

# COMPARATIVE EVALUATION OF CHILDREN'S SERVICES NETWORKS: OVERCOMING PROFESSIONAL, ORGANISATIONAL & SECTOR BOUNDARIES IN PAEDIATRIC NEPHROLOGY, CHILD PROTECTION & CLEFT LIP, PALATE NETWORKS

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## AIMS OF THE STUDY

- To assess the relative success of mandated & non-mandated children's services networks in crossing professional & organisational boundaries, with particular reference to leadership & knowledge exchange processes
- To identify institutional barriers to delivery of children's services through networked forms of organisation
- Recommendations to policy-makers & practitioners: organisational design & management processes

## ABOUT THIS STUDY

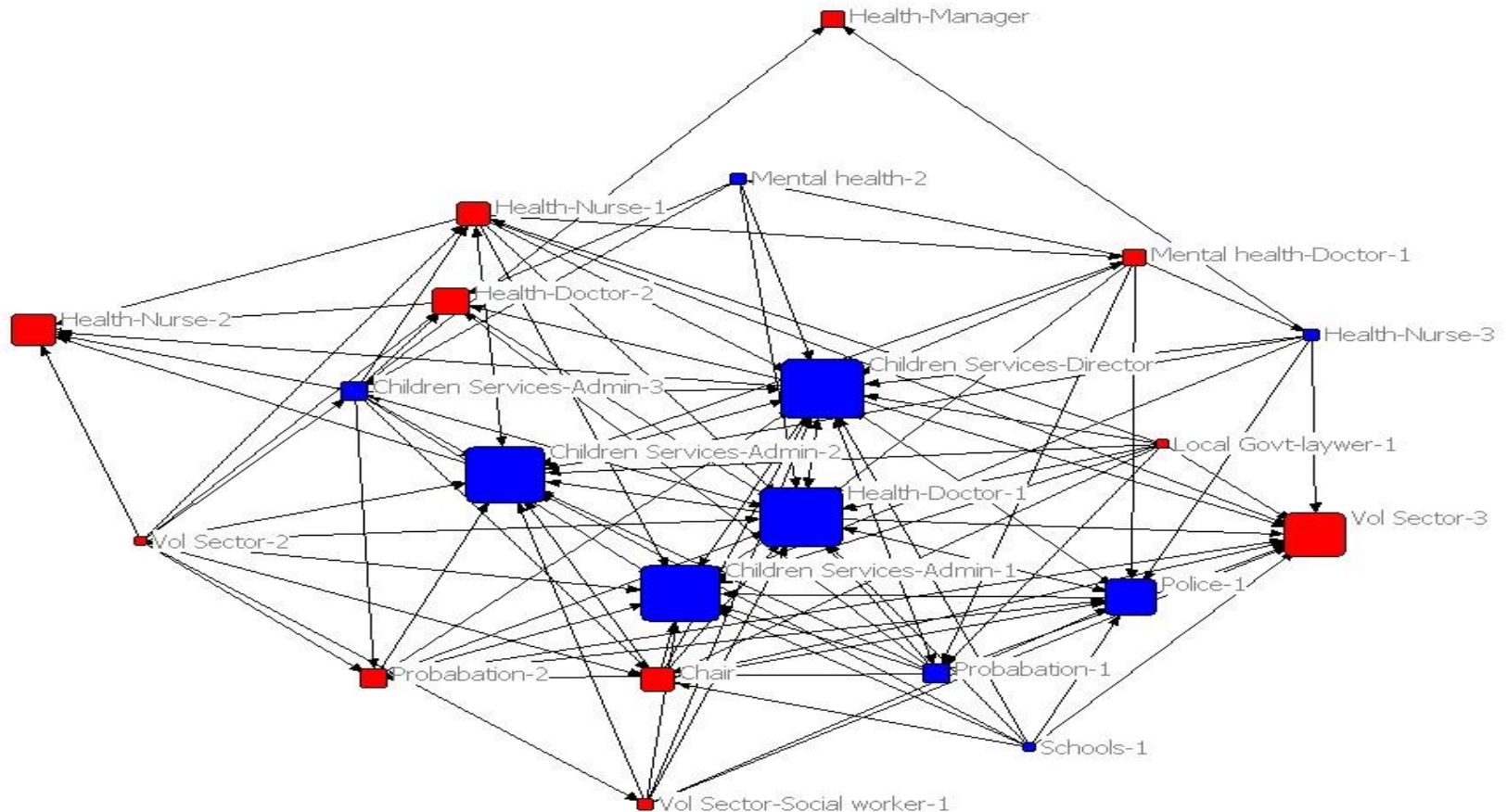
- Funded by National Institute of Healthcare Research (NIHR) Service Delivery & Organisation (SDO) programme for 36 months (2007-2010) to examine paediatric nephrology, child protection & cleft lip, palate networks
- We utilise two rounds of social network analysis (SNA) to analyse network structures & density, particularly 'holes' & 'hot spots' in their operations
- We utilise 145 interviews, over 100 hours observation & documentary analysis, to explore how institutionalised professional, organisational & sector boundaries impact upon network operations, & how these might be mediated through effective leadership & knowledge exchange

## POLICY AND PRACTICE

- Policy drive towards mandated networks, but organisational studies literature suggests that bottom up, more emergent networks are more likely to be networked, particularly with respect to organisational learning
- Policy drive towards distribution of leadership to transform health & social care, but organisational studies literature suggests transformation is challenging and that distribution of leadership is parsimonious at best in health & social care settings
- Policy assumes knowledge will flow across organisational & professional boundaries, but organisational studies literature suggests knowledge is sticky across boundaries, because of the nature of knowledge and political and cultural challenges

