

The ME Association is a leading UK charity for people with ME/CFS and we've been providing expert help since 1980.

We have established an excellent reputation over the last 45 years delivering high standards of support, providing reliable and timely information, promoting medical training, effective lobbying, and making prudent research investments.



WEBSITE: www.meassociation.org.uk

Background Information relevant to the *Call to Withdraw the FII (Fabricated Induced Illness) Label* campaign

This is not the first call for withdrawal of the perpetuated misguidance in and influenced by 2021's updated Royal College of Paediatricians and Child Health (RCPCH)'s "*Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in children – guidance*", with the RCPCH and other bodies implicated continuing to ignore their complicity in harming lives, sometimes irreversibly.

The RCPCH guidance includes the following statements:

1.2 Essential principles in this new guidance (p7)

- Updated definitions of medically unexplained symptoms (MUS), Perplexing Presentations (PP) and a wider view of fabricated or induced illness (FII).
- The importance of the functional implications of diagnoses rather than the mere fact of the diagnoses.
- The essence of FII is the parents' focus on engaging and convincing doctors about the parents' erroneous view of the child's state of health.
- Parental behaviour may be motivated by anxiety and erroneous belief about the child's state of health and/or by gain for the parent/s.
- Alerting signs for possible FII must be considered and investigated appropriately. FII should not be a diagnosis of exclusion but should be considered with the same rigor as organic disease.

3.2.1 Medically Unexplained Symptoms (MUS) (p.10)

In Medically Unexplained Symptoms (MUS), a child's symptoms, of which the child complains and which are presumed to be genuinely experienced, are not fully explained by any known pathology. The symptoms are likely based on underlying factors in the child (usually of a psychosocial nature) and this is acknowledged by both clinicians and parents. MUS can also be described as

'functional disorders' and are abnormal bodily sensations which cause pain and disability by affecting the normal functioning of the body.

3.2.3 Fabricated or Induced Illness (FII) (p.11)

Table 1 : Definitions of key terms :

Term : Medically Unexplained Symptoms (MUS)

Definition : The child's symptoms, of which the child complains and which are genuinely experienced, are not fully explained by any known pathology but with likely underlying factors in the child (usually of a psychosocial nature), and the parents acknowledge this to be the case. The health professionals and parents work collaboratively to achieve evidence-based therapeutic work in the best interests of the child or young person. MUS can also be described as 'functional disorders' and are abnormal bodily sensations which cause pain and disability by affecting the normal functioning of the body.

<https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/>

(Summary presentation of this guidance :

https://www.42br.com/_files/content/new-guidance-for-release.pdf)

Contrary to these assertions, there are no safe grounds for simply assuming that symptom presentations which don't fit with known "evidence bases" for well-defined diagnoses are driven by psychosocial factors.

There is varying probability for most presentations, but it is well established that over-activity in those with ME/CFS and similar post-infectious illness presentations is likely to trigger post-exertional malaise (PEM) – the worsening of symptoms and decreased ability to function physically or mentally that is disproportionate to the triggering activity, and is often delayed in onset and/or full development, and from which recovery is delayed and unduly prolonged.

The incidence of post-COVID-19 illness has raised awareness of post-infectious illness periods of varying chronicity, along with the recognition that PEM can manifest across the range of such cases. But usage of PEM as a descriptor has become loose within that, and the full scale of undue and prolonged reaction to unsustainable activity is too often overlooked.

Previous NICE guidelines NG76 "Child abuse and neglect", 2009 and NG.89 "Child maltreatment: when to suspect maltreatment in under 18s", 2009 / rev. 2025 both

refer to Fabricated or Induced Illness, with NG76 section 1.3.44 referring to NG89, which has the following under section heading “1.2 Clinical presentations”:

Fabricated or induced illness (pp.22/23)

1.2.11 Consider fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture. Fabricated or induced illness is a possible explanation even if the child has a past or concurrent physical or psychological condition.

1.2.12 Suspect fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture and one or more of the following is present:

- reported symptoms and signs only appear or reappear when the parent or carer is present
- reported symptoms are only observed by the parent or carer
- an inexplicably poor response to prescribed medication or other treatment
- new symptoms are reported as soon as previous ones have resolved
- there is a history of events that is biologically unlikely (for example, infants with a history of very large blood losses who do not become unwell or anaemic)
- despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptoms
- the child's normal daily activities (for example, school attendance) are being compromised, or the child is using aids to daily living (for example, wheelchairs) more than would be expected for any medical condition that the child has.

Fabricated or induced illness is a likely explanation even if the child has a past or concurrent physical or psychological condition.

Inappropriately explained poor school attendance

1.2.13 Consider child maltreatment if a child has poor school attendance that the parents or carers know about that has no justification on health, including mental health, grounds and home education is not being provided.

