Performance of an inter-organizational network in the Dutch psychiatric youth care sector: A qualitative case study

Jorien Elze Katerberg

s2298740

Abstract

The youth psychiatric care in the Netherlands is experiencing long waiting lists, preventing children from receiving the necessary care they require. This issue arises from significant decentralization in the Dutch youth healthcare system. One possible solution to this problem is network governance. To explore which indicators influence the network performance, the following question is established: "How do structural factors influence the performance of an inter-organizational network inside the psychiatric youth care sector and how is this mediated by the process quality?". To answer this question a qualitative research design was implemented in a single case study. Qualitative data was collected through semi-structured interviews with seven stakeholders involved in a psychiatric healthcare network located in a municipality in the Netherlands. These stakeholders included managers from different healthcare organizations, practitioners, and representatives from the municipality. The findings of this research indicated that complexity, stability, and the governance mode, characterized by trust and consensus, have an influence on the performance of this network. This suggests that these factors play a role in determining how well the network operates in delivering effective youth psychiatric care.

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1. Introduction

Recent changes in governance of the healthcare system in the Netherlands have placed an impact on treating child mental health problems within primary healthcare practices. If a child wants access to specialized services, they must first go through more general practitioners as a requirement to access these specialized services (Kroneman et al., 2016) . From 2015 onwards, youth care has been decentralized, and municipalities are responsible for providing child and youth mental health services (Ronis et al., 2017).

These changes lead to some issues in the performance of child health care in the Netherlands. One issue is the long waiting lists for children before getting care to solve their mental issues (Bruning, 2020). Research has shown that waiting time is associated with lower quality of life and poorer health status and that longer waiting time predicts poorer health outcomes. Long waiting lists are experienced as very frustrating (Biringer et al., 2015). Another issue mentioned in the localized healthcare context is the decentralization under centralized authority (Punton et al., 2022) . This could be a problem for stakeholders working under centralized authority as this could lead to a bad interaction between internal and external stakeholders. Network governance could be a probable solution for this issue (Van Duijn et al., 2021).

Various stakeholders within the youth care sector encounter challenges, particularly in allocating financial resources and managing the significant level of responsibility associated with addressing care performance issues within budget constraints. These discussions involve multiple actors, including the Ministry of Health, Municipalities, Healthcare providers, Client organizations, and other professionals. Municipalities face the challenge of shouldering significant responsibility for assisting children, while the national government operates within limited budgetary constraints, resulting in suboptimal care performance (NOS, 2023).

To solve the problems mentioned above, the Netherlands is creating inter-organizational networks that consist of e.g. municipalities and healthcare professionals (Blanken et al., 2022). These have to interact with each other to have an excellent collaborating network that solves the abovementioned problems. For this research an already existing framework from Arntsen et al. (2020) will be tested to see through what factors the performance of a network

will be influenced. This study will show whether the framework is also applicable in psychiatric youth care and whether the networks can ultimately perform better using this framework. Extensive research has been done in healthcare on network collaboration in the past. However, not much has been done on psychiatric child care. With the use of different hypothesis, the theoretical model could be tested. Because of the qualitative study, in the end, the hypothesis could be supported or undermined.

To this end, the research question is: "How do the structural factors influence the performance of an inter-organizational network inside the psychiatric youth care sector and how is this mediated by the process quality?"

This research question can be answered with the help of four sub-questions that have been established. These will give the research a clear direction to eventually answer the main question.

1. Which inter-organizational stakeholders are currently connected in the network?

2. How is the network structured?

3.What is the level of the process quality?

4. How does process quality and network structure affect the performance inside the network?

This thesis comprises a theoretical section that elucidates prior research on network governance, establishes a theoretical framework, and formulates various hypotheses. Subsequently, the research design is outlined. In essence, a single case study is conducted, focusing on a youth care network situated in a municipality in the central region of the Netherlands. This entails conducting interviews with individuals from various layers within the network. Following this, the research findings are presented, allowing for the testing of the hypotheses. The concluding chapter provides a response to the main research question, offers practical implications for the network, and suggests potentials for future research.

