LiPP SCR Masterclasses

Masterclass 1:

How approaches to qualitative research can support the analysis in SCRs

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LiPP SCR Masterclasses

SCR lead reviewers have a key role in producing high quality SCRs, which provide a good understanding of practice problems. There are currently limited opportunities for continuing professional development for reviewers.

As part of the LiP Project, we are proposing that the activity of reviewing needs further professionalisation. To begin to test this concept, we have developed a set of "masterclasses" that bring knowledge from other domains in, to support reviewers to tackle various aspects of the role that are challenging.

A number of bodies of knowledge and expertise exist that are potentially applicable to serious case reviews. These include
- approaches to analysing data developed in the field of qualitative research
- understandings of error and its causation developed in industry and engineering
- ways of thinking about groups and their dynamics developed in social work and therapeutic methods
- requirements from legal, coronial and criminal justice perspectives as well as other reviews

All have potential for supporting the quality of SCRs but have not yet been applied systematically to SCR practice. The four LiPP masterclasses aim to introduce key ideas from these different fields and give SCR reviewers to consider their relevance.

The material from these masterclasses is being published to assist SCR lead reviewers with their SCR practice. It should not be used to deliver training without seeking permission from Social Care Institute for Excellence.

Masterclass 1

How approaches to qualitative research can support analysis in SCRs

Date:	**Friday 26 February 2016**
Time:	**10.00-16.00**
Venue:	**Doubletree by London Hilton West End, 92 Southampton Row, London WC1B 4BH**

Introduction.

Knowledge in SCRs: Making and Assembling Facts

Authors of serious case reviews are charged with finding things out about professional and managerial practice in complex organisational systems. In this they must make sense of the stories people tell about their actions, whether these were reasonable in the circumstances and whether the appropriate systems and structures were in place. Making judgements is integral to the task and yet judgements cannot be made without the gathering and synthesis of various forms of data. The activity of collecting and analysing data is very similar to that associated with social research. In order to be 'reflexive practitioners', authors of SCRs may in turn be required to demonstrate how their findings and conclusions are informed by an appropriate research or 'evidence' base.

This session will seek to break down what can be an unfortunate, but assumptive dichotomy, between research and 'practice', including the conduct of SCRs. Notions of reviews as 'real-world' activities and research as 'something else' predominate. This course aims to assist report writers to understand how knowledge can get 'made' through the process of data collection and analysis, it will seek to help authors critically appraise this knowledge. It will introduce ideas from the diverse philosophical and theoretical perspectives which have influenced social work research.

It takes as a starting point that in conducting an SCR authors are practical analysts of the social world face a number of *similar* challenges to those confronting researchers. Like researchers they are required to examine and make explicit the kinds of knowledge they use in their day to day practices. Like researchers they encounter competing accounts of the social world; a core activity therefore lies in developing an awareness of the basis for accounts given by managers and practitioners.

In the class we will consider: how accounts are produced, how truth claims are achieved in particular social and organisational contexts and, crucially, the particular implications/outcomes of different ways of knowing.

Learning Objectives

The aims of this class are:

1. To introduce participants to the basic theoretical and methodological approaches to producing knowledge in the social sciences.
2. To give participants an awareness of a broad range of debates that constitute these approaches
3. To encourage participants to make connections between the methodological and epistemological issues involved in conducting social scientific research and their own practice as report authors
4. To begin to encourage students to reflect on the social systems that produce particular behaviours

Learning Outcomes

Participants who perform well in this module will be able to:

a) Demonstrate *knowledge* of:

- The basic theoretical approaches to social scientific research,
- The major philosophical and methodological debates in contemporary social science and their implications for their own practice.

b) Have developed the following *skills*:

- The ability to make an informed choice about different theoretical approaches
- The capacity to critically reflect on both the content and process of conducting an SCR and to identify and understand the philosophical and methodological issues arising within it.
- The ability to reflect on the reasons why SCR findings tend to identify similar behaviours and system failings
- The ability to reflect on the enduring challenges to organisational learning.

