

The purpose of serious child safeguarding case reviews, at local and national level, is to identify improvements that can be made to safeguard and promote the welfare of children. They should seek to prevent or reduce the risk of recurrence of similar incidents. They are not conducted to hold individuals, organisations, or agencies to account. Sharing the learning from these reviews is vital for all practitioners to reflect on to ensure practice is continually evolving in the best interest of children and their families.

Introduction

Child AG was a pre-school child living with both parents, siblings, and grandparents. Another sibling had sadly died prior to Child AG's birth. There were concerns that Child AG had been the victim of Fabricated and Induced Illness, which had resulted in them being intentionally given unsafe medication, not being given medication and nutrition as prescribed by medical professionals and undergoing invasive medical interventions that may not have been required. It is purported that Child AG's parents have been responsible for causing serious harm to Child AG.

A Rapid Review was held by the NYSCP to understand the circumstances that led to Child AG experiencing harm, with a view to preventing the harm of other children in the future.

Areas of Good Practice

- Good communication between Health Trusts during hospital discharge and care transitions.
- Convening a Professionals' meeting when initial concerns about Fabricated Induced Illness arose.
- Timely safeguarding referrals and Strategy Meetings. The Fabricated Induced Illness Pathway was well understood by those raising worries.
- Detailed chronologies for Child AG were prepared and circulated for the purposes of the review Use of Signs of Safety Scaling in Strategy Meetings.
- Appropriate escalation of concerns about parents' contact with Child AG to Children's Social Care Managers.

Context

Child AG was born extremely prematurely, following a complex obstetric history for their mother, including multiple miscarriages. Child AG had significant medical needs from birth, requiring intensive care and ongoing complex medical interventions.

Mother had a history of Post-Natal Depression and bereavement.

Areas for Development

- Amend NYSCP guidance on Perplexing Presentations and Fabricated Induced Illness to include a follow-up meeting after three months, even if initial concerns are resolved.
- When children are cared for across multiple Health Trusts, Safeguarding Teams should take proactive steps to communicate with each other across the various provider sites.
- Refresh practitioners' understanding of local escalation policies.
- Reminders to managers about the importance of urgent referral processes and follow-up Strategy Meetings.
- Multi-agency training on Fabricated Induced Illness for practitioners, including development of a toolkit.
- Development of a "Voice Of The Child" toolkit to support practitioners in understanding children's lived experiences.
- Formalising action plans and timescales in Strategy Meetings, ensuring all relevant agencies are included.

Recommendations to be reviewed through the NYSCP Practice & Learning Subgroup

Questions for Reflection

- How does your team ensure the child's voice is heard and understood, especially for children with disabilities or communication challenges?
- Are all relevant agencies included in Strategy Meetings and safeguarding communications?
- How do you balance parental expertise and advocacy with Professional Curiosity and safeguarding responsibilities?
- What processes are in place for urgent safeguarding referrals outside normal working hours?
- How do you ensure learning from complex cases is shared and embedded in practice?
- Are escalation policies clear and accessible to all practitioners?
- How do you support families holistically, including siblings and carers?

What to do now

- Familiarise yourself with NYSCP and RCPCH guidance on Fabricated Induced Illness and Perplexing Presentations.
- Attend or arrange multi-agency learning sessions on Fabricated Induced Illness and safeguarding practice.
- Share this briefing and key learning points with your team and wider partnership.
- Review and refresh escalation policies and urgent referral processes.
- Engage with the development and use of the "voice of the child" toolkit.
- Reflect on your own team's processes using the questions above and identify areas for improvement.
- Ensure all relevant agencies are included in safeguarding discussions and Strategy Meetings

Resources and Information

All NYSCP practice guidance can be accessed here:

- [Perplexing Presentations/Fabricated and Induced Illness](#)
- [Rapid Reviews](#)
- [Signs of Safety](#)
- [Perplexing Presentations\(PP\)/ Fabricated or Induced Illness \(FII\) in children – guidance - RCPCH Child Protection Portal](#)
- [Young Carers](#)
- [Professional Curiosity](#)
- [Information Sharing](#)
- [Children & Families Practice Guidance - Assessments](#)
- [Voice of the Child Practice Guidance & Toolkit](#)
- [#Askme - Have the conversation campaign and resources](#)

Learning from other Safeguarding Practice Reviews can be accessed here.