2. Theory

Inside the healthcare sector, a significant amount of research has already been done on network governance. First, prior research about waiting lists and performance inside the psychiatric youth care are discussed and research on the network governance in the health care sector. After this, the theory about different modes of governance is explained by the hand of three models. Additionally, the theoretical framework for this is discussed, and different hypotheses from the theory will be established.

2.1 Waiting lists and performance inside the psychiatric youth care

In the UK, waiting lists are currently considered too long. Where waiting lists have long been associated with negative psychological responses, the study of Punton et al. (2022) researched among young adults to see how they experience the waiting lists. The young adults in this research reported a variety of negative psychological and behavioural consequences associated with waiting lists in the mental health service that will eventually lead to exacerbated existing physical and psychological health issues. Also in other countries like Scotland, mental health services are experiencing long waiting lists where at the end of September 2021 there were still 3,602 children and young people waiting for accessing a youth care organization where 21.480 waited for the direct help. In this research an exploratory study was held to see what the odds were for being rejected. These were significantly higher for rejection than for getting the help. The conclusions stated that policymakers should consider ways to foster the dialogue and collaboration between different groups of professionals in order to improve the access towards the mental health support (Smith et al., 2017).

In the Netherlands, very little research has been conducted on waiting times for mental healthcare services for young people. Only a few institutions, closely affiliated with the government, have been granted access to information regarding these waiting times. Research conducted by the Dutch Youth Institute (2017) indicates that generating national information on waiting times and waiting lists is not feasible. It is also challenging at the municipal and regional levels. While waiting times for different organizations can be found on their websites, they cannot be simply aggregated. This research highlights that waiting is inherent to delivering healthcare and that integrated youth care becomes a complex matter. One of the contributing factors is the inadequate presence of the issue of waiting times in the Dutch

municipalities for effective management. In 2021, a research report by The Forgotten Child (2021) revealed that 81% of children in the Netherlands have to wait for care. The majority of these children feel anxious about the waiting time, with 98% of healthcare professionals indicating that they perceive long waiting times as a significant problem.

Research conducted by general practitioners in Rotterdam indicates insufficient clarity regarding the "social map," which refers to the identification of all parties involved in providing care. The waiting times are excessively long, and there is insufficient visibility. Additionally, this research emphasizes the importance of communication among the involved agencies and suggests room for improvement (Verwoerd et al., 2009).

2.2 Network governance in the healthcare sector

Previous research on healthcare networks also studied the performance of networks in which different indicators have been used to test performance.

Research from Lucidarme et al. (2016) studied in Flanders "a comparative study of health promotion networks" and compared 13 mature health networks in order to see the determinants for effectiveness. The primary outcome was that the environment, structure, and management influence the network's effectiveness, which will help address future problems, these can be divided into seven core conditions: exposure motive, political motive, metropolis, governance, commitment, staffing, and personal contact. These could be set into two paths: The absence of a metropolis and highly perceived staff, commitment, and political motives were shared where a metropolis points towards the homogeneity of the diversity of the partner organizations. Where partner diversity can make collaboration difficult, the presence of a metropolis adds complexity. The other path is that high personal contact and written agreements that are about governance lead to increased effectiveness (Lucidarme et al., 2016).

Other research on network performance uses different variables to measure the level of performance. A study by Ferlie et al. (2010) used the theory of Turrini et al. (2009) to test other variables. This research adopted the approach and came up with an analysis with different indicators, where we have hands that have the external impact on the Network: 1. Client Level effectiveness, 2. Overall community-level effectiveness and the internal capacity of the network: 3. Inclusiveness and engagement of stakeholders, 4. Shared learning, 5. Capacity for innovation and change, 6. Ability to reach stated goals, 7. Sustainability and viability, 8. Unintended outcomes (both perverse and serendipitous.) Additionally, they have

found that at the micro level, effective leadership and management capacity lead to high network performance.

In Belgium a study on 22 health care networks was held to show how governance health care networks work. They explored the type and importance of governance structure and governance mechanisms for network effectiveness. In their research they did not find a perfect fit among governance were revealed, but they find some specific characteristics that could be further studied and might be related with effective networks. These are "the role of governmental agencies, legitimacy, and relational, hierarchical, and contractual governance mechanisms as complementary factors. These different characteristics could be indications that might lead to more or less crucial for network effectiveness (Willem & Gemmel, 2013).