Participant preparation for the masterclass

Participants are asked to read the following articles:

Taylor, C. and White, S. Knowledge, Truth and Reflexivity: The Problem of Judgement in Social Work. Journal of Social Work (2001) 1(1): 37-59

Sue White. Research skills as part of social work practice. Community Care blog (2009). http://www.communitycare.co.uk/blogs/social-care-experts-blog/2009/07/research-skills-as-part-of-soc.html

Programme outline

10.00 - 10.20	Welcome. Overview of the class and Learning Outcomes for the day
10.20 - 10.45	Introductions from the group – brief biographies
10.45 -11.45	Input. **The Moral and Social Context of SCRs** Interactive session to include: Introduction to Philosophy of Science: What is 'real' and 'true'? Understanding how data are gathered and analysed. What counts as a fact? How are facts put together?
11.45 - 12.00	Coffee
12.00 - 13.00	Input. **How does culture affect what we can think and what we say?** **Small group discussion:** Can you think of any examples from your own SCRs, where you interpreted, or could have interpreted accounts given, to highlight 'cultural' issues of particular professions? What do you see as the benefits and challenges of being mindful to the social contexts of accounts produced in SCRs, whilst also seeking 'truth'?
1.00 – 1.45	Lunch
1.45- 2.30	Exercise in small groups **Looking inside professional practice and organisational systems: some examples from research** How would you interpret this data? Feedback and discussion.
2.30- 3.00	Small group discussions. Group exercise. What are the implications of these approaches for your role and your practice as reviewers? Feedback
3.00-3.15	Coffee
3.15 – 3.45	Final plenary **– From data to systems. Sharing knowledge in complex organisational systems**
3.45-4.00	Evaluation form & close

Presenters

Professor Sue White

Sue is Professor of Social Work for Children and Families in the School of Social Policy, Department of Social Policy and Social Work, University of Birmingham. She is also an Academician of the Academy of Social Sciences.

Sue qualified in social work at the University of Leeds in 1984. She worked as local authority social worker and manager, mainly in statutory child care, until 1995, when following doctoral studies, she moved to an academic post at the University of Manchester, leaving in 2002 to become Professor of Health and Social Care at the University of Huddersfield and in January 2007, Professor of Social Work at Lancaster. Sue joined the Institute for Applied Social Studies, at the University of Birmingham in August 2010

Sue has been involved in the social work reform process in England. She served on the Social Work Task Force, was a member of the College of Social Work Development Group and the Social Work Reform Board. She was a member of reference group for the Munro Review of child protection services in England.

Dr. Sheila Fish, Senior Research Analyst, SCIE

Sheila is a senior research analyst and Head of Learning Together at the Social Care Institute for Excellence (SCIE). Her main focus has been on developing a systems approach for case reviews, including serious case reviews (SCRs), of multi-agency safeguarding and child protection work. This has involved theoretical as well as practical collaborative development work, including developing, and providing, a training and accreditation programme in use of the Learning Together model. Her academic background is in social anthropology with a particular focus on children and childhood. She spent several years in Indonesia working in the field of child welfare as well as conducting ethnographic fieldwork. She retains a keen research interest in the use of ethnographic methods in the field of child welfare, particularly to explore interfaces between formal knowledge and professional practice.

Learning into Practice Project LiPP

SCRs

LiPP

Improving the use

Improving the quality

Improving commissioning: SCR Quality Markers

Improving reviewer expertise: master classes

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Lipp SCR Masterclasses

- LiPP assumptions:
  - SCR Lead Reviewers have a key role in producing high quality SCRs
  - Currently limited opportunities for continuing professional development
  - Further professionalisation needed
  - A number of bodies of knowledge and expertise exist that are potentially applicable
- To test this
  - Developed a suite of master classes on areas of expertise that are not yet systematically applied to SCRs
- Nb. 'master class' – not starting from scratch, you bring your knowledge and expertise of conducting SCRs

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Evaluation form asks for feedback on ...

1. the idea
2. how it worked in practice in this particular master class
3. how things might be taken forward

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Introductions

- **Name**
- **Familiarity with qualitative research**
- **SCR experience**

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Objectives & outline of the day

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Knowledge in Serious Case Reviews: Making and Assembling Facts.

Sue White Professor of Social Work, University of Birmingham

Sheila Fish, Senior Research Analyst SCIE

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Do You Believe in Reality? Are you a Brain in Vat?

Why SCR authors need to know about ways of knowing...

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What is research?

Research is often described as an active, diligent, and systematic process of inquiry aimed at discovering, interpreting, and revising facts. This intellectual investigation produces a greater knowledge of events, behaviours, theories, and laws and makes practical applications possible.

The word *research* derives from the French **recherche**, from **rechercher**, to search closely where "**chercher**" means "to search"; its literal meaning is 'to investigate thoroughly'.

So, is that roughly what you're doing?

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Methods Wars and Strange Words!

• Epistemology and Ontology (Realism, Relativism)

• Quantitative and Qualitative Methods

• Positivist and Interpretivist

• Enlightenment and post-enlightenment thought

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There is a tendency to juxtapose quality and quantity but:

All methods:
- *order* the world in certain ways ... they *produce and re-produce* certain arrangements.
- Research is an <u>ACT</u>ivity
- So the question for the researcher is not which method is better or (worse) 'correct' but which method suits my task, what kinds of knowledge production do I favour for this problem?

