



Networking

in
Intellectual Disability Nursing:
An International Perspective

by
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(2009)

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Dedication

This report is dedicated to our friend and colleague Fiona Law who played a lead role as web-person for the National Network of Learning Disability Nurses over a good many years. Fiona was also a key member of the undergraduate student nurse network, Positive Choices. Fiona was instrumental in creating the database to collect the data that informed this report.

She brought her technological wizardry to the gathering of research data electronically to enable practitioners to participate in the research through the internet.

As a result, Fiona was central to the development of the study and this report by way of her commitment and dedication to the project; she has helped to lead the way as a prophet of paperless research and as an advocate for 'green' research - and the use of 'rodent technology' as a means of collecting data.

The NNLDN Executive is dedicating this report to Fiona's memory as a recognition of her commitment, support and humour over the years. This report forms a lasting legacy of Fiona's tireless work in the field of learning disabilities across the UK and Ireland.

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Appendix 3

List of Networks

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Appendix 1 Characteristics of Network Types

Key characteristics, strengths and weaknesses of different network structures						
Network type	Structure	Characteristics	Strengths	Weaknesses	Appropriate management styles	Examples
Enclave	A flat structure, no central authority, sustained through common bonds.	<ul style="list-style-type: none"> A close-knit group with a high level of social cohesion. High level of internal equality between members, less with outsiders. Little aptitude to accept central or mandated authority. 	<ul style="list-style-type: none"> Shared commitment, trust, egalitarianism. Creates bottom-up legitimacy and trust between individuals, organisations. Promotes sharing of information, ideas, strategies and new ways of working. 	<ul style="list-style-type: none"> May fail when motivation of members is exhausted or schemes occur. Can be unstable due to lack of resources. 	<ul style="list-style-type: none"> Facilitative and professionally-led. Management is administrative to help information sharing, but managers do not direct activities or undertake audit. 	Professional groups, National Pathways Association, integrated care network, policy forums, local implementation teams.
Hierarchical	An organisational core with authority to regulate the work of members.	<ul style="list-style-type: none"> Similar characteristics to single organisations. Often controlled by steering groups and via direct authorities that may undertake inspection and accreditation. Sustained by clear rules and roles, defined status, commonly shared values, members accept joint working agreements/protocols. 	<ul style="list-style-type: none"> Most successful in controlling and co-ordinating a pie-defined task such as minimising transaction costs or quality improvements. Co-ordinating function has the potential to clarify complex divisions of labour. 	<ul style="list-style-type: none"> Over-regulation and over-bureaucratic procedures may limit scope for innovation and demotivate members. Members may lack trust in the regulating authority. Network may not appear to provide proportional benefits to all members. 	<ul style="list-style-type: none"> Co-ordination of defined activities with high degree of professional self-regulation. Potential development of clinician-managers. Some propensity for central control and direction, but mandated networks should be avoided. 	Often a hub and spoke arrangement; managed clinical networks, collaboratives, integrated care pathways, social health maintenance organisations.
Individualistic	A single individual or organisation develops an association of affiliates in order to achieve a certain task.	<ul style="list-style-type: none"> Central control of access to, and distribution of, information and resources. Fluid membership. 	<ul style="list-style-type: none"> Tend to be innovative, flexible and responsive to change. 	<ul style="list-style-type: none"> High level of transaction costs, conflict and competition between agencies can restrict joint working. 	<ul style="list-style-type: none"> Brokering and negotiating contracts or agreements between agencies, setting targets and incentives and monitoring activity. 	The procurement of a network of service providers through negotiation of contracts or service agreements by insurance and funding agencies.

Adopted from Goodwin et al (2004) and 6 et al (2004) in Howarth (ed.) (2006).

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when individuals develop relationships and form networks which have at their centre trust and reciprocity. Table 6.1 Summarises the key messages on networking gleaned from the findings of the research project presented in this report.

Table 6.1
Networking -The Key Messages

Networking.....

- Nurses agree that Networking *"Is as a dynamic process involving people prepared to communicate and share with each other"* (Hughes, 1997)
- Nurses also agree that Networking *"Is a way of establishing and using contacts for information, support and other assistance"* (Benton, 1997)
- Networking enables opportunities for Continued Professional Development(CPD)
- Networking offers nurses the opportunity to explore issues relating to the scope of their practice
- Networking reduces social and professional isolation
- Networking at informal meetings is more popular than networking at formal meetings
- Networking with colleagues is challenging but it offers opportunities to learn about research to support best practice
- Networking provides a supportive environment for nurses to develop their professional practice
- Networks and networking requires leadership to support their development maintenance
- Networking electronically is an area that should be explored and developed in the future

Chapter 6 - Conclusion

The findings presented in this report seek to contribute to the evolving evidence-base that promotes the development of networks and networking activities among groups engaged in health and social care services and more specifically nurses. Since the publication of the networking guide for learning disability nurses nearly ten years ago, networks in intellectual disabilities have continued to grow and develop with many nurses actively engaging in the process.

The findings presented in this report highlight the importance of ensuring that networks and e-networks are supported by effective leadership. This leadership is vital in ensuring the on-going sustainability of the network and to facilitate the networking activities. The findings support the benefits that networks and e-networks can provide for nurses as a means to share practice, obtain support and share and reflect of practice issues and concerns. In particular there is evidence in the findings that networking enables nurses to contribute to both policy development and implementation at a local, regional and national level.

Networks and the networking activities can contribute to the educational, professional and personal development of their members and acts as a vehicle for supporting the sharing of practice that seeks to improve care. Despite the assumed increased use of the internet and email, the full and possible impact of developing e-networks needs to be explored to establish an evidence base for electronic networking.

Overall this report seeks to provide a sense of reality to Putnam's (2000) notion that there is significant 'social capital' to be realised

Foreword

It is now a decade since *Networking in Learning Disability Nursing: A Guide* was published. The guide set out to highlight the role of Networks and Networking to support learning disability nursing practice and since then there have been a number of significant developments across the United Kingdom and Ireland.

The National Network of Learning Disability Nurses, NNLDN, is a network of networks across England, Scotland, Wales, Northern Ireland and the Republic of Ireland that aims to promote Networks and Networking as a means to share and disseminate best practice as a means to improve care. Throughout the report the term intellectual disability will be used, thereby reflecting the international preference, while acknowledging others, including learning disability, learning difficulty and developmental disability.

There has been a growth of Networks and Networking activities in recent years involving health and social care practitioners which present an ideal opportunity to review the progress made so far and set out some of actions necessary for the future. Nurses, along with many others, play an important role in enabling people with intellectual disabilities to lead inclusive lives in a range of diverse care settings. This presents opportunities and challenges, with Networks and Networking having an important role to play.

The purpose of this report is to present the key findings of a five-country study that explored the networking activities of nurses working in health and social contexts with people with intellectual disabilities.

The report provides a background to the study and presents the findings that are presented to assist nurses to develop Networks and support their Networking activities. Some of the main literature on the topic will be presented, the methodology used outlined and the findings illustrated. Key implications for the future development of Networks will be highlighted and the benefits of networking detailed.

The report is intended to provide useful and practical information that will assist with the development of existing Networks and the establishment of new ones. From this there is the need to ensure that existing Networks remain effective and that networking activities make a clear contribution to improving the care of people with intellectual disabilities.

Dr. Michael Brown
Chair,
The National Network of Learning Disability Nurses

5.39 Engage respected professional leaders

Actively engaging respected professional leaders who will promote the network to peers is seen a vital component to network success. If professional leaders are engaged in the activity of networking and find it beneficial, the network will be seen as a valued and a career advancing activity to all members.

5.310 Avoid elitism

It is important that a sense of openness and inclusivity exists within a network. Allowing professional elitism to exist and or the creation of an exclusive and dominant organisational culture should be avoided.

5.311 Be relevant and worthwhile

It is important that a network functions to respond to the needs of network members in such a way that the network remains relevant and worthwhile.

5.312 Dialogue

There should be ongoing dialogue between members of networks and their respective system and organisation managers regarding future practice, training, policy and research activities.

The issues set out are by no means exhaustive and are intended to raise awareness and highlight issues that need to be considered to enable a network to be developed, managed and maintained. The next section will offer a brief conclusion and summarise some key findings and messages regarding networking and it's potential benefits.

5.36 Avoid large networks

Large networks should be avoided – they may incur high administrative costs and in many cases the larger the network the greater the tendency will be to network inertia and difficulties in communication and coordination of activities.

5.37 Strategies for achieving network cohesion

It is important from the outset that network developers and maintainers develop strategies for cohesion. Strategies for network cohesion come in many guises and might include: -

- Joint finance arrangements
- Pooled budgets
- Agreed care protocols
- Common targets
- Shared IT Systems of Function and Communication

Such agreed strategies can help to promote cohesion across hierarchical and enclave networks. Limiting physical and jurisdictional boundaries can also help to improve network cohesion.

5.38 Utilising boundary spanners

A 'boundary spanner' is person who is a member of a network who can act as an intermediary between a network and organisations or agencies. This person normally represents the network at a governance level. They act as the go between one network and other agencies and or larger networks and this allows individualistic networks to function effectively and more independently. This approach also helps hierarchical networks engage with external agencies with a larger voice and influence.

The United Kingdom Learning Disability Consultant Nurse Network in its publication "*A Vision for Learning Disability Nursing*" (2006) identified that in order for the profession to progress into the 21st century, it needed a shared vision to promote, articulate and drive the distinct and unique expertise of learning disability nursing.

Networks and networking is a key resource in our day to day practice in order to help us achieve this vision. Leaders in the 21st century need to contribute to the Networks whilst encouraging and providing opportunities for others to be involved in this activity.

Good networking takes creativity and hard work however it is essential to all of us in our day to day practice to effect change.

It is important to remember that no one knows everything however networking enables growth and development that can enhance skills and knowledge, through discussion and sharing with others to enhance Best Practice.

