Good Practice Points for Health Visitors

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Excellence in Practice

Working with fabricated or induced illness (FII) by carers including perplexing presentations (PP):

Impact of FII spectrum cases on professionals: Addressing potential dilemmas in health visiting practice

This series of three Good Practice Points (GPPs) will help enhance health visitors' (HVs) understanding of Fabricated or Induced Illness (FII) and how it will impact on their role and practice.

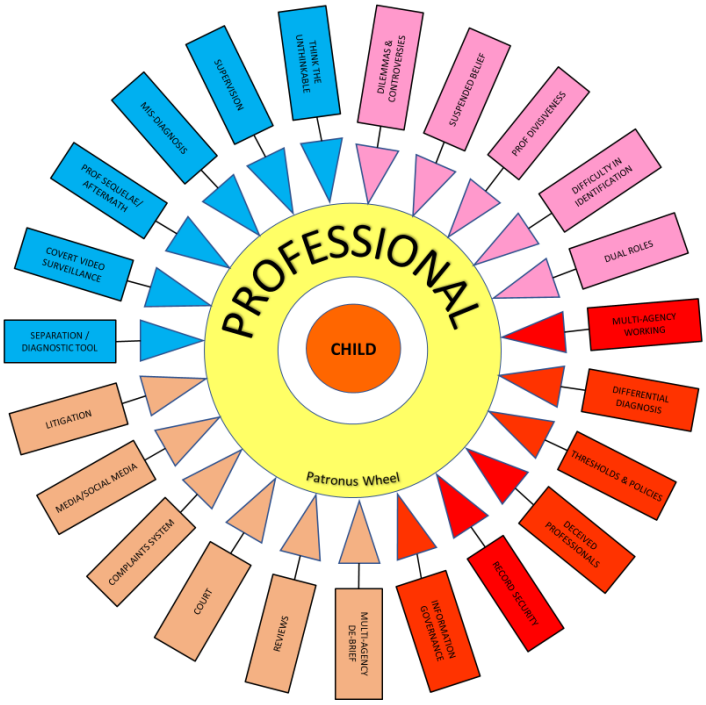
- GPP1: Recognising fabricated or induced illness (FII) in health visiting practice (FII GPP1)
- GPP2: Management of FII in health visiting practice (FII GPP2)
- *GPP3: Impact of FII cases on professionals: Addressing potential dilemmas in health visiting practice (FII GPP3)*

Introduction

The focus of this FII GPP3 is the professionals themselves, and on the potentially negative impact that FII spectrum cases can have on them. Professional dilemmas and controversies can and do arise on the front line when working with such complex cases, which in turn impacts the child's outcomes. This FII GPP3 will explore some of the potential dilemmas that arise for professionals as illustrated in Figure 1 below. It will also reflect on some possible solutions, whilst acknowledging from the outset the intricacies of such cases, as well as the fact that some professionals may unwittingly get drawn into the abusive cycle by these perpetrators, including in the context of the potential for inadvertent iatrogenic harm[1-5].

The aims of this FII GPP3 are to:

1. Raise professional awareness around such issues to ensure that health visitors will be better informed and more able to make enhanced, timely and appropriate decisions to support robust interventions to protect the child victims when dealing with such cases.
2. To refresh the conversation around how health visitors/ all professionals can better identify the potential parent-professional dynamics inherent in FII spectrum cases and better protect themselves from being affected by the intrinsic divisiveness, as well as from possible entrapment in the abusive cycle by the perpetrators of this form of child abuse.



Potential dilemmas and controversies

The majority of parents present their children appropriately to health and other professionals. Identifying and meeting the needs of children on the FII spectrum therefore is especially challenging and demanding for professionals who do not expect parents/carers to mislead them or to harm their child or to allow their child to suffer unnecessary and potentially painful interventions. Consequently, health visitors need to be very aware of the potential professional pitfalls[1-5]. Figure 1 has therefore been developed by the author to help professionals visualise some of the actual challenges they may experience when working with FII spectrum cases.

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The information in this GPP version was created on 25/11/2021.

Suspended Professional Belief, Misdiagnosis

It is important for health visitors to be aware that there may be significant potential for divisiveness between colleagues as well as within professional teams and agencies when dealing with FII spectrum cases. Such divisiveness may compound any initial difficulties in identifying or diagnosing FII spectrum cases or in agreeing that it is the root cause of the child's presentation, especially if the child has a co-existing genuine pathology and/or other abuse.