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All methods can destabilise and shake up understandings…

Let's take a look

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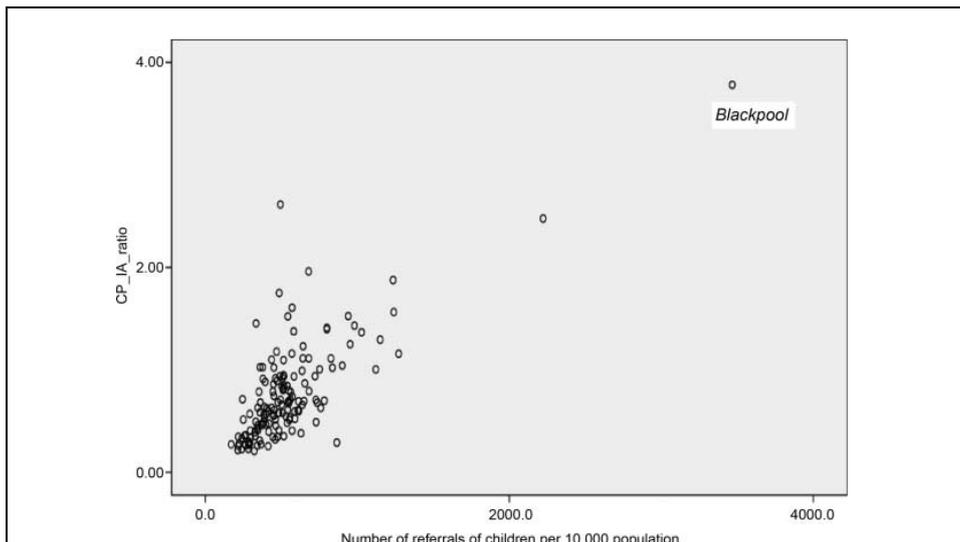
Questions of Method

- What is the difference in the understandings generated by these approaches?

- Is either one more *real* than the other?

- How may the different understandings help you in your examinations of practices and systems?

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So what do approaches to social research do to the social world?

- Offer a particular lens
- Measurement by Fiat: impose a grid on the social world of ..demographic stratification...for example
- Is there ever a 'naked' or naive view-point (transcendental position) ?

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The Enlightenment and Positivism

- The natural world can be apprehended directly through the senses and disciplined reasoning
- Experimental methods provide checks and balances against flaws in mental capacities
- Knowledge of the world can be obtained by accumulating facts discovered through replicable, controlled, *objective* experiment.
- Theories so generated should offer powers of prediction and generalizability.
- The observer can be separated from the observed
- Latterly emphasis shifted from verification to falsification - Popper's white swans metaphor.

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Quantitative approaches

- Large scale survey method- typical of early social research- still widely used
- Assumptions: the social world can be broken down into measurable parts (social class, ethnicity, religiosity...)
- Causal relationships can be established via judicious identificiation/separation of variables
- Where there are difficulties in capturing the social world, 'methods' need improving (methodological rationalism)

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Scope:

- Assumes (to a significant extent) stability of variables (homogeneity)
- Measures what it sets out to measure
- Can offer counts of/scores of/
- **Does not ask questions about how concepts come into being/how they come to be subject to measurement**

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Questions about validity are tracked to method/procedure

In terms of:
- Sampling
- Bias
- analysis
- replication

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Qualitative methods

- Qualitative methods (associated with interpretivism) arose in response to concerns that the methods of science (or the natural/physical world) could not simply be appropriated for the study of the social world
- Gathered impetus following impact of post-modern thought which exposed the inherently value laden processes of social research – offering alternative to correspondence theory of language

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Qualitative Approaches

- Can work inductively from the data, (but the data collection and analysis still need to be organised in some way)
- Frequently recommended from an emancipatory perspective (user voice/individual narrative...) – and therein lie some dangers for SCRs
- Detail/richness over large sample size

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Interpretivism

- Tends to elicit descriptive accounts
- Answers 'what's going on here?' sorts of questions
- Offers new ways of seeing or understanding what is happening
- Bias in qualitative research - 'unfettered inquiry' Vs 'standpoint epistemology'.
- Inductive reasoning - data driven
- Deductive reasoning - hypothesis, theory or politically driven
- Rigour in qualitative inquiry: Subtle/Realistic Realism or Sturdy Relativism
- Types of interpretive research

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Qualitative Paradigm	Quantitative Paradigm
Advocates qual. methods	Advocates quant. methods
Concerned with understanding from the actor's perspective	Logical positivism: seeks facts or causes of phenomena
Naturalistic	Controlled
Subjective	Objective
Close to data - insider	Removed from data - outsider
Exploratory, descriptive, inductive	Verification oriented, hypothetico-deductive
Process oriented	Outcome oriented
Valid, real, rich and deep	Reliable, hard, replicable
Generalizable only with care	Generalizable
Holistic	Particularistic
Assumes dynamic reality	Assumes stable reality

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Adapted from Reichardt and Cook, 1979 *Qualitative and Quantitative Methods in Evaluation Research,* London: Sage.