Phil Boulter

Chair – UK Learning Disability Nurse Consultant Network

Positive Choices, the network for undergraduate student nurses in the UK and Ireland, is delighted to support this publication on networks and networking as part of the ongoing work of the National Network of Learning Disability Nurses. Positive Choices aims to provide a network of support to assist and guide student nurses to make a positive and lasting impact on the lives of people with intellectual disabilities.

Positive Choices recognises that networking offers significant benefits for student nurses, with many yet to realise the power of networking until they impact on their day-to-day practice and lives. For student nurses in the intellectual disability area of practice, Positive Choices is one of the networks that can make a difference regarding career choices for the future. There are a range of options available for student nurses such as texting, emailing, Bluetoothing, Beboing, Facebooking and Twittering as important networking opportunities. However the friendships and networks formed as part of student life will become important peer and professional support systems long into the future.

Positive Choices acts as gateway into professional life and has developed strong links with NNLDN. All practitioners need to see networks as the life support system throughout their professional careers. It is crucial that we all develop a network of supportive colleagues to help find the evidence-based answers to practice issues and support positive career pathways. With networking as a springboard we will "always know someone who can!"

Helen Laverty
Chair of Positive Choices

5.32 Finance and co-ordination

To help ensure networks function effectively they require co-ordination that needs to be financed and is proactive and 'in-control'. Again if funds allow, those responsible for network management and governance could consider employing coordinator sessions from an external agency to assist with the running and business of the network.

5.33 Clear Mission Statement

A clear mission statement for the networks activities is essential to assist with the focus and purpose of the network.

5.34 Operational plan

An operational plan can be useful if the network is hierarchical in nature. The establishment of clear and accepted operational procedures can lead to greater trust and understanding within networks. The network's rules of engagement should be unambiguous and this ensures greater ownership of the network by the members than can be achieved through the use by formalised contracts and agreements. However, over-regulation and control by one or two individuals should be avoided.

5.35 Inclusivity

It is important that the network is inclusive. This will ensure that all agencies and individuals involved in the network gain ownership and a sense of identity and purpose. Inclusivity is important, especially within enclave networks and hierarchical networks.

5.27 Phase 7 - Termination or readjustment

Networks are never eternal and to grow and survive networks need to evolve. Essential to the evolution of any network is a set of activities concerned with the fundamental change which might lead to: -

- The termination and dissolution of the network
- The transfer of the networks functions elsewhere
- The wholesale change and rebirth of the network in a new guise, either with new and changed members and or with new and changed activities and purpose.

Having explored the phases which a network goes through in it's lifespan – we will now examine the factors that should be considered when creating, maintaining and managing networks

5.3 Creating, maintaining and managing Networks

Each type of network may require slightly differing management and support styles. The pointers present are however applicable to most networks types. Most networks, whatever their focus will require some if not all of the activities set out here.

5.31 Agree on a Central and narrow area of focus

Agreeing on a central and narrow area of focus is seen as paramount for network success. Some writers see this as achieving a position of centrality within the network (the network's central focus). Centrality is particularly crucial in individualistic and hierarchical networks.

Chapter 1 – Setting the Scene

1.1 Introduction

In the past decade networking and networks have played a part in consolidating and enhancing intellectual disability nursing practice and education through periods of significant change and transition in service provision. As a consequence of these developments there has been a growth of networks within health and social care services. In *Shaping the Future*, a report published by the UK Learning Disability Nurse Consultant Network, Northway, Hutchinson and Kingdon (eds. 2006:35) suggested that

"a key strength of learning disability nursing lay in the discipline's ability to work in partnership with others and the value of networks and networking at a variety of levels cannot be underestimated".

It is therefore timely to focus on the role of Networks and Networking and the developments that have occurred.

Networks are many in type with a wide variety of theoretical and conceptual definitions. Junki (2006) suggests that networks might be seen as formal governance regimes where players develop a culture of mutual cooperation because they are involved in networking to form long-term relationships. Recently, the focus of network research has broadened from a concern with individual relationships among organisations to an analysis of the multiple interactions that comprise full networks and their activities (Provan & Milward, 2000). As a result of the advances in network and governance theories, different definitions of networks exist.

Networking in Learning Disabilities Nursing: A Guide (1999) was published in to assist those within the profession of intellectual disability nursing to establish networks as a vehicle to share practice and improve care. The NNLDN viewed networking 'as a *dynamic process involving people prepared to communicate and share with each other*' as suggested by Hughes (1999). The networking developments that have taken place over recent times offers the opportunity to undertake a formal evaluation of the impact of network functions and how network participants build on developing nursing practice, the role of leadership in enabling networks to function and the contributions made to policy development and implementation.

1.2 Background to the study

Funding for this project was provided by the Leadership Centre, London. This report details the work carried out to identify how networks can assist the professional development of nurses in the field of intellectual disabilities and the range of networking activities they undertake in support of this.

1.3 Aims of the Report

This report aims to present an evidence-based rationale to support the ongoing development of networks and of networking by nurses practicing in the area of intellectual disabilities across five countries. It is anticipated the findings will develop the understanding of the role and function of networks in improving nursing practice and in contributing to the promotion of quality, evidence-based care for people with intellectual disabilities and their families.

5.23 Phase 3 - Design

Many networks then proceed to identify how the network will function or operate. The latter may involve rule-making, structural design governance arrangements and developing processes for conflict management and resolution within the network itself.

5.24 Phase 4 - Environment management

It is common that networks recognise that some work may need to be done outside the confines of the group to secure external resources and legitimacy and acceptance from key stakeholders.

5.25 Phase 5 - Shared Tasks

Almost all networks identify some features of collaboration in the process of producing services, goods or knowledge that is that particular network's shared task and that acts to provide the focus and structure.

5.26 Phase 6 - Adjustment

Networks are never static – changes and adjustments in the network's structures, membership and leadership are common in the course of a life of most networks. This needs to be recognised and seen as part of the evolution and development to the network and highlights the importance of having sound leadership and a clear purpose for the network purpose.

Figure 5.1
Common Activities of Network Development and Management

Phase 1 Initiation
Phase 2 Object Negotiation
Phase 3 Design
Phase 4 Environment Management
Phase 5 Shared Tasks
Phase 6 Adjustment
Phase 7 Termination Or Readjustment

(Adapted from Howarth (ed.) (2006))

5.21 Phase 1 - Initiation

All networks begin with some form of initiation process involving the recognition of the need for a network by potential stakeholders, the selection, identification and recruitment of the members or participants.

5.22 Phase 2 - Objective negotiation

Most networks in their early stages of development engage in a number of cognitive activities, in which aims, objectives, norms, values, worldviews, goals and objectives of the network are worked out as a means to provide the focus and purpose of the activities.

Chapter 2

Networks and Networking Explored

2.1 Networking as a concept

Networks can best be described

'as any moderately stable pattern of ties or links between organisations or organisations and individuals, where those ties represent some form of recognisable accountability, whether formal or informal in character, whether weak or strong, loose or tight, bounded or unbounded'.

(6 et al, 2006:5)

Many practitioners across a range of sectors and disciplines are members of a network and participate in networking activities. The concept therefore is not new. However, the empirical evidence to support the benefits and impact of networks and networking is an area requiring further analysis and development. Much of the literature that eulogises about networking in a variety of contexts and sectors speaks of networking's theoretical constructs and benefits (Burlatt et al 2003, Granovetter 1973, 1995, Goodwin et al 2004, 6 et al 2004, 2006, Milward and Provan 2000, Provan and Milward 1995, Rudberg and Olhager 2003, Scott et al 1994).

Networks are many in type with a wide variety of theoretical and conceptual definitions. Some of the literature suggests that networks might be seen as formal governance regimes where players develop a culture of mutual cooperation because they are involved in networking to form long-term relationships (Junki 2006). Recently, the focus of network research has broadened from a concern with individual relationships among organisations to an analysis of the multiple interactions that comprise full networks and

their activities (Provan & Milward 2000). As a result of the advances in network and governance theories, different definitions of networks exist.

As a consequence the terms networks and networking are much used yet their wider benefits and the factors that support their effectiveness need to be more fully understood. The terms seek to describe interactions and communication activities between individuals and organisations operating in variety of settings and contexts. Networks are not exclusive to any single business, jurisdiction or nationality. Networking therefore occurs universally and goes back as long as man has existed.

Defining networking in a way that achieves consensus is not easy and 6 et al (2006:5) suggests that a network is:

any moderately stable pattern of ties or links between organisations or organisations and individuals, where those ties represent some form of recognisable accountability, whether formal or informal in character, whether weak or strong, loos or tight, bounded or unbounded.

While a helpful starting point, the definition offered by 6 et al's (2006) is perhaps unwieldy. It does however explain the complexity of networking as phenomenon and takes cognisance of the plethora of theories that seek to understand networks *per se*.

Dubini and Aldrich (1993) and Kreiner and Schultz (1993) describe networks as "patterns or collaboration among individuals and organizations" while Larson (1992) and Liebeskind et al.(1996) suggest that 'long-term exchanges based on trust and mutual interests' are key characteristics of networks.

Chapter 5 Network Development and Maintenance

5.1 Introduction

One of the key questions often asked about networking is how to develop, manage and maintain a network? In this chapter some of the activities required to develop, manage and maintain networks are set out. Many of the activities and issues set out are based on the advice given in a '*Network Briefing: Key Lessons for Network Management in Healthcare*' (Howarth, ed.2006)

5.2 Common activities of network development and management

The issues and episodes that occur in the lifespan of a network from inception to on-going management and leadership through to the readjustments that are necessary to ensure sustainability are set out. Figure 5.1 illustrates the common activities of network development and management highlighted in Howarth ed. (2006)

Given the diverse range of settings in which intellectual disability nurses practice, networking offers an important way to develop relationships that meet both personal and professional development needs.