# Network Analysis

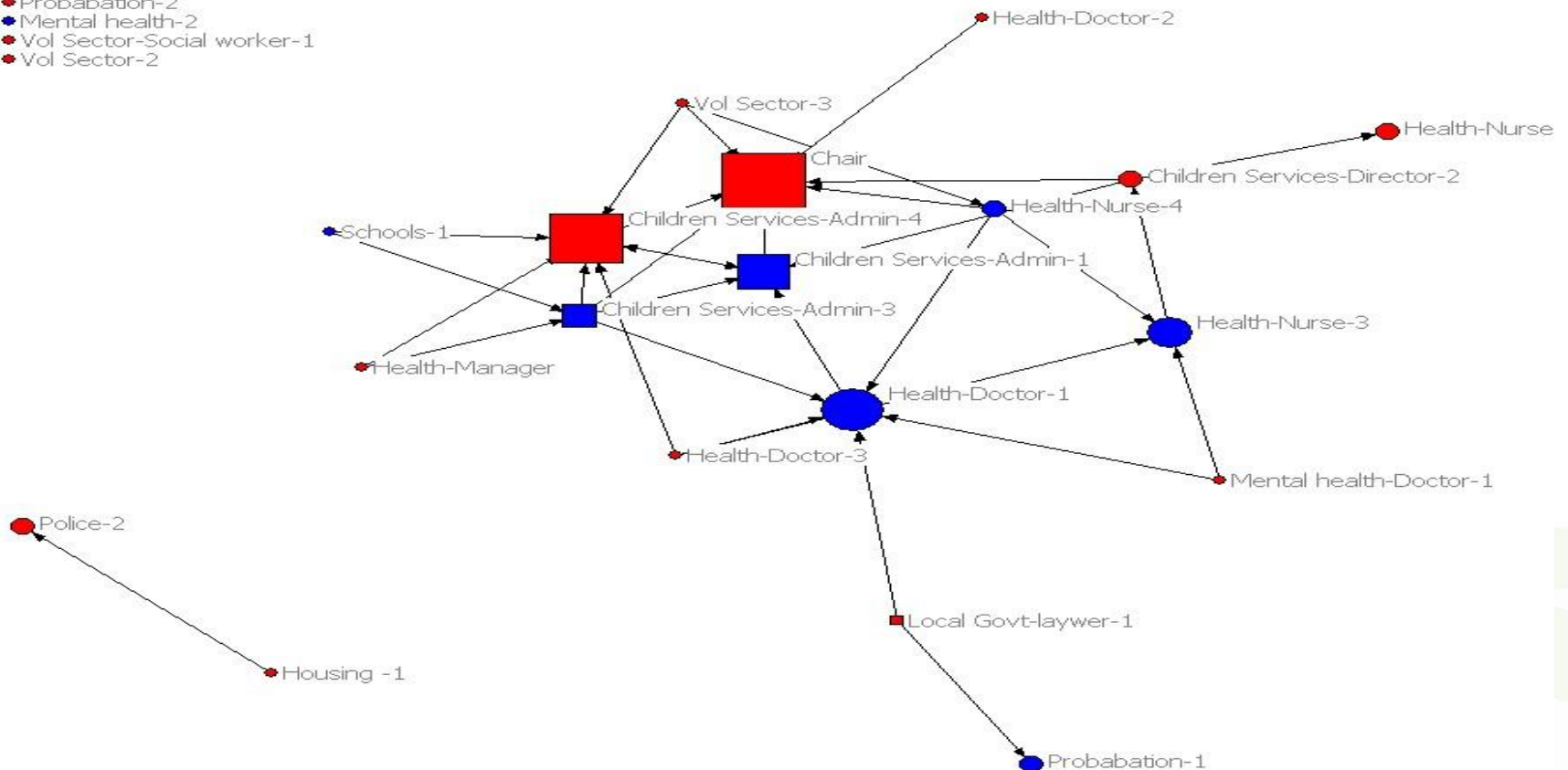
## Safeguarding Leadership Influence 2007