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Acknowledging Complexity

- Some things are more 'knowable' than others.

- Ian Hacking makes a distinction between **indifferent** and **interactive kinds** (of things).

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- Indifferent kinds are phenomena like rock, water, oxygen, blood or bones. They are indifferent to how we describe them. They cannot reinvent themselves.

- Our actions in relation to these indifferent kinds may have unintended consequences - resistant bacteria are a consequence of our use of antibiotics, but the bacteria's resistance is not political!

- Indifferent kinds are more stable and hence more amenable to being known using scientific method.

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- Interactive kinds are things like our ideas about relationships, mental illness or child abuse - they often have a *moral* dimension.

- They are often situated on the boundaries of normality and deviance, rightness and wrongness. Moreover, the 'kinds' interact not just with the individuals they describe but with institutions and institutional practices.

Sound familiar?

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All Research *can* destabilise taken-for-granted assumptions!

- Don't use research to shore-up decisions you have already made

- Use research to question what you have taken for granted

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	Positivism	Interpretivism
Rigour and relevance	**Small number of variables so can achieve rigour, but sometimes at expense of relevance**	**Richness and complexity, but less procedural control. Other measures of rigour needed. e.g. detailed records, verbatim quotes, transcripts**
Generalizability	**High**	**Often concerned with unique case, but usually some claims to wider applicability**
Reality and Relativism	**Presumes to seek out truth as much as possible and predict cause and effect**	**Multiple explanations and meanings may be explored**

- So, which of these ways of knowing best describes your work in SCRs?

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Morning coffee

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How does culture affect what we can think and what we say?

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Dialogical Model of Social Research – Lessons?

• Social research is *intrinsically* contestable.
• The mediation and transformation of cultural settings by social research can be as important as establishing generalizations – **this is not what we want from SCRs?**
• **One of the most significant contributions social science can make is to encourage 'communication via research, of what it is like to live in one cultural setting to those in another'** (adapted from Giddens 1987: 47).

An Example…..

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'Culture speaks itself' (Reissman, 1993: 5)

Cultures both produce and are produced by the actions of members, most particularly through the medium of language

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Hierarchy of Accounts in cultural context?

- The child
- Professional staff
- Mothers
- Fathers living in the household
- Estranged fathers and other male caretakers (*e.g.* stepfathers)

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Extract 1a

I have arranged contact and have been concerned that David has bruises on his body and, on the weekend of 18th/19th June, had burn marks to his arm and his eyelashes.

Extract 1b

Mr Stuart and his family believe that David is living in an incestuous family and is in potential danger. They have no concerns about Jackie's [mother] ability as a mother. She is loving and caring towards David However if Jackie were to leave him in the care of certain members of the family... this may place him at risk.

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Extract 1c

Health Visitor saw David and his mother on 21st July (first meeting), she said she was staying with her parents at [address] but due to move to [address]. She said she had met the previous H.V. there. David was up to date with immunisations and was up to milestones. Looked happy and healthy. Bright and intelligent and active. Jackie said she was having trouble with her boyfriend over access.

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Extract 1d

Visit to Jackie and David. David looked well and lively and cheerful. Jackie is friendly and willing to talk. She showed me a mark on David's arm (an old and small scar). She said this had happened when David was playing at her mother's in a red toy car which had fallen off the concrete path onto the garden.... She also said she did accidentally singe David's eyebrows when she lit a cigarette and David was standing beside her on the couch and made a grab for the lighter. She says David was a very active child and she tried to be careful with matches, lighters and cigarettes. She showed herself to be conscientious and careful of David She had taken David to the doctors the day before, he had diagnosed slight asthma and given syrup for this.

The case was closed.

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TL. ..... One that Deborah's been out on today with Bev, and Deborah and Sally are going to finish it off this afternoon was a family called [name] where there's a sort of marital conflict and where father's made allegations about mother's treatment of the children which does appear to be over the top

OTHERS: uuuuurgh laughter.