4.47 Networking to enable reflection

Over 99% of respondents suggest that networking offers opportunities to learn about research that informs clinical practice and whilst also providing opportunities to seek information about improving clinical practice. According to 96.7% (n= 472) of respondents, networking assists and supports nurses to develop their own professional practice with a view to improving care. Interestingly 95.5% (n=464) of respondents indicated that networking acts as catalyst for reflection on professional practice issues. Again this is a significant finding given the prominence and importance placed on reflection as a means to increase awareness of actions and improve practice and care provision. The relevance of practice-focussed networks therefore may be a means of supporting and enabling reflection on practice-based issues. For the majority of respondents, 98.5% (n=481), networking provides an opportunity to overcome professional isolation.

Powell (1990) suggests that a network is based on “horizontal exchanges” while Grandori and Soda (1995) place an emphasis on the idea that a network is a phenomenon for ‘providing connections among relevant parties engaged in mutual exchanges’. Table 2.1 illustrates the wide variety of terms used within the literature to describe and explain networks, their orientation and their means of governance are also presented here. Jones, Hesterly and Borgatti (1997) define networking as a form of systematic interaction “among autonomous units engaged in creating products or services based on implicit and open-ended contracts”. Jones, Hesterly and Borgatti (1997) go on to suggest that networks exist ‘to adapt to environmental contingencies and to coordinate and safeguard exchanges’.

Table 2.1
Potential Definitions of Networks

Reference	Term	Definition of Network Governance
Jones, Hesterly & Borgatti (1997)	Network governance	Autonomous units engaged in creating products or services based on implicit and open-ended contracts to adapt to environmental contingencies and to coordinate and safeguard exchanges
Considine & Lewis (2003)	Public-private Networks	Forms of strategic partnership and collaboration between government and private sector
Dubini & Aldrich (1993)	Networks	Patterns relationships among individuals, groups, and organizations
Grandori & Soda (1995)	Network	A set of nodes and relationship which connect them
Kreiner & Schultz (1993)	Networks	Informal inter-organizational collaboration
Larson (1992)	Network Organizational forms	Long-term recurrent exchanges that creates interdependencies resting on the entangling of obligations, expectations, reputations, and mutual interests
Lowndes & Skelcher (1998)	Network	Relationship based on mutual benefits, trust, and reciprocity
Liebeskind, Oliver, Zucker, & Brewer (1996)	Social Networks	Collectivity of individuals among whom exchanges take place only by shared norms of trustworthy behavior
Mayntz (1993)	Networks	A multi-nodal structure consisting of not tightly connected but coupled parts
Miles & Snow (1992)	Network organizations	Clusters of firms or specialized units coordinated by market mechanism
Powell (1990)	Network forms of organization	Lateral or horizontal patterns of exchanges, independent flows of resources, reciprocal lines of communication

Source: Adopted from Jones et al. (1997) as cited in Junki (2006)

2.2 The Driving forces behind Networks

Goodwin et al (2004) & 6 et al (2006) have identified a number of driving forces which effect networking in a health and social care context.

Goodwin et al (2004) suggest that the movement away from the treatment of acute illnesses to a chronic disease model of care is a key driving factor towards the development of networks in a health and social care context, coupled with the advances in the information technology sector and improvements within healthcare technologies. The regulations relating to junior doctors working hours in the UK has affected networking activities by bringing about opportunities to evolve and develop practice. Goodwin et al (2004) suggest that the increase in services specialisation and increased investment in primary care have all been contributory factors that have resulted in a proliferation of networking activities in healthcare in the UK particularly.

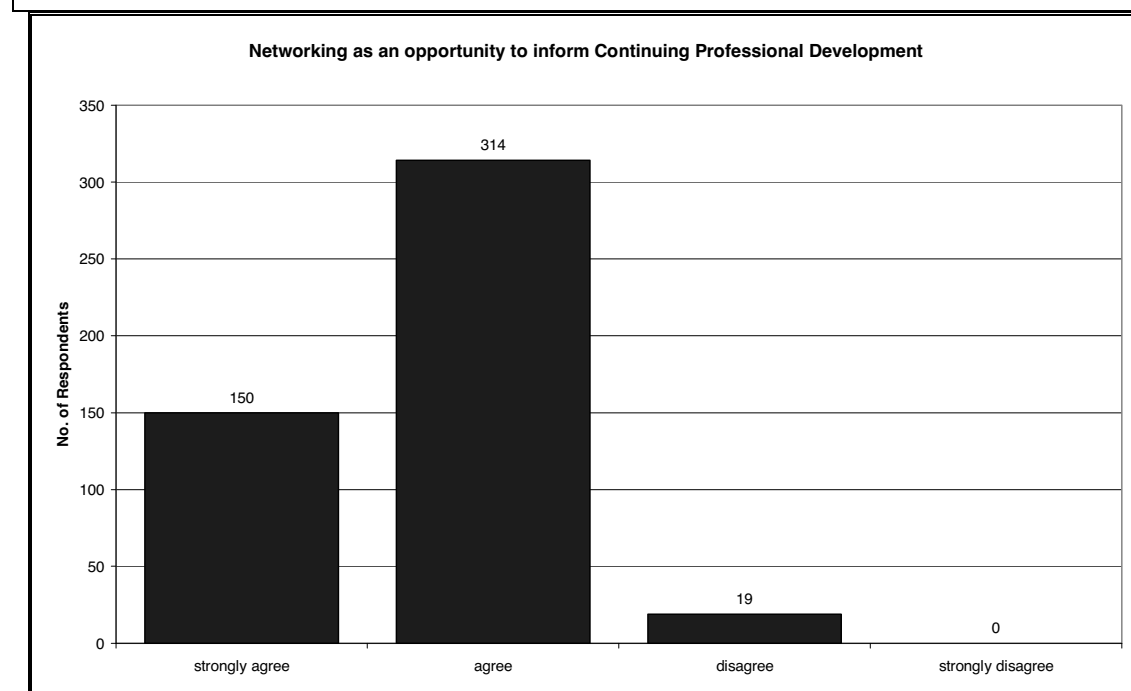
2.3 The Nature of Networks: Network Species

The work of Goodwin et al (2004) cited in Howarth (ed.) (2006) identifies three main types of network hierarchical, individualistic and enclave. *Hierarchical (Managed) Networks* allow for managerial control and suits pre-defined tasks. The limitation of this form of network is that it can be over-bureaucratic and can also be seen to lack legitimacy. *Individualistic (Procurement) Networks* tend to be fluid and flexible by nature providing for compliance by incentives. However such a network cannot not be readily managed or regulated. *Enclave (Family) Network* is strong in securing legitimacy and trust within the membership yet as with the *Individualistic* they are readily managed or regulated.

4.45 Networking to support Continuing Professional Development (CPD)

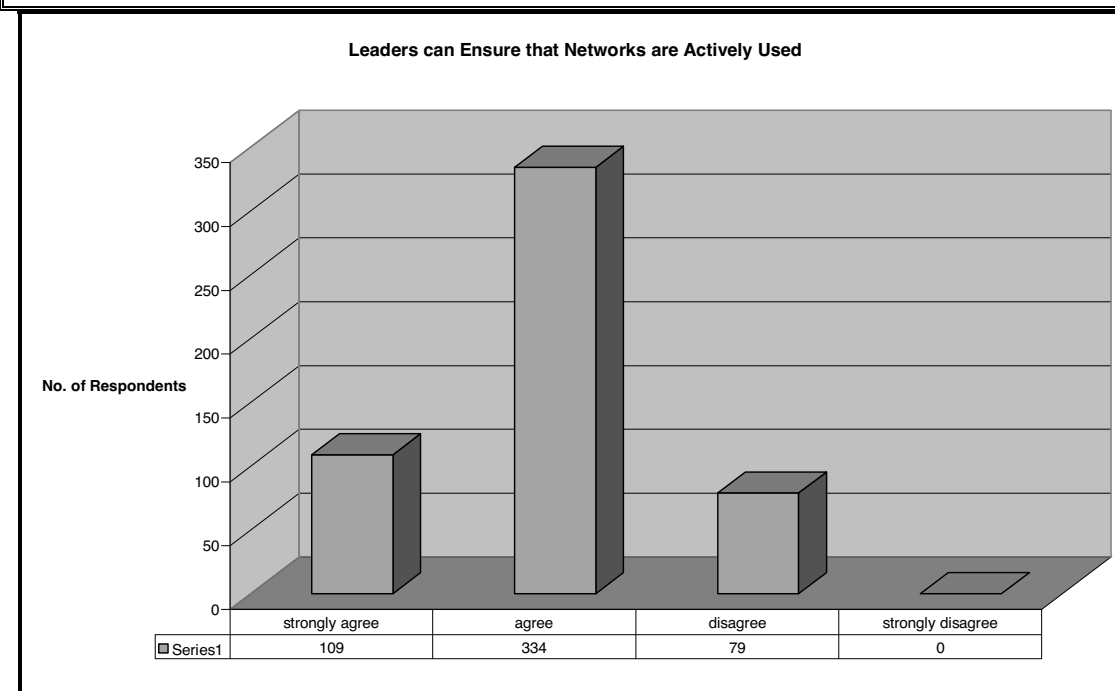
When asked, 96.1% of respondents agreed that networking offers opportunities for CPD. With the focus on lifelong learning as a means to contribute to improving patients care, participating in and contributing to a local or national network has the potential to support nurses to develop their knowledge and skills and reflect on their practice.

Figure 4.15
Networking provides opportunities for Continuing Professional Development (CPD)



4.46 Networking reduces social and professional isolation

A significant number of the study participants 98.5% (n=481) stated that networking provides an opportunity to overcome social isolation.

Figure 4.14**Leaders can support participation in networking****4.44 Networking enables professional and practice development**

In this study 99% of respondents agreed that networking offers opportunities to learning about research findings and how they can be integrated and used to inform nursing. In support of this, 96.7% (n= 472) of respondents also suggested that networking contributes to enabling them to develop their own professional practice. This is a significant finding and is an area requiring further research to more clearly identify the benefits of networking as a means to enable and promote evidence-based nursing practice.