2.3 Different modes of network governance

In the network governance theory, three different models and forms can be explained from research (Provan & Kenis, 2007). These models can be used to see how the single case operates its network. Therefore the three models will be discussed.

1. Participant-Governed Networks

The most common form of network governance is participant-governance networks. This is the form where network members themselves have a governance entity. This governance can be accomplished formally through regular meetings and the continuous process. However, it typically has uncoordinated effects on the network. On the one hand, participant-governed networks can be decentralized; all network members interact equally. On the other hand, the network is centralized and governed by a lead organization that is also a network member.

2. Lead Organization-Governed Networks

The second model is the lead organization-governed networks. This is a network where the governance goes through a so-called "lead organization." In these lead organization models, all activities and critical decisions are coordinated through and led by a single participating stakeholder acting as a lead organization. There is asymmetrical power. The lead organization provides the administration inside the network. Therefore, it facilitates the other member organizations to achieve the set goals. Who is the lead organization mainly emerges from the members themselves to see which form is most efficient and effective or mandated.

3. Network Administration Organization Networks

The third form is the NAO model. This model consists of a separate administrative entity to govern the network activities specifically. The network members can still network with each

other, which means the NAO model is more centralized. The NAO itself is not another member organization providing services. The network is externally governed by members or through mandate. The administrative entity is primarily modest in scale. It may be a formal organization or one individual network facilitator. This form may enhance the network's legitimacy and deal with unique and complex network-level problems.

These three modes of governance forms have different key predictors of effectiveness. In figure 1, the different modes with the predictors are shown. These predictors are based on earlier research studies on network governance. Each indicator will be explained.

Figure 1

Different governance forms and predictors

Governance Forms	Trust	Number of Participants	Goal Consensus	Need for Network-Level Competencies
Shared governance	High density	Few	High	Low
Lead organization	Low density, highly centralized	Moderate number	Moderately low	Moderate
Network administrative organization	Moderate density, NAO monitored by members	Moderate to many	Moderately high	High

Retrieved from Provan and Kenis (2007)

Here the different predictors for the different governance forms are Trust, Number of Participants, Goal Consensus and Need for Network-Level Competencies are shown. These will be used in the theoretical model in chapter

Other research on network governance performed as a literature study has shown that with a higher level of trust and greater resource contributions, in the end, the success among members of a network has a higher level. Where a second model states that more resources and higher amounts of diversity predicted higher levels of disagreement about success (Varda & Retrum, 2015).

2.4 The theoretical framework

The theoretical framework that will be used in this research is a framework that has been used in research by Arntsen et al. (2020) on inter-organizational relations (IOR). The framework will be used to study the performance among healthcare organizations in psychiatric youth care. The model uses factors that enable and constrain the relations between and among the organization and, therefore, could say something about the network's working. These factors are identified by Provan and Sydow (2008) and can be categorized into three interactive dimensions: structures, processes, and outcomes. These are interactive because the basis is the structure where different methods run, eventually leading to different results. Trust and consensus mediate between the system and the outcomes (figure 1). This model is tested on Out-of-hours emergency care services (OOH services), which consist of inter-municipal cooperation. In this research, the same model will be used on the network in a psychiatric youth care environment where different organizations are involved to see how these factors influence the outcomes and, in the end, have practical implications that lower the costs and increase the benefits of the network.

Figure 2

Theoretical Framework

Retrieved from Arntsen et al. (2020)

In the following section, the three dimensions will be explained in more detail and there will be elaborated on the different indicators from each dimension. Building upon the theoretical framework, the hypothesis will be formulated to evaluate the framework in alignment with the study conducted by Arntsen et al. (2020). This will allow us to assess how this research operates within a distinct context, specifically within the psychiatric youth care network.