TL I know, I know..... There are four children in the family and there's been a marital dispute, mother left and dad said the children had made allegations which sound a bit over the top so that's one that may be coming back to us I suspect, but at the moment we're trying to deal with it very clearly as a one off and getting them to get legal advice.

Extracts from White, 1998

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- When transcripts of talk and similar materials are looked at in detail, it becomes possible to render explicit taken-for-granted aspects of professional moral orders. In so doing, the so-called tacit dimension is opened up for scrutiny and debate by professionals themselves.

- Professionals are moral agents. The performance of a moral self is central to their competence – but there are competing moral imperatives

- Case formulations and management decisions are often a product at least in part of professional identities which are in turn reinforced by moral tales

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Think about the last time you tried to argue a point or persuade someone of something.

How did you support your case?

What strategies did you use to convince the person that they should agree with your opinion or version of the events?

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Take Jessie. She came to us as a purely social admission. She'd fallen at home and is incontinent. She had turned against her home help, refused to answer the door to let her in. She didn't become ninety-one overnight, she's been old for a long time. She had been going downhill. She's been here ever since. She didn't have any medical problems. (A ward sister, acute medicine, field notes, Latimer, 1994 cited in Latimer, 1997: 143)

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What are we to make of this description of 91-year-old Jessie?

- We could just accept it as the objective truth about Jessie: on an acute medical ward there is a very old patient who should not really be there

- Alternatively, we might want to acknowledge that this is an 'account', that is one way of describing Jessie, a patient on an acute medical ward but not necessarily the only way of doing so and indeed, a way of describing her that does particular things.

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- The ward sister's account suggests that Jessie is 'out of place' on an acute medical ward
- her problems are 'purely social' rather than 'medical'
- Jessie's problems are presented as being, to some extent, self-induced
- her problems are deemed to be biological, part of the inevitable process of decline that accompanies old age

IN THE TALK WE CAN FIND CLUES ABOUT THE CULTURAL CONTEXT OF ACUTE MEDICINE!

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Moral Reasoning in Situations of Risk

Child under 1year, with
head injury, burns, bleeding, bruising or
fracture?

Children who cannot walk independently
with any fracture?

Must be referred to the Middle Grade on call for
paediatrics who will see the child and then discuss
with the Consultant Paediatrician on-call prior to
discharge.

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- The majority of non-referred children presented with minor head injury.
- Illustrative of the complexities of decision-making about *medically* trivial injuries in small children, where 'surface' presentation can be easily treated, and where detailed questioning of parents, who are behaving 'appropriately', is interactionally and emotionally very difficult.

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- An audit examining compliance with the protocol found only 45% adherence to guidelines for children under 1 year of age (n=39).
- Could be locums?
- Could be culture!

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Precaution Vs Proportion

Senior nurse (field-notes, paediatric audit meeting): *'We need to have some balanced thinking because for your benefit and my benefit and the child's benefit I'd rather take away their discretion, rather than have a Baby Peter on the front doorstep.*

Paediatrician (field-notes, paediatric audit meeting): *So, should you apply this across the whole population, should every baby that is born have blood sugar checked, bilirubin checked, are safeguarding issues more important? I think we have to prioritise what is important*

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Paediatrician (field-notes, paediatric audit meeting): *I get complaints every day from junior doctors and locums. A toddler who is just starting to walk and bangs his head on a table, parents rush to hospital, immediate referral to paediatric registrar for review, 20 patients waiting I mean things need to be prioritised, people have to do their job, you can't put a blanket rule. I think what's come across is that cases should be discussed and if the paediatric registrar on one case a day in (Hospital) is referred it's taking 2 hours of the paediatric registrar's time. We have to be sensible*

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The arguments for 'proportion' are typically accompanied by an invocation of the importance of discretion and personal responsibility for 'thinking 'in all staff, including the junior staff in ED.

Paediatrician (field-notes, paediatric audit meeting): *The important thing is the thinking process, if you're not thinking, these aren't the only cases you will miss, there are lot more cases. What is important is education and induction of front line staff to recognise what is normal and what is not, when people don't do their job right that's when things go wrong, you can't have paediatricians holding onto everything.*

Extracts from White et al, 2014

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- The majority of non-referred children presented with minor head injury.
- Illustrative of the complexities of decision-making about *medically* trivial injuries in small children, where 'surface' presentation can be easily treated, and where detailed questioning of parents, who are behaving 'appropriately', is interactionally and emotionally very difficult.

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Why Does This Matter?

The contending positions 'precaution' vs. 'proportion':
- provide a warrant for failing to follow a mandatory process, morally and emotionally
- they make an unassailable pragmatic case that if doctors other than paediatricians never have to appraise the story they will never learn.