2.4 Network Types

According Goodwin et al (2006) there are many types of network operating within health and social provision in the UK – three such network types are detailed here, *Informational Networks*, *Co-ordinated Care Networks* and *Managed Clinical Networks*.

2.5 Informational Networks

Goodwin et al (2006) suggest that Informational Networks are the most common form of network. Their key purpose is to share best practice whilst also attempting to align policies and strategies between institutions. Information networks achieve their objectives through communication and IT strategies that disseminate information (for example on best practice) and create a 'knowledge network'. This type of network does not develop new integrated delivery *structures* between health institutions. Information networks are commonly professionally driven and may be externally facilitated. Information networks can be viewed as a first step to developing more structured and focused relationships between interested parties.

2.6 Co-ordinated Care Networks

6 et al. (2006:236) suggest that Co-ordinated Care Networks aim to develop new forms of integration between professionals and institutions. This type of network attempts to apply new modes of operation to the caring situation that may be based on a care pathway or joint assessment process. Participants in networks, whether professional or organisational, support the creation of links between agencies within a network that can reduce costs and improve quality. Frequently a shared value or purpose underpins such a network that attempts to co-ordinate care.

Usually the financial and clinical responsibilities of the parties involved remain separated and more often the network is not bounded to any binding contract. It can therefore be considered an informal network with a common shared goal.

2.7 Managed Clinical Networks

From a policy and operational perspective there has been an increasing interest in the development of Managed Clinical Networks. There is increasing recognition of the 'value' of networks that bring together policy implementers, service commissioners, clinicians & managers from different institutions with patient and carer representatives. Yet while there has been an increasing focus on developing Managed Clinical Networks, Goodwin et al (2006) states there is a need for networks to effectively demonstrate their contribution to the delivery of policy that improves care, linked to clear accountability for the money spent by and within networks.

2.8 Networking in Learning Disability Nursing

In 1999 *Networking in Learning Disability Nursing: A Guide* was published to direct the development of networks in intellectual disability nursing and support networking activities.

Two key definitions of networking were presented at that time to explain networking in nursing and the caring context.

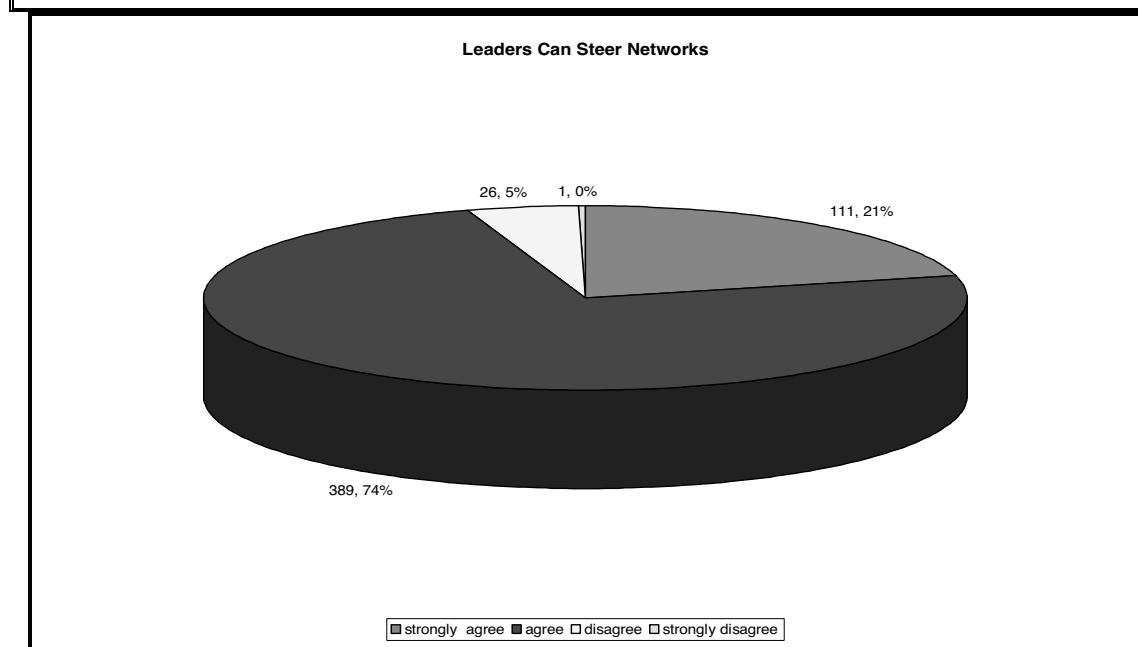
'Networking is a dynamic process involving people prepared to communicate and share with each other.'

(Hughes, 1999)

'Networking is a way of establishing and using contacts for information, support and other assistance.'

(Benton, 1997)

Figure 4.13
Leaders steer networks



4.42 Leaders can support participation in networking

Respondents agreed that network leaders have an important role in ensuring that networks function effectively and are actively used by participants. There was agreement by 85% (n=445) of respondents that the role of network leaders is key to their success. See Figure 4.14

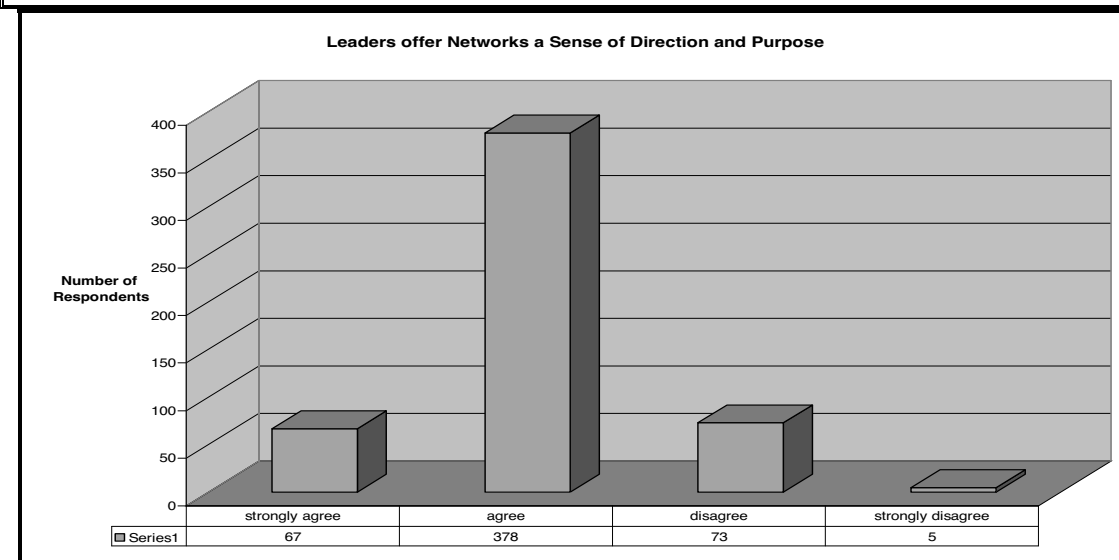
4.43 Networking offers an opportunity to explore scope of practice issues

Networking is seen by 95.8% (n=461) of respondents as a collective activity in which they can think about scope of professional practice issues. The development of the practice-focused networks may offer a way forward in developing an environment that can enable Intellectual Disability Nurses to explore practice-based issues and concerns with peers.

4.4 Leadership: A key aspect to successful networks

It is evident from the data that leadership is a key to the successful functioning of networks and is an issue well supported by Goodwin et al. (2004) and 6 et al. (2006) explorations of networking. In this study respondents agreed that leaders and leadership is important to support networks and networking activities. Figure 4.12 illustrates the agreement of 85% (n=445) of respondents with the idea that leaders of networks provide direction and purpose.

Figure 4.12
Leaders offer networks a sense of direction and purpose



4.41 Leaders steer networks

Over 95% of respondents (n=500) indicated that leaders have a key role to play in steering the direction of networks. Figure 4.13 illustrates the importance of the role that leaders play a key role in network steerage.

Networking has been seen as a vital element in intellectual disability nursing practice and the evolving context of policy and provision of care in health and social services and the independent sector. As a result practitioners working with people with intellectual disabilities interface with a wide range of people who are significant to their role.

Many practitioners working in the intellectual disability sector recognise the importance of maintaining contacts with others, both on an informal and a formal basis, as one way of meeting the demands of practice and service user needs. Changing models of service delivery, changing policy perspectives, changing service orientations underpinned by person-centred philosophies of care have collectively resulted in recognition of a need for effective networks and networking.

There are numerous examples of local, regional and national networks in the field of intellectual disability nursing, together with a number of organisations that provide a more national focus, detailed in appendix 2.

2.9 Intellectual Disability Nurses and Services

Recent figures from the Nursing and Midwifery Council (2007:11) state that there were 24, 013 learning disability nurses registered with the Council in the United Kingdom and Northern Ireland for the year ending March 2007. In the Republic of Ireland, the Irish Nursing Board (An Bord Altranais, 2007) website regarding registration statistics for nurses informs us that there are 4,780 Registered Nurses for Persons with Intellectual Disabilities. Of this number 4,090 nurses are active.

Across Ireland and the UK services for people with intellectual disabilities are now predominantly provided in the community and are delivered by a diverse range of statutory and private and independent sector agencies. In the UK, 60% of learning disability nurses are direct health service employees, with between twenty and thirty per cent working in the third sector with voluntary and independent sectors who are increasingly major providers of services (Rose, 1999). Some 10% of respondents practice in social care services.

2.10 Changing times

The former service structures that included large groups of intellectual disability nurses overseen by tiers of management no longer exist in one single geographical location. Intellectual disability nurses today practice in a diverse range of settings and work with a wide range of people who provide direct care and support. These include people with learning disabilities, their families, carers and other professionals. They may therefore have limited opportunities to interface with colleagues in their area of practice.

