# Appendix 1

## Template for Professionals Meeting

**Name of Child;**

**DOB;**

**NHS number;**

**Chair (Name and Role);**

**Professionals Present**

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| --- | --- | --- |
| **Name** | **Role** | **Organisation** |
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**Summary of Concerns**

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| **Alerting Signs** | **Present?** |
| Reported symptoms and signs not observed independently – these can be physical, psychological or behavioural |  |
| Unusual results of investigations |  |
| Inexplicably poor response to treatment |  |
| Physiologically impossible characteristics – eg persistently negative fluid balance, large blood loss without drop in hb |  |
| Unexplained impairment of daily life – eg school attendance, aids, social isolation |  |
| Reported symptoms / signs not explained by any known medical conditions, with insistence on continued investigations instead of focusing on symptom management |  |
| Repeated reporting of new symptoms |  |
| Repeated presentations to medical settings |  |
| Inappropriate seeking of multiple medical opinions |  |
| Providing reports by doctors abroad which conflict with UK medical practice |  |
| Repeatedly not bringing the child to some appointments, including cancellations |  |
| Unable to accept reassurance or recommended management, with insistence on more unwarranted investigations / referrals / treatments |  |
| Objecting to communication between professionals |  |
| Frequent complaints about professionals |  |
| Not letting the child be seen alone |  |
| Talking for the child |  |
| Repeated or unexplained changes of school (including home-schooling), of GP, or of any health teams |  |
| Factual discrepancies in statements to professionals about their child’s illness |  |
| Pressing for irreversible or drastic treatment options where the clinical need is in doubt or based solely on parents’ reports |  |

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| --- | --- |
| **Harm** | **Evidence** |
| Repeated / unnecessary appointments, examinations, investigations, procedures and treatments – often physically and psychologically uncomfortable or distressing |  |
| Genuine illness overlooked by professionals due to repeated presentations |  |
| Illness induced by the parent (eg suffocation, poisoning etc) – threatens child’s health or even life |  |
| Limited / interrupted school attendance and education |  |
| Limited normal daily activities |  |
| Assumes a sick role (eg using wheelchair) |  |
| Social isolation |  |
| Confusion or anxiety about their health |  |
| Develop a false self-view of being sick and vulnerable – they may then actively embrace this view and become the main driver of erroneous beliefs |  |
| Collusion with parents illness deception |  |
| Silently trapped in falsification of illness |  |
| Later development of psychiatric disorder / psychosocial difficulty |  |

**Consensus**

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| All the alerting signs and problems are explained by verified physical and / or psychiatric pathology or neurodevelopmental disorders in the child –  There is no FII |  | Any verified diagnoses do not explain the alerting signs |
|  | **OR** |  |
| Medically Unexplained Symptoms from the child (free from parental suggestions) – There are perplexing elements but the child will not come to harm as a result |  | There is actual or likely harm to the child and / or siblings |

* Is a Health Professionals Meeting needed (to resolve any significant disagreements about important aspects of diagnoses / management)?
* If so, who will chair?

**Plan**

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| --- | --- |
| **Are further investigations / referrals warranted and in the child’s interests?** | **No**  **Yes – specify;** |
| **What needs to go in the Health and Education Rehabilitation Plan?**  **How should the child and family be supported to function better alongside any remaining symptoms?** |  |
| **Does the child need a secondary care Paediatrician (if not already involved)?** |  |
| **Do the siblings have any health needs?**  **How should they be addressed?** |  |
| **Next steps if parents**   1. **Disengage** 2. **Request change of paediatrician** |  |
|  |  |

# Appendix 2

## Health and Education Rehabilitation Plan

Name of Child…………………………………… Name of Responsible Clinician…………………………..

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| --- | --- | --- | --- | --- | --- |
| **What does the child need?** | **Actions to achieve the goal?** | **Who will ensure this happens?** | **When by?** | **Outcome for child;** | **Date for review;** |
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# Appendix 3

## Gateshead NHS Foundation Trust – Combined Health Chronology

**RE: [name] (dob: )**

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| --- |
| **THE CONTENT OF THIS DOCUMENT IS CONFIDENTIAL AND MAY NOT BE DISCLOSED WITHOUT THE CONSENT OF THE AUTHOR** |

Please include information from **ALL health records** including digital, paper and databases; some teams may have separate records

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Significant events/information about the child/family**  **What was reported?**  **By whom?** | **What was observed?**  **By whom?**  **Voice of the Child** | **Agency involvement/ action/response**  **What was the outcome?** | **Analysis** | **Source of Info** |
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**Overall Summary / Analysis;**

**Author; Date;**