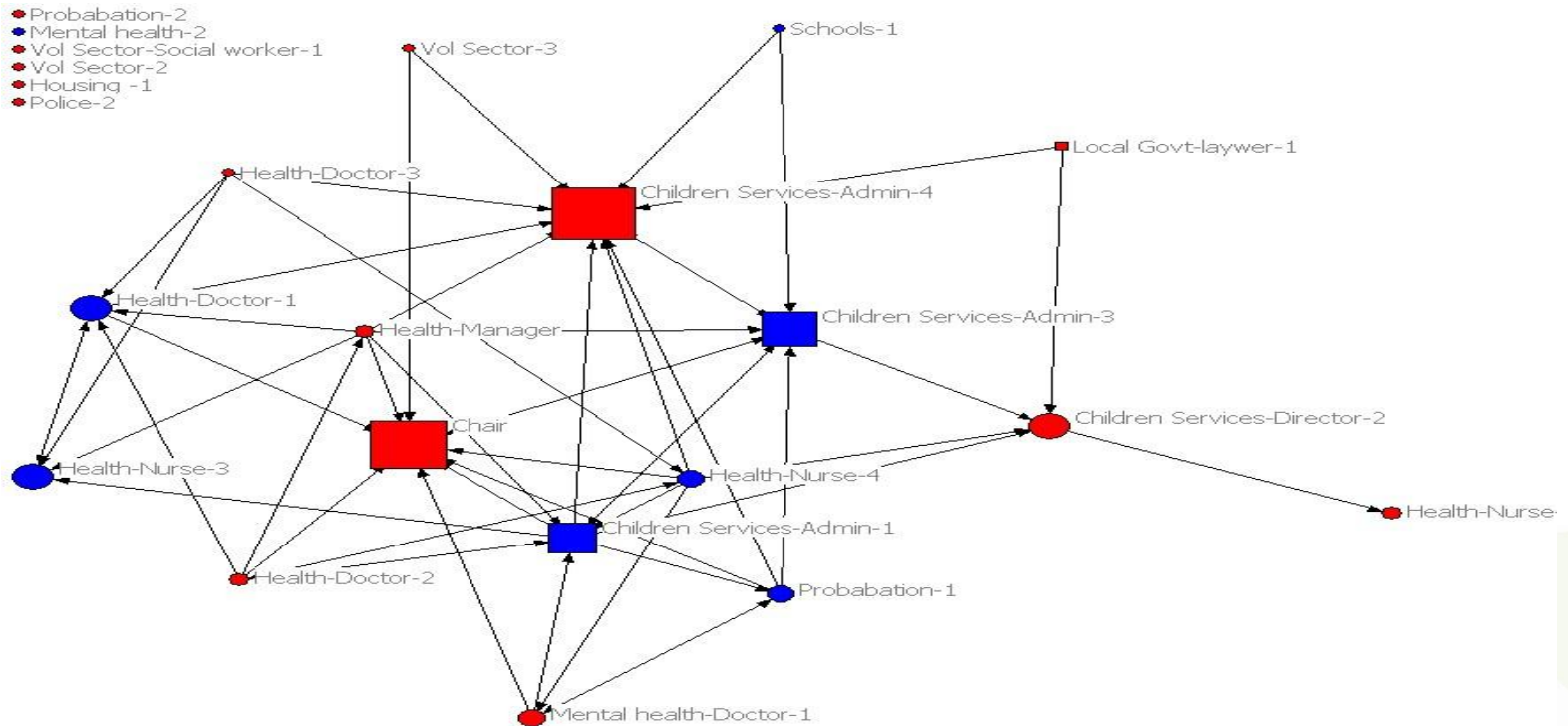


## Safeguarding Discuss important matters

- Probation-2
- Mental health-2
- Vol Sector-Social worker-1
- Vol Sector-2



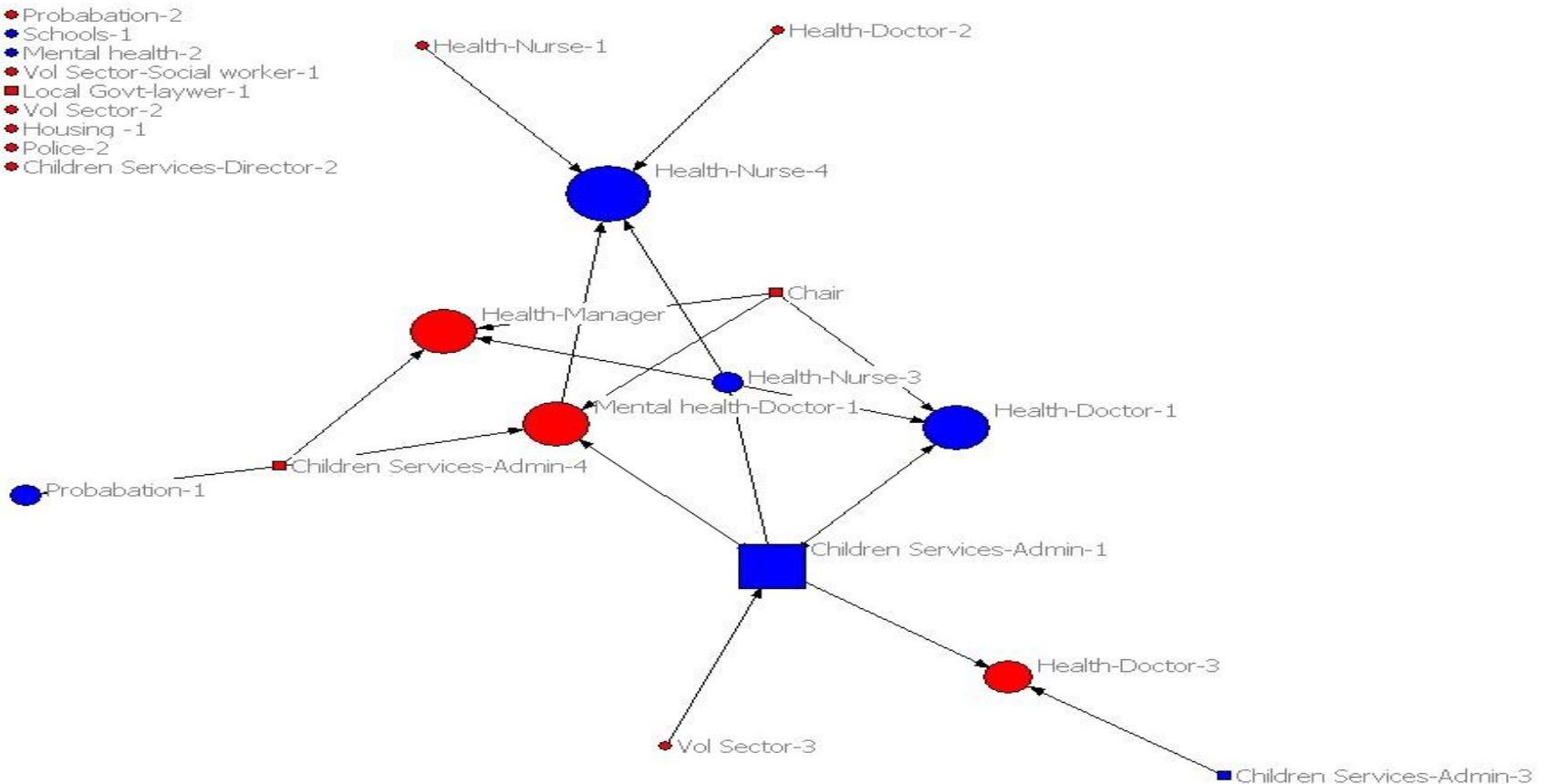
## Safeguarding Work closely with



*Research making a difference to practice*

