Comparative evaluation of children's services networks: Analysing professional, organisational and sector boundaries in Paediatric Nephrology, Child Safeguarding and Cleft Lip and Palate Networks

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

What is already known about this subject, and why it was important or useful to undertake this research

A central point made by previous NIHR SDO funded research is that institutional influences impact upon networks. Firstly, networks seem vulnerable in their implementation to power differentials between professional groups. Secondly, participants in networks may orientate towards the self-interest and accountability of their employing organisation, rather than the network. Consequently, previous NIHR SDO funded research highlights that structural reform towards network forms of organising must be accompanied by attention to network processes. Our study builds upon these assertions through its research design, which encompasses one historical case and three primary empirical cases -- two mandated and one non-mandated children's services networks. Our research design is mixed methods -- Social Network Analysis (SNA) precedes qualitative fieldwork, which combines interviews and observation. Our study provides a more nuanced understanding of how institutional influences frame patterns of leadership and knowledge exchange that might counter or support structural reform. Linked to this, our study focuses upon the potential for leadership agency and knowledge management to transcend institutional hurdles and so ensure networks are networked.

Aims

The purpose or objectives of this research study - what it set out to do

(1) To identify institutional barriers to delivery of children's services through networked forms of organisation

(2) To assess how leadership and knowledge exchange within networks are influenced by professional and organisational boundaries

(3) To consider costs and benefits of networks within children's services

(4) Recommendations for policy-makers and organisational managers on organisational design, leadership, and knowledge exchange for health service delivery through networks.

About this study

A brief summary of the study methods

(1) We utilise a social network mapping software tool (UCINET), to describe network structures and density, allowing the identification of 'holes' and 'hot spots' in their operations.

(2) We interrogate a historical case of children's safeguarding to identify institutional barriers to collaborative working.

(3) We build upon SNA through qualitative fieldwork within three comparative case studies, utilising interviews and observation. This explores how institutionalised professional, organisational and sector boundaries impact on the development and operations of networks and consider how these might be overcome through management interventions in the domains of leadership, human resource management practices, culture management, ICT and new governance arrangements.

(4) We take a health economics perspective on the primary comparative cases to ascertain costs and benefits of networks.

Key findings

The main findings from the study, and any qualifications or limitations that particularly need to be noted

(1) Institutions frame delivery of children's services through networks, with processes of leadership and knowledge exchange likely to reflect these.

(2) Networks are likely to be stymied if they do not align with professional work arrangements in which doctors are privileged. At the same time, professional hierarchy may limit collaboration.

(3) Network participants are likely to orientate more towards their employing organisation's accountability and self-interest, and less towards the network.

(4) Those networks that extend beyond the boundaries of the NHS face additional boundary-crossing challenges, notably mediating health and social care interests

(5) An independent chair of Local Safeguarding Children's Boards, particularly where perceived as impartial, can enact administrative leadership to distribute leadership agency that engenders a network that is networked.

(6) Whilst our study emphasises that effective leadership is linked to professional role, personal characteristics buttress role-based leadership

(7) Patterns of knowledge exchange reflect professional hierarchy, which can be mediated by the development of social capital and architectural knowledge, or knowledge brokering at individual and group levels.

Conclusions

Implications of the study for policy and practice and, if appropriate, future areas for research

Lessons for Policy Makers

(1) There is no template for the introduction of networks that is likely to fit all health and social care contexts. Contingent aspects include: concentration of professional power; the extent of externally imposed performance management; temporal dimension of development of networks; whether network staff are co-located or not; professional work arrangements prior to implementation of networks; local level relationships between network staff

(2) Policy-makers need to be more reflexive about the unintended consequences that flow from interaction of organisational self-interest, associated with accountability regimes and resource allocation, with network processes.

(3) Recommendations for leadership that concentrate such matters in the hands of powerful professionals, notably doctors, seem appropriate

(4) Knowledge exchange is a locally situated matter upon which policy is unlikely to impact.

Lessons for Organisational Managers

(1) Effective leadership can mediate institutional challenges and thus ensure networks are 'networked' through an appropriate and dynamic mix of concentrated leadership and distributed leadership. Leadership requires concentration in the early stages of the network, to develop distribution of leadership.

(2) 'Situated' knowledge exchange to ensure networks are 'networked' can be supported by socialising staff towards community tendencies with a high degree of trust, understanding, and reciprocity across organisational and professional boundaries

(3) Architectural knowledge to integrate disparate component knowledge domains can be developed through structural and normative means. This engenders knowledge brokering at individual and group levels

Further research

(1) The application of generic organisation studies literature (i.e. developed in private sector settings) to health and social care,

(2) Build mixed methods into studies of networks.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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