Complexity and interprofessional working in child protection

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Background

- Integrated children's services
- The 'expert system' and the team around the child
- Complex needs and complex cases
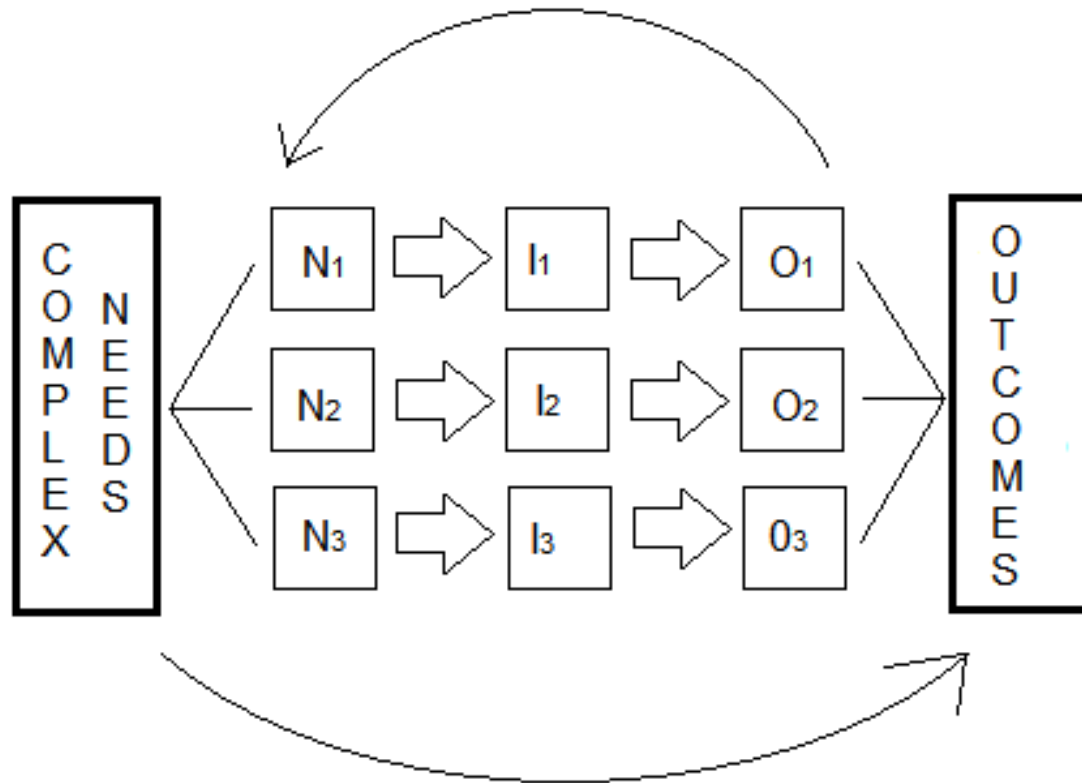- What is complexity?