<https://www.nice.org.uk/guidance/cg89/resources/child-maltreatment-when-to-suspect-maltreatment-in-under-18s-pdf-975697287109>

<https://www.nice.org.uk/guidance/ng76/resources/child-abuse-and-neglect-pdf-1837637587141>

NHS (England)'s Health A-Z has information on Fabricated or induced illness (FII) that does not address the difference between a physician not knowing or recognising a child's presentation or accepting a parent's suggestion of any potential diagnosis for differentiation which are outside the limits of evidence-based medicine.

It includes the following statements which potentially promote overinterpretation of presentations as indicating FII:

The parent or carer tries to convince doctors that the child is ill, or that their condition is worse than it really is.

The first priority is to protect the child, find out their true state of health and restore them to good health. Health professionals will create a health and education rehabilitation plan for the child.

In more severe cases, the parent or carer may be compulsorily detained in a psychiatric ward under the Mental Health Act so their relationship with the child can be closely monitored.

A clinician may suspect fabricated or induced illness if, after carrying out examinations and tests, there appears to be no explanation for the child's symptoms.

They should also look out for 1 or more of the following warning signs:

- the parent or carer does not let healthcare professionals see the child on their own
- the parent or carer talks for the child, or the child refers to the parent or carer rather than speaking for themselves
- the child has an inexplicably poor response to medicine or other treatment
- the child's alleged symptoms do not seem plausible...
- the parent or carer does not accept reassurance or recommended treatment...

Previous case reports of FII have uncovered evidence of parents or carers:

- exaggerating, distorting or lying about their child's symptoms, medical history, tests or diagnoses

- not treating or mistreating genuine conditions so they get worse

Research has found some parents and carers who were known to have fabricated or induced illness in their child were victims of physical and sexual abuse during their own childhood.

Whether or not the child is referred to children's social care, healthcare professionals will create a health and education rehabilitation plan for the child.

The plan will cover the actions needed to resolve the situation and help the child recover, such as:

- stopping any unnecessary medicines or treatment
- getting the child back to school
- psychological support for the child and the family

Doctors will usually lead on creating the plan, and education and social care professionals may also be involved. The child's parents or carers will be asked to support the plan.

<https://www.nhs.uk/mental-health/conditions/fabricated-or-induced-illness/>

While this advice does suggest cases are rare, it does not emphasise the risks from physicians not recognising emergent illnesses as probable causes, and making presumptions for universal applicability of broadly effective treatment and management approaches.

NHS (England)'s Health A-Z has information on Medically Unexplained Symptoms that does include reference to symptoms possibly being:

... part of a poorly understood syndrome, such as:

- chronic fatigue syndrome (CFS) – also known as ME

But most of the references they make are to psychological causality and the suitability of relevant treatment, though this page does refer to their page on Myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS).

<https://www.nhs.uk/conditions/medically-unexplained-symptoms/>

<https://www.nhs.uk/conditions/chronic-fatigue-syndrome-cfs/>

Some other potentially misleading guidance such as the Royal College of Psychiatrists' guides on "Bodily Distress Symptoms in Children and Young People"

and “Medically Unexplained Symptoms” have been withdrawn from general circulation, but are still available on internet search.

Whereas the Royal College of Psychiatrists’ report “CR223 Assessment and management of adults and children in cases of fabricated or induced illness (FII)” (2019/20) remains available.

<https://www.rcpsych.ac.uk/docs/default-source/members/faculties/child-and-adolescent-psychiatry/child-and-adolescent-faculty-bodily-distress-symptoms-professionals-guideline---feb-2024.pdf>

<https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/medically-unexplained-symptoms>

[https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr223-assessment-and-management-of-adults-and-children-in-cases-of-fabricated-or-induced-illness-\(fii\).pdf](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr223-assessment-and-management-of-adults-and-children-in-cases-of-fabricated-or-induced-illness-(fii).pdf)

A number of local authorities have produced guidance based on the 2021 RCPCH guide, aimed at staff who might be faced with a case that suggests an issue which might approximate FII.

The British Association of Social Workers produced guidance on FII in 2022 based on the RCPCH guide, which is only available to members, but which is reported as stating:

- there are no statistics nor research on the incidence of FII

In 2024, the Safeguarding Network – (a membership advice resource for those with safeguarding responsibilities) – produced guidance on Perplexing Presentations and Fabricated or Induced Illness which does recognise the harm that can be caused by an incorrect diagnosis of FII, but does not further consider the range of potential causes for symptoms which the RCPCH guidance designates as Perplexing Presentations.