## Safeguarding Comes to for advice

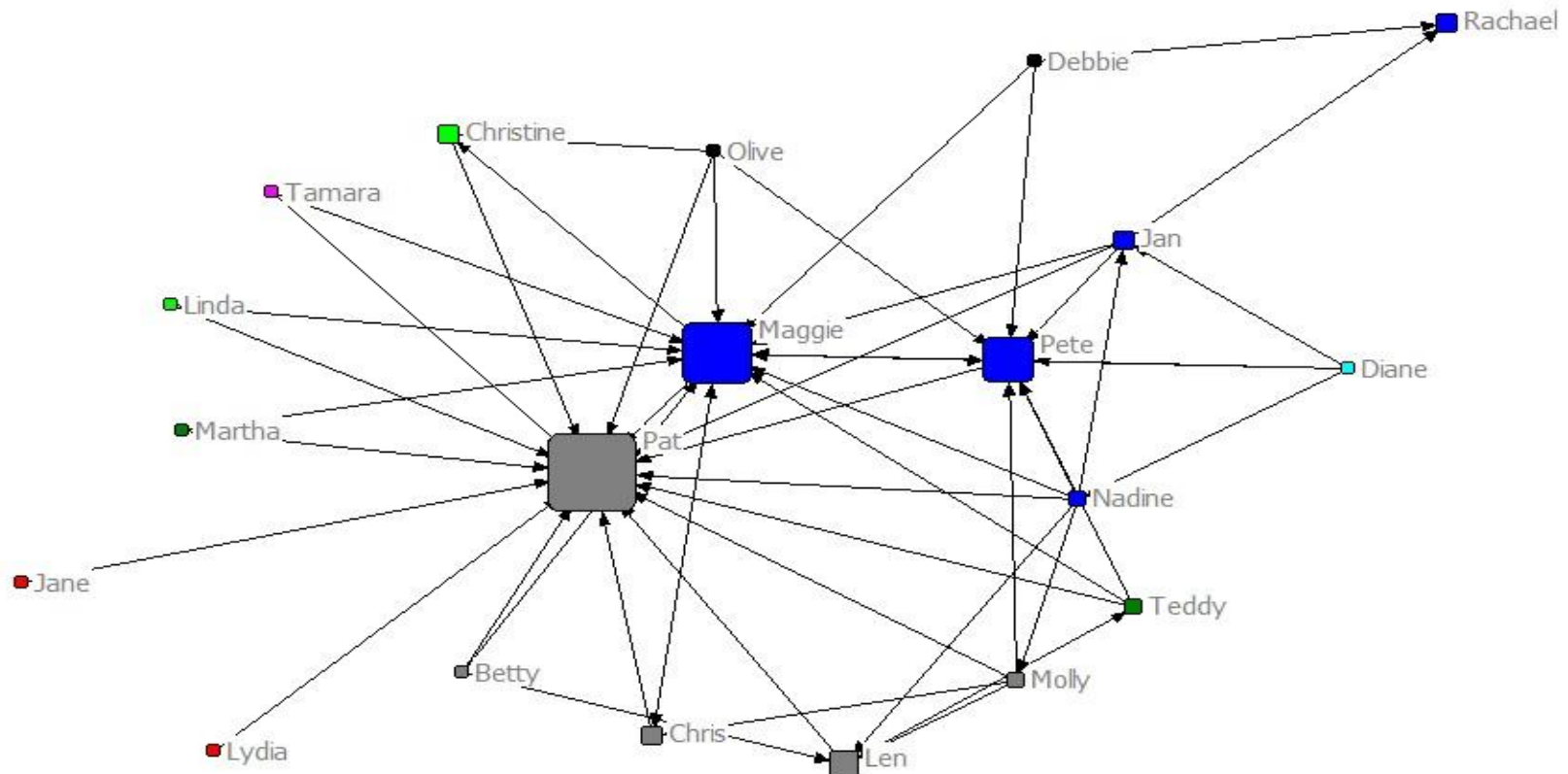
- ◆ Probation-2
- ◆ Schools-1
- ◆ Mental health-2
- ◆ Vol Sector-Social worker-1
- ◆ Local Govt-lawyer-1
- ◆ Vol Sector-2
- ◆ Housing -1
- ◆ Police-2
- ◆ Children Services-Director-2