The Children's Trust
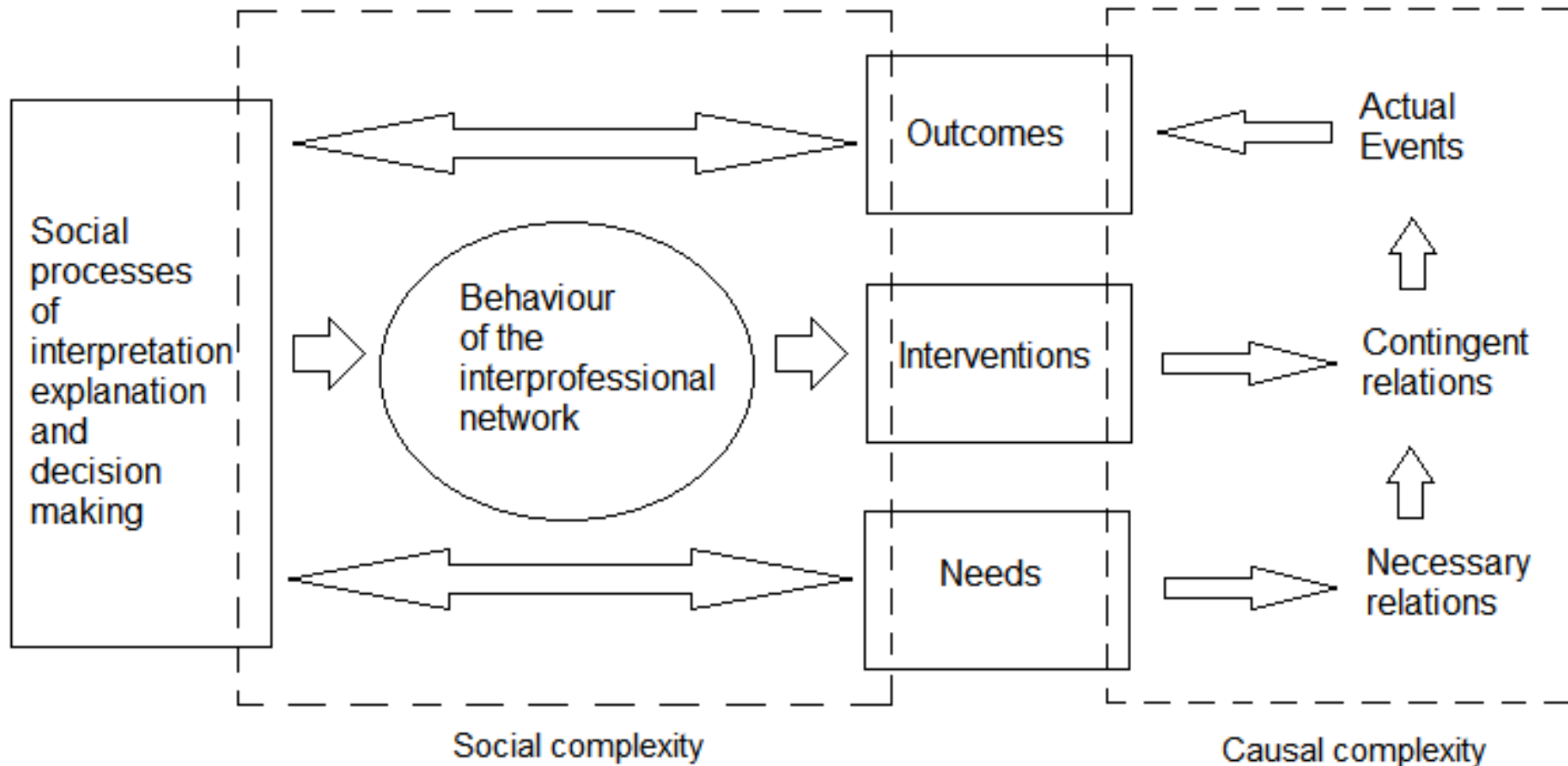

Source: DCSF 2010: 8

The team around the child

Source: DCSF 2008: 48

Disaggregating complex needs

Hood, 2012

Complexity and interprofessional networks
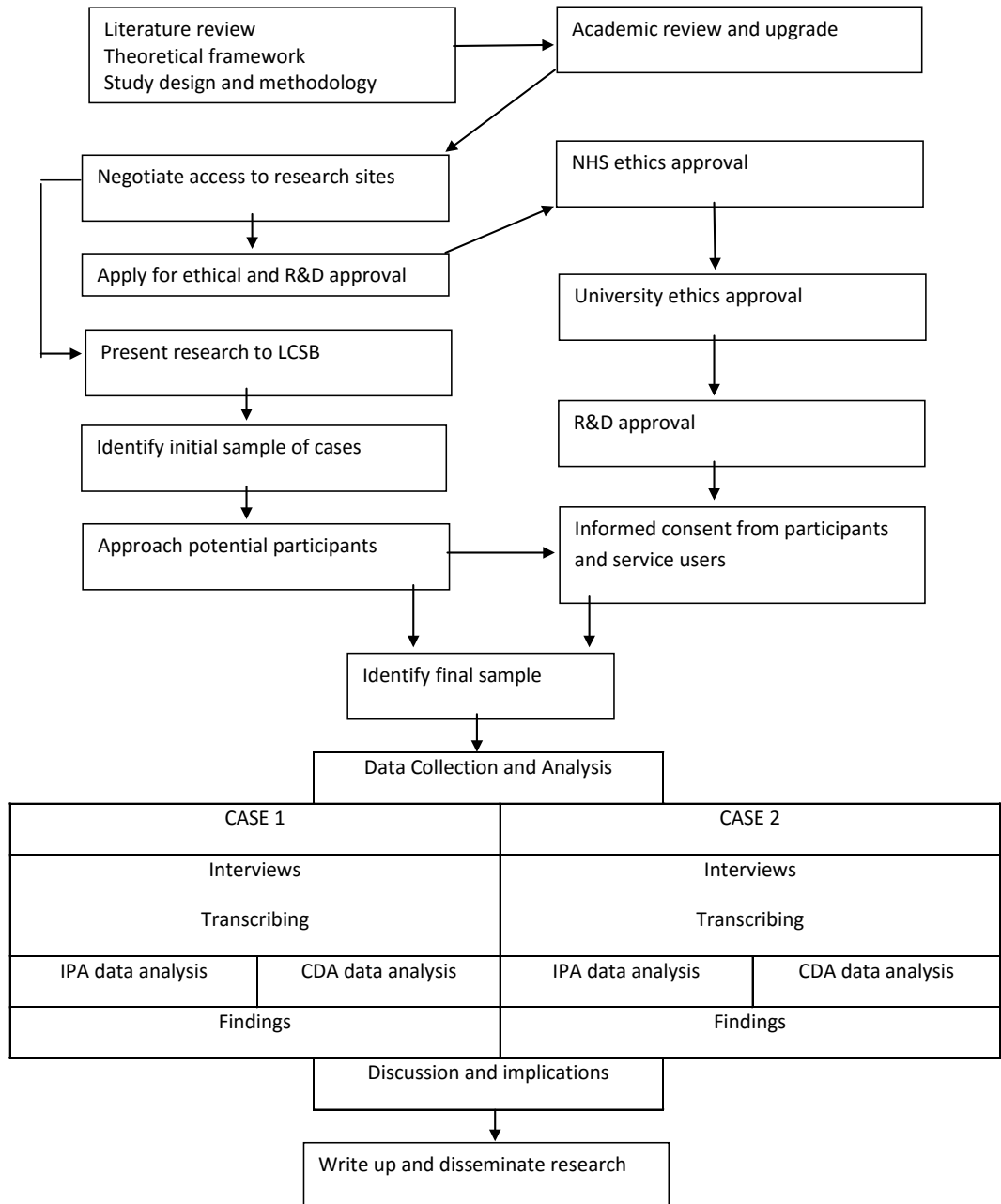

