**Multi-agency Perplexing Presentations/over-medicalisation & FII pathway**

Fabricated or induced illness in a child is a condition or situation whereby a child suffers harm through the  deliberate action of her/his main carer and which is duplicitously attributed by the adult to another cause.

Concerns about medically unexplained symptoms (MUS)/over-medicalisation (see definition below)

Alerting signs (see definition below)

MASH Nurse to inform the GP, paediatricians and relevant Named Doctor/Nurse

Illness Induction

Immediate serious risk to child’s health

Clear deception

Case discussed in a multi-disciplinary health meeting; consider safeguarding advice from Named Doctor/ Named Nurse(s), GP, with consent of parents unless it puts child at increased risk of harm. Possible outcomes:

* FII
* Medical neglect/emotional abuse
* Health led management/medically unexplained

Health-led management

Significant Harm

Refer to Children’s Social Care

***Parents not to be informed***

**FII**

Child referred to children’s services– follow Pan Sussex procedures on FII/PP:

Named Doctor ( & if possible Designated Doctor) and lead clinician/paediatrician MUST be involved in strategy meetings (timescales to be delayed where appropriate; timing of case conference to be arranged to ensure paediatricians can attend).

Family NOT to be informed until agreed by all agencies

Designated professionals to be informed

inform

**HEALTH:** Lead clinician/paediatrician arranges health/medical follow-up/plan. Follow RCPCH FII guidance

Family to be informed if agreed

Ascertain child’s current state of health and daily functioning

**PP/Medical Neglect/Emotional abuse:**

Refer to children’s social care (refer to page 27, 5.3.2 RCPCH FII/PP guidelines 2021). Strategy meetings MUST include the lead clinician/paediatrician & include GP information, school, hospital/child development centre + involve the relevant Named Doctor

Family can be informed if agreed by all agencies

Collate all the current health service involvement

At any stage referral to Children’s social care may be needed

Verifying all reported diagnoses

Explore parents’ views, fears, beliefs, wishes

Parents do not support plan 🡪

Refer to children’s social care as medical neglect and emotional abuse (Fabricated or Induced Illness). *Parents to be informed of referral*

**Explore child’s views, fears, beliefs, wishes**

+/- Family support via Early Help

Explore siblings’ health and family functioning

Obtain consensus from all professionals involved on:

* The child’s current state of health
* Areas of continuing uncertainties
* Harm to child
* Rehabilitation plan offered to parents

Rehabilitation proceeding

Alerting signs = Alerting signs are not evidence of FII. However, they are indicators of **possible** FII (not amounting to likely or actual significant harm[[1]](#footnote-1)[1]) and, if associated with possible harm to the child, they amount to general safeguarding concerns. Some alerting signs are initially recognised by community or primary health care professionals such as health visitors, GPs or community paediatricians, or by professionals in pre-school/early years, schools and other educational settings. Others are first noted by hospital-based paediatricians or in Child and Adolescent Mental Health Services (CAMHS).  **The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviours.  Alerting signs may be recognised within the child or in the parent's behaviour.** A single alerting sign by itself is unlikely to indicate possible fabrication. Paediatricians must look at the overall picture which includes the number and severity of alerting signs.

Definitions

FII: Fabricated or induced illness in a child is a condition or situation whereby a child suffers harm through the deliberate action of her/his main carer and which is duplicitously attributed by the adult to another cause. FII is where the child’s clinical presentation is not adequately explained by any confirmed illness, and the situation is impacting upon the child’s health or social wellbeing.

FII, involving deliberate deception of medical services by the carer which may involve actions to falsify specimens or investigations, or induction of actual illness in the child is rare and serious, requiring immediate attention and action (follow Pan-Sussex FII procedures).

Perplexing Presentations: There is also a group of children that present with perplexing/medically unexplained symptoms (“perplexing presentations”). Perplexing presentations may include cases of functional disorders (conditions with a psychological cause of the symptoms) and those cases that medical professionals are unable to explain based on their clinical assessment and medical investigations. Rarely in some of these cases, are symptoms being reported to gain support that may not be required or recommended by health and education professionals. This group can include cases where a parent (or child) is exaggerating symptoms, misreporting or misunderstanding conditions.