This illustrates a core problem with designing safeguarding policy but you need to look at language and culture to see it

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References

Broadhurst, K.; Wastell, D; White, S; Hall, C; Peckover, S; Thompson, K.; Pithouse, A and Davey D. (2010) Performing 'Initial Assessment': Identifying the Latent Conditions for Error at the Front-Door of Local Authority Children's Services, *British Journal of Social Work* 40, 2: 352-370

Giddens, A. 1987, *Social Theory and Modern Sociology,* Cambridge: Polity: 140-65.

Hacking, I. 1999, *The Social Construction of What?,* London: Harvard University Press.

Latimer, J. (2000) *The Conduct of Care: Understanding Nursing Practice,* Oxford: Blackwell Science.

Reichardt , C.S. and Cook, T.D. (1979) Beyond qualitative versus quantitative methods. In T.D. Cook and C.S. Reichardt (eds.) *Qualitative and Quantitative Methods in Evaluation Research.* Beverley Hills: Sage.

White, S. (1998) 'Examining the Artfulness of Risk Talk', in A. Jokinen, K. Juhila and T. Poso, *Constructing Social Work Practices,* Aldershot: Ashgate.

White, S., Wastell, D., Smith, S., Hall, C., Whitaker, E., Debelle, G., Mannion, R & Waring, J. (2015). Improving practice in safeguarding at the interface between hospital services and children's social care: a mixed-methods case study. *Health Services Delivery and Research* 3, 4 ISSN 2050-4349

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Small group discussions.

- Can you think of any examples from your own SCRs, where you interpreted, or could have interpreted accounts given, to highlight 'cultural' issues of particular professions?

- What do you see as the benefits and challenges of being mindful to the social contexts of accounts produced in SCRs, whilst also seeking 'truth'?

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Lunch

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Exercise

What Happened to 'Sophie Byrne'?

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Group exercise

- What are the implications of these approaches for your role and your practice as reviewers?

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Afternoon coffee

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From data to systems. Sharing knowledge in complex organisational systems

Sue White, Professor of Social Work (Children and Families), University of Birmingham

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Assumptions of Public Policy

- People need extrinsic motivation to do a good job
- Strong top-down management is the key to quality and performance;
- Standardisation of processes and explicit targets drive quality – 'doing simple things right',
- That errors are a result of professionals failing to *share or record* information
- **Efficiency is privileged over 'reliability'**
- **Confidence privileged over trust**
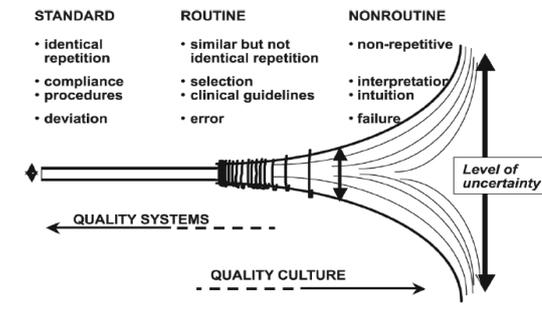- Managing **institutional risk** is the policy priority

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Some of the current context....

- Persistent failures in diagnosis – attributed to 'failure to share information'
- Child sexual exploitation scandals
- Debates about mandatory reporting
- Party political game of tough and tougher

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The Process Paradigm still Reigns!

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Standard, routine and non-routine processes in health care

Paul Lillrank and Matti Liukko

Figure 1 The quality broom

STANDARD	ROUTINE	NONROUTINE
• identical repetition	• similar but not identical repetition	• non-repetitive
• compliance • procedures	• selection • clinical guidelines	• interpretation • intuition
• deviation	• error	• failure

Level of uncertainty

QUALITY SYSTEMS

QUALITY CULTURE

Quality Culture

We need simple organisations and complex jobs, not complex organisations and simple jobs!

Complex organisations – a typical example

Customer Relations Team

Contact and Referral Team

MASH   Joint Investigation Team   Area Child Protection Team   Statutory Assessment Team   Multiagency Family support   CAF – Other agency lead

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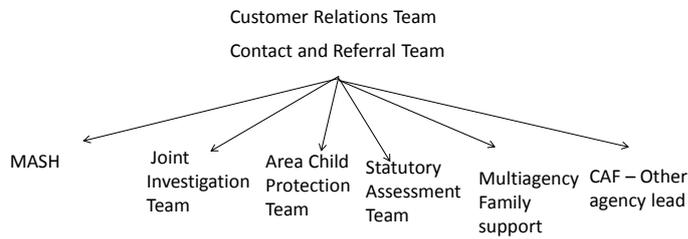
Systems must be Designed for the Right Species

- Information processing
- Emotion/moral judgement
- Group think, bystander effect

Some examples….