Outcomes of network

The performance of a network can be operationalized by inspecting costs and benefits arising for members of this network. This way of measuring performance is a method from Weimer and Vining called the cost-benefit analysis (CBA) approach, "which scholars and practitioners utilize CBA methods in their areas of expertise" (Fudge, 2011). A high level of benefits increases the level of performance where many costs may lead towards a less efficient performance. These benefits and costs are related to the network structure and the process quality. Performance efficiency is focused on whether a given object has been achieved. "Common to all these measures of efficiency is that they relate the benefits of IORs to the cost they incur" (Provan & Sydow, 2008). The outcome can be set in three variables: financial performance, which refers to the potential of reducing costs. Non-financial performance , wich includes the increase in service quality, and the last point is innovation and learning, which can be seen as a performance indicator because organizations inside the network can learn from each other (Arntsen et al., 2020). The costs and benefits can show These three performance factors inside the research.

The costs and benefits are, therefore, a good indicator of the efficiency of the network. The prices include the time and resources spent on coordination. Costs have to be balanced. This could be shown in a reverse U-shaped relationship. Too much involvement will lead to excessive IOR maintenance of fees. Too little involvement will cause problems in efficiency, leading to unnecessary costs. The "costs of establishing and maintaining an IOR must be considered in any evaluation effort and balanced carefully against more positive evaluation criteria" (Provan & Sydow, 2008). Minimizing these costs may be just as efficient as providing additional benefits (Arntsen et al., 2020).

The network's benefits can be sorted into three categories according to the theoretical framework. These include financial performance, which provides for reducing service costs resulting from efficiency gains. The second type is non-financial performance, which provides for increased service quality, where cooperations facilitate joint investment and the exchange of resources. The last types are innovation and learning. This may also be obtained from

collaboration because cooperation allows for spreading best practices, shared training programs, and peer support.

Structure

The structure of a network has been used to describe various properties of IOR (Arntsen et al, 2020). The network structure is based on indicators that focus on the connections between the organizations inside the network. These factors all have in common that they can influence the quality of cooperation and, ultimately, cooperation outcomes. The network structure has a relationship with the results of this framework which are mediated by trust and consensus between the participants (Arntsen et al., 2020).

Complexity and stability

The number of organizations inside the network refers to the network's complexity. If the number of participants increases, it becomes more challenging to reach a consensus and maintain the dense interaction required to develop trusting relationships. This is along with the heterogeneity of the network and the number of potential connections that must be coordinated and integrated into joint action. A higher level of complexity raises the costs of collaboration and makes achieving a favourable outcome more challenging due to degrading the quality of the cooperative processes in this way.

The stability of the network refers in this theoretical model to the maturity of the cooperation as an essential condition for generating the predictability and familiarity needed to develop trust and consensus with the stakeholders (Arntsen et al., 2020).

For complexity and stability, the following hypothesis can be formulated and be split in two statements to see how these variables influence the benefits and costs:

H1:

a. The higher the level of complexity, the lower the level of benefits.
b. The higher the level of complexity, the higher the level of costs.

H2:

a. The higher the level of stability, the higher the level of benefits.
b. The higher the level of stability, the lower the level of costs.

Governance Form

Both complexity and stability as two indicators make the case that there is a crucial need for the structure of the network to have some centralized authorities. These can set clear

expectations, define roles and duties, and act strategically in coordinating collaborative processes in the healthcare industry. From a pure management standpoint, using more centralized governance procedures may help enhance the cooperation processes and subsequent results. Several studies of inter-organizational collaboration in health care have produced results that support this viewpoint (Arntsen et al., 2020).

For the governance form, the following hypothesis can be formulated into two hypothesis:

H3:

a. The higher the level of centralized form of governance, the higher the level of benefits.
b. The higher the level of centralized form of governance, the lower the level of costs.

The following chapter describes how this theoretical framework is analysed in an empirical study. This tests the framework in a different psychiatric youth care sector context.

Process quality

In this framework, the process quality is the mediator inside the theoretical framework. Process quality can be measured with two different factors: The level of trust and the level of consensus. Several researchers have used these factors as indicators of the level of collaboration Arntsen et al. (2020) .