## QAP regression used for predicting leadership

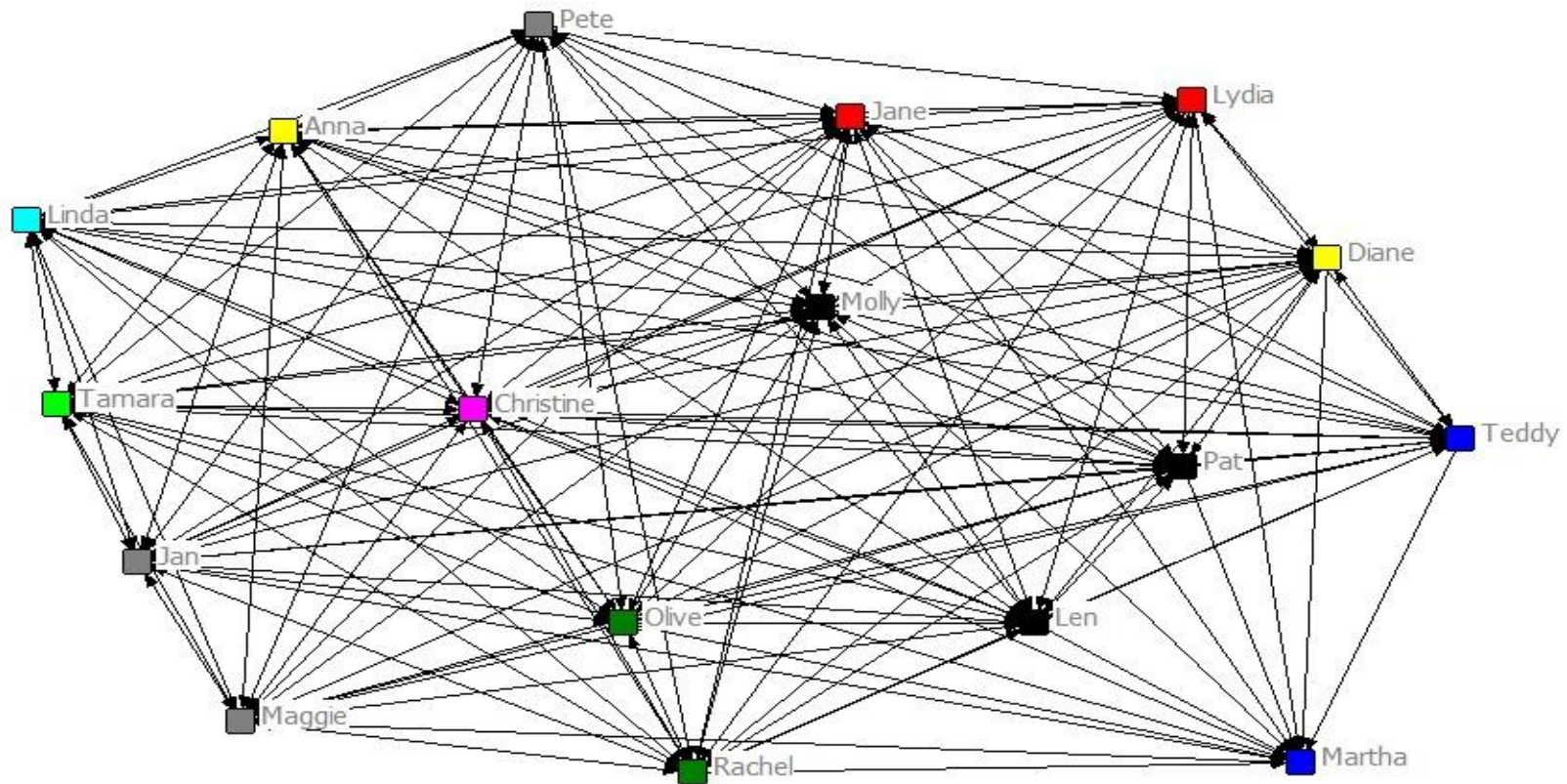
	2007		2009	
Variable	Unstandardised Coefficient	Standardised Coefficient	Unstandardised Coefficient	Standardised Coefficient
Intercept	0.152	0.000	0.105	0.000
Important matters	0.343**	0.204**	0.390**	0.258**
Works closely with			0.104	0.086
Comes to for advice			0.110*	0.110*
ACPC	0.145*	0.147*	0.037	0.031
Organisation (1)	0.130*	0.101*	0.033	0.024
Organisation (2)	-0.152	-0.041	-0.050	-0.056
Organisation (3)	-0.048	-0.041	-0.105	-0.031
	N=506 R <sup>2</sup> = 0.230**		<i>Research making a difference to practice</i> N=506	R <sup>2</sup> = 0.243**

## Nephrology Leadership/Influence



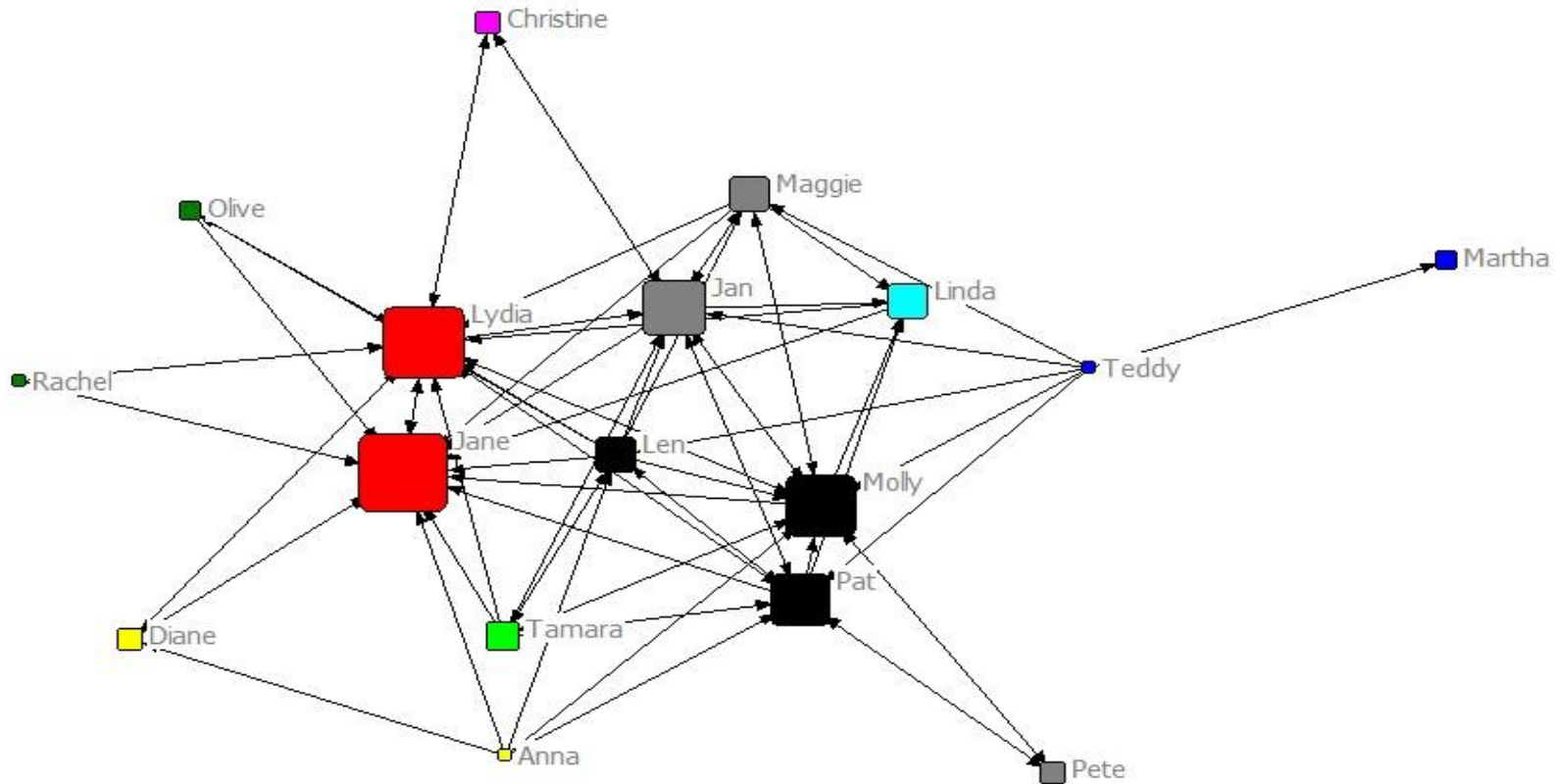
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## Nephrology: General Information Sharing



