



# **Senyvo amžiaus asmenų priežiūros darbuotojų Mokymo kursas**

## **Bendruomenės bendradarbiavimo tinklų kūrimas**

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### **Pagrindinės bendradarbiavimo ir socialinės erdvės konceptijos**

*(šiuo metu mokymosi turinys pasiekiamas tik anglų kalba)*

**2014-1-CZ01-KA202-002058**



## 1. Basic Concepts of Networking and Social Space

New approaches are necessary to provide high quality care for patients with complex needs under the growing costs in health systems, this is complicated by the inhomogenous and diverse structure of the system. In order to coordinate the different providers and to facilitate cooperations networks could be a feasible approach. Case- and Care- management concepts work with formal and informal networks to care for complex cases. Community work and networking in the local community are fundamental for appropriate nursing and health care. This should connect to the already available and other structures in the region.

### 1.1. Why networks? Need-based care in networks / Socio-political background

Demographic and social changes challenge care-providers and other institutions every day anew. In less and less families it is possible to care for the old parents or care dependant partners. At the same time the growing life expectancy causes highly complex care demands, both in care institutions and in home care.

Following the social changes during the last decades there was a change of the claims and the demands of the users of social and nursing services. Providers of support, nursing and care aim to meet the demand for participation, self-determination and responsibility. "Social benefits must be orientated on solidarity, subsidiarity and the social context." (SONG Themenheft 1).

Rational use of financial means and the higher demand on care quality are the challenges posed by the demographic change. It is like the old conundrum to square the circle: At the same time as the revenues of the health- and care providers are dwindling more and better services have to be provided.

"At the time being the care and support services aim to meet the high demand of the users for more and better services. The principles of providing help and claiming self-support, individual initiative and preservation of resources are often ignored – as well as the users' demands for self-determination and independence while respecting their self-esteem." (SONG Themenheft 1).

Professional care providers cannot meet these demands on their own. Networks and cooperations aim for synergy and better communication between providers that have been



acting independently so far. A cooperative and coordinated approach can react more flexible to the requirements of an aging population. The network SONG favours the combination of formal and informal care- and nursing services and the division of social work. It is about rekindling the existing social networks provided by families and neighbourhoods. The supporting potential of living quarters has to be surveyed and to be used, combined with close fitting professional help.

Care providers engage themselves more and more in networking, integrated care, patient-centered case management and cooperative configuration of care and disease management (Ballsieper a.o. S. 161-174).

Networks and networking are buzzwords. That may be due to the fact that they appear very functional because they respect the autonomy of the participating services and still form a (functioning) service. (Bienzle, Gelabert u.a. p. 10)



## 1.2. Services for elder people in their social space / Definition 'social space'

Following a simple definition, the social space defines the place, “where people live, spend their free time that they can design and influence in their own specific way, where they buy their provisions, cultivate their contacts and where they park their car.” (Hinte 1995) Social space defines the social and institutional infrastructure of a certain region or town quarter. The definition of social space usually follows the existing administrative structure of a region.

This term is close to the term 'living environment' – both describe a limited space without a clear differentiation between them. It describes the everyday-living-circle of human beings they need to pursue their needs and interests. Social space means the center of the living environment – living quarter, flat/house.

The demographic change means for the providers of social services that they cannot continue working as before, but they've got to act demand-based, decentralised and fitted to the social space. They must allow participation and self-determination – local networks will facilitate it. In order to achieve this, needs and resources in the social space must be surveyed to define the foundation for the cooperation with professional services. (SONG Themenheft 2)



### 1.3. The network theory

This text aims mainly to show acting knowledge for working in networks. Still, a short theoretical introduction might be helpful in order to understand the dynamics between social networks, networks in the social space and professional services. A concise outline about history, structures and impact of networks is given by Holger Bienzle, Esther Gelabert et al. in their essay “Die Kunst des Netzwerkens” (The art of networking). The following text relates to this:

The term networking appears in many guises. There are networks in traffic (train networks), neurology (neuronal networks), sociology (social networks), politics (political n.), business (corporation networks) and last but not least in media (social networks, internet). The term ‘network-society’, coined by Manuel Castells in 1996, shows how modern societies create more and more net-like structures that are open and horizontally organised. Networks are the answer to growing division of labour and differentiation in parts of society to satisfy the need for coordination. (Bienzle, Gelabert et al. p. 9)

There is no uniform and generally binding term ‘network.’ The definitions vary according to the subject, use and aim. Manuel Castells defines networks like this:

