

1

Background

Perplexing Presentations (PP) are situations where 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.

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)' behaviour and action, carried out in order 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.

2

Why it matters

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.

3

Information

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.

Ensure the appropriate professional is engaged with the family. Consider a Health Visitor or a School Nurse initially. A family who declines the offer of an Early Help Assessment may still be supported and engaged without a formalised tool.

Consent should be sought to gather further information from the GP or involved paediatrician

4

in order to understand the presentation of the child and why this may be confusing. If this does not resolve the confusion and no paediatrician is involved, then the child should be referred into paediatric or CAHMS services.

If there is still confusion after the child has seen the Consultant Paediatrician/ CAMHS worker they should seek to reach a consensus with the other professionals caring for the child as to the actual state of the child's physical, psychological and

5

neurodevelopmental health. This will involve a multi-professionals meeting.

The Lead Paediatrician/CAMHS Worker should then feedback the consensus of the multi-professionals meeting to the parents and child and work with them to develop a Health and Rehabilitation Plan (HERP) which will aim to rationalise and co-ordinate the child's healthcare and optimise their education.

If the parents do not agree to a HERP or do not progress the HERP then referral to CSC requesting a section 47 enquiry will be necessary under the category of abuse from which the child is suffering, for example, emotional abuse, physical abuse, or neglect.

**7**

Questions to consider

Can you recognise the signs of FII and PP in both children and parents/carers?

Do you know what to do if you suspect a child or young person has FII or PP?

Helpful resources:

[Overview: Fabricated or induced illness](#)

[RCPCH Guidance](#)

[CSAP FII and PP Guidance 2022](#)

[NICE Guidance](#)

6

What to do

Familiarise yourself with the FII warning signs which can be found on page 36-39 [here](#).

Familiarise yourself with the information needed in the chronology on page 40 [here](#).

Ensure that you keep detailed records clearly stating who reported concerns, what was observed and by whom.

Use a trauma informed approach with children and families.