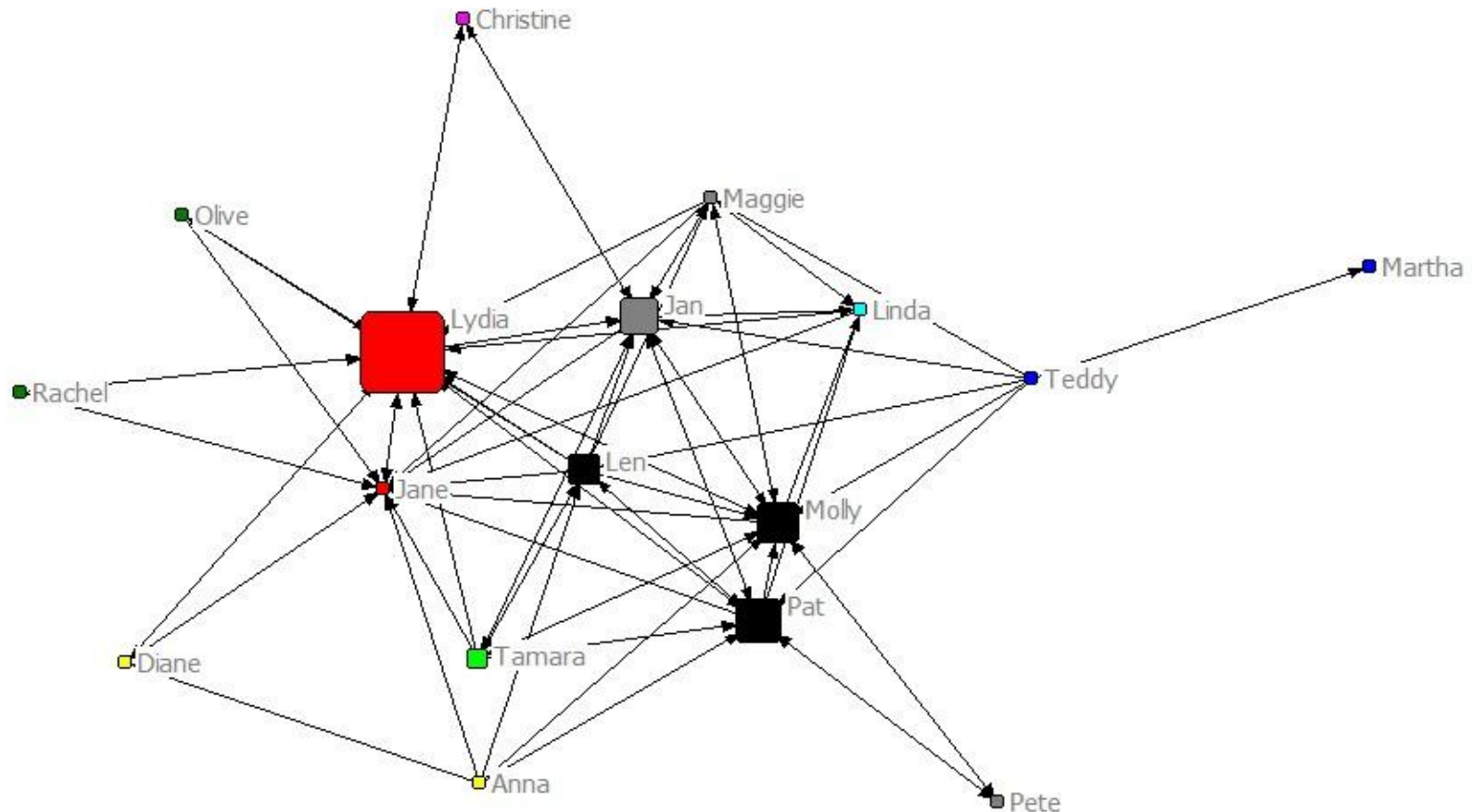
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## Nephrology: Psycho-social knowledge

