



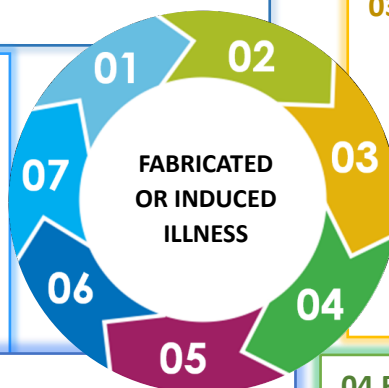
01 What is it? Fabricated or induced illness (FII) refers to a process in which a parent or caregiver induces illness in a child by exaggeration, deliberate non-treatment, fabrication or falsification of signs of illness. The process can include the inappropriate administration of medication or substances causing illness. It could also involve interference with equipment or medical documents relevant to the child's health. The caregiver may or may not genuinely believe the child to be ill. **Perplexing Presentations** is another term sometimes used to describe the signs listed in **Section 03** that may alert to potential FII.

07 Additional Resources

- [Perplexing Presentations \(PP\)/Fabricated or Induced Illness \(FII\) in Children Guidance \(RCPCH, 2021\)](#)
- [Fabricated and Induced Illness Practice Guide \(BASW, 2022\)](#)

06 Where Fabrication turns to Induction

Professionals should demonstrate particular care to consider significant risk of harm where a parents' **fabrication** of ill-health (exaggeration, invention, mis construal, insistence on further investigation) moves into **induction**, where a child becomes unwell because of falsified reports, investigations, contamination of samples, withdrawal of food or medication, over-medication, poison or inducing unconsciousness. Dr Danya Glaser, child development expert, talked about this being where parents move FII practice from mouth  to hands 



02 Impact on Children can include actual physical harm, potential trauma, anxiety and confusion during multiple and sometimes invasive treatments and investigations. There can be missing or reduced attendance at school, social activities and normal daily lives, leading to social isolation. All this impacts on a child's development, identity and relationships. Children and young people can develop health anxiety themselves, which could lead either to collusion with the parent or a child being silently trapped in the falsification of illness. Often these young people develop medically unexplained symptoms at a later stage.

03 Potential Signs in Children

- Variance in reports of physical, psychological or behavioural symptoms between settings where the child is seen
- Unusual results in medical investigations or treatment plans
- Unusual characteristics of the child's ill-health
- Unexplained impairment in the child's day-day life (i.e. privately procured mobility aids)
- Symptoms reported by a parent/carer are not corroborated by the child.

04 Recognising the Potential Signs in Parent/Carers

- Parent's requesting multiple investigations or seeking different medical opinions
- Repeated presentations with sometimes multiple health services and regular reporting of new symptoms
- Parents/Carers are not able to seek reassurance from health investigations
- Objection, resistance, challenge or complaint from Parents/Carers
- Always one parent who attends appointments and reports concerns and child in often not present
- Parent/Carer forms a close relationship with key health staff

05 Key messages for Practice This is a challenging area of practice that requires a sensitive and coordinated response by services. Often the process is lead by health staff, who can seek specialist advice from the Child Protection Lead Paediatricians or the Child Protection Advisors. However, key messages are to:

- **Remain professionally curious** and **seek supervision** to explore concerns.
- **Share information** between services that work directly with the child and their family, wherever possible (early years, schools, health visitor, school nurse, specialist teams)
- Use National Practice Model tools to support analysis – **particularly chronologies**
- This situation may warrant a **professionals only meeting**, before a wider GIRFEC meeting is held with the family, so as not to increase risk.