“A network consists of several knots that are connected to each other. A knot is a point where a (connecting) line intersects. (...) The topology defined by networks shows that the distance (or intensity or frequency of interaction) between two points (or social positions) will be weaker (or stronger or more frequent) when these points are knots in the same network, than when they do belong to a different network.” (Manuel Castells 2003 P. 528, as cited by Westermann, Till)\*

In general terms networks can be defined as mesh or system of social interactions between at least three independent actors, persons or organisations that are related to each other. (Bienzle, Gelabert et al. p. 10) Block refers to a definition given in the “Handbuch der Netzwerkarbeit” (Diakonie Köln) and states:

“Networking bases on the appreciation of other human beings, their work and their environment, their history and culture, communication, relationships and values. It incorporates appreciation of the knowledge and experience of other human beings and



recognises different ways to attempt and to reflect. Furthermore, it means collecting knowledge and experience of different people and institutions und to develop new ways to improve your own and your common living environment.”\* (Handbuch cited by Block p. 9)

The central terms in this definition are appreciation, communication and a relationship based on mutual trust and the strong belief to achieve advancements together. (Block p. 9) A comprehensive description of social network theory cannot be given here. This module focuses on the work as service-provider in the community. This task includes the individual case management and the governing of care management within the comprehensive network over all network sectors. The objective is to link all resources available to the user with personal networks in the social space and the professional providers. This is done to avoid misalignment of care and to develop a precisely fitting service. For this we focus on the description of inter-institutional / inter-organisational and individual social networks.

### **1.3.1. Institutional networks**

Institutional networks in the social- and health system are usually some associated organisations aiming for the benefit and surplus value of all parties involved. (Wohlfahrt 2002 p. 39, cited acc. to Bienzle p. 10)

Differently to cooperation, defined as an advanced and binding form of interaction between two or more partners with clear delimitations, networks are more open and less rule bound.

Because of their voluntary and less rule-bound association they can act more flexible. The knots are represented by persons in the participating organisations; they have got the same aims and therefore can work together well. But this is also the reason that networks are more interference-prone than a contract-fixed cooperation. Changes in personnel can cause disruption but can also cause that a cooperation is born or a cooperation becomes part of a network.

Formation and maintenance of networks as a task of care / social work institutions can be organised according to the principles of care management or the orientation in the social space (optimal orientation and association of resources and offerings in the social space). The main target is the optimisation of cooperation and coordination of care structures within a living quarter or service area.

### **Features of institutional networks**



Institutional networks differ from cooperations or mergers and are therefore described in the literature as “regulation mechanisms of the third kind.” (Bienzle p. 10) This signifies:

“Neither monetary nor hierarchical relationships support networks, but context-dependent facts, like trust, (mutual) appreciation and common interests. (...) They bank on communicative relationships that do not dissolve in matters of money and power.” (Faulstich / Vespermann / Zeuner 2001, p. 14 cited by Bienzle p. 10)

According to Block the following preconditions for networks have to be met:

- All participants are voluntarily interested in the cooperation. Human beings form networks, not institutions
- All participants recognise and pursue one (or more) target
- All participants stay independent and do not lose their identity. A fusion is no network.
- All partners should profit economically and/or contentually (Block p. 19)

Institutional networks are according to Block structures, where complex challenges can be processed. (Block p. 8) Companies engaged in networks aim for synergies by pooling competences. (Friedmann, Ch., Sommer, p. 22)

The motivation to found a network and the engagement in networks are always driven by the firm belief to profit in/from the network. If a partner gets the impression that in the long run he is contributing more than gaining, he is going to leave the network sooner or later.

Networking in health- and social care has many objectives and benefits. The following list is not complete:

- Open new target groups
- Enhance the service spectrum of the own organisation by cooperation
- Gain and share information
- Establish new knowledge
- Develop innovations
- Discover and use the know-how of others
- Grow and stay competitive
- Increase your flexibility
- Decrease your risk
- Reduce costs
- Think outside the box, etc., etc.

(Lernende Region – Netzwerk Köln e.V. (Ed.): Aktionsbündnis für gesunde Lebenswelten)



**Reflection task:** Visualise the work in your organisation. Where do you see starting points for networking? Please list at least three reasons to become a member of a network or to initiate a network?

### 1.3.2 Personal and case-centered networks

In personal networks users have full access. They constitute their individual, personal social network.