Safeguarding Network’s guidance does reference a 2023 Report from charity Cerebra (for children with brain conditions) which includes the following statement among risks for misdiagnosis:

2.37 Gullon-Scott and Long argue that the RCPCH 2021 guidelines concerning FII and Perplexing Presentation (PP):

- have broadened the concept of abusive behaviour to scoop up anything that leads to a parent presenting frequently to professionals with concerns about their child and where the professionals are unable to identify a cause FII and PP actively suggest that autism, Ehlers-Danlos syndrome, chronic fatigue syndrome, gastrointestinal difficulties, gait disturbance and similar may be alerting signs in the child or a factor in the parent (without any evidence basis), and therefore immediately have bias against these parents. FII focuses on outcome and ignores the reason for the behaviour.

<https://safeguarding.network/content/safeguarding-resources/fabricated-induced-illness>

<https://cerebra.org.uk/wp-content/uploads/2023/11/FII-Final-report-2023-Nov-01.pdf>

NICE guideline NG206 “Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management”, 2021, is primarily for adults, but does include guidance for children and young people, including in the guidance on safeguarding (pp.22/23).

1.7 Safeguarding

1.7.1 Recognise that people with ME/CFS, particularly those with severe or very severe ME/CFS, are at risk of their symptoms being confused with signs of abuse or neglect.

1.7.2 If a person with confirmed or suspected ME/CFS needs a safeguarding assessment, directly involve health and social care professionals who have training and experience in ME/CFS as soon as possible.

1.7.3 If a person with confirmed or suspected ME/CFS needs to be assessed under the Mental Health Act 1983 or the Mental Capacity Act 2005, directly involve health and social care professionals who have training and experience in ME/CFS as soon as possible.

1.7.4 Recognise that the following are not necessarily signs of abuse or neglect in children and young people with confirmed or suspected ME/CFS:

- physical symptoms that do not fit a commonly recognised illness pattern
- more than 1 child or family member having ME/CFS
- disagreeing with, declining or withdrawing from any part of their care and support plan, either by them or by their parents or carers on their behalf
- parents or carers acting as advocates and communicating on their behalf

- reduced or non-attendance at school.

1.7.5 Be aware that recognising and responding to possible child abuse and neglect (maltreatment) is complex and should be considered in the same way for children and young people with confirmed or suspected ME/CFS as with any child with a chronic illness or disability. Follow the NICE guidelines on child maltreatment and child abuse and neglect.

1.7.6 Offer children and young people with ME/CFS a review of their care and support plan at least every 6 months, and more frequently if needed, depending on the severity and complexity of their symptoms.

<https://www.nice.org.uk/guidance/ng206/resources/myalgic-encephalomyelitis-or-encephalopathychronic-fatigue-syndrome-diagnosis-and-management>

The Royal College of Paediatrics and Child Health (RCPCH) produced a commentary on NG206, stating :

“...the RCPCH is concerned that the provisions described for safeguarding may preclude the rapid identification of abuse and neglect of children and young people in some (hopefully rare) instances. Where children are thought to have severe or very severe ME/CFS resulting in withdrawal and school absence, or where manifestations of the disease are similar to those that typically arouse safeguarding concerns, more frequent face to face review (than the six-monthly suggested in the new guideline) should be considered to ensure the child or young person’s wellbeing.”

<https://www.rcpch.ac.uk/resources/me-cfs-nice-clinical-guideline-member-briefing>

Action for ME’s booklet “ME in children and young people: A guide for social workers” (March 2025) cites that one in five families having faced unfounded accusations of fabricated or induced illness (FII), abuse, or neglect, leading to child protection referrals. Referrals have mainly arisen from inappropriate assumptions for the child’s symptoms, and so for the family’s attempts to secure appropriate care.

<https://www.actionforme.org.uk/wp-content/uploads/2025/03/ME-in-children-and-young-people-a-guide-for-social-workers.pdf>

Other reports of inappropriate diagnosis for “Perplexing Presentations” or attribution of FII have shown single figure percentages of actual cases amid the

great majority of false claims by persons with safeguarding responsibility to the children and young people involved.

Currently, the Department of Education are seeking views on possible updates to their statutory guidance “Keeping children safe in education” (2015, rev. September 2025).

The most recent version of this guidance includes 4 references to illness, 2 of which relate to FII. It does also refer to the long-standing statutory guidance “Supporting pupils at school with medical conditions” (2015) which provides for adjustments for pupils with medical conditions. That guidance includes the following in “Unacceptable practice” (p23):

Further advice: Although school staff should use their discretion and judge each case on its merits with reference to the child’s individual healthcare plan, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

<https://consult.education.gov.uk/independent-education-and-school-safeguarding-division/keeping-children-safe-in-education-2026-revisions/>

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