

OFFICIAL

SA Health

Policy

Fabricated or Induced Illness in a Child

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Version 1.0

Approval date: 18 March 2024

PDS Reference No: D0515



Government
of South Australia

SA Health

1. Name of Policy

Fabricated or Induced Illness in a Child

2. Policy statement

This policy provides the mandatory requirements in relation to the professional and legal responsibilities of staff who are concerned about complex presentations where a pattern of investigation, treatment and referral develops which results in suspicions of fabricated or induced illness in a child (FIIC) that may result in harm to the child or young person.

3. Applicability

This policy applies to all employees, students, volunteers, contractors, and all persons otherwise engaged to work at SA Health (staff), that is the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including Statewide Services aligned with those Networks and SA Ambulance Service (SAAS).

4. Policy principles

SA Health's approach to FIIC is underpinned by the following principles:

- > We will ensure all clinical staff have an awareness of a threshold of safe care giver behaviour.
- > We will ensure all staff are aware of features that raise concerns about FIIC.
- > We will ensure all staff communicate in a culturally sensitive and respectful way and consider different opinions, cultural and religious beliefs and practices when providing health care.
- > We recognise and ensure the right to self-determination for Aboriginal peoples to meet their social, cultural, and economic needs as the First Peoples of Australia.
- > We will ensure that when fabricated or induced illness is suspected which may pose imminent risk to the child or young person that staff act immediately.

5. Policy requirements

Recognising and Responding to Concerns of Fabricated or Induced Illness

- > Where FIIC is suspected, staff must:
 - Assess FIIC indicators of risk alongside the presentation of the related medical illness, and staff must not assume that all actions and presentations are part of the medical condition/s.
 - Escalate any concerns about FIIC in accordance with local procedures.
 - Consider suspected FIIC concerns in terms of the current risk or prospective harm (physical, psychological, and social) to the child or young person as a result of the caregiver's actions.
 - Establish clear and consistent communication with carers, make every effort to correct any misconceptions, and make every reasonable effort to overcome any impediments to health care provision.
 - Document all assessments of interactions between the parent/carer and child/young person, and information gathered must be entered into the child or young person's medical record in accordance with the [Health Record Management Policy](#).

- Comply with mandatory reporting requirements under the [Children and Young People \(Safety\) Act 2017](#) (CYPS Act) and the [Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk Policy](#) where they suspect that a child (born or unborn) or young person is, or may be, at risk.

Information sharing

- > Information sharing must only occur where there is legal authority to share information and in accordance with the [Privacy Policy](#).
- > To assist all health care providers and other agencies providing care and treatment to a child or young person impacted by FIIC, staff must communicate with these providers and agencies to reduce the ongoing risks and minimise the complexities faced by these children and young people.

Implementation and Monitoring

- > LHN and SAAS must review existing and/or develop procedures to support local implementation of this policy.
- > All LHNs and other SA Health agencies must keep accurate and up-to-date records that demonstrate that staff have been provided with information to ensure the recording in the medical record where applicable.
 - Alerts relating to child protection or wellbeing concerns
 - Capture of risk assessments and management processes
 - Child at Risk Assessment in the Emergency Department
 - CARL notifications using the MR-MNR
 - Ask, Assess and Respond (AAR)
 - Domestic Violence Risk Assessment
- > All LHNs and other SA Health agencies must keep accurate and up-to-date medical records and be able to demonstrate that they have undertaken actions that contributes to the child's, young person's, or the mother of an unborn child's safety and wellbeing.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Ageing and Adult Safeguarding Act 1995](#)
- > [Child Safe Environments \(Child Protection\) Policy](#)
- > [Child Safety \(Prohibited Persons\) Act 2016](#)
- > [Children and Young People \(Safety\) Act 2017](#)
- > [Civil Liability Act 1936](#)
- > [Clinical Incident Management Policy](#)
- > [Closing the Gap](#)
- > [Consent to Medical Treatment and Health Care Policy](#)
- > [Consent to Medical Treatment and Palliative Care Act 1995](#)
- > [Criminal and Relevant History Screening Policy](#)
- > [Criminal Law Consolidation Act 1935](#)

- > [Domestic Violence Risk Assessment](#)
- > [Equity of Access, Interpreting and Translating Policy](#)
- > [Health Care Act 2008 s93](#)
- > [Health Record Management Policy](#)
- > [Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk Policy](#)
- > [Mental Health Act 2009 s106](#)
- > [National Plan to End Violence Against Women and Children 2022-2032](#)
- > [Police requests for Information and Witness Statements from SA Health Fact Sheet](#)
- > [Reporting and Management of incidents of Suspected or Alleged Sexual Assault of an adult, or sexual misconduct by an adult, within SA Health facilities and services Policy](#)
- > [Privacy Policy](#)
- > [Risk Management, Integrated Compliance and Internal Audit Policy](#)

7. Supporting information

- > [Charter on the Rights of Children & Young People in Healthcare Services in Australia \(awch.org.au\).](#)
- > [Child maltreatment: when to suspect maltreatment in under 18s](#)
- > [Committed to Safety A framework for addressing domestic, family, and sexual violence in South Australia](#)
- > [Fabricated or induced illness in children: A guide for Australian health-care practitioners](#)
- > [Guidelines for Protecting Children 2020](#)
- > [National Plan to Reduce Violence against Women and their Children 2010–2022](#)
- > [National Principles for Child Safe Organisations.](#)
- > [National Safety and Quality Health Service Standards User Guide for Acute and Community Health Service Organisations that Provide Care for Children](#)
- > [Royal Commission into Institutional Responses to Child Sexual Abuse](#)
- > [The National Framework for Protecting Australia's Children 2021-2031](#)

8. Definitions

- > **Child or young person** means a person who is under 18 years of age.
- > **EMR** means electronic medical records.
- > **Fabricated or induced illness in a child (FIIC)** means when a child's care giver elicits medical or psychological care for the child based on the care giver's need for the child to be recognised as more unwell or impaired than the child's actual state of health or wellbeing, resulting in actual or likely harm to the child (Joanna Tully, 2021).
- > **Harm** means as defined under Section 17-18 of the [Children and Young People Safety Act 2017](#), which states for the purpose of the CYPS Act that a reference to harm will be taken to be a reference to physical or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.