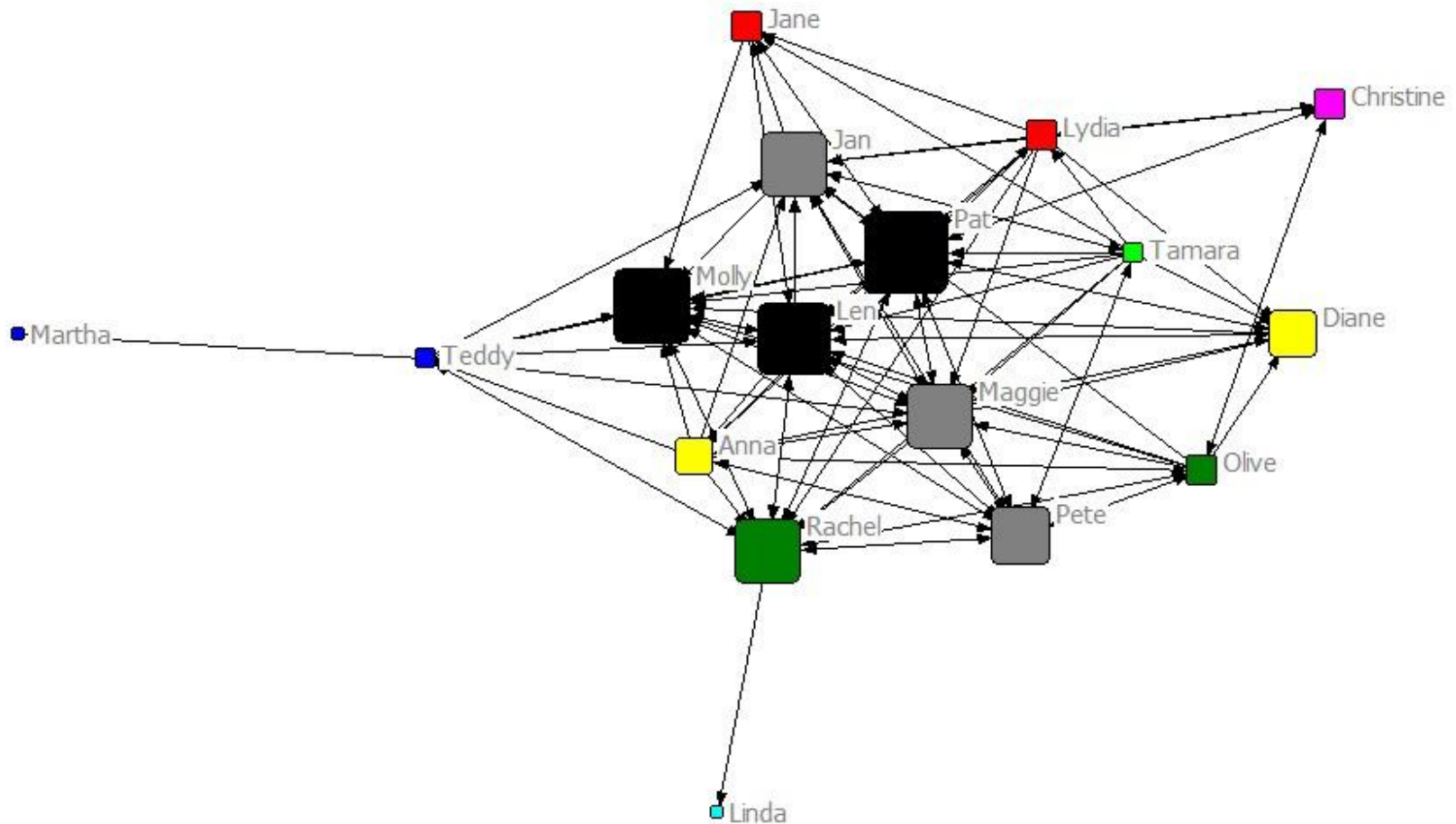


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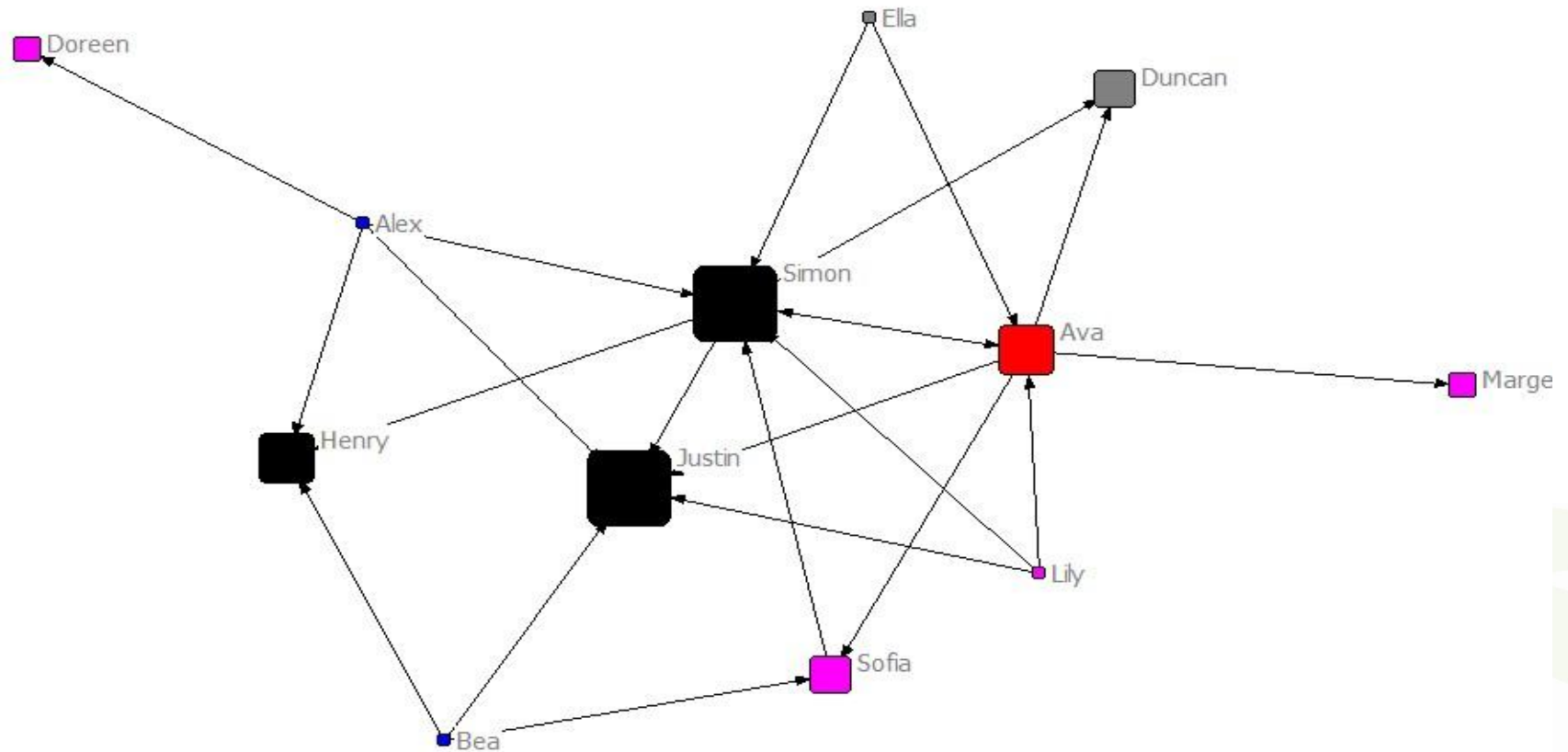
## Nephrology: Psycho-social (brokers)



