

GSCP 7-Minute Briefing

Fabricated Illness and Perplexing Presentations

August 2022



1. Background

2022 local guidance is based on the Royal College of Paediatrics and Child Health (RCPCH) 2021 guidance as well as learning from Serious Case Reviews.

Collaborative multiagency input, and sign off by the Greenwich Children's Safeguarding Partnership.

Whilst mainly applicable to health practitioners, this multiagency guidance is to provide a common approach and is applicable to all frontline staff working with children, young people, and their families.

2. Medically Unexplained Symptoms (MUS)

The symptoms which the child complains, and which are presumed to be genuinely experienced are not fully explained by any known pathology. These are usually psychosocial and may be part of other presentations.

Fabricated or Induced Illness (FII)

Clear deception/ illness induction or immediate, serious risk to life.

FII is serious but also very rare. It is important to consider other forms of harm.

3. Perplexing presentations (PP)

There may be discrepancies between reports, presentations and observations, or implausible descriptions, findings, or parental behaviours, (not yet amounting to likely or actual significant harm).

Needs a specified paediatric/CAMHS lead to collate and assess all information, supported by Named Doctor to assess risk, and a multi-professional and holistic medical and psychosocial consensus approach to agree when to gain views and involve parents and child in the discussions. Any second opinion must include all background information and must be reasonable. Lack of engagement or concerns may lead to referral to Children's Social Care.

4. Alerting signs

Illness may not be independently verified, there may be unusual results, unexpectedly poor treatment response, impaired daily living more than expected. These signs may be in context of known illness.

Parents may want more investigations, multiple opinions or present with new symptoms. Despite this, the child may not be taken to appointments, and may not be able to be seen alone. Parents may object to communication between professionals and may make frequent complaints about professionals.

The paramount consideration for health professionals is the impact of the situation on the child's health and wellbeing.

These signs may not amount to probable FII or PP but should also be considered along with general safeguarding concerns as to whether there is harm to the child.

5. Management

Manage risk – eg if serious harm from FII, or another cause.

Requires professional discussion supported by Named Doctor and if serious needs Multi agency strategic discussion and action by police/social care. Parents not involved in plan unless agreed at multiagency senior safeguarding professional meeting.

A collaborative approach with families is the best approach for Perplexing Presentations, unless there is a serious risk of harm to the child (eg with clear deception, illness, or immediate, serious risk to life/health). Requires a lead consultant supported by the Named Doctor to lead on obtaining a professional consensus in terms of management. Parents involved in plan when consensus reached. The RCPCH and Greenwich approach is collaborative, and based on a social model of illness rather than a medical model.

Review progress with lead professional and colleagues.

6. Longer term management (Perplexing Presentations)

Review progress with lead professional and colleagues. Consider level of harm, current uncertainty and escalate those situations that are medical neglect, physical or emotional harm.

Develop a multi professional Health and Education Rehabilitation plan for those that have not made progress, and review.

7. Further Reading

GSCP policy – Fabricated or Induced illness and Perplexing Presentations

RCPCH (2021) [PP or Fabricated Induced Illness in Children guidance](https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/) <https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/>



Lewisham Safeguarding Children Partnership