

A statutory local child safeguarding practice review (LCSPR) was commissioned in March 2024 by the Waltham Forest Safeguarding Children Board (WFSCB) via the One Panel, to understand child neglect in the context of a perplexing situation.

The term perplexing situation is used in this Review to describe a situation where a child/children present in an unusual way or with unusual frequency

The sibling group of children are referred to as Children L.

Children L demonstrated **developmental delays** (feeding, mobility, language), frequent medical investigations, missed appointments, and minimal school attendance—all underpinned by **persistent neglect, despite being loved by their parents**

Implications & Learning Points

1. Professional Curiosity & Observations

- HCPs should adopt a curious, persistent stance: if parent-reported concerns don't align with the clinical picture, raise questions.
- Record observations not just medically but also in terms of the child's behaviour and the home environment, whether seen or unseen. Chronologies and genograms are recommended to plot child events over time [Waltham Forest](#).

2. Recognising Perplexing Presentations & FII

- Authorities describe *perplexing presentations* as a mismatch between reported signs and actual presentation, with no immediate risk of serious harm, often suggestive—but not always—of **Fabricated or Induced Illness (FII)**
- In these circumstances, GPs should consider escalation to a **consultant paediatrician or child psychiatrist** when there remain unresolved or inconsistent symptoms across consultations

3. Escalation & Multi-Agency Challenge

- When concerns persist and plans stagnate, GPs should utilise the **local Waltham Forest escalation process**—including raising issues through **Child Protection Case Conferences** if necessary.
- The briefing asserts the need for timely and structured challenge when interprofessional plans do not progress or sufficiently address the child's needs

4. Relational Practice & Supervision

- GPs can offer **relational practice**: balancing empathy, trust, and authority to influence families.
- Reflective supervision and inter-agency discussion assist in building judgement and clarity in complex cases

Pathways & Partnership Actions

New FII / Perplexing Presentation Pathway (Under Development)

- Waltham Forest is launching a multi-agency **Perplexing Presentation / Fabricated or Induced Illness Pathway**. It is built upon **London Safeguarding Children Procedures**, requiring escalation to a **consultant paediatrician or child psychiatrist**, as appropriate to presentation type

Refresh of Local Escalation Processes

- A refreshed **escalation framework** is also underway, with clearer guidance, redesign of tools, communications, and training around escalation as a proactive practice tool—including for GPs.
- These enhancements aim to enhance clarity and professional confidence in raising concerns and resolving disagreements through established channels, including safeguarding meetings and child protection conferences

Quick Actions for GPs

- **Read the LCSPR Children L 7-minute briefing** and share with colleagues.
- Familiarise yourself with the **RCPCH guidance on Perplexing Presentations / FII**.
- Recall the importance of **professional curiosity**, structured **record-keeping**, and using **chronologies and genograms**.
- Know the **local Waltham Forest escalation routes** for safeguarding concerns, including when to involve safeguarding leads or escalate via case conferences.
- Be alert for the rollout of the **Quality-of-Care (Neglect) Toolkit** and **Perplexing Presentation Pathway**.

Key resources:

[Full report](#)

[Partnership response](#)

- [RCGP toolkit for perplexing presentations](#)
- [Perplexing Presentations \(PP\) / Fabricated or Induced Illness \(FII\) in Children RCPCH guidance](#)
- [Child Safeguarding Practice Review \(CSPR\) Panel annual report 2023 – 24](#)
- NSPCC briefing on neglect - <https://learning.nspcc.org.uk/media/hukmdrp2/statistics-briefing-neglect-august-2024.pdf>
- [London Safeguarding Children Procedures](#)
- [Waltham Forest escalation process](#)

[How to escalate professional concerns about a child](#)

[7 minute briefing](#)

March 2025 - 7minute briefing: For all those working with adults, children and families

LCSPR Children L

A local child safeguarding practice review (LCSPR, previously known as SCR or serious case review) is a learning exercise that takes place when abuse or neglect of a child is known or suspected and a child has died or been seriously harmed. The review is not about blame. It is about improving practice for the future.



1 About the family

Children L are a white British, large sibling group who lived with their mum and dad.

Each of the children followed the same health path from a few months old. This included reports of feeding issues, constipation, incontinence, mobility issues, speech and language delay, poor social development skills and parental concerns regarding additional learning needs. As a result, there were a significant number of different professionals / services involved.

Despite some efforts seen through the review, it seems that Children L's parents' own needs were not fully understood nor supported by the professional network.

Extensive health examinations and medical diagnoses, some of which required specialist services, did not align with the parents' reports of the children's symptoms. Additionally, inconsistencies in bringing children to appointments and low nursery/school attendance contributed to a pattern of 'perplexing presentations'.

