

1. Background

International research findings suggest that up to 10% of children who are impacted by FII die and about 50% experience long term morbidity as a consequence.

One study found that 6% of children died as a direct result of abuse. A further 12% needed intensive care and a further 35% suffered major physical illness as a result of abuse. It is essential that all professionals who meet children showing signs of FII are aware that this form of abuse exists and know what to do if they are concerned about a child.

[Report a Concern.](#)

2. Presentations

Perplexing Presentations (PP) - a child's presentation cannot be adequately explained by a diagnosis and the situation is impacting on the child's health, development, and social wellbeing.

Medically unexplained Symptoms (MUS) - The symptoms which the child complains, and presumed to be genuinely experienced are not fully explained by any known pathology. These are usually psychosocial and may be part of other presentations.

Fabricated or induced illness (FII) is a rare form of child abuse. It is a clinical situation in which a child is, or is very likely to be, harmed due to parent(s)' actions to convince doctors that the child's state of physical and/or mental health or neurodevelopment is impaired.

FII results in emotional and physical abuse and neglect. These types of cases need expert input from a variety of disciplines and are challenging for professionals to work with.

3. Indicators

Illness may not be verified or unusual results, unexpectedly poor response to treatment, excessive impairment to daily living. These signs may be in context of known illness. Parents may want more investigations, multiple opinions or present with new symptoms or to numerous medical settings. Despite this, the child may not be taken to appointments, and may not be able to be seen alone. Parents may object to communication between professionals and may make frequent complaints about professionals.

4. Response

The paramount consideration for professionals is the impact of the situation on the child's health and wellbeing. These signs may not amount to FII or PP but should be considered along with general safeguarding concerns as to whether there is harm to the child.

In the early stages where a professional is concerned that a child's presentation is confusing, unless there are immediate concerns requiring medical intervention, professionals should seek to include families in early conversations. Meetings about the child should include family unless there is a risk of serious harm .

If a child is thought to be at risk of significant harm at any point a referral must be completed to [MAST](#).

7. Resources

[Perplexing Presentations \(PP\) and Fabricated or Induced Illness \(FII\) in Children](#)

[Working Together to Safeguard Children 2023](#)

[Safeguard Guide No 9 - Professional Curiosity and Challenge](#)

[Multi-agency Professionals Meeting](#)

[NHS overview of FII](#)

6. Multi-agency working

All professionals should familiarise themselves with the warning signs of FII found [here](#).

Meeting minutes should be detailed and state clearly the reasons for concerns, actions taken and by whom.

At all times the welfare of the child is paramount and professional must maintain this focus, particularly if parent / carer is resistant to an agency's involvement and may be making complaints.

5. Specialist Support

Ensure the appropriate professional is engaged with the family. Consider a Health Visitor, a School Nurse and GP initially. A family who declines the offer of an Early Help may still be supported and engaged.

If concerns persist a specified paediatric/CAMHS lead should be involved supported by Named Doctor to assess risk, and a multi-agency, holistic medical and psychosocial approach agreed. This may include the police and social care and must include an agreed communication strategy with parents / carers at all stages.

