- Continue to record any further concerns and to report them if related to your referral
- Attend conferences or any other meetings if invited and compile a report where requested

AFTER RECEIVING A REFERRAL

- The Children's Safeguarding Unit will convene an initial strategy meeting. The meeting will be called as soon as possible but should not be more than three working days after notification to the Children's Safeguarding Unit. It will be expected that those professionals who attend will come with as much information about the family as possible

NB: Parents must **not** be invited to the meeting or told that it is taking place. Failure to ensure this could prevent adequate protection for the child and might have serious consequences

- If it is decided that this does not appear to be a case of factitious illness disorder the strategy meeting will consider actions to be undertaken by Children's Social Care and Health Care professionals

- If it is decided that this is a case of factitious illness disorder, (assuming that emergency protection procedures are not required) then a review strategy meeting will be convened to follow up the outcome of any further investigation or assessment

CONTACT NUMBERS

Warrington Safeguarding Children Board Policy & Practice Manager	01925 457075
Service Reception Team Poll Tax House, Ryland Street Warrington	01925 444239
Out of Hours Service	01925 444400
Principal Officer (Safeguarding Children)	01925 457013
Children's Safeguarding Unit	01925 457016
Warrington Police Station	01925 652222
Police Public Protection Unit	01244 614878
Designated Nurse - Safeguarding Children	01925 643113
Designated Doctor - Safeguarding Children	01925 405712
Consultant Paediatrician or Senior Registrar	01925 635911
Senior Education Welfare Officer	01925 442928
Senior Probation Officer	01925 650613

For further information visit our website
www.safeguardingwarringtonchildren.org.uk

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Warrington Safeguarding Children Board

GUIDELINES FOR SUSPECTING AND IDENTIFYING FACTITIOUS ILLNESS DISORDER

This guide is intended to aid professional's understanding of Factitious Illness

Information Leaflet No. 10

Guidelines for suspecting and identifying factitious illness disorder

What is Factitious Illness by Proxy?

Factitious illness by proxy is the term now applied to describe parental behaviour previously labelled munchausens syndrome by proxy. The child suffers harm through deliberate action of the main carer, in most cases the mother, but which is falsely attributed by her, to another cause. Harm to the child may also be caused through unnecessary or invasive medical treatment based on symptoms that are falsely described or deliberately manufactured by the carer.

The most important principle is dealing with the issues of suspected induced or factitious illness in children is the necessity of multi agency co-operation in information gathering and planning, and the exclusion of the parent from knowledge that this process is going on until the initial investigation stages are complete.

NB: One of two of the following points in isolation would not necessarily be cause for concern. However, where a number are identified this should alert to the possibility of factitious illness disorder.

- Persistent or recurrent illness for which no cause can be found
- A child who has one or more medical problems that do not respond to treatment or that follow an unusual course that is persistent, puzzling and unexplained
- Physical or laboratory findings that are highly unusual, discrepant with history, or physically or clinically impossible
- Symptoms do not occur when child is separated from carer
- Deliberately inducing fits, poisoning, suffocation, starvation, burning or other damage to skin to induce symptoms
- Administration of salt solutions, laxatives, diuretics, sedative drugs. Warfarin or anti epileptic drugs. Injection of drugs such as insulin or the intravenous injection of faecal material to cause infection
- Removal or tampering with necessary equipment, altering charts, records
- Introducing foreign material to tests which causes damaging and unnecessary tests to be performed on the child, e.g. use of menstrual blood or blood from meat to suggest blood in urine or stools
- A parent who welcomes medical tests of the child even when they are painful and distressing, i.e. examinations for sexual abuse
- Parent, usually mother, who appears to be medically knowledgeable and /or fascinated with medical details and hospital gossip. Appears to enjoy the hospital environment, relates well to hospital staff and expresses interest in details of other people's problems. May work in the health care field herself
- A highly attentive parent who is reluctant to leave her child's side but, paradoxically, is less concerned about the child's illness than the professionals caring for the child
- A parent who devalues staff and demands further investigation, more procedures, second opinions and transfers to other more sophisticated facilities
- A family history of similar sibling illness or unexplained sibling illness or death
- A parent with symptoms similar to her child's own medical problems or an illness history that itself is puzzling and unusual
- A parent with an emotionally distant relationship with her spouse; the spouse often fails to visit the patient and has little contact with physicians even when the child is hospitalised with serious illness
- A parent who reports dramatic, negative events, such as house fires, burglaries, car accidents that affect her and her family while the child is undergoing treatment
- A parent who has an insatiable appetite for adulation or who makes selfish efforts at public acknowledgement of her abilities
- The mother is more articulate, intelligent or dominant than the father and is the child's primary carer

FEATURES COMMONLY FOUND IN PERPETRATORS

- ✔ Usually the child's birth mother
- ✔ May suffer from munchausens syndrome (15-20%)
- ✔ Previous contact with psychiatrist
- ✔ Physically or sexually abused as a child (25%)
- ✔ In local authority care during childhood, i.e. children's home or foster care
- ✔ History of conduct disorder (faecal smearing, petty crime, absconding, teenage prostitution, arson) or previous criminal record
- ✔ Previous overdoses or episodes of self harm
- ✔ Eating / weight disorders

If fabricated illness by proxy is suspected a referral must be made to Children's Social Care, Service Reception Team on 01925 444239

AFTER MAKING A REFERRAL

- Report the outcome to your line manager or designated manager
- Record the decision or action agreed. You must confirm your referral in writing and ask to be informed of the outcome
- Check progress if you haven't heard anything
- Continue to support the child