

Hampshire Safeguarding Children Board

A briefing for SFYC



Local Safeguarding Children Boards

The key statutory mechanism for co-ordinating local authorities, policing, NHS, schools and others to protect children, and for ensuring that this work is effective.

Created by: Children Act 2004
A statutory Board

Members: LA, Social Care, Health, Education, Police, Probation, YOT, District Councils etc

Includes: Lay members and community representation

Aim: To improve how local organisations work together to ensure children stay safe



Who is part of Hampshire Safeguarding Children Board?


West Hampshire
Clinical Commissioning Group

Sussex Partnership 
NHS Foundation Trust

5 Clinical Commissioning Groups

 Hampshire
County Council

 HAMPSHIRE
FIRE AND
RESCUE
SERVICE

Lay Members

 Cafcass
Children and Family Court Advisory and Support Service

11 District &
Borough Councils

Educational Settings

Hampshire Hospitals 
NHS Foundation Trust

Hampshire
& Isle of Wight
Community Rehabilitation Company  PROBATION

 HAMPSHIRE
CONSTABULARY


England

 yot
HAMPSHIRE
YOUTH
OFFENDING
TEAM

National
Probation
Service 

Southern Health 
NHS Foundation Trust

South Central Ambulance Service 
NHS Foundation Trust

 Hampshire
Safeguarding
Children
Board

The role of HSCB

- *Safeguarding & Child Protection Procedures available on the HSCB website:
www.hampshiresafeguardingchildrenboard.org.uk*
- *Multi-Agency training*
- *Quality Assurance: checking and scrutinising*
- *Communicating & raising awareness*
- *Commissioning and publishing Serious Case Reviews and incorporating learning into practice*

Fabricated or Induced Illness (FII)

A briefing for SFYC

Terminology warning...

...a spectrum!

The spectrum of FII

Increasing risk of significant harm or likely to suffer significant

Normal range

FII

Normal and appropriate response to child's symptoms

Anxiety about trivial symptoms. May be frequent attender at GP or frequently contact health care providers, needing reassurance. Can usually reassure, but may present again later.

Exaggeration or dramatisation of symptoms. Insistence on specialist medical attention and attention to detail of treatment regimes. Difficult to reassure.

Invention/fabrication of symptoms.

May be duplicity in account, and reports of signs + symptoms not explained by child's condition + not seen by others.

May not comply with treatment for real problems or have inexplicable poor response to treatment. May falsify signs e.g. adding blood to urine samples, falsifying charts etc.

New symptoms might be reported on resolution of previous ones. Child may be unable to take part in normal daily activities, eg poor school attendance

Induces illness eg poisoning, suffocation, deliberately withholding food to cause poor weight gain, deliberately withholding necessary medication, injecting faeces. Can have high mortality

What is FII

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

- 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 being provided;
- Induction of illness by a variety of means.

The above four methods are not mutually exclusive.

FII

- **Frequent and invasive medical investigations**
- **Missed education and social isolation**
- **Limitation in daily life** and the adoption of a sick role or lifestyle as a disabled person
- **Characterisation as being disabled**, through the receipt of disability benefits or special educational provision - *carers may not actively seek medical tests or treatment for the child and may actually avoid contact with medical services*

- Examination and investigation by doctors do not reveal a disease to adequately account for the child's illness
- New symptoms reported as soon as previous symptoms stop
- Poor response to medication or treatment which is unexpected
- Multiple opinions are sought
- Children may be given wheelchairs or special buggies (EBay Etc)
- Limitations are often placed on their normal activities, school attendance, participation in sport and other activities
- Children may be anxious or confused about their state of health and may believe themselves to be ill or disabled

FII

In 50% of FII cases the child will have a genuine medical condition for example asthma. This does not mean that all of the conditions are genuine.

FII

If a parent persistently lies it may impact on the child's welfare. It is possible they may fabricate a number of different circumstances, not only in relation to medical conditions.

There is a significant impact on the child of fabrication- they may adopt the role of a sick child.

FII

Devon woman jailed for 'sick son' con BBC News 22 Jan 2010

- Lisa Hayden-Johnson was jailed for 39 months admitting cruelty and perverting the course of justice
- 325 medical interventions over 6 years - including being confined to a wheelchair and being gastrostomy fed
- She claimed her son suffered from diabetes, food allergies, cerebral palsy and cystic fibrosis and frequently described him "as the most ill child in Britain"
- £130,000 in benefits, National Courage Award, met Tony Blair and other celebs
- Nurses uniform at home, bedroom with oxygen and drugs
- "sadistic fabrication of non-existent symptoms" amounted to "24-hour-a-day torture"

How did we miss it?



FII figures

- It's difficult to estimate how widespread FII is because many cases may go unreported or undetected.
- A study published in 2000 estimated 89 cases of FII in a population of 100,000 over a two-year period. However, it's likely that this figure underestimates the actual number of cases of FII.
- FII can involve children of all ages, but the most severe cases are usually associated with children under five.
- In more than 90% of reported cases of FII, the child's mother is responsible for the abuse. However, there have been cases where the father, foster parent, grandparent, guardian, or a healthcare or childcare professional was responsible.

Mother's who fabricate or induce illness

- 72% had anxiety and depression
- 55% self-harmed
- 21% misused alcohol and/or drugs
- 10% previous child death
- 89% had a personality disorder

FII Practice Points

- Listen to the Child
- Keep the focus on outcomes for the child
- Don't get distracted by quirky or manipulative parents
- Multi-agency information sharing... all health organisations, education, social care, housing, police etc – needed to evidence impact on the child
- Seek advice from Safeguarding Lead within your organisation
- Open and transparent wherever possible, don't stand back
- Triangulate information- Look out for fabrication (corroborate with GP and others)
- Child Protection planning processes where needed
- Involve Designated professionals for advice
- Ensure that you receive supervision on cases of FII
- Follow the 4LSCB FII Protocol

Caring parents expect us to share information

- *The Secrets that are most hidden are actually
in full view (Simon Jones)*

HSCB Policies

- [4LSCB Procedures](#)
- [Bruising Protocol](#)
- [Unborn Baby Protocol](#)
- [Threshold Chart](#) and [guidance](#)
- [Escalation Policy](#)
- [FGM](#)
- [Family Engagement Policy \(DNA\)](#)
- [FII](#)
- [Principles and Standards for Safeguarding Supervision](#)
- [Spotlight on](#)

How to refer to CRT

- Children's Service's Professionals;
01329 225379
Children's Service's Public;
0300 5551384
- [Interagency referral form](#)

Questions?