

MILLWOOD SCHOOL, BURY

POLICY: Fabricated or Induced Illness Policy

DATE: January 2015

DATE ADOPTED BY GOVERNING BODY:

This policy reflects the supplementary guidance to Working Together to Safeguard Children in whom illness is fabricated or induced (H.M. Government 2008) and the procedures set out in the Greater Manchester Safeguarding Children Procedures Manual

What is Fabricated or Induced Illness

“There are three main ways of a carer fabricating or inducing an illness in a child. These are not mutually exclusive and include:

- **fabrication** of signs and symptoms. This may include a 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” Safeguarding Children in in whom illness is fabricated or induced (H.M. Government 2008)

“Fabricated or Induced Illness may also be perpetrated in children who have an existing medical diagnosis. This may be in the form of exaggeration of symptoms or unexpected responses to medications or treatment. **Statistics show that disabled children are at increased risk of abuse (NSPCC, 2012) yet potential FII can be missed in children who already have existing health care needs**” (Greater Manchester Safeguarding Partnership – Fabricated or Induced Illness, 2014)

Many of the families in which a child has had illness fabricated or induced have experienced a number of stress factors in their lives. At Millwood we will use our Barnardo’s social worker, family support HLTAs to provide support to these children and families. Where appropriate we will liaise with the School Nurse, other health professionals, Children’s Disability Team, Parents Forum the CAF and MASH teams to strengthen the capacity of parents to respond the needs of their children before they reach the point where their reaction to their difficulties 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.

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. In using this guidance 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 co-operatively 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.”

Safeguarding Children in in whom illness is fabricated or induced (H.M. Government 2008)

Roles and Responsibility of the School

As with all safeguarding issues school staff must not undertake our own enquiries if we suspect possible or actual harm. At Millwood we will refer our concerns to MASH. Unlike most other referrals we would make this referral without informing the parent / carer.

We must only administer medicines in school in accordance with our administration of medicines policy. If we have any concerns that medicine is being given inappropriately we will report our suspicions to the designated teacher who will refer to the School Nurse, the schools administration of medicines policy and to the government's guidance on managing medicines (DfE and DoH, 2005)

Where we have concerns over a pupil's attendance we will discuss with the designated teacher who will liaise with the School Attendance Officer and may ask for verification of medical appointments and illness. We will also look for explanations for absence within school eg a child is often absent on the day the class does an activity they do not enjoy

Identification of fabricated or induced illness.

“Fabricated or induced 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 can be:

- frequent and unexplained absences from school, particularly from PE lessons;
- regular absences to keep a doctor's or a hospital appointment; or
- repeated claims by parent(s) that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/ early years staff have not themselves noticed eg headaches,

tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions.

The child may disclose some form of ill-treatment to a member of staff or might complain about multiple visits to the doctor. Either the child or his or her parent(s) may relate conflicting or patently untrue stories about illnesses, accidents or deaths in the family. Where there is a sibling in the same institution, teachers/ early years staff should discuss their concerns with each other to see if children of different ages in the same family are presenting similar concerns. If they are, it is likely that more than one child in the family is affected. The school nurse may also be able to contribute to the initial evaluation of concerns.

There are also circumstances under which a child will demonstrate his or her anxiety or insecurity by presenting symptoms of an illness that will allow them to stay at home. This may occur as a response to family problems, for example, as a reaction to a parent is ill, who has been in hospital or, after a divorce or separation, but this is not an aspect of fabricated or induced illness.”

Safeguarding Children in in whom illness is fabricated or induced (H.M. Government 2008)

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

- 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 seen to begin 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, for example school attendance, beyond that which might be expected for any medical disorder from which the child is known to suffer.

As with other forms of abuse school staff should be alert to any significant change in the child's physical or emotional state, in his/her behaviour or failure to develop and report these concerns to the designated senior member of staff.

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

As with all safeguarding issues you should discuss your concerns with the designated lead for child protection. Caroline Henley is the designated person at Millwood School. If Caroline Henley is not available then you should discuss your concerns with another member of the SMT.

Complete the IRIS ADAPT reporting program or cause for concern sheet including a record of absences with reasons given (where known) and an accurate record of what the child has said or done, the time, place and names of witnesses should be included.

What the designated person will do

As with all safeguarding issues the designated lead will make a referral to the MASH team, **parents/carers will not be informed** of this as it may put the child further at risk.

The designated person will then liaise and work with all other agencies, including health, social care and the police to safeguard the child.