

01 Introduction

Fabricated or Induced Illness (FII) is a complex issue which can be difficult to identify. National guidance, as of 2021, introduced new terms to capture the complexity of presentations which usefully assist practitioner responses. It introduced the terms Medically Unexplained Symptoms (MUS) and Perplexing Presentations (PP), alongside FII. This national guidance is set out within the [local procedure](#).

02 New Terminology – Medically Unexplained Symptoms (MUS)

MUS are where a child complains of physical symptoms, which are presumed to be genuinely experienced, but are not fully explained by any known disease or injury. The symptoms are likely based on underlying factors in the child (usually linked to mental wellness and their ability to function or factors in their social environment) and this is acknowledged by both clinicians and parents. Click [here](#) for a scenario.

07 Role of the individual practitioner

If any practitioner is concerned about a child's presentation:

- Refer to the [procedure and flowchart](#)
- Seek advice (as per the flowchart)
- Consider making a referral to your agency's safeguarding lead
- Record your concerns.

A practitioner may be asked to be involved in:

- Practitioner training
- Discussions with parents/carers
- A Strategy Discussion
- A Health Professionals Meeting
- Health and Education Rehabilitation Plan Meeting(s)
- A criminal investigation.



03 New Terminology – Perplexing Presentations (PP)

PP has been introduced to describe the commonly encountered situation when there are alerting signs of possible FII (not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life. The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviour.

Click [here](#) for a scenario.

06 Essential Principles

- There is a need for continuous professional curiosity.
- It is easy to lose focus on the harms occurring to the child when considering these types of cases. Concentration on proving FII can be a distraction from placing the needs and welfare of the child at the centre of professional concern and may hinder conversations with parents and delay making referrals for support and safeguarding.
- Accurate record keeping of incidents and conversations is important in recognising the problem and effectively safeguarding the child.

05 Essential Principles

- As indicated from the definitions, these cases can span a spectrum of concerns from a child with unexplained symptoms and an overly concerned parent to a child with induced/fabricated illness and an abusive parent.
- With all children with complex needs, there needs to be good communication between the professionals involved with their care, not just relying on parental response.
- There must be effective information sharing between professionals, agencies and with parents/carers.
- There should be a move away from the inability to appropriately challenge the parents because of concern about FII except where challenging will put the child at immediate risk of harm.

04 Fabricated or Induced Illness (FII)

FII is a clinical situation in which a child is, or is very likely to be, harmed due to parent(s) behaviour and action, carried out in order to convince doctors that the child's state of physical and/or mental health and neurodevelopment is impaired (or more impaired than is actually the case). FII results in physical and emotional abuse and neglect, as a result of parental actions, behaviours or beliefs and from doctors' responses to these. The parent does not necessarily intend to deceive, and their motivations may not be initially evident.

Click [here](#) for a scenario.

Scenario – Child with Medically Unexplained Symptoms

Staff at a child's nursery observe that the child is frequently complaining of stomach aches for which there is no obvious reason. The nursery contacts the parents, and they are not aware of the problem. Therefore, it appears the child could be having an issue at nursery, and this is manifesting itself in a physical issue. The nursery's Designated Safeguarding Lead (DSL) considers the [flowchart within the procedure](#) and goes down the right-hand column. When the parents, nursery and, potentially, the GP work together, talking to the child about their symptoms, it is realised they are linked to anxiety around certain aspects of nursery life. The parents, nursery and, potentially, the GP come up with a plan to work together to resolve the issues.

Scenario – Child with Perplexing Presentations

From both their records and observations of teachers and teaching assistants, a school has noticed that a child has been away from school for several long periods with a number of different reported medical problems. The school speaks to the parents and the school is not satisfied with the explanation given by the parents, as they cannot seem to give any detail about GP or hospital visits. Also, when the child is in school, they are not observing the same things that the parents are reporting. The school's Designated Safeguarding Lead (DSL) considers [the flowchart within the procedure](#) and goes down the right-hand column. The school talks to the parents again and requests permission to speak to the GP. These things could happen:

- It could be that the parents give permission, the school speaks to the GP and this conversation explains the situation. There is agreement that the school will continue to monitor the situation and continue to liaise with the parents.
- It could be that the parents refuse permission. The school continues to be concerned but does not consider the issue to be an immediate safeguarding concern. They contact Children's Social Care, and a professionals meeting is held.

Scenario – Child with Fabricated and Induced Illness

Medical professionals have identified that over a period of months a child has been taken to both the GP and Walk-In Centres with a variety of physical complaints. It is recognised that the child has previously suffered from an illness, but medical professionals are not observing the same things that the parents are reporting. These things may be happening:

- The parents genuinely believe that the child is ill.
- The parents are exaggerating the child's existing symptoms.
- The parents are deliberately inducing symptoms in the child.

A medical professional considers [the flowchart within the procedure](#). If there are immediate concerns for child safeguarding, a medical professional contacts the Police and Children's Social Care (left-hand side of the flowchart). If there are no immediate concerns for child safeguarding, a medical professional contacts the Integrated Care Board (ICB) Named GP Safeguarding Doctor. The case could result in a Health Professionals Meeting and, potentially, a Health and Education Rehabilitation Plan Meeting (right-hand side of the flowchart).