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This paper presents independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

NHS
National Institute for Health Research

Knowledge sharing in complex organisations

- Social hierarchy, accessibility, psychological safety and trust
- Knowledge is both **'slippery'** (difficult to codify) and **'sticky'** (difficult to share across cultural or institutional barriers)
- **This will not respond to simple exhortations to 'share information'**

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Closing the door with technology

Consultant Emergency Medicine (EM1): *It is a complicated business. ...There isn't a pathway for the key professional at one end to talk to the key professional at the other end. There are too many steps in between and that leads to a dilution of information and omission of information you know, whereas if you were having the conversation directly with the practitioner who's going to take responsibility for the management of the case thereafter that's the opportunity for clarifying isn't it and making that risk assessment but the process doesn't enable that*

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Organisational time, ambiguity and knowledge sharing....

The mother of a five year old child on a paediatric ward is seen by the parent of another patient to be shouting at the child 'inappropriately', and nursing staff also have a 'bad feeling' about the way the parent and child interact. The nursing shift changes and the new staff do not directly encounter the parent in contact with the child. The child is discharged and subsequently harmed

Thus....

Sense-making is constrained by the local organisational 'temporal' practices which disrupt relationships and reduce or eliminate proximity.

This has consequences for the subsequent production of a 'rationalisation' of the observation, and crucially ***a waning of the moral imperative to act*** .

One can now easily see the complexities of knowledge sharing.

scie social care institute for excellence **Proximity and Relationships matter!**

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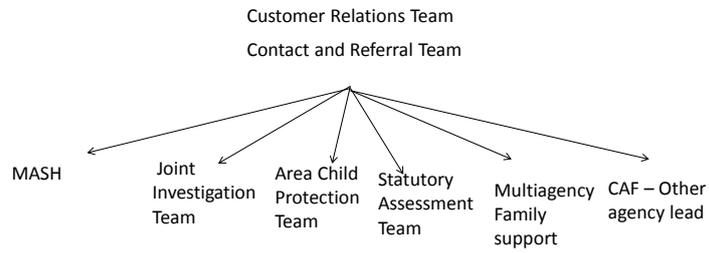
Handout 1: Exercise

Exercise:

What Happened to 'Sophie Byrne'?

From Taylor, C. and White S. (2000) *Practising Reflexivity in Health and Welfare: Making Knowledge,* Buckingham: Open University Press

Summary of Learning Points

- There is a dominant notion, both in professional education and in social research, that the case 'formulation' arises from the encounter between the professional and the client

- However, the act of 'sense-making' is given a public face in subsequent (or sometimes prior) discussions with colleagues, other professionals or managers.

- These public airings are particularly fertile grounds for 'knowledge making'.

- In spite of speakers referring to other perspectives or alternative viewpoints, often these are cited only to give greater force to the 'ready made' viewpoint or opinion, which is actually quite solid and not really up for negotiation.

- It is a kind of 'here's one I made earlier' form of reasoning.

So, let's have a go at analysing some professional 'sense-making'...

In your groups read the following extracts from a social work allocation meeting in which the social workers are discussing a case that had been referred the previous week, involving suspicion of sexual abuse.

Examine how the social workers and their Team Manager make sense of this case.
Read the extracts on the Sophie Byrne case. Consider the following:

- Who appears to be 'in the right' here?
- How is this 'rightness' asserted?
- Who is 'in the wrong'?
- Can you distinguish between statements of fact and statements of value (moral judgements)?
- What assumptions are made about children's needs?
- What assumptions are made about the way they should be parented?
- Is there an alternative reading of this case?
- Look at how they construct certain things as true and others as suspect, or open to question
- Can you see how one reading of the case settles as they discuss the various stories given by the different players
- Do they show any evidence?
- What has been the consequence of this for Sophie?