## Nephrology: Clinical Knowledge



## Cleft Network: Leadership/Influence





Nottingham University  
Business School



*National Institute for  
Health Research*

# CROSS-CASE ANALYSIS: NETWORK STRUCTURE & PROCESSES

## NETWORK STRUCTURES

- CLP network intended to be a managed network, but a more professional network was realised
- PN network was a professional network, rather than managed (but had to work hard to embed itself in resource allocation system: i.e. may need to be mandated to grab resource)
- LCSB is a mix of managed & professional network (its success relied upon previous professional arrangements)

## NETWORK OUTCOMES

- Health economics analysis suggests efficiency gain aim is met across networks, particularly PN network
- For the CLP network, some privileging of geographical accessibility, with perception from some that location decision not aligned with clinical expertise. This meant in early period, network was not ‘networked’, so that organisational learning limited
- PN network produced organisational learning, co-ordination of care across psychosocial & clinical domains, and gave the user ‘voice’
- LCSB particularly effective regarding organisational learning for more co-ordinated care

## LEADERSHIP PROCESSES I

- Leadership patterns varied: (i) CLP uni-disciplinary silos with power concentrated in specialist surgeons; (ii) LCSB some concentration of leadership, prior to distribution; (iii) PN leadership concentrated, simultaneous with wide distribution
- Concentration of leadership aligns with accountability requirements; i.e. there was someone visibly 'in charge' & accountable for performance targets. Leaders walk on a 'razor's edge'
- Where leadership does not align with professional hierarchy, the network tends towards fragmentation. However, patterns of professional hierarchy are not always clear (LCSB). Independent chair may mediate the problem

## LEADERSHIP PROCESSES II

- Leadership influence relates to professional role, rather than individual competences, although person-based characteristics (charisma, relationship intelligence), buttress this (most apparent in PN & LCSB)
- There is temporal dimension to development of distributed leadership as a network matures: fragmentation early doors; concentration middle phase; as network matures, antecedents of network are mediated (by appropriate charring & development of social capital)

## KNOWLEDGE EXCHANGE PROCESS I

- Concentrated knowledge exchange based on professional hierarchy (CLP)
- Concentrated & fragmented knowledge exchange based upon performance orientated policy (LCSB, some agencies may not want to reveal 'poor' performance)
- ICT poorly developed across all cases for knowledge exchange
- Development of architectural knowledge (organisational routines) supports knowledge exchange: structural (LCSB sub-committees) or normative (PN selection & socialisation of staff)

## KNOWLEDGE EXCHANGE PROCESS II

- Situated learning: the most productive fora for knowledge exchange are those that engender situated interaction. PN co-location allows this. Where geographically dispersed (CLP & LCSB) may need to formally structure knowledge exchange more (away day)
- Knowledge brokering at individual, group or organisational level helps ensure a network is networked: (i) brokers located at the interstices of professions/organisations, but must have legitimacy (nurses in PN but not in CLP; independent chair in LCSB, who is trusted intermediary) (ii) community of practice (PN), but may prove difficult where geographically dispersed (LCSB/CLP) (iii) LCSB is an organisational level knowledge broker

## KEY FINDINGS

- Professional & policy institutions frame delivery of children's services through networks
- Networks are stymied if they do not align with professional work arrangements, which may limit prospects for effective networking
- The performance-orientated dimension of policy fragments collaboration between organisations within networks
- Effective leadership & knowledge exchange processes can mediate institutional challenges & ensure networks are networked

## LESSONS FOR POLICY-MAKERS

- Any policy to mandate networks should align with professional arrangements
- Attention should be paid to network processes, as well as structure
- Leadership of networks might be more strongly mandated to align with professional hierarchy, as well as organisational accountability arrangements
- A “skilled” independent chair of Local Safeguarding Children’s Boards should be appointed
- Be more reflexive about the unintended consequences that flow from the interaction of different policy strands, specifically performance management frameworks
- Knowledge exchange is a locally situated matter upon which policy is unlikely to impact
- There is no template for introduction of networks structures & processes that is likely to fit all contexts; i.e. we recommend a contingency approach

## LESSONS FOR ORGANISATIONAL MANAGERS

- Leadership requires concentration in the early stages of a network, to develop distribution of leadership
- A network orientated, rather than individual organisational, approach should be taken to the management of human resources
- Seek to influence knowledge exchange opportunities through influencing professional work arrangements, so that those delivering care interact in a sustained fashion
- Socialise staff to engender communities of practice within networks so that trust, understanding & reciprocity are developed between these staff

## FURTHER RESEARCH

- Interdisciplinary research situated between organisation studies, sociology of health & professions, public administration
- Application of generic organisation studies literature (i.e. developed in private sector settings) to health & social care
- Build mixed methods into studies of networks
- More contextualised studies of networks