The review suggests that the drift and delay in working out the perplexing presentations was likely due to the impact of COVID-19 as well as the number of professionals involved. This left Children L experiencing cumulative harms for a long time in their early years, despite the statutory interventions in place.

The review found that while the children were loved and cherished, the quality of care they received from their parents failed to meet their day-to-day needs. Children L are now looked after by the Council and live together in a foster home, where they are thriving. They have a regular connection with their parents, overseen by the children in care processes.

2 Aim of this LCSPR

The LCSPR looks at a 2.5-year period when Children L became subject to child protection planning processes to when they were taken into care. The Review set out to understand how:

- situations of childhood neglect and perplexing presentations are identified and responded to across the partnership
- parental factors, which may impact upon parenting abilities, are understood, and supported by agencies
- help and support is provided in a timely way to ensure impact for children



There were five areas of learning:

- Understanding a child's world
- Working out perplexing presentations & measuring the quality of care
- Think Family: Understanding the causal factors and helping parents
- Effective plans which show impact for children
- Escalation & challenge across partnerships

3 What this LCSPR found

There were seven findings that the Waltham Forest Safeguarding Children Board acknowledges:

- Limited professional understanding of day-to-day worlds when at home, until last few months
- The time taken to identify what was going on
- Professionals not helped to understand and assess due to no framework or practice tool
- Critical thinking and working together seen within 7 months before being taken into care, with a clear picture being seen
- A desire to "think family" did not translate into effective help with parents
- Drift and delay identified
- Professional concerns were shared but no agency effectively challenged

More overleaf

Visit www.walthamforest.gov.uk/strategicpartnerships for other useful resources

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LCSPR Children L

4 Recommendations from this LCSPR

ONE: Develop a multi-agency Neglect Strategy & Framework. A quality-of-care toolkit will be rolled out by May 2025, starting with a pilot to test its use in practice.

TWO: Develop and embed a localised multi-agency Perplexing Presentation Pathway to enable effective and timely escalation of situations of concern,

6 What can we do about it? Learning for improving practice

Learning points are woven into the review to support multi-agency professionals in their day-to-day practice. Below we have highlighted some of the key messages which include the importance of:

ESCALATION PROCESSES - the need for multi-agency professional challenge when a plan is not progressing and there are continued concerns about a child/ children, including through Child Protection conferences. For perplexing presentations, there is a need to escalate to a consultant paediatrician or psychiatrist (depending on presentation) where there remains concern.

FORMULATION OF CHRONOLOGIES - a helpful tool to plot risks over time

GENOGRAMS - to support relational practice and information gathering

PROFESSIONAL CURIOSITY - essential alongside tenacity / persistence

RECORDING - observations, child's interactions and parts of the home, both seen and not seen

RELATIONAL PRACTICE - the most powerful tool to facilitate change. A balance of trust, empathy, partnership, and appropriate authority can be reparative and effect timely change for children

SIMPLIFYING MEDICAL TERMINOLOGY into plain language

SUPERVISION - where high support and high challenge flourishes. The role that good quality reflective supervision plays in assisting with making judgements and decisions as a practitioner and when working together

THINKING ABOUT CHILD'S WORLD in all meetings + identifying who has the best connection with child / family

5 What are perplexing presentations?

The [London Safeguarding Children Procedures](#) describe these as 'the presence of alerting signs where the actual state of the child's physical/mental health is not yet clear but there is no perceived risk of immediate serious harm to the child's physical health or life may be evidence of a 'Perplexing Presentation'

They go on to say that perplexing presentations indicate possible harm due to fabricated or induced illness which can only be resolved by establishing the actual state of health of the child. Not every perplexing presentation is an early warning sign of fabricated illness, but professionals need to be aware of the presence of discrepancies between reported signs and symptoms of illness and implausible descriptions of illnesses and the presentation of the child and independent observations of the child.'

They also describe fabricated and induced illness as 'a condition / clinical situation where a child is, or is very likely to be, harmed due to parents'/carers' behaviour and action, carried out in order to convince doctors that the child's state of physical and/or mental health or neurodevelopment is impaired (or more impaired than is actually the case)'

7 WHAT YOU CAN DO NOW

- **SHARE** this briefing and [LCSPR Children L](#) widely
- **STRENGTHEN** your understanding of Perplexing Presentations and Fabricated or Induced Illness - [read the London Safeguarding Children Procedures](#) and [read the Royal College of Paediatrics and Child Health guidance](#)
- **REMIND** yourself of:
 - the importance of professional curiosity - [use this resource](#)
 - how to professionally challenge through [Waltham Forest escalation processes](#)



Visit www.walthamforest.gov.uk/strategicpartnerships for other useful resources