Part 1: Reporting the Referrer's Story

TM. This is really worrying......Right. Sophie Byrne is ten she lives [address] and it was referred by, people will probably *remember* the referral cos it was referred by Kate Cross [education welfare officer] which is a bit of a convoluted referral but we get there in the end. Kate had been talking to the Head of Year about Mike Brooks, about Mike's absences from school. During this conversation it transpired that Mike's course tutor had been told by two other pupils at the school, that Mike was shagging a ten year old called Sophie..... Kate rang the local school and located Sophie Byrne at [name] School. Staff at [the school] told Kate that three teenage boys collected Sophie from school one day last week. *Recently,* Sophie's mother went to pick her up from school and Sophie wasn't there. Sophie's mother in the past has requested ed. psych's help for Sophie and Mum finds her behaviour very difficult to deal with. One morning last week, [the team leader is reading from the file] which is now about three weeks ago, Sophie's parents found her wandering around the precinct at 2am. Kate had no further details. Mike is actually staying with the Anderson family. Nobody knows why he is staying there. Kate managed to identify the child as Sophie Byrne through statements the children made and by reference to the accounts from [school] of Sophie being met by older boys from school. Actually, it looks as though from the onset Kate put 2 and 2 together from what the pupils at [secondary school] said and spoke to the Head of [school] and she confirmed accounts of Sophie being met by older boys. This had happened the week before last, which as I say is about three weeks ago..... The children often arrive late for school and are not really collected. Oliver is 7. Is he 7?. ....There were no major concerns at the previous school. however, there had been one incident outside school where Sophie had been with a group of older boys who were smoking....

Part 2: Reporting the Father's Story

SW. So we wrote to Mrs Byrne and asked her to come into the office .... she   didn't turn up. So we telephoned and asked, and told them we needed to   speak to her and we got Mr Byrne who was quite erm irate that we hadn't written to him as

well. So I told him we didn't have that information and he came in ... straight away and we discussed the concerns with Mr Byrne. Mr Byrne initially said that he felt it was just boys talking, the concern about Sophie being shagged was just play ground chit chat and he had no concerns about Sophie

TM. He also explained didn't he the 2 am precinct thing

SW Yeah we talked to him about the 2 am precinct thing and he said that had happened but what he had said was that erm they were unaware that it had happened because she had gone to sleep on the top floor. Sophie came downstairs with Catherine [friend] at 1-45, cos they've got a camera in the hall so they can actually see the kids coming downstairs. At 1-45 Gemma and Sophie went out the shop to meet 2 other friends

TM. Boys or girls, or do we not know?

SW. I don't know, nobody's saying.... the first they knew about Sophie going out was the following morning Mrs Anderson [Catherine's mother] telephoned Mrs Byrne and said Sophie., said she's kept hold of Sophie this morning cos the police brought Catherine home and Sophie [and they]

Part 3: Reporting the Mother's Story

SW. Mrs Byrne got straight on to her GP and said I want Sophie examined, because if Sophie has been touched then I want the ( ). ..... We went out to talk to Mrs Byrne who gave quite a completely different view of things and basically is very worried about Sophie erm mainly around the Catherine Anderson family erm because she says that it's notorious round their way and she doesn't want her daughter mixing with them but it's very difficult because they

TM. =It's quite interesting because the potential perpetrator is a boy who also lives with the Anderson family. There are lots of bits of connections there.....

TM. Oh right

SW. =and there's a little lad who plays with all these teenage boys

TM. =and he's started exposing himself (joking) (laughter)....

SW. Well anyway Mrs Byrne is obviously quite upset that Sophie is mixing with these children.

TM. Didn't she say something about Sophie's had some kind of physical symptom which is....

SW. Yeah she said that Sophie's physical care had deteriorated over the last few months, well we went through the whole lot. She still wets the bed at, what is she 10, two or three times a night and because it smells so much she insisted that she had a bath and in fact marched her to the bathroom and stripped her all down and she had all red legs at the top of her legs and everything, which could have been lying in urine, but she said she was worried enough to go and get some cream and it's gone now. ....

Part 4: Reporting Sophie's Story

TM.. Well the suggestions Jenny made, I think Jenny has had a conversation with Mrs Byrne and I haven't got the details, was that maybe for some kind of reassurance, assessing whether there's been any abuse, it might be that one of the options might be asking Dr Palmer [consultant paediatrician] just doing it in a very low key way. Obviously if Sophie wants an examination there's no harm in asking them to

actually examine Sophie. I think that's quite difficult really the apparent soreness has gone and Sophie isn't actually *saying,* well it was a very brief interview

SW. It was a very brief interview with Sophie. Basically Sophie erm wasn't giving any information over at all.. She was still maintaining that Catherine felt unwell, erm so she took her home and we said that left her on her own to come home and that's very dangerous etc. etc. and she said erm she said oh yeah but she said she didn't meet any friends erm . She says, she was very emotional because she thought we were there to tell her off and erm the usual and erm it was quite obvious erm she did say she can't talk to anyone, she didn't have anyone to talk to. But with regards to the older boys playing with her she's going to be told that they don't collect her from school. But Mrs Byrne maintains that she takes and collects her from school

TM. Which is not what the school says if I remember rightly.