Practising in the field of intellectual disability nursing is therefore underpinned by an interdependence between many individuals and agencies. The implementation of person-centred and community care-focussed policies for people with intellectual disabilities differ from one country to another, from one geographical area to another and from one agency to another. As a consequence the roles and functions undertaken and the value placed on the nursing skills and contributions differ and can be contradictory.

4.39 Network participation

Actively participating in network activities was seen as an important contributory factor to network success and this is reflected in the fact that 93% (n=481) of respondents indicated agreement with this notion. See Figure 4.11.

Figure 4.11
Participating in activities contributes to the success of a network

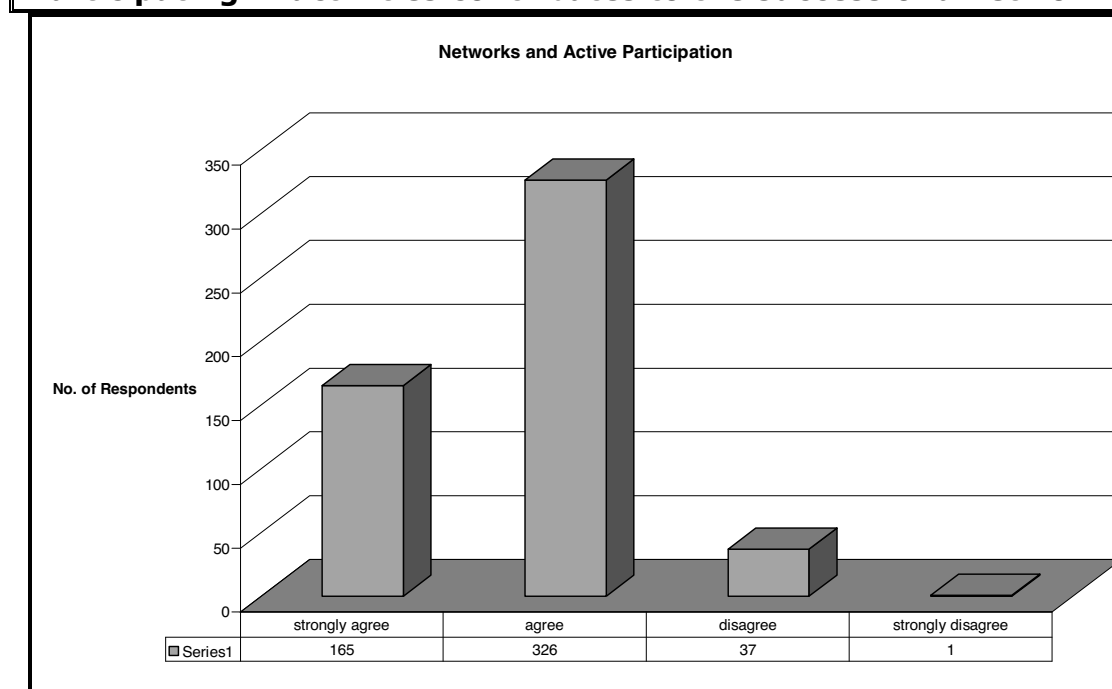
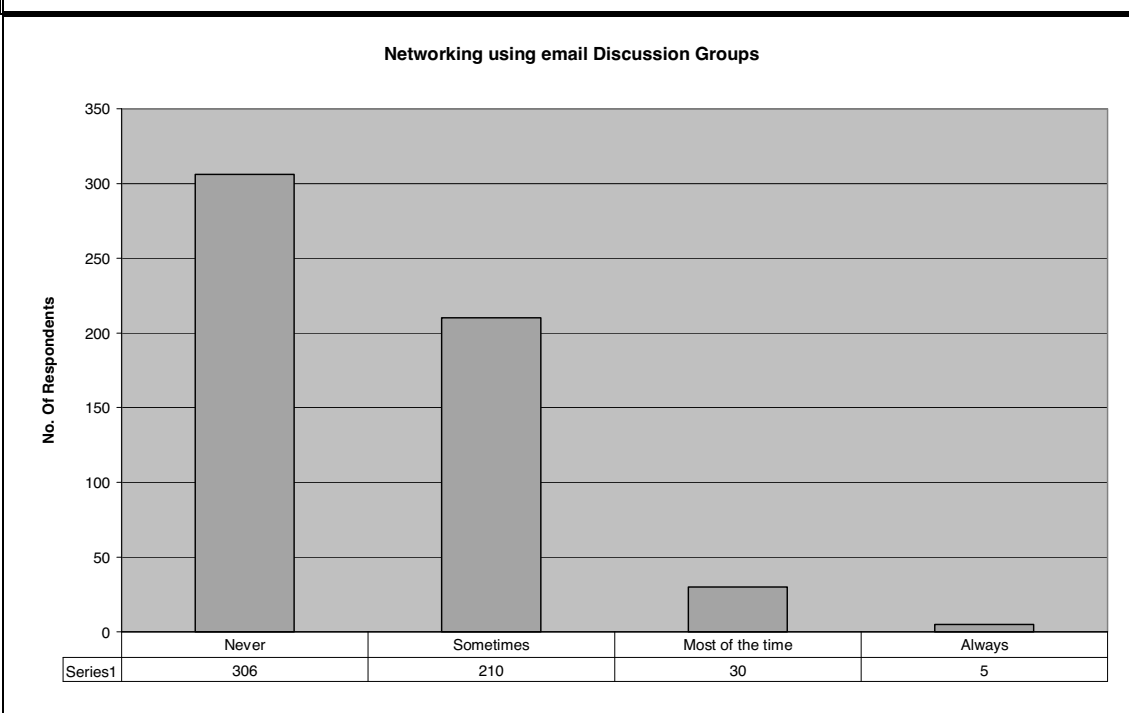


Figure 4.10 illustrates study findings relating to study participants usage of email discussion groups as means to enable networking.

Figure 4.10

Networking using email discussion groups



Networks and networking therefore have the potential to offer opportunities for contact with others in the field of Intellectual Disability Nursing and is therefore one way nurses can contribute to policy development and implementation, remain up-to-date with new evidence to inform practice as well as sharing best nursing practice that seeks to improve health and wellbeing. In the next chapter the process of how we gathered the evidence for this project is presented.

Chapter 3

Gathering the evidence: The methodology

3.1 Introduction

This chapter sets out the aims of the study that forms the basis of this report and describes the setting and context in which the research was carried out. The method used to gather the data is explained. The development of the data collection instrument is explained and data management and analysis approaches are also described. Ethical issues and factors relating the validity and reliability of the study are detailed.

3.2 Aim of the study

The aim of this research was to explore the efficacy of networking in the profession of intellectual disability nursing in England, the Island of Ireland, Scotland and Wales.

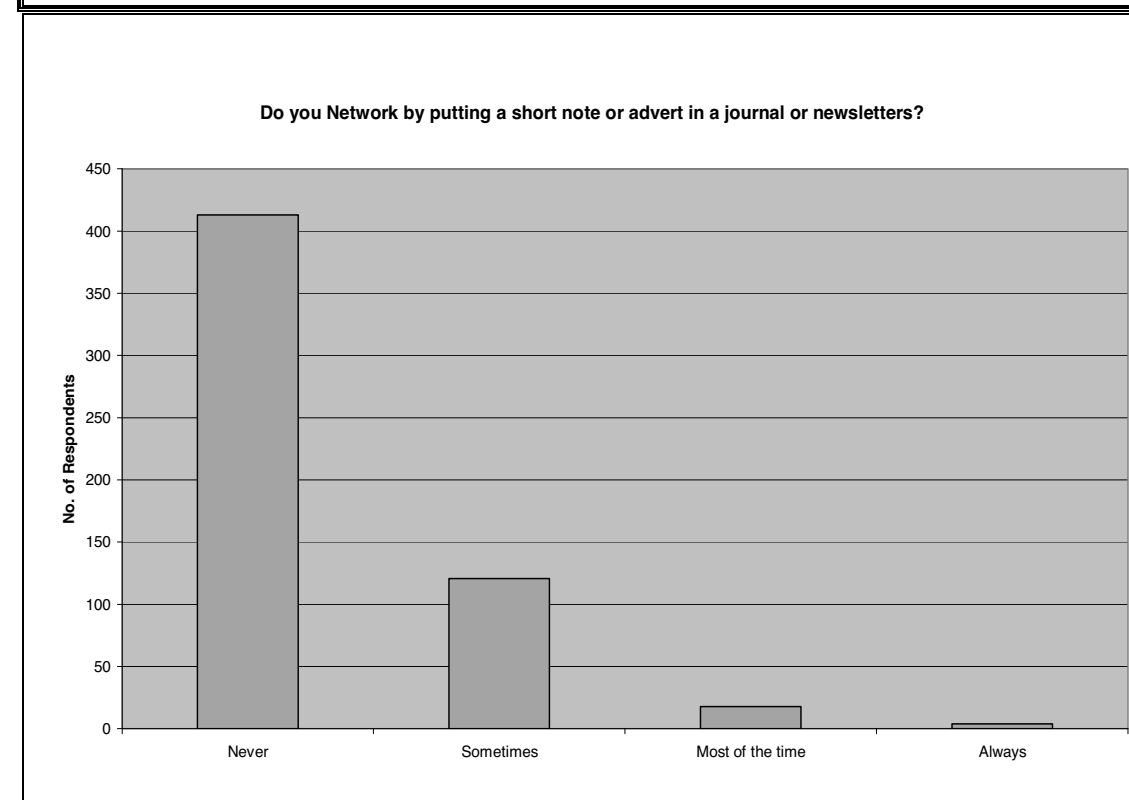
3.3 Focus of the research

The aims of the study were to: -

1. Review and update the Network checklist identified in the *Networking in Learning Disability Nursing* (1999) publication.
2. To identify the contributions made by networks and networking in intellectual disability nursing practice in five countries
3. To identify networking activities within the profession of intellectual disability nursing
4. To identify how networks contribute to practice development in intellectual disability nursing
5. To identify issues relating to leadership in networks

