Complexity and interprofessional working in child protection

Rick Hood
Royal Holloway, University of London
Background

• Integrated children’s services
• The ‘expert system’ and the team around the child
• Complex needs and complex cases
• What is complexity?
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
  - Theoretical framework
  - Study design and methodology
- Academic review and upgrade
- Negotiate access to research sites
- Apply for ethical and R&D approval
- Present research to LCSB
- Identify initial sample of cases
- Approach potential participants
- Identify final sample
- Data Collection and Analysis
  - CASE 1
    - Interviews
    - Transcribing
    - IPA data analysis
    - Findings
    - Discussion and implications
  - CASE 2
    - Interviews
    - Transcribing
    - CDA data analysis
    - Findings
  - Regional
  - National
  - International
- 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

Contact: Rick.Hood.2009@live.rhul.ac.uk