**4.** **It is expected that a collaborative approach with parents that acknowledges their views and concerns is more likely to promote the child’s health and well-being.**

**If parents are not able or willing to accept the proposed change of direction from investigation to rehabilitation and continue to pursue further medical intervention/investigation the child is at risk of harm and referral to Children's Services is required with parental knowledge on the basis of neglect or emotional harm rather than Fabricated or Induced Illness.**

**Perplexing Presentations**

**By Dr Tozer**

**Torbay and South Devon NHS Foundation Trust**

**1.** **Fabricated or Induced Illness (FII) is abuse where a parent or carer harms a child usually in a way that leads to unnecessary medical interventions.  Examples include salt poisoning, suffocation causing seizures and adding blood to urine tests simulating a serious kidney problem.  Whilst these cases are often highly dangerous to the child and very newsworthy they are rare.**

**3.** **The Royal College of Paediatrics and Child Health has developed new practice guidance in recognition of these difficulties with previous practice.  It is recommended that the term Perplexing Presentations is used by professionals to describe a situation that gives them cause to question whether acts or omissions by the parent or carer are causing or contributing to the child’s reported symptoms.  The approach recognises that there may be many other potential causes for the symptoms including organic illness, parent and child’s anxiety, health beliefs which need to be explored.  Focus on the current health and wellbeing of the child is paramount. Paediatricians should work with other professionals and parents/carers to develop an agreed plan for necessary referrals and investigations and redirection of management to rehabilitation.**

**2.** **Practitioners frequently encounter children whose parent or carer is concerned about their health and the symptoms are unusual, puzzling or do not necessarily fit with the practitioner’s opinion of the health of the child. Consideration may turn to whether the parent is fabricating or inducing illness.  Historically such cases have been considered possible FII leading to MASH referrals without parents knowledge.  The process focuses on evidence gathering in attempting to prove historical abuse through FII.  This process can take a long time, is often inconclusive, frequently does not improve life for the child and can damage working relationships with the family.**

**5. Deferring investigation and treatment will rarely put child at risk but would not be appropriate if the child is obviously unwell or parent reports potentially life-threatening problems.  Urgent MASH referral, and possibly contacting police, without parents knowledge specifying concern about Induced Illness may be required in this circumstance*.***