'Duped' Professionals

Hobbs et al[1] state that professionals may be manipulated or 'duped' (p300) by the perpetrators of this form of abuse, who may go to significant lengths to engage and befriend the professionals and will frequently be on first name terms with them and who will appear extremely plausible and very caring as parents. Hobbs et al[1] state that this creates an adult focus rather than a child-centric approach as well as potentially 'enmeshing' (p313) the professional in the abusive cycle; attempting to use them to further harm the child, via unnecessary interventions and investigations[3,5-8].

Dual Roles

Health visitors hold dual roles both as a carer to, and advocate for, the child whilst simultaneously providing support and advice to the parents/carers. There are however a number of inherent tensions within this relationship when dealing with FII spectrum cases, not least the fact that health visitors are potential witnesses against such parents should they be called upon to appear in court for the prosecution, which is an additional stress for staff. It is of the utmost importance therefore that health visitors ensure that professional boundaries are not obscured, whilst always remembering that the child is at the centre of care and their needs are of paramount importance[3,9-12].

Thresholds

Issues may also arise around a lack of knowledge in the context of FII legislation, as well as a possible disconnect between legislation, statutory guidance, and local policies and procedures in relation to FII spectrum cases. This may manifest in several ways, including real or perceived high thresholds to access services, or the need for health visitors to employ professional escalation protocols, all of which can in turn inhibit optimal multi-agency working, especially across large geographical areas (See FII GPP2 - Section 1(i))[3,5,11,13].

Information Sharing

Dilemmas may arise for some health visitors in relation to what, how and when multi-agency information may be safely shared with parents/carers in FII spectrum cases. Whilst decisions around this are highly coordinated and are made by the multi-agency team led by Children's Social Care with police, health, education and other relevant agencies, it can cause professional anxiety to the involved professionals as it requires a conceptual shift in relation to how health visitors would usually work with children and families[3,5,11,12,14-17].

Records' Security

Optimising record keeping in FII spectrum cases may be challenging in the context of what, how and where to document in the best interests of the child. Issues may arise in terms of information governance, documentation of third-party information in the child's record, confidentiality and the security of information which potentially may be used by the perpetrator as part of the FII case presentation, e.g. record tampering. Health visitors should be aware of the potential future uses of such records in FII spectrum cases e.g., court, media, complaints, Rapid Reviews (RRs), Local Child Safeguarding Practice Reviews (LCSPRs) or National Panel Reviews etc., which should also all be focused on the best interests of the child victims[3,9,11,12,15,17,18].

Potential Diagnostic Tools

Other practical dilemmas and conflicts may arise regarding differing professional views around some of the potential diagnostic tools that may be employed in FII spectrum cases. For example: the possible use of separation of the child from the parent/carer, for a period of time agreed by the multi-agency team, might be a justifiable or legitimate diagnostic tool which could be used in some FII cases. Another potential tool could be the use of Covert Video Surveillance (CVS), which is very rarely used and is always a police operation and a last resort. CVS is considered highly contentious not only by professionals but also by the public and the media.

Complaints, Litigation, Media Coverage and Reviews

Issues and uncertainties around complaints, litigation, court attendance, media coverage and both local and national reviews may also be instrumental in raising professional stress and anxiety when dealing with FII spectrum cases. Parents/carers who perpetrate FII may use the complaints system as a way of controlling or manipulating staff, whilst professionals report that there appears to be no adequate protection for them against such complaints[1-3,5,19].

Similarly, parents who perpetrate FII may be comfortable resorting to litigation, whilst court attendances are a well-known stressor for all professionals.

Of note, FII perpetrators may find media attention attractive and may seek to manipulate public opinion through the media using both traditional channels and social media[1,20-22].

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Short and Long-term Sequelae for Professionals

Further significant professional and emotional dilemmas may emerge for the professionals who have been manipulated or 'duped' by such perpetrators, along with a multiplicity of other possible issues, including guilt associated with any attendant, albeit unwitting, iatrogenic harm (i.e.harm caused accidentally by the process of medical investigations and/or treatments) that may have occurred. In addition, the potentially longtail aftermath or sequelae of such an experience on both their professional and personal lives may include feelings of inadequacy, low self-esteem, loss of self-confidence, and reluctance to engage in future FII spectrum cases. This may continue for some time and will need appropriate empathetic professional support as part of the organisation's duty of care to its staff[1-3,5].