- > **Mandated reporter** means individuals who are required to report suspicions of harm or risk of harm under Section 31 of the CYPS Act, and a Prescribed Person under Section 64A of the [Criminal Law Consolidation Act](#).
- > **MR-MNR:** Medical Record – Mandatory Notification Record is the record of Mandatory Notification for Suspected Child Abuse or Neglect that is required to be completed by all SA Health staff when reporting mandatory notification to DCP through CARL or eCARL for suspected child abuse or neglect. This form is available to order through the Oracle Corporate System using Oracle number 19045571.
- > **Prescribed Person** means an adult who under the *Criminal Law Consolidation Act 1935* is an employee of an institution, including a person who:
 - is a self-employed person who constitutes, or who carries out work for, an institution; or
 - carries out work for an institution under a contract for services; or
 - carries out work as a minister of religion or as part of the duties of a religious or spiritual vocation; or
 - undertakes practical training with an institution as part of an educational or vocational course; or
 - carries out work as a volunteer for an institution; or
 - is of a class prescribed by the *Criminal Law Consolidation (General) Regulations 2006*; or
 - provides out of home care.
- > **Risk** as defined under Section 18 of the [Children and Young People Safety Act 2017](#) a child or young person will be taken to be 'at risk' if:
 - the child or young person has suffered harm (being harm of a kind against which a young person is ordinarily protected).
 - there is likelihood that the child or young person will suffer harm (being harm of a kind against which a young person is ordinarily protected).
 - there is likelihood that a child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of:
 - being subjected to a medical or other procedure that would be unlawful if performed in this state (including, to avoid doubt, female genital mutilation), or
 - taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the *Marriage Act 1972* of the Commonwealth, or
 - enabling the child or young person to take part in any activity, or an action to be taken in respect of the child or young person, that if it occurred in this State, constitute an offence against the [Criminal Law Consolidation Act](#) of the Criminal Code of the Commonwealth.
 - The parents or guardians of the child or young person:
 - are unable or unwilling to care for the child or young person, or
 - have abandoned the child or young person, or cannot, after reasonable inquiry, be found, or
 - are dead, or
 - the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
 - the child or young person is of no fixed address.
- > **Staff** means all SA Health employees, volunteers, students, contractors, consultants and 'prescribed persons' that provide health services to the population or who have access to children's and young people's health records, and other government employees working at SA Health sites and non-government organisations.

- > **Statewide services** means Statewide Clinical Support Services, SA Prison Health, SA Dental Service, BreastScreen SA and any other statewide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Children's Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Children's Policy Domain

Title: Fabricated or Induced Illness in a Child Policy

Objective reference number: A5408467

Review date: 18 March 2029

Contact for enquiries: Staff should contact their local policy unit for advice on implementation of this Policy.

Policy leaders across SA Health are welcome to contact the Child Protection and Policy Unit, Department for Health and Wellbeing by email: health.chiefchildprotectionofficer@sa.gov.au

11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	18/03/2024	Chief Executive, DHW	Creation of a new, independent policy - Fabricated or Induced Illness in a Child Policy. Separated out of the former policy - Child harm-identifying and responding where fabricated or induced illness is suspected.

12. Appendices

1. Fabricated or Induced Illness in a Child Policy Mandatory Instruction.

Appendix 1: Fabricated or Induced Illness in a Child Policy Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

Table 1: Red flags for recognition

Staff must be alert to and document any instances of the following potential indicators of fabricated or induced illness in a child:

	Red flags for recognition
The child or young person's condition	<p>Reported symptoms and signs are:</p> <ul style="list-style-type: none"> > Not independently observed. > Not fully explained by the child's diagnosis. > Bizarre, such as multiple allergies to environmental substances. > Not explained by test results (multiple normal results, especially for tests infrequently ordered). <p>Other red flags are:</p> <ul style="list-style-type: none"> > Inexplicable poor response to standard treatments. > Symptoms disappear or improve when carer is absent. > Unexplained impairment of child's daily life. > Things just do not seem to make sense, and do not add up.
The care giver's behaviour	<ul style="list-style-type: none"> > The parent/care giver is the sole source of information. Refuses to allow child to be seen alone, talks for child, viewed as strong and caring advocate, elicits public sympathy, other parent/care giver absent. > Repeated reporting of new symptoms that may be curious and intellectually challenging. > Insists/demands more tests, referrals, opinions, treatments but without improvement; cannot be reassured or follow recommendations. > Insists on referral to 'top' experts. > Denies and argues against normality. Does not want child to be well, needs second opinion, resists positive change to health, pleased with bad news, negative about good news 'you must have got it wrong'. > Flatters doctors who comply but angry, threatening and disengages if challenged. May become litigious or threaten to report doctor to AHPRA. > Repeated attendance at medical settings, doctor shopping (can be in combination with FTA/cancellations). > Objection to communication between professionals. Refuses permission to share information about child with previous or concurrently treating doctors. > Denigrates or makes frequent unflattering remarks or complaints about other health-care professionals.

Joanna Tully, O. H. (2021). Fabricated or induced illness in children: A guide for Australian health-care practitioners. *Journal of Paediatrics and Child Health*, 1847-1852.