

Fabricated Illnesses/induced illnesses and Safeguarding Adults Policy – V1 Approved September 2020

Scope of this policy

This policy aims to provide guidance to staff and volunteers working with adults who:

- lack capacity to make choices about their health and social care needs
- are reliant on family or friends to attend appointments necessary to maintain their health and wellbeing
- are unable to refuse family or friends requests to attend health appointment

This policy does not cover those adults who are frequent attenders of health services who are making this choice for themselves, adults who are experiencing health anxiety (hypochondria) or for those adults who choose not to attend health appointments (self-neglect).

1. Introduction

- 1.1 Fabricated and induced illnesses are most commonly associated with children, however adults who lack capacity to make decisions about their health and its management and adults who are under the “control” of family members may experience similar issues to children and be at risk of unnecessary examinations and treatments.
- 1.2 Limited research exists into adults experience of fabricated and induced illnesses, however health practitioners report seeing examples of this in practice, especially for adults with learning disabilities, dementia and some other mental health diagnoses (e.g. autism)
- 1.3 The Care Act (2014) is clear that our responsibility to safeguard adults includes stopping harm and abuse, where possible or limiting the impact by preventing harm and abuse
- 1.4 Adults who are frequently brought to unnecessary health appointments, without their choice or consent, may require safeguarding if normal professional interventions fail to address the issues
- 1.5 In potential suspected cases of fabricated or induced illness where vulnerable adults are consenting for appointments, assessments and interventions to take place, a consideration of coercion/control and possible ‘victim coaching’ taking place may be required.

2. Signs that might suggest an adult is being brought to health appointments without consent

- 2.1 Adults who have an impairment of the brain or mind that may impact on their ability to make decisions about their health may be unnecessarily brought by family and/or friends for health concerns that have no basis in fact.
- 2.2 Adults are brought to the attention of health professionals and are not allowed to speak or have limited opportunity to speak for themselves.

3. Signs that may indicate potential factitious or induced illness

- 3.1 Discrepancies in the overall clinical picture of the adult or the adult having a ‘Perplexing Presentation’. (1)

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- 3.2 Symptoms reported by family or care giver not evident on admission to hospital or as a result of other independent medical assessment (GP, nurse etc)
- 3.3 Adults may be brought to the attention of health services with symptoms that can be generated by misuse of “over the counter” medication (e.g. laxatives, analgesia, etc), with symptoms due to misuse/omission or insufficient dosing/overdosing of prescription medications.
- 3.4 Adults may have symptoms that suggest neglect by family or care givers, these include dehydration, poor diet resulting in constipation or diarrhoea, skin infections etc
- 3.5 Adults may have numerous minor injuries that are not proportionate to their circumstances (i.e. sprains, bruises, lacerations, etc) either with legitimate explanations or not.
- 3.6 Adults seem disinclined to engage with assessments but the person accompanying them is very insistent on additional tests/examinations. This can also involve repeated requests for tests already carried out, as well as families and care givers unwilling to accept the results of previous tests or examinations.
- 3.7 Family and care givers being keen for adults to be admitted onto wards, for follow up appointments or referrals to be made to specialist medical services or demands for new treatments.
- 3.8 Families and care givers making repeated appointments for the adult or selectively not-attending scheduled appointments.
- 3.9 Families and carers reporting symptoms that cannot be explained by any existing medical condition, physical examinations and tests/investigations that do not explain the adult’s presentation or symptoms, as well as inexplicable poor responses to treatment, medication and procedures.
- 3.10 Families and care givers accessing a number of differing health professionals (i.e. contacting 101, GP and out of hours GP, contacting the ambulance service via 999, A&E and walk-in centre attendance, etc) with worsening of current symptoms/presentation or reports that symptoms/presentation are unchanged and not improving, as well as development of new symptoms.
- 3.11 Differing information (potentially based on knowledge gained by contact with earlier professionals or researching) being reported and shared with differing health care professionals. This may also include the potential falsification of medical documentation, care notes, test results, tampering of samples taken amongst others.
- 3.12 ‘Doctor Shopping’ - Frequent changes in GP and attending differing hospitals within the geographic area or sometimes out of area are also potential indicators.
- 3.13 This list is non exhaustive and may include other potential signs and indicators.

4. Interventions

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Adults who lack capacity

4.1 For adults that lack capacity to make decisions about their health, a specific capacity assessment should be completed to establish their ability to make decisions about their health and health management. If the assessment deems they lack capacity a best interest decision should be made to prevent unnecessary and potentially distressing health appointments.

4.2 In these cases an independent advocate should be appointed to represent the adult.

4.3 If family or care giver continues to bring adults to unnecessary appointments or fabricate symptoms that result in investigations, despite clear advice from relevant health professionals a safeguarding concern should be raised to address the impact of this on the adult.

4.4 Explore if the family require support (carers assessment), is their desire to arrange admission due to stress of caring for their relative

Adults who have capacity

4.3 Adults should be spoken to alone to evaluate if they are being coerced into attending health appointments and if necessary a safeguarding concern should be considered if the adult agrees to this OR the impact of the coercion is having a negative impact on the adult's physical or mental health.

3.4 If the adult is complying with the family member due to coercion or an inability to advocate for themselves, use of the High Intensity User Group/Policy may be beneficial (ADD link)

Other interventions

3.5 If the family member is a worker or volunteer working with Adults, they may meet the criteria for a Person in Position of Trust enquiry (ADD policy/guidance), if they work or volunteer with children, a referral to the LADO (Local Authority Designated Officer) should be considered.

4. Resources

- 4.1 Safeguarding concern –Call Adult Social Services on (01226) 773300 or complete form via website - <https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/for-professionals-and-volunteers/>
- 4.2 Carers assessment - <https://www.barnsley.gov.uk/services/adult-health-and-social-care/support-for-carers/>
- 4.3 Self neglect and hoarding policy - <https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf>
- 4.4 Person in Position of Trust - <https://www.barnsley.gov.uk/media/14952/pipot-summary-guidance-approved-july-2020-review-december-21.pdf>
- 4.5 LADO – Email – RuthHolmes@barnsley.gov.uk

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