Possible solutions

Culture Change

It may be argued that FII is different from other forms of abuse, involving a different type of abuser and/or perpetrator behaviours, which necessitates that professionals work to a separate specialist national FII procedure. To optimise the management and outcomes of such cases in order to better protect the child victims and themselves, professionals need to also work in a different way with such parents. Consequently, a conceptual shift is required with health visitors/all professionals being willing to 'think the unthinkable' in the context of the parents or, at least, to keep an open mind to the possibility of FII spectrum in any differential diagnosis if there is no other obvious explanation for the presentation/s of the child[1,3,5].

Redefining Ways of Working

It may be necessary for professionals to move away from full partnership working to a more limited and far more nuanced degree of collaborative working when dealing with parents who are potential perpetrators of FII. This may mean, for example, that the multi-agency team may employ a far more controlled release of information to them as part of the risk mitigation plan to better safeguard and promote the best interests of the child, as well as to better protect the professionals[21,23].

'Healthy Scepticism and Respectful Uncertainty'

Laming[23] urged professionals to have a 'healthy skepticism' (p204 and p340) and to continually objectively recalibrate as new information became available when dealing with any child protection case, however this is particularly relevant when dealing with FII spectrum cases. He also advocated employing the concept of, what he termed 'respectful uncertainty' (p219) - highlighting the importance of encouraging all professionals to be continually alert and curious and to engage in critical analytical thinking alongside a willingness to take appropriate action, by professionally challenging colleagues and parents when necessary. Similarly, Hobbs emphasised the importance of having very clear professional boundaries with strict role demarcations in relation to these parents. The imperative is therefore to work in a pragmatically and exclusively child-centric manner as part of a multi-agency team on such cases[1,23,24].

Pragmatic Interpretation and Application of Legislation and Guidance

One of the important messages from reviews over the last two decades has centered around how legislation and guidance, which has been developed to protect children and to further enhance their welfare, has on several occasions been either misinterpreted and/or misapplied, in particular around information sharing and data protection. The importance of an intelligent, flexible, pragmatic and fully child-focused interpretation and application of legislation, statutory guidance, local guidance, policies, procedures and processes, cannot be overstated when dealing with FII spectrum cases. This should apply on a multi-agency basis and not only in the context of FII guidance and to the wider child safeguarding guidance, but in particular in relation to data protection legislation as well as to the primacy of children's rights and interests[25,26,15]. This is important not only to ensure that the child's voice is always heard, but to (re)claim best practice in ensuring a joined-up approach between local arrangements and the national legislative framework.

Multi-Agency, Inter-Generational Family Chronologies

Chronologies are central to health visiting / multi-agency best practice in FII spectrum cases for a number of reasons and are extremely helpful in:

a. Identifying emerging themes in the case;

b. Highlighting intergenerational family patterns and potential cycles of FII abuse;

c. Documenting data in an agreed local/national chronology template format to inform multi-agency agreement on the facts of the case;

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d. Forming the basis of the multi-agency risk assessment and overview of the case;

e. Providing the courts with a rigorous, objective, chronological, amalgamated multi-agency form of data presentation.

However, it is important in each case that a lead professional is identified from the multi-agency team to take ownership for developing and/or distributing the template/s, which should be focused and relevant; as well as coordinating the exercise across agencies, collating the results and completing the exercise in a timely manner.

Verification and Substantiation of Information

Health visitors need to verify and substantiate for themselves that all information pertaining to a particular child has been obtained from an authentic professional source. In a recent paper, Davis et al[8] argue that dependence on what they call 'carer reports' for the child's history as well as 'accepting the carer as a conduit of medical information…' (p112) may inadvertently lead to iatrogenic harm. Constant vigilance is therefore required by the health visitor/professional to ensure that the parent/carer's potential fiction in the context of the child's history does not unwittingly become fact in the health visiting, medical and other professional records[1,27,28].

Triangulation of information in Real Time

This GPP promotes the concept of triangulation of information and working practices in real time with adult services in relation to parents/carers who harm their children in this way, working within the child protection/safeguarding national framework. This will both inform and support a consistently child-centric multi-agency team approach to the case, as well as more robustly championing contextual safeguarding which is a prerequisite for successfully optimising the child's outcomes in FII spectrum cases.