Hood, 2012

Research question

What is complexity for professionals working together on complex cases?

- – How do they experience complexity?
- – How is complexity constructed in their accounts?

Study design

- Case-based study design
- Purposive sample
- Mixed qualitative methodology
- Interpretative phenomenological analysis (IPA)
- Critical discourse analysis (CDA)

Research Protocol Flowchart

Literature review	Academic review and upgrade
Theoretical framework	
Study design and methodology	

| Negotiate access to research sites | NHS ethics approval |

| Apply for ethical and R&D approval | University ethics approval |

| Present research to LCSB | R&D approval |

| Identify initial sample of cases | |

| Approach potential participants | Informed consent from participants and service users |

Identify final sample

Data Collection and Analysis

CASE 1	CASE 2
Interviews	Interviews
Transcribing	Transcribing
IPA data analysis	CDA data analysis	IPA data analysis	CDA data analysis
Findings	Findings

Discussion and implications

Write up and disseminate research

Fieldwork

- Study site: 1 inner city children's trust
- No. of cases: 2
- No. of participants: 17 (Case 1: 10; Case 2: 7)
- No. of interviews: 21 (Case 1: 12; Case 2: 9)
- Two rounds of interviews (First: 14; Second: 7)

IPA Findings

- Causality
- Relationships
- Assessment
- Intervention
- Risk

Causality

- Exploration of cause and effect
  - E.g. multiple problems, critical periods, linear/cyclical sequence of events

- Lack of control
  - E.g. volatility, surface and depth, unwanted consequences

Relationships

- Dynamics of acceptance and rejection
  - E.g. hostility and acceptance, togetherness and separation
- Managing the relationship
  - E.g. being open, trust and mistrust, informality, expectations
- Perceptions of conflict
  - E.g. Being heard, hierarchy and status, fault-lines between agencies

Assessment

- Significance of information
  - E.g. access to info, ambiguity of info, context and history, getting the 'big picture'
- Emotional resonance of the case
  - E.g. concern, stress, frustration
- Processes of understanding and explanation
  - E.g. interpreting behaviour, immersion, search for diagnosis, boundaries

Intervention

- Balancing care and control
    - E.g. engagement and compliance, support, containment
- Negotiating one's contribution
    - E.g. role's and remits; managing resources
- Striving for progress
    - E.g. feeling 'stuck', trial and error, commitment
- Functioning of the network
    - E.g. coordination, flexibility, withdrawal

Risk

- Acuteness of need
  - E.g. vulnerability and dangerousness, severity, divergence from norm

- Struggle for control
  - E.g. escalation, prevention, responsibility

Conclusions

- Non-linear causality and 'double hermeneutic'
- Ambiguity and dualisms e.g. positive/negative
- Organisation and self-organisation of network
- Tactical or strategic intervention?
- Problem of diagnosis and clinical oversight
- Explicit and implicit communication
- Incomplete differentiation
- Relationship as resource

Hood, R. (2012) 'A critical realist model of complexity for interprofessional working', *Journal of Interprofessional Care,* 26: 6-12

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