Trust and consensus

Past research shows that shared goals and trust in other participants' competence to assume responsibilities will lead to success. Trust in relationships is crucial in collaboration. Trust can lead to confidence in expected performance and create a shared sense of goodwill. Trust can be earned by sharing knowledge, good intentions, and competency. A good level of trust could lead to the effectiveness of achieving small wins together and will take the network with their stakeholders through hard times (Bryson et al., 2006).

Proven and Kenis (2007) state trust is an essential efficiency indicator. They argue that trust inside the network governance must be consistent with the general level of faith across the network. If trust is pervasive throughout the network between the stakeholders, this will lead to more effectiveness. If the network has a low density of trust, it can still be effective, but is more likely to be brokered and must be led more, leading to increasing costs. Trust is closely related to consensus. If there is consensus about, for example, the decision-making process or how to solve wicked problems, this would lead to increased benefits and lower costs (Heranz, 2010).

Therefore these hypothesis can be set:

H4:

a. The higher the level of trust and consensus, the higher the level of benefits.
b. The higher the level of trust and consensus, the lower the level of costs.

In this framework, the variables trust and consensus act as mediators between the structure and outcome variables. This is because the basic structure is the principle of a network, and this underlies the building of trust and consensus between the different parts of the network. The theory shows that by establishing a structure, results can already be achieved as a network. However, the two variables of trust and consensus ensure this process is smooth. If the structure has a good structure but lacks trust and consensus, it may lead to lower outcomes than a high level of trust and consensus.

So from the theory, an additional hypothesis can be drawn up for this that can be tested in this research.

H5: The factors for process quality serve as a mediator between the structure and the outcome variables.

3. Methodology

A qualitative research design was chosen for this case study. The reason for a qualitative study is the low amount of people that will be researched, and to get a deeper inside into the research question. This chapter describes the case study, research design, and data analysis method.

3.1 Research setting

This research conducted a single case study in an inter-organizational network of psychiatric youth care in an average municipality in the Netherlands. This network consists of different youth care organizations and the municipality as a stakeholder. Each of the organizations has different roles inside the youth care sector. The network is still in the pilot phase and learning how to have the right form to perform at its best. It is officially started as a pilot in the beginning of 2022.

3.2 Research design

The single case study was used to generate in-depth, multi-faceted explorations of a complex issue in a real-life context (Crowe et al., 2011). According to Yin (2017), case studies are used to explain, explore and describe events in the everyday context in which they occur. Case studies allow increasing knowledge of political and social phenomena. The case study is to get a deeper insight into this network's performance level measured by the different factors from the theoretical framework.

The data was collected by conducting semi-structured interviews. "Compared to structured interviews, semi-structured interviews can better use the knowledge-producing potentials of dialogues allowing much more leeway for following up on whatever angles are deemed important by the interviewee" (Leavy, 2020). The qualitative semi-structured interviews were used to select the theoretical framework.

Seven interviews were conducted via Microsoft Teams in May 2023. The interviewees were seven stakeholders inside the network. The interviewees were purposefully selected to represent stakeholders with different functions inside the network, e.g., coordinators, managers, and practitioners. For the sample break down see table 2.

Table 2

Sample breakdown of semi-structured interviews (n=9)

	Gender		Organization		Position			
	M	F	Municipality	Health care organizations	Project leader	Coordinator (between core team and steering committee)	Managers (inside steering committee)	Practitioners (inside core team)
Number	1	6	2	5	1	1	2	3

First, the interviewees were asked to give their own opinion about the benefits and level of costs inside the network. This sets the agenda for the other questions. After the first question, the different factors used in the framework are shown in appendix A.

Quality and validity

To have a good level of quality and validity several decisions are made inside the research

design. The sampling of data, which is chosen only to interview people inside the network, this makes it a coherent dataset and it makes it a good representation of the network. These factors cause an excellent level of quality for this research. In this research, semi-structured interviews can be used to answer the research question, and the sampling and data analysis is appropriate. The results come back to the theory and therefore are valid for the context of this research (Leung, 2015).

Method for each factor

This interview asked questions about different factors that may influence the network's performance. The first questions were about the Costs and Benefits of the network. This in order to get a starting position and know what the benefits and costs are to in the end go back towards these outcome variables to see how they are in relation with each other.