Figure 4.9

Using newsletters or journals for networking purposes



4.38 Networking electronically

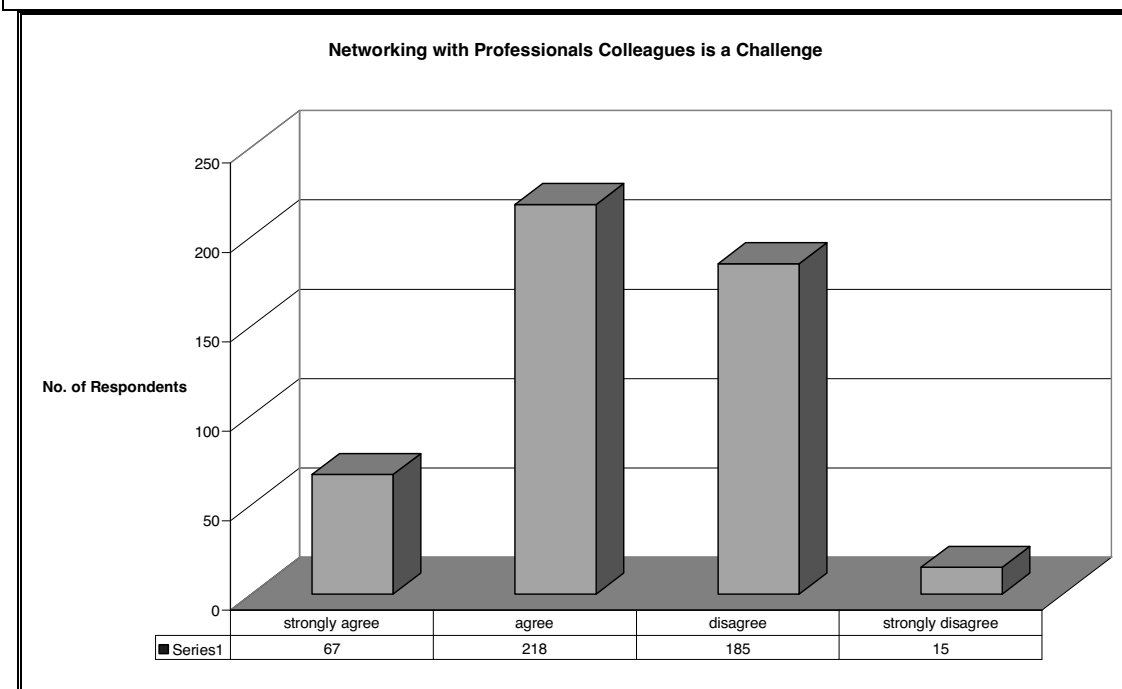
Respondents were asked to comment on the range of electronic networking opportunities they used. Of those who responded, only 7.5% (n=41) respondents reported always networking electronically. The data points to 27.2% (n=151) of respondents never networking using email message groups, despite the growth in internet discussion groups as a means of sharing information or networking. There is therefore an opportunity to explore and develop electronic networks and networking activities in the future.

In this study 55.5% (n=306) reported that they never use internet discussion groups as means of networking. Less than 1% (n=5) respondents always used internet discussion groups for networking opportunities.

4.36 Networking with colleagues is a challenge

Despite many significant and positive findings about networking with colleagues – many respondents, 58.7% (n = 285), found networking with colleagues a challenge, suggesting that work needs to be undertaken to enable nurses to develop their confidence to network more successfully with colleagues. See Figure 4.8.

Figure 4.8
Networking with Colleagues is a Challenge



4.37 Using newsletters and journal for networking

Respondents were asked to report how they used newsletters or journals to enable and support networking. These types of networking opportunities were not commonly used and 74.3% (n=413) of respondents reported that they never network through newsletters or journals as illustrated in Figure 4.9

3.4 Data collection methodology

A quantitative descriptive 'e-surveying' (Litvin and Kar, 2001) data collection methodology which utilised an emailed online questionnaire was employed for this study.

3.5 Setting

The data was collected in a virtual context using an e-survey which was targeted at members of the NNLDN and participants were from the island of Ireland, England, Scotland and Wales.

3.6 Population

The survey targeted the Intellectual Disability nursing community internationally.

3.7 Sample

A population sample of 1,601 people listed members of the NNLDN currently on the networks database formed the participants target group for the research survey. Members of the e-networks in the island of Ireland within the profession of intellectual disability nursing were also canvassed for their participation.

3.8 Data collection instrument

A survey instrument was developed using 'survey monkey' software and comprised 98 questions. The instrument included a set of Likert-scaled questions and qualitative questions with open space answer options. The questionnaire captured demographic details and professional activity information.

A number of questions explored the networking checklist adopted from *Networking in Learning Disability Nursing: A Guide* (1999) publication for confirmability purposes.

Questions pertaining to the use of an online survey were asked as the use of an e-survey was perceived the researchers as an appropriate means of obtaining data regarding networking activities.

3.9 Content and Face Validity

The data collection instrument was checked for content and validity by experts in the field. Minor modifications were made to the instrument at this point to ensure a mix of positive and negative biases.

3.10 Pilot study

The survey was piloted with NNLNDN Executive Group Members. A review of the instrument took place following the pilot, minor modifications were made with regard to readability and presentation.

3.11 Quantitative Data Analysis

Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) Version 15 software programme. Statistical analysis included descriptive data and categorical, ordinal and inferential statistics. The illustrations and graphs created were in Microsoft Office Excel (2003).

3.12 Ethical Issues

Ethical approval for this sought and from and granted by the Ethics Committee at the Faculty of Health Sciences, Trinity College Dublin. The next chapter details some of the key findings.