Schubert describes different network-layers. The microsocial layer consists of personal networks, on the meso- and macrosocial layers are the networks and the relationships between organisations and the represented actors. Here Schubert subdivides in primary, secondary and tertiary networks.

**Primary networks** are personal, informal and non-organised relationships, like family, friends and acquaintances.

**Secondary networks** represent informal relationships that are more or less organised and are founded on common interests or problems. Secondary networks are self-organised entities within the own social- and living space. For example, neighbourhoods, clubs or selfhelp groups.

**Tertiary networks** are institutional networks of professional actors in the city or county, like care providers, insurers, care-for-the-elderly offices and advice centres.

As seen by the user, they can appear as part of the personal network, like when a user visits the advice centre in his quarter or gets professional care by a care service.





Natural Networks Social Resources			Artificial Network Professional Resources	
Primary Networks	Secondary Networks Informal Relationships		Tertiary Networks Professional Actors	
Not organised	Little organised	Very organised	Non-profit, third sector	Marketplace
Informal circles  Families, friends colleagues	Small nets  Self-help circles, neighbourhood nets	Larger nets, volunteers  Associations, organisations	Institutionalised services  Quarter based actors, welfare services	Economically orientated cooperations  Economically based services and products

**Classification of networks** (SONG Themenheft 2 p. 11, transl.)

**Reflection task:** *In which secondary networks are you a member? Which tertiary networks are part of your primary network?*



## 1.4. Network analysis

In general terms network studies depict forms, functions and the dynamics of networks. Many different research tools are used for analysis: different kinds of network maps, interview guidelines, etc. (Holstein p. 23 - see also learning unit 3 “Methods of social space analysis” in this module).

The topic of social network analysis is vast and is enhanced in the above mentioned unit 3. In network analysis very often graphic displays are used in order to visualise structural relationships and, perhaps, even show hidden links. Thus a network can be represented and visualised as a map. (also see unit 3 “Methods of social space analysis”).

For the characterisation and analysis of all network types three analytic properties can be employed:

### 1.4.1. Relational properties

These describe the quality of relationships. This includes mutual reciprocity, abundance of contents, homogeneity / heterogeneity, commitment, intensity / frequency of contacts, resilience and steadiness and relations between social roles.

### 1.4.2. Functional properties

These describe the content of relationships. For example exchange of resources, exchange and sharing of information, conveying of help and backup and support and assistance.

### 1.4.3. Structural properties

These describe the morphology of a network. This means characterising properties like size, density, clusters or classes. It always concerns the net structure:

- Who is able to contact whom directly (or indirectly)?
- How tight is the net?
- Are there in-groups, centres or bridges to other areas?
- Do structures overlap partly?

“It is vital that there exist direct and indirect links, (...) of what kind they are and what patterns they form.”\* (Ziegler p. 342 in Bienzel p. 12).

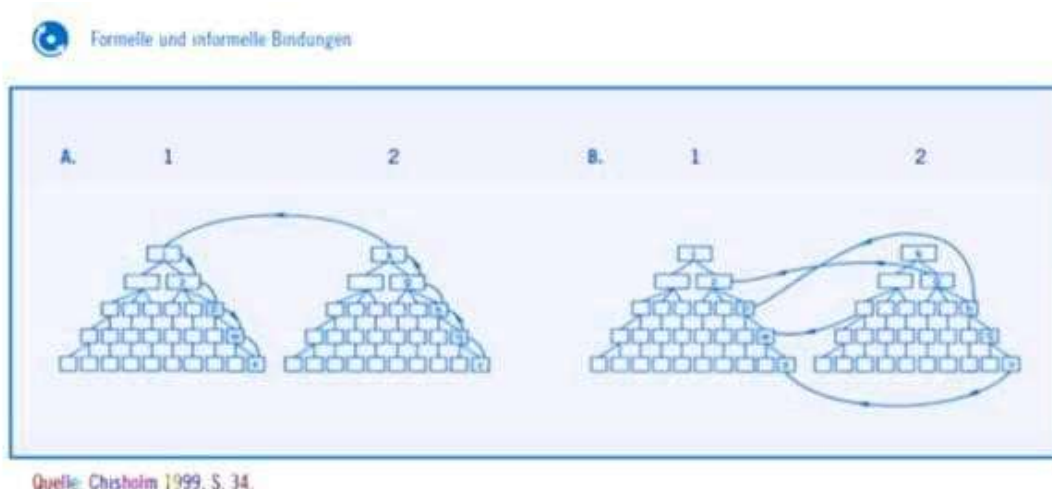
In order to analyse the structural layer of services for the elderly it is important to take a glance from the user's viewpoint. The relevance of this perspective is that it shows the degree of dependency from professional care.

