7 Minute Briefing

Perplexing Presentations and Fabricated or Induced Illness

Derby and Derbyshire Safeguarding Children Partnership
www.ddscp.org.uk (August 2026)

1 Fabricated or Induced Illness (FII)

1. Fabricated or Induced Illness is the falsification of an illness by carers.
2. There are three main ways a carer may attempt to deliberately deceive medical services:
   - Fabrication of signs and symptoms including past medical history.
   - Falsification of specimens, charts etc.
   - Induction of an actual illness.
3. There is deliberate deception of professionals on behalf of the carer.
4. Child is at risk or likely to be at risk of significant harm.

2 Perplexing Presentations (PP)

1. A more common presentation than true FII.
2. Children often have a degree of underlying illness but commonly in PP carers often exaggerate genuine symptoms and signs.
3. Usually carers are not deliberately deceiving professionals. They are usually anxious that a health condition is being missed.
4. Not yet amounting to likely or actual significant harm but PP needs to be considered within the spectrum of FII.

3 Alerting signs to possible PP / FII for non-health professionals

- Reported multiple attendances to various health appointments, beyond what would be expected for the known health status of the child.
- Child's daily life is disrupted beyond what would normally be expected, for example kept off school, use of a wheelchair when not necessary etc.
- Carer reports new multiple symptoms or symptoms in other children in family.
- History of events reported by witnesses differ.
- Carer reports different information to different professionals.

4 Alerting signs to possible PP / FII for health professionals

As above plus:

- Carer reporting symptoms that are not explained by known medical conditions.
- Physical examination and investigations do not explain symptoms and signs.
- Child has inexplicably poor response to prescribed medication or treatment.
- Carers seeks multiple opinions.
- Symptoms contradicted by medical tests.
- Clear evidence of fabrication or induction of illness.

5 FII — What to do if you have concerns

- Refer to children's social care immediately, and police if immediate protection required.
- Do not share the reason for the referral with the carer if this may compromise the safety of the child.
- Secure any potential evidence.
- Gather chronology of events or contacts.
- Once a referral has been accepted, children's social care will lead further assessments in conjunction with health colleagues and other agencies.
- A multi-agency meeting will be convened by children's social care within 4 weeks of the referral to determine whether this is FII or PP and next steps.

6 Perplexing Presentations

- Safeguarding leads should be informed of the concerns.
- Education should use the Information Sharing between Schools and General Practice form to request support.
- The named Paediatrician (one must be allocated/referred to if not already under one) should lead on the case with support from Named/Designated colleagues.
- A referral into children's social care is not usually required.
- Once suspected, PP should be explained to the carer, and child if old enough. A rehabilitation health care plan should then be agreed and everyone must be clear about the expectations.
- A health professionals meeting will usually be needed (+/- other agencies) to share information and inform future care.
- If the carer does not engage or concerns escalate, a referral should be made. Consent will depend on the level of concern.

7 Summary of the Principles of Managing Cases of PP / FII

- FII / PP constitutes physical and emotional harm.
- Can be difficult to identify, especially during initial presentations.
- Any professional may have concerns and should follow procedures.
- Always maintain focus on safeguarding and welfare of the child.
- Discuss concerns with line managers/safeguarding leads.
- Establish facts using a detailed chronology.
- Look for any emerging patterns.
- Clear record keeping is essential.
- Consider the level of harm/potential harm to the child.
- Please see DDSCP Procedures.