Figure 4.6
Networking at formal meetings

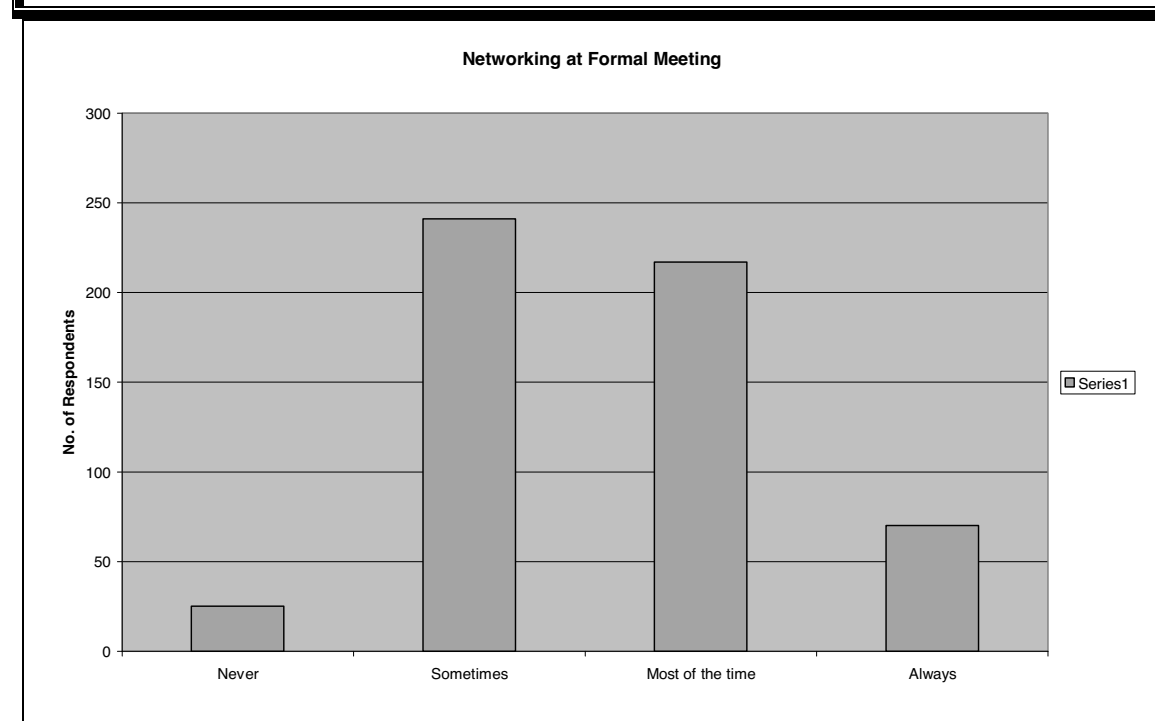


Figure 4.7
Networking at informal meetings

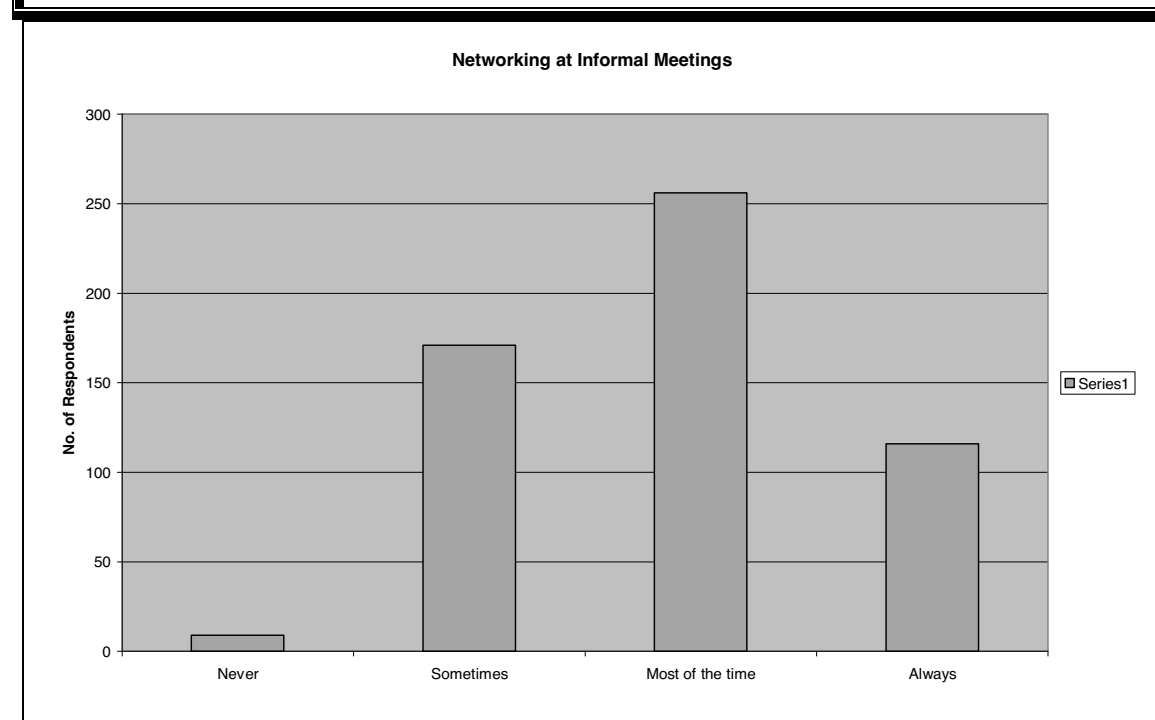
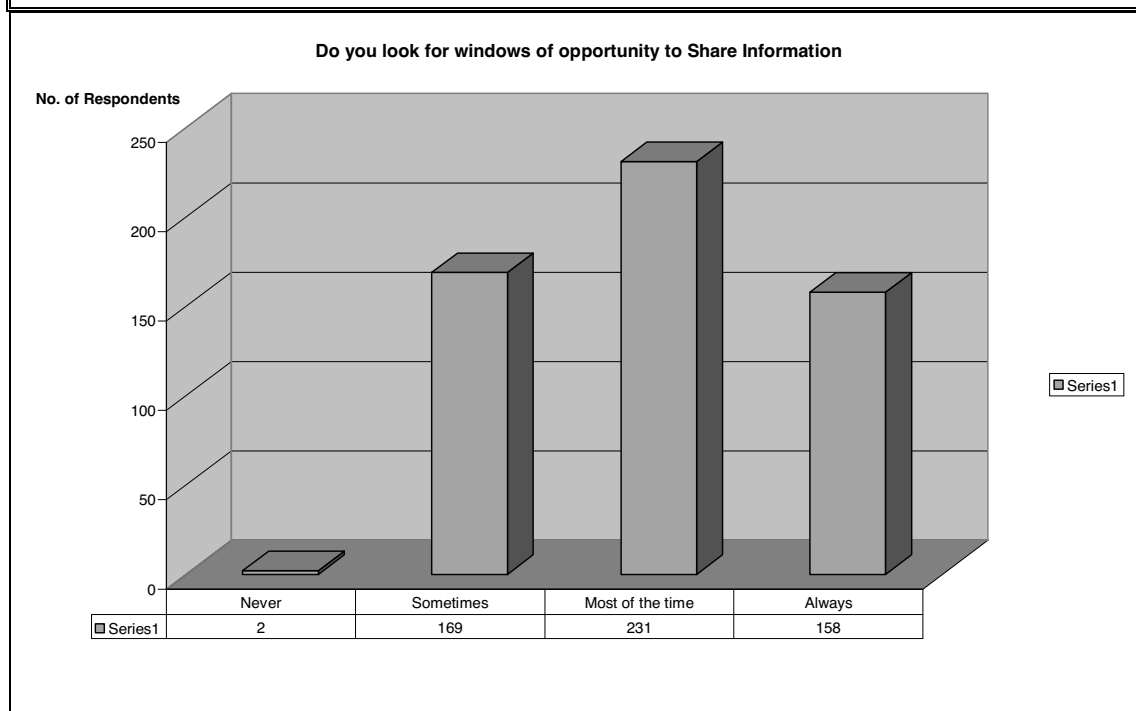


Figure 4.5**Looking for windows of opportunity to share information****4.35 Networking at meetings**

Participants were invited to highlight the role that meetings played in providing a medium for networking. Meetings were either formal, with a clear remit, structure and focus or informal where the meeting was less structured. Networking at informal meetings was the more popular option with respondents with 21% (n=116) of reporting that they always networked at *informal meetings* as compared with 12.7% (n=70) reporting that they always networked at *formal meetings*. Among the respondents who suggested they would network in the meeting context most of the time, *informal meetings* were again more popular with respondents with 46.4% (n=256) of the sample networking most of the time at *informal meetings* as compared with 39.2% (n=217) networking mostly at formal meetings.

Chapter 4**Networks and Networking: Exploring the findings****4.1 Introduction**

This chapter will detail some of the findings and present the key issues from the study.

4.2 Demographics of participants across the UK and Republic of Ireland

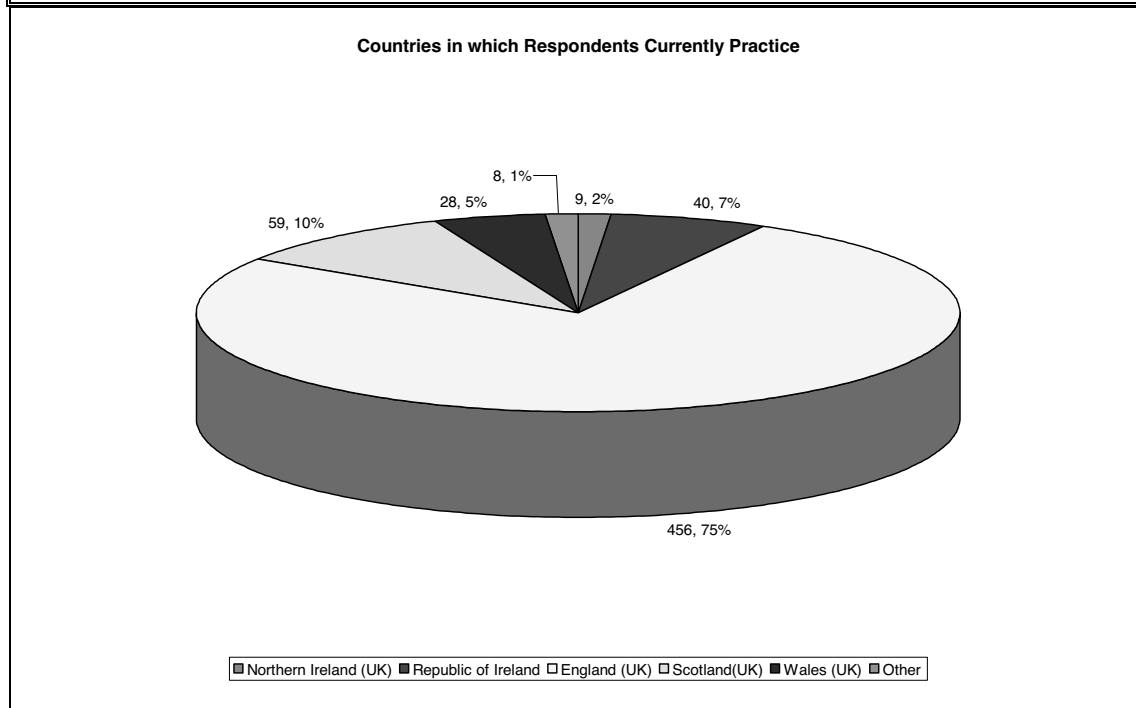
Overall the web address containing this survey was accessed 665 times by potential respondents. The contributions of 629 respondents were included as they consented to their responses being used for research purposes

4.21 The participants

The majority of participants work in England 76% (n=456) with participants from other countries proportionally represented.

The respondents in this study represents just over 2% of all nurses registered as RNLDS and RNIDs in the UK and Ireland. At present in Ireland there are 4 780 nurses on the Intellectual Disability part of the An Bord Altranais register and in the UK there are 24 013 nurses registered with the Nursing and Midwifery Council as RNLDS. Because this study represents just over 2% of the total RNLDS and RNIDs on the Nursing Registers in both jurisdictions and this study offers a significant indicator of some of the key issues effecting networks and networking for intellectual disability nurses. Figure 4.1 illustrates the countries in which the majority of respondents now work.

Figure 4.1
Countries in which respondents practice



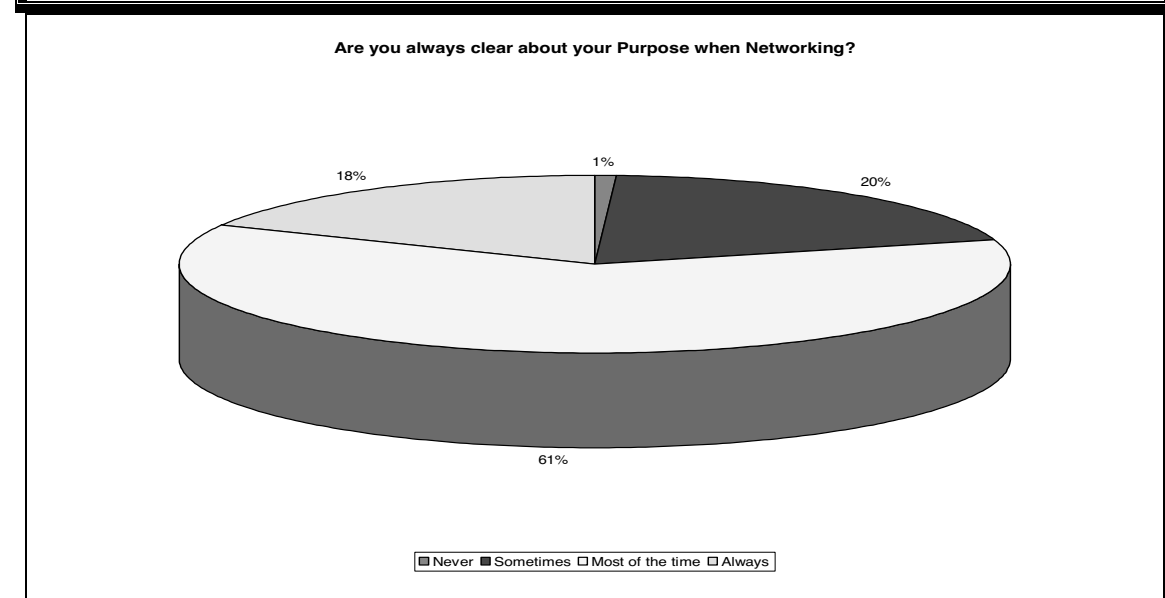
4.22 Gender

609 of the 629 respondents replied to a question relating to their gender. 28.4% (n=173) of the participants were male and 71.6% (n=436) were female. This finding is at variance with the population data relating to nurses who are currently registered to practice in the field of Intellectual and Learning Disability nursing in The Republic of Ireland and the UK.