“Whether a person is cared for fully or partly by professional services depends to a high degree on the family, constellation of the household and the size and quality of the informal network of friends, neighbours and other persons in the private realm.” (DIW 2013 S. 3)

Structural analysis of the relationships takes place in view of the formal and informal structures and takes the strength of the relations into account.

#### 1.4.4 Formal and informal network structures

Informal relations are person-dependent and often voluntary, sparsely organised and structured. They exist within or below formal structures. The dichotomy ‘formal / informal’ forms two corresponding poles in a structure. For example: Work contacts usually exist on a formal base at first. The ‘official channels’ are characterised by organisational and legal rules. With growing trust between the co-workers informal procedures are created, so the work can be accomplished easier and quicker. “Contrary to formal channels, that are often hierarchical, indirect and need long ways, informal ways between organisations are more direct and therefore short.”\* (Bienzle p. 14) Formal and informal acting should not be regarded as contraries, but as a (good) combination.



**Formal and informal links** (Bienzle et al., p. 13)



The picture above was created by Chisholm. “A” denotes the formal, hierarchical organised way of contacts between two organisations. “B” shows the short, informal contacts. Even within an organisation you can observe latent social networks that grow below the formal channels.

**Reflection task:** *What do you do, when a task has to be accomplished quickly and effectively? Which channels do you use when time is pressing? Which ‘secret channels’ are known to you? Are there issues that you prefer to solve ‘informally’ and how do your patients / clients profit? How did you learn about the informal channels and how do you nourish them?*

#### 1.4.5 Strong and weak links

Relationships / links can be described according to their strength. A **strong link** is longlasting, stable, emotionally binding and mutual, like friendships, relations between siblings or children and parents. The probability, that many members of this ‘inner circle’ have got the same contacts, relationships and information, is high. Strong relationships often provide direct support, like care, money, etc.

**Weak links** are less intensive, emotional and mutual. These links exist between neighbours, acquaintances or colleagues. Mainly they serve to gain information. Weak relationships can offer information unknown in the (strong) inner circle.

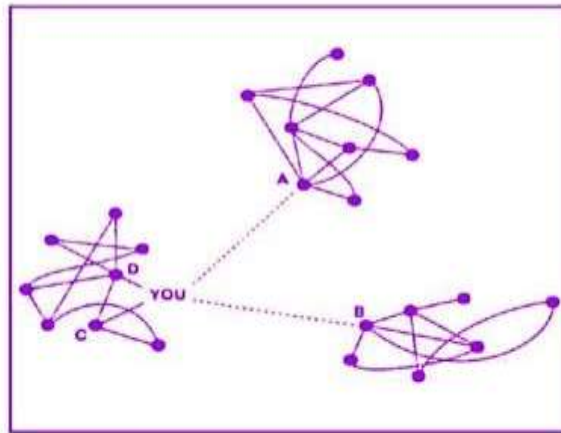
The hypothesis of the ‘**strength of weak links**’ illustrates that fact. A study in the 1970s showed that a large number of persons looking for a new job succeeded by relying on weak links (acquaintances). The strength of weak links is the ‘bridge-function’. (“I know somebody who knows somebody”)

Especially the weak links connect sub-groups and facilitate multifarious contacts and informations you wouldn’t have learned about within the strong relationship-net.

By this the weak relationships supersede a (too) strong inward orientation and provide new informational paths. Or, like Bienzle states: “In heterogeneous and diversified networks horizons are widened.”\* (Bienzle p. 14)



Brückenfunktion schwacher Beziehungen



Quelle: Burt 1992, S. 27.

The picture above shows how via ‘bridge-heads’ or weak relationships new links and contacts are created that did not exist before.

The importance of weak relationships was already described by Ronald Burt in 1992 in his theory of ‘Structural Holes.’ He discusses the role of power and influence in networks and describes how persons gain power by a strategically favourable position in the network.

In the picture above the position “YOU” has a strategically favourable position by bridging structural holes in the whole network. As a bridgehead “YOU” has direct access to information that can be distributed inside the network or even to outlying persons/institutions. “YOU” is known as an important source of information and, on the other hand, gets a lot of information. (Bienzle P. 15)

**Reflection task:** Please describe the impact of weak relational links to prevent people from living in nursing homes.

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