

Fabricated or Induced Illness (FII)

The term 'Fabricated or Induced Illness' was introduced in the UK by the Royal College of Paediatricians and Child Health in 2001. This form of child abuse was also previously known as Munchausen's by Proxy, first officially named in 1977.

Fabricated or induced illness normally falls under the category of physical abuse. It is a relatively rare form of child abuse. The abuser may have a history of neglect or drug and alcohol abuse themselves or evidence of a personality disorder which can cause irrational thoughts, disturbed thinking and resentment of their own child.

Unfortunately, FII can also be a result of financial greed and benefit fraud where the parent or carer gains financial rewards for needing to care for an unwell or disabled child.

All professionals working with children must have an understanding of FII, be able to recognise the signs and symptoms and know how to report a concern.

Definitions

Fabricated or Induced Illness (FII) occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in a child.

(Source - NHS 2019)

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

(Source - What to do if you're worried about a child being abused – advice for practitioners HM Government -2015)

It is also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII)... It is important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

(NSPCC- What is Child Abuse 2019)

Signs and Symptoms of Fabricated or Induced Illness

Fabricated or Induced Illness can have several warning signs and can range from severe neglect to parents or carers actually making the child physically or emotionally unwell. Healthcare professionals can often be persuaded, by the parent or carer, into believing that the child is suffering from a serious illness although they may appear very healthy

Warning signs:

- The child may have a lengthy medical history, including visits to several hospitals in different locations
- The family may change their GP regularly especially if medical staff begin to challenge the state of the child's health
- The parent or carer may apply for specialist equipment or treatment for the child who actually does not need them
- It is common that the only person noticing any symptoms is the parent or carer
- The child's daily activities may be severely restricted by the child's perceived medical condition
- The parent or carer regularly uses medical terminology and has a good medical knowledge of illness and procedures
- The parent or carer may try to develop a close relationship with those who are looking after their child and attempt to make that professional feel special to that family and a vital part of the child's care giving team
- The child may also have their food restricted resulting in a failure to thrive or develop
- A parent or carer may deliberately make their child unwell e.g. by poisoning the child to induce symptoms – e.g. adding glucose or excessive amounts of salt to the diet

Points to consider in the Early Years setting

- The child may have frequent or unexplained absences from nursery and school
- They may have regular appointments at the Doctors or hospital whilst their physical condition at your setting does not give you any cause for concern
- The parent or carer may make repeated claims that the child is unwell, and they require medical assistance whilst in your care for symptoms that are vague and inconsistent e.g. tummy aches, headaches, dizzy spells, rashes and bowel problems.
- The parent or carer may give confusing or inconsistent stories about physical symptoms
- There may also be frequent requests for medication to be administered which may or may not be prescribed
- The parent or carer may become angry and argumentative if challenged regarding the child's condition or need for medication
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Remember FII is not always concerned with the physical state of a child. It can also involve alleged psychological illness and can be associated with emotional abuse.

Also, some parents may genuinely need reassurance regarding their child's health and well being and their obsession with their child's health may be as a result of their own anxieties surrounding health and illness. Although the parent or carer is not deliberately trying to make the child unwell, their increasing anxiety could ultimately result in harming the child's health and development.

What to do if you have a concern about Fabricated or Induced Illness

All Early Years Practitioners have an important role to play in the identification and reporting of FII.

All concerns **MUST BE REPORTED IMMEDIATELY TO YOUR DESIGNATED SAFEGUARDING LEAD**. In their absence you must refer your concern to your local Children's Social Care Team or directly to the Police.

Settings must not undertake their own investigation or inform parents or carers of the referral, this could result in further harm to the child and loss or disposal of valuable evidence.

It is good practice to keep a record and share any details of medical appointments, Consultants names, details of General Practitioners, reasons for absences, changes of address and previous nurseries and schools and any medication that has been prescribed or requested at your setting. This information will provide valuable evidence for the authorities who will investigate your concern.

Long term consequences of Fabricated or Induced Illness

Many children who have experienced FII will experience emotional harm and long-term impairment of physical, psychological and emotional development. Some children will have spent long periods in the hospital setting and missed large amounts of schooling including social interaction with their peers. The child may be confused about their own health and also believe that their health condition is genuine. Older children may express anger towards their parent or carer and show lack of trust towards those caring for them, including medical professionals. (Source -Safeguarding Children in whom Illness is Fabricated or Induced 2008)

Remember...

Fabricated or Induced illness is relatively rare. However, this may be because professionals are not aware of what to look for or do not view FII as a form of child abuse.

If you have any concerns regarding the possibility of FII for a child in your setting you must act promptly and according to your local safeguarding guidelines. Inform your Designated Safeguarding Lead immediately or seek advice from your local Children's Social Care Team or the Police.