4.23 A long-term commitment to caring for people with intellectual disabilities

Participants in this study demonstrate a strong and long term commitment to the care of people with intellectual disabilities and 77.1% (n=465) of respondents had been practicing in the area for more than 10 years and 19% (n=109) for over 25 years, see Figure 4.2. Figure 4.3 illustrates the age profile of respondents.

Figure 4.4
Clarity of the purpose of networking



4.33 Where and how nurses network

Networking occurs in a variety of contexts and settings – the participants in this study were asked a number of questions about their networking and information sharing opportunities and activities.

4.34 Opportunities to share information

Figure 4.5 illustrates that information sharing is seen a key component of networking as an activity. The data indicates that 28.2% (n=158) of respondents always looked for opportunities to share information, with 41.3% (n=231) seeking opportunities to share information most of the time.

A third definition was offered which had been devised in the late 1990s by one of the researchers on this project. The definition offered were constructed in the context of Learning Disability service provision in the UK.

This definition suggests that 'Networks are complex systems where professionals, agencies, carers and service users share information and work together in order to achieve a high standard of evidence based service provision' (Horan, 1997) Again this definition proved popular with respondents with 86.8% (n=512) agreeing with this definition.

4.31 An agreement on network definitions

Benton's (1997) definition suggesting the 'Networking is a way of establishing and using contacts for information, support and other assistance' was marginally the most popular with over 99.7% (n=587) of respondents preferring this definition. Hughes (1999) definition of describing 'networking as a dynamic process involving people prepared to communicate and share with each other' was marginally a less popular definition, with 99.2% (n=582) of respondents preferring this definition.

4.32 Purpose & clarity of networking

Study participants were asked to indicate their purpose when engaged in networking activities. A fifth of respondents 20.5% (n=115) indicated that they were always clear about the purpose when networking – less than 1% (n=4) reported never being clear about their purpose when networking. The majority, 78.8% (n=442) were clear sometimes or most about their purpose when networking, detailed in Figure 4.4.

Figure 4.2

Number of years worked with people with intellectual disabilities

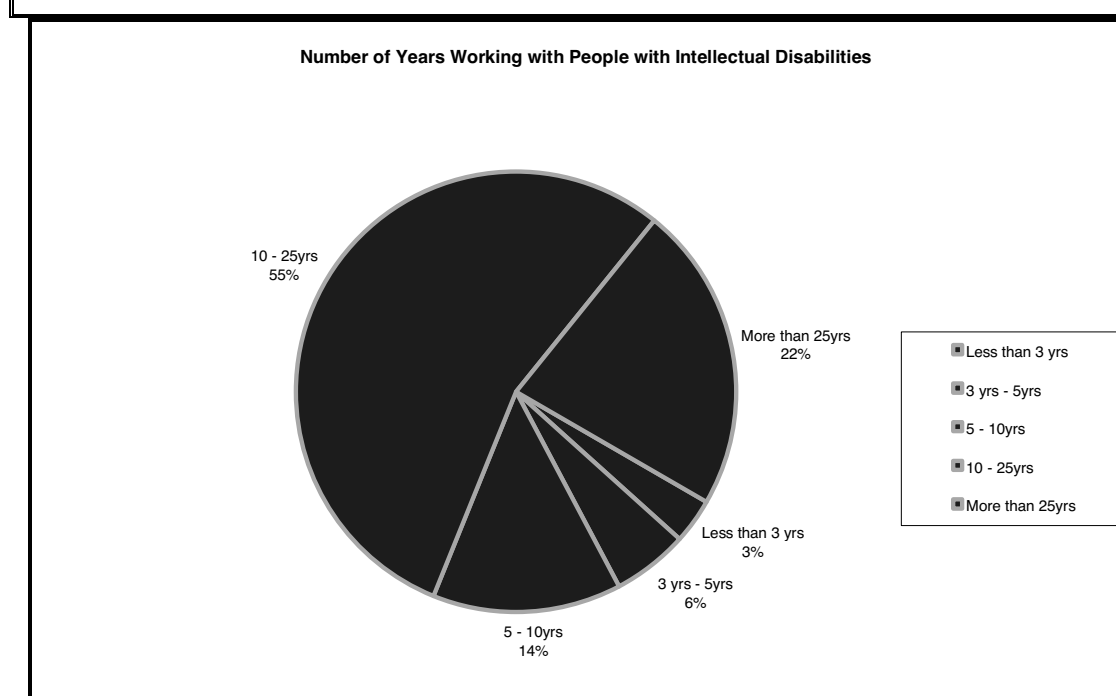
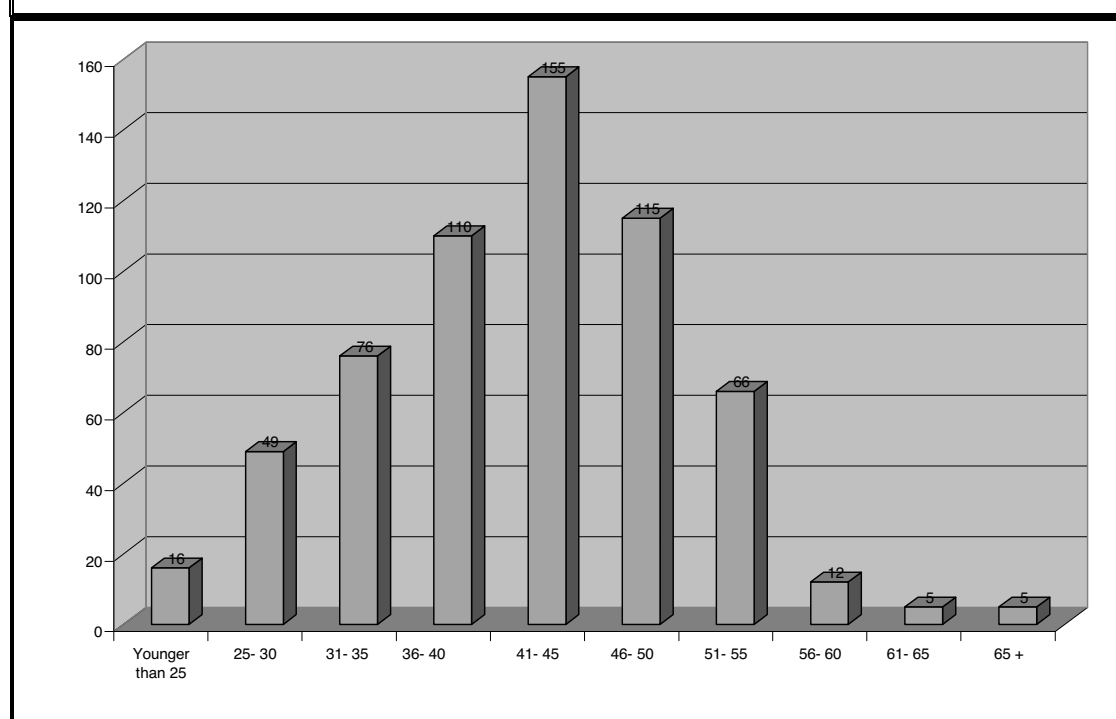


Figure 4.3

Age profiles of respondents



4.24 Meeting the health needs of people with intellectual disabilities

Despite the belief of an apparent shift in care focus in recent years towards a social care model of service delivery for people with intellectual disabilities, predominantly located in the private and voluntary sector in the UK, 13.8% (n=83) of respondents in this study work in this sector, whilst a lesser number of respondents 5.3% (n=32) were working specifically in the Social Services Sector. Most respondents were practising in a registered nurse context in the five countries and 73.4% (n=441) were employed within the public health sector meeting the healthcare needs of people with intellectual disabilities.

4.3 Defining networking: Seeking consensus

Having explored the definitions of networking offered within the literature (Benton 1997, Hughes 1999 and Horan 1997). At the time of commencing this study the definitions offered by Goodwin et al. (2004) and 6 et al. (2006) was not in the public domain.

However despite the recent contributions of Goodwin et al. (2004) and 6 et al.(2006) to the networking debate there still remains many and varied definitions of networking. Furthermore there remains only partial agreement within the literature as to the nature and functions of networks ((Benton, 1997, Burlatt et al 2003, Granovetter 1973, 1995, Goodwin et al 2004, 6 et al 2004, 2006, Hughes, 1999, Milward and Provan 2000, Provan and Milward 1995, Rudberg and Olhager 2003, Scott et al 1994).

On this basis three definitions for were offered to respondents in this study to seek a consensus. Two of the definitions were drawn from the Guide to Networking Publication and one of the definitions was drawn from the previous research of one of the researchers.

Participants were asked to indicate their agreement or disagreement with these definitions of networking for the purpose of this study.

Benton's (1997) definition suggests that '*Networking is a way of establishing and using contacts for information, support and other assistance*' was marginally the most popular definition in this study. Over 99.7% (n=587) of respondents preferred this definition.

Hughes (1999) definition of Networking describing '*networking as a dynamic process involving people prepared to communicate and share with each other*' was also presented to the study participants. This was marginally a less popular definition, with 99.2% (n=582) of respondents preferring this definition.