A number of parents/carers who perpetrate this form of child abuse may be considered as vulnerable in their own right. A recent study found that some of these perpetrators may have significant health issues themselves including depression, somatization and/or personality disorders amongst other issues[7]. Priority focus must of course remain with the child victims at all times, however, best practice dictates that the perpetrator may need their own separate multi-agency adult team around them along with their own support package, depending on individual circumstances, to enable the case to move forward in the best interests of the child.

Professional Support, Supervision, Reflective Practice

Access to frequent high quality, skilled supervision is particularly important in FII spectrum cases where the confidence of the involved health visitor/professional may be diminished because of perpetrator behaviours and the particular dynamics intrinsic to such cases which can also have a negative impact on professional competence. Whilst numerous forms of supervision are available, it is important that the emphasis is placed on personal professional support and learning, along with growth arising from the activity.

The supportive and restorative functions of professional supervision/reflection/support should therefore be the central focus, whilst acknowledging the personal and emotional stress created by this area of work. A non-threatening, empathetic, reflective and gently explorative approach is required. This is particularly relevant if the health visitor/professional has become entrapped or 'duped' and especially if iatrogenic harm has occurred, or the professional has been subject to social media pressure or to a complaint. Ongoing support is important to: optimise future early recognition of and response to FII by professionals; support and encourage professional resilience, confidence and competence with other such cases going forward; and to ensure that any professional trauma or anxiety has been fully resolved[29-34].

Innovative Approach to Complaints Procedures

There is both anecdotal and research-based evidence to suggest that parents/carers who perpetrate this form of child abuse will make frequent use of the complaints system as another way of influencing, exploiting or further manipulating professionals[1-3,5,35]. There are two distinct facets to how they may misuse the system when considering complaints in the context of such cases.

a. The complaints department itself may be targeted by such parents/carers, when the staff working in the department can themselves become the focus from whom the perpetrator seeks attention. The aim of the perpetrator here is potentially to further undermine/ manipulate the health visitor/ professionals working the case, take the focus off the child victim and attempt to also involve complaints department staff in an unhealthy and unhelpful codependency. Therefore, it is important that complaints department staff are also alert to, and trained in, the potential dangers inherent in FII spectrum case complaints.

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b. The point at which the health visitor becomes suspicious, raises a query, or actually confronts the parent (usually the biological mother) is frequently the trigger for a complaint from the parent against the health visitor/other professionals involved in or leading a particular case. At the same time, the parent may also move or attempt to move the child's healthcare to another health visitor, paediatrician, GP etc., which Hobbs et al[1] referred to as 'doctor shopping' (p300) and consequently the cycle can potentially begin all over again for the child victim[1-3,5]. Health visitors need to be very aware of this aspect of FII spectrum cases and should immediately seek advice, as well as support and supervision, from their Named and Designated Child Safeguarding staff and from their organisation when managing these cases. This also applies to the ensuing bullet points below.

Developing and implementing an innovative approach to FII case complaints, on a single or multi-agency basis, ideally with a separate, specialist FII complaints procedure alongside additional, proactive robust support and supervision for the professionals involved, would therefore be best practice. The Named and Designated child safeguarding professionals have a major role to play here. Anecdotally, an assumption of professional innocence until the basis of the complaint is proven otherwise is a key element in supporting staff in FII spectrum cases. This approach is important in reassuring and valuing professionals whilst the case is active, as well as having a significant impact on professional resilience and willingness to get involved in future FII spectrum cases[2,3,5].

Proactive Media Management

Press and media management must be considered from an early stage in each case. Historically, some cases of child abuse have tended to be reported within a narrow conceptual framework which may not always fully reflect the reality of the situation for frontline practitioners, creating another potential stressor for professionals. FII spectrum cases may have a certain appeal for the public, in addition to which FII perpetrators may possibly enjoy media/ social media attention. Therefore, taking a proactive, pre-emptive organisational or multi-agency safeguarding partnership approach is key and is far more likely to be the most effective way of managing media interest. It reclaims the voice not only of the child victims, but also of the professionals, and is another vital element in reassuring and supporting those professionals involved in the cases. It may be seen as part of the employer's duty of care to the professional, as well as having positive reputational benefits for any organisation and/or the Safeguarding Partnership as a whole.

Litigation and Court Attendance

It is important to take a very proactive approach to supporting health visitors/ all professionals in this context and, in particular, utilising the expertise of the organisation's in-house legal team as an initial step in the process. These teams provide invaluable practical legal support to staff, fortify professional confidence and competence, as well as mitigating any potential professional or organisational damage.

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