

New RCPCH guidance – perplexing presentations / fabricated or induced illness (FII) by carers

Background & existing guidance

- The Government’s statutory guidance ‘[Safeguarding children in whom illness is fabricated or induced](#)’ was published in 2008 (Department for Education, Department of Health and Social Care and Home Office).
- RCPCH published ‘[FII – a practical guide for paediatricians](#)’ in 2009, to supplement the statutory guidance.
- In 2018, Department for Education updating ‘[Working together to safeguard children](#)’, which provides statutory guidance on inter-agency safeguarding work.
- Since 2008, there has been more research and insight into FII cases in the UK. In 2013, the RCPCH Child Protection Companion introduced the term ‘perplexing presentations’.
- In 2018, RCPCH undertook a survey of child health professionals to understand their experiences of managing cases of FII. These findings have provided an evidence-base for RCPCH to update their guidance.
- Other Royal Colleges have also developed specific FII guidance (e.g. [Royal College of Psychiatrists](#) CR 223, 2020).

How has the new RCPCH guidance been developed?

- RCPCH convened a working group of professionals from across the UK (including expertise from safeguarding, allergy, rheumatology, mental health) who have overseen the update of the guidance.
- External consultation on the draft guidance was carried out in 2019, with supportive feedback from a range of organisations (including NHS England, Royal College of Nursing, Royal College of Psychiatrists, Institute of Health Visiting, BMA).
- The guidance has been discussed with paediatricians during an RCPCH conference session and through dedicated calls with safeguarding teams from across the UK.
- RCPCH have met with patient groups (including Action for ME and Fiightback) and have working with RCPCH &Us to ensure that the experiences of children, young people and families have been considered.
- RCPCH have sought input from children’s social care, recognising the important role social care colleagues play in managing cases of FII and are currently seeking social care support for the new guidance. In 2019, a roundtable discussion was facilitated with senior social care colleagues, including input from the Research in Practice network. RCPCH have struggled to get engagement from the Association of Directors of Children’s Services.

Who is the new RCPCH guidance for?

- While written primarily for paediatricians, it will have direct relevance to GPs, other specialists, social care and education.
- ‘On the ground’ feedback shows that many colleagues (particularly in social care) continue to use and cite the 2008 statutory guidance, in lieu of specific professional guidance.

What is new in the 2020 RCPCH guidance?

- New definitions of medically unexplained symptoms (MUS), perplexing presentations (PP) and a wider view of fabricated or induced illness (FII).
- Alerting signs are not evidence of FII but are indicators of possible FII (not amounting to likely or actual significant harm) and, if associated with possible harm to the child, they amount to general safeguarding concerns. They require paediatric assessment of the actual state of the child's health.
- The focus must be on the harm to the child rather than the perceived severity or type of caregiver motivations, actions and behaviours.
- Unless there is risk of immediate, serious harm to the child's health or life, caregivers can be informed (not seeking consent from) about the need for sharing information between different professionals involved in the child's life.
- Responsibility for the initial management, including collating of current health involvement, is with the lead paediatric consultant.
- A Health and Education Rehabilitation Plan is an essential feature of management in all cases of FII, whether or not Children's Social Care are involved. This will be provided following health consensus about the child (including medical view on the child's actual state of health, whether the caregivers recognise the harm, and the consequences for the child).
- A full list of updates to the new RCPCH guidance and a copy of the guidance can be shared on request.

When should an FII referral to children's social care be made?

- The new guidance has interpreted Working Together (2018) to guide interagency management of FII cases.
 - Page 15 states: "Where a child's need is relatively low level, individual services and universal services may be able to take swift action. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989."
 - Page 16 states: "Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so."
- Alerting signs for FII could be construed as potentially raising concerns about a child's welfare. However, if all alerting signs were immediately referred to children's social care (CSC), a number of consequences could follow: a) CSC would be overwhelmed; b) CSC might decide that there are insufficient concerns to merit action, which would undermine health's necessary further steps; c) CSC are very unlikely to be able to proceed without reverting back to health to determine whether the child's actual state of health merits the concern or fully explains the alerting signs as of no concern.

- Severity of harm mandates immediate referral to CSC. However, it is acknowledged that there is no agreed definition of significant harm, which is reliant on thresholds of significance being met, to inform referral processes.
- If caregivers and child (if of an appropriate developmental level) agree to the Health and Education Rehabilitation Plan, immediate referral to CSC may not be necessary as long as the plan is being monitored carefully, proceeding satisfactorily and agreed goals are being reached.
- The decision whether to refer to CSC lies with local health professionals working within their local multi-agency procedures.