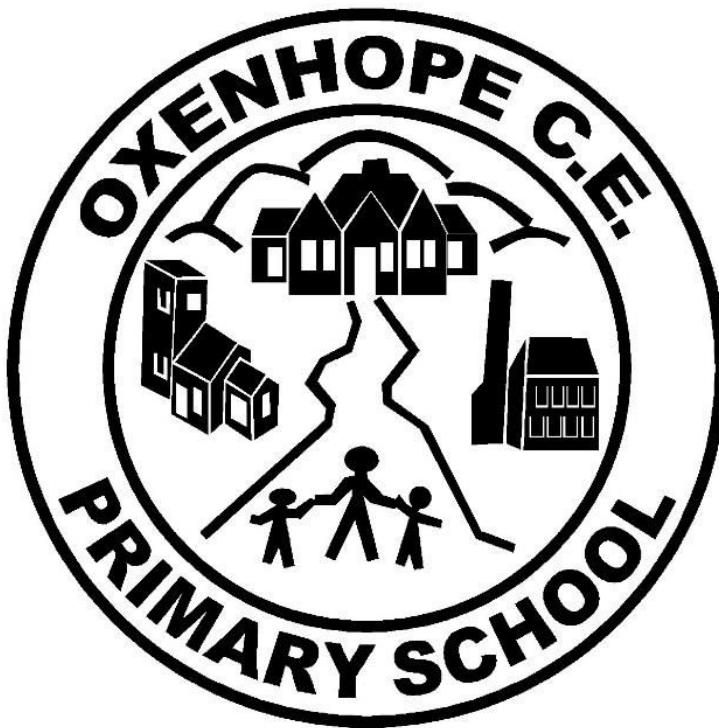


Fabricated and induced illness (FII) policy – June 2019



Oxenhope Church of England Primary School

If you are concerned about the safety of a child, act!

Our Named Persons for Child Protection are (Head of School), Alice Jones and Gillian Dyson (Pastoral Manager), Caroline Auty (Class Teacher) and Hannah Inman (Explorers Club Leader)

Useful phone numbers:
School – 01535 642271

Social Services Initial Contact Point 01274 437500

NSPCC – 0808 800 5000

West Yorkshire Police – 101 or 999

This policy must be read alongside the school's child protection and safeguarding policy

What is fabricated or induced illness?

There are three main ways of the carer 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.

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; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al, 1995). This terminology is also used by some as if it were a psychiatric diagnosis.

The use of terminology to describe the fabrication or induction of illness in a child has been the subject of considerable debate between professionals. These differences in the use of terminology may result in a loss of focus on the welfare of the child. In order to keep the child's safety and welfare as the primary focus of all professional activity, this guidance refers to the 'fabrication or induction of illness in a child' rather than using a particular term. If, as a result of a carer's behaviour, there is concern that the child is or is likely to suffer significant harm, this guidance should be followed. The key issue is not what term to use to describe this type of abuse, but the impact of fabricated or induced illness on the child's health and development, and consideration of how best to safeguard and promote the child's welfare.

Children who live in families in which a child has had illness fabricated or induced are likely to have experienced a number of other stress factors in their lives. At Oxenhope C of E Primary School we will support the child through the work of our Family Workers, HLTA's and class teachers and we will liaise with other professionals such as, Social Services, TAF team, school nurse to strengthen the capacity of the parents to meet the needs of their children before they reach the point where their reaction is to fabricate or induce illness in their child.

Joint working

'Children who have had illness fabricated or induced are likely to require co-ordinated help from a range of agencies such as health, social care (adults' and children's), education, schools and the voluntary and independent sectors over a sustained period of time. The nature of this input is likely to change as the'

'child develops and his or her needs change; over time, therefore, the types of services required may differ considerably.' (Safeguarding Children in whom illness is fabricated or induced. - H.M. Government 2008)

For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard the welfare of children and – where necessary – to take action, within the criminal justice system, regarding the perpetrators of crimes against children.

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, or potential 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 the child's needs and circumstances;
- contribute to whatever actions (including the cessation of unnecessary medical tests and treatments) and services are required to safeguard and promote the child's welfare and – regularly review the outcomes for the child against specific planned outcomes – work cooperatively with parents unless to do so would place the child at increased risk of harm;
- assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.

Roles and Responsibilities of the School.

As with all safeguarding concerns school staff will not undertake their own enquiries. All concerns will be referred to the Designated Safeguarding Lead (DSL) or the Head Teacher and usual safeguarding procedure will be followed (Please see Safeguarding Policy)

A referral will be made to Social Services but the parents/carers will not be told of this referral. Medicines will only be administered to children in line with our Supporting Children with Medical Needs policy. If the school has any concerns that the medicine is being given inappropriately the concerns will be reported to the DSL who will refer, in the first instance, to the school nurse and will act upon the advice given; this may include a referral to Social Care.

If there are concerns about a pupil's attendance the school's attendance officer will contact the parents and may ask for verification of medical appointments and illness. We will also explore other reasons and explanations for absence such as, a child being absent frequently on a day that the class does an activity s/he does not enjoy.

Identification of Fabricated or Induced illness.

'Fabricated illness is often, but not exclusively, associated with emotional abuse. There are a number of factors that teachers and other school staff should be aware of that can indicate that a pupil may be at risk of harm.

Some of these factors could be:

- frequent and unexplained absences from school, particularly from P.E.lessons;
- regular absences to keep a doctor's or hospital's appointment;
- repeated claims by parents that a child is frequently unwell and that s/he requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers / staff have not themselves noticed such as, headaches, tummy aches, dizzy spells, frequent contact with the opticians and/or dentists or referrals for second opinions.

Other signs may include:

- A child disclosing some form of ill-treatment to a member of staff or might complain about multiple visits to the doctor.
- The child or his/her parents relating conflicting or patently untrue stories about illnesses, accidents or deaths in the family.
- Children in the same family may be causing staff similar concerns. The DSL will investigate whether more than one child in the family is affected.

There are also circumstances where a child may demonstrate his/her anxiety by presenting symptoms of an illness that will allow them to stay at home. This may occur as a response to family problems, such as a reaction to a parent's illness or a divorce or parents separating, but this is not an aspect of fabricated or induced illness.' (Safeguarding Children in whom illness is fabricated or induced. - H.M. Government 2008)

Those member of staff supporting pupils with medical needs may also have concerns about possible fabricated illness when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child is known to be suffering;
- physical examination and results of medical investigations do not explain reported symptoms and signs;
- there is an inexplicably poor response to prescribed medication and other treatment;
- new symptoms are reported on resolution of previous ones;
- reported symptoms and found signs are not seen to begin in the absence of the carer

- over time the child is repeatedly presented with a range of signs and symptoms;
- the child's normal, daily life activities are being curtailed, for example school attendance, beyond that which might be expected for any medical disorder from which the child is known to suffer.

What should I do if I am concerned about a child?

Staff should be alert to any significant change in pupils' physical or emotional state, in his /her behaviour or failure to develop and, as with all safeguarding concerns, report these concerns to the

Designated Safeguarding Lead who is Alice Jones or another member of Safeguarding Team if she is unavailable.

The DSL will then seek advice from Social Care. Parents will not be informed of this as it may put the child at further risk. The advice from Social Care will be followed and the DSL will then liaise and work with all other agencies, including health, social care and the police to safeguard the child.

Written by Alice Jones – REVIEW DATE June 2020