The common starting point for both ‘Perplexing Presentations’ (PP) and fabricated or induced illness (FII) is that the child’s clinical presentation is not adequately explained by any confirmed illness, and the situation is impacting upon the child’s health or social wellbeing.

Medical neglect – where parents/carers minimise or deny a child’s illness or health needs, fail to seek appropriate medical care, or fail to administer medication or recommended treatments. This may include neglect of all aspects of healthcare, including dental care.

**Alerting signs in the child:**

* Reported physical, psychological or behavioural symptoms and signs not observed independently in their reported context
* Unusual results of investigations (e.g. biochemical findings, unusual infective organisms)
* Inexplicably poor response to prescribed treatment
* Unexplained impairment of child’s daily life, including school attendance, aids, social isolation.

**Alerting signs - parent behaviour**

* Parents' insistence on continued investigations instead of focusing on symptom alleviation when reported symptoms and signs not explained by any known medical condition in the child
* Parents' insistence on continued investigations instead of focusing on symptom alleviation when results of examination and investigations have already not explaining the reported symptoms or signs
* Repeated reporting of new symptoms
* Repeated presentations to and attendance at medical settings including Emergency Departments
* Inappropriately seeking multiple medical opinions
* Providing reports by doctors from abroad which are in conflict with UK medical practice
* Child repeatedly not brought to some appointments, often due to cancellations
* Not accepting reassurance or recommended management, and insistence on more, clinically unwarranted, investigations, referrals, continuation of, or new treatments (sometimes based on internet searches)
* Objection to communication between professionals
* Frequent vexatious complaints about professionals
* Not letting the child be seen on their own
* Talking for the child / child repeatedly referring or deferring to the parent
* Repeated or unexplained changes of school (including to home schooling), of GP or of paediatrician / health team
* If concerns remain, the concerned professional MUST contact the MASH/FDFFs and submit concerns for multi-agency review. MASH must not notify parents of contact unless agreed by all partners. MASH Manager to record clear rationale as to the reason why those with PR for the child are not to be informed i.e. risk of further harm.
* All agencies need to record the reasons as to why parents and carers have not been informed of the level of concern, which should only happen in cases where a child is assessed to be a risk as a result. MASH/FDFFs Manager to note that seeking relevant permissions and informing parents and carers is to be reviewed on a regular basis by Manager, lead paediatrician and Named Doctor/Nurse, alongside partner agencies.
* Is there a risk of harm 🡺 Strategy meeting to be convened and timescales to ensure the lead paediatrician and at least a Named or Designated Doctor/Nurse can attend.
* For cases that are perplexing i) it is essential to have reached an agreement (health decision or via the strategy discussion) **prior to parents/carers being notified of the concerns.** ii) a decision must be made regarding who (and when) is best placed to have this conversation with parents/carers.
* Should concerns be raised regarding immediate risk to a child (usually true FII), in the course of making enquiries, an urgent strategy discussion must take place with a clinician/paediatrician (can include a Named or Designated Health professional) and action taken to make the child safe in accordance with each agencies role and responsibility. Social Care, in this scenario, must seek legal advice at the earliest opportunity.
* For FII and perplexing cases opportunities for multi-agency sharing of information, collaboration, planning and challenge should take place on a regular basis via review strategy meetings The schedule for which should be set discussed at the initial strategy meeting and should then be reviewed at every subsequent meeting.

**Medically Unexplained Symptoms (MUS)** 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. The health professionals and parents work collaboratively to achieve evidence-based therapeutic work in the best interests of the child or young person. In 2018, the Royal College of Psychiatrists and the Paediatric Mental Health Association (PMHA) developed a guide to assessing and managing medically unexplained symptoms (MUS) in children and young people14 and a recent editorial is very helpful. Experienced clinicians report that, on occasion, MUS may also include PP or FII.

RCPCH FII/PP guidelines - [Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in Children guidance](https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/).

1. [1] UK Government. 1989. Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents> [↑](#footnote-ref-1)