Perplexing presentation - Fabricated or Induced Illness (FII) considered

Features that may raise concerns about FII include:

- High risk presentation as below
- Over-presentation of a well child
- Unusual medical presentations
- Presentation does not match description given
- Medically unexplained symptoms
- Overanxious/ exaggeration
- Unexpectedly poor response to treatment

Assessment of risk of serious and / or immediate harm

Medium to low risk of harm
No clear evidence of high risk (as opposite). Concerns may be suspected but not clear. Concerns are more about carers reported concerns rather than possible induction or actions Other diagnoses such as parental mental health issues / medical diagnosis may still be possible

High risk of harm – eg
Presentation is a life threatening symptom eg turning blue, fits Evidence of deception Evidence of physical actions by carers to produce an illness picture (interfering with reports, specimens, investigations, withholding medication or food, poisoning).

Follow Section 10: This process may take days, weeks or months. Urgency proportionate to degree of risk and likelihood of FII. Consider the following:

- Detailed chronology and multi-professional working.
- Early professionals' meeting (may be run as strategy meeting).
- Social care / early help involvement (not always necessary, but appropriate if: FII likely; other social issues identified; or social care perspective might help towards understanding).
- Identify lead clinician and avoid mixed messages.
- Discuss with named / designated professionals for safeguarding.
- Contain parental anxiety.
- Specific medical assessment for a particular condition or its extent, balanced with avoiding harm through unnecessary medical testing and treatment that is not clearly indicated. Aim to draw a line – "We have investigated enough".
- A period of admission may be helpful for closer observation. This must be carefully planned.
- Consider a ‘double-decker’ meeting (first ‘deck’ with all professionals, second ‘deck’ small group of key professionals with parents).
- The meeting with parents may be considered the ‘Good news’ meeting – "We are confident there is no serious underlying medical problem, and we want to work with you to enable your child to live as normally as possible despite any symptoms".
- Clear plan to parents for management of symptoms
- Clear plan for professionals monitoring progress (agree who) and when to escalate.

Review and Monitor
Review whether there is a risk of FII and how high the risk of serious harm or evidence of deception.

AMBER PATHWAY

Follow process in Section 9 urgently.

If immediate or potential serious threat to child, take urgent steps to secure safety and prevent further harm.
- Urgent referral to social care and possibly police.
- Urgent strategy meeting including consideration of protection orders, next steps, police investigation, risk to siblings, information sharing with parents.
- Preserve evidence (where available).
- Medical
  - Admit child to hospital urgently (if not inpatient)
  - Review medical management plans.
  - Identify lead paediatrician
  - Escalate to senior staff (consultant, most senior nurse, named / designated professionals)
- Detailed record-keeping.
- Avoid confrontation with parents.
- Caution about raising FII concern with parent(s) pending senior multi-professional agreement because of potential for increased risk of harm/compromise to criminal or safeguarding process.
- Urgent detailed chronology.
- Consider a (further) period of admission with clear guidance.
- Further strategy meeting(s) may be needed.

RED PATHWAY

Review and Monitor
Review whether there is a risk of FII and how high the risk of serious harm or evidence of deception.