For the starting variables in the model, several questions were asked about how decisions are made within the network. This is to determine whether there is a centralized governance mode. Because of the complexity of governance mode for most of the practitioners questions were asked about where decisions are made insight the network to keep it simple and understandable.

To measure the complexity and stability of the network, respondents were asked on a scale of 0 to 10 how complex or stable they found the network to be. This form of scale questions is established from theory. It can give more information about possible barriers or support for change. If someone gives it an 8, you can ask: "If this changes to a 7, what will influence the model's performance?" It creates a challenge for the respondent (Bundy, 2004).

Then the questions were asked about trust and consensus. In the current theoretical model, trust has to be stable inside the network to perform at its best. Questions that measure stability arose through conversations in preparation for the interviews. Research from Provan & Kenis (2007) states that conflicts are normal inside the network and may lead to creativity. However, too high conflict may cause bad outcomes. With this in mind, questions were asked about if there are conflicts inside the network and if there are any practical examples. For the consensus level, several questions were asked about whether the goals within the network are the same and whether the path to achieving those goals is the same between the different actors. This is to see if there is agreement among the participants within the network and ultimately to test the hypothesis.

After each factor, the connection with the performance indicators is made to see the influence of the factors . In the end of the interview there was a possibility for the respondent to give

additions to the existing variables. Sometimes follow-up questions were asked to gain a deeper understanding of their answer. The questions were slightly adjusted to the specific interviewee's occupation and expertise to ensure that the questions fit the respondents. The interviews lasted approximately 45 minutes.

3.3 Data analysis

All interviews were recorded, and the participants gave verbal consent to the informed consent form. The recordings were transcribed with the software Amberscript, which translates audio into textual documents. They were manually adjusted if it was necessary. Atlas.ti software was used to code the interviews to identify patterns and interpret qualitative data. During the data analysis, the deductive approach) was used because some pre-decided codes had already been established due to the various factors. This approach helps focus the coding on issues that are important coming from literature (Linneberg & Korsgaard, 2019). In this way, the different questions could already be categorized into the regulations. From this deductive approach, inductive coding was also used. This is common when analysing in-depth semi-structured interviews, especially when there is not much previous research (Campbell et al., 2013). Thus, new groupings that were visible from the generic codes established beforehand were created. In this way, conclusions can be drawn from the results, and the hypothesis can be supported. The coding table is shown in Appendix B.

4. Analysis

This chapter presents the results of the seven different interviews conducted. In the end, this gives an answer to the research question. First, a general account of the network under study will be given in order to clarify what the structure is that became clear from the interviews. Then the costs and benefits that emerged from the data will be described, from which the network performance can be determined. Then, it has been analyzed how the structure and the process quality affect performance to see the relationship between these factors, to use this to support or inhibit the hypotheses.

Generally, the network has a structure with three central bodies indicated by most respondents: The steering committee comprises managers from the six organizations and a project leader from the municipality. The six organizations deliver care from basic care until academic youth care with highly complex cases. The steering committee discusses the main

outlines of how the network should function and the goals set. The core team consists of executive people from the six organizations and supervises the delivering of care, ensuring that the right care provider from those seven organizations offers the proper care. Within the core team, registration officers receive patient records and distribute it among the core team members. Every week, there is a time for the core team members to meet physically. Around the core team is a flexible skin, these are the employees of the organization itself to sometimes take over clients or help them to move on. A coordinator also connects the steering committee and the core team. The youth counselors are employees of the municipality who ensure that contact is maintained with the family and that a valid link is made. There is also a coordinator between the youth counselors and the core team, acting as the connection between these two parts. In addition, two people in the interview mentioned the general practitioners who are also part of the network, and the project leader also mentioned the project team that helps with the facility tasks to keep the network running. One respondent also mentioned the group of self-employed people who also provide care within the municipality and sometimes feel somewhat sidelined. Everyone generally indicates this structure in which the coordinators are the intermediaries between the various bodies. The structure is given in figure 3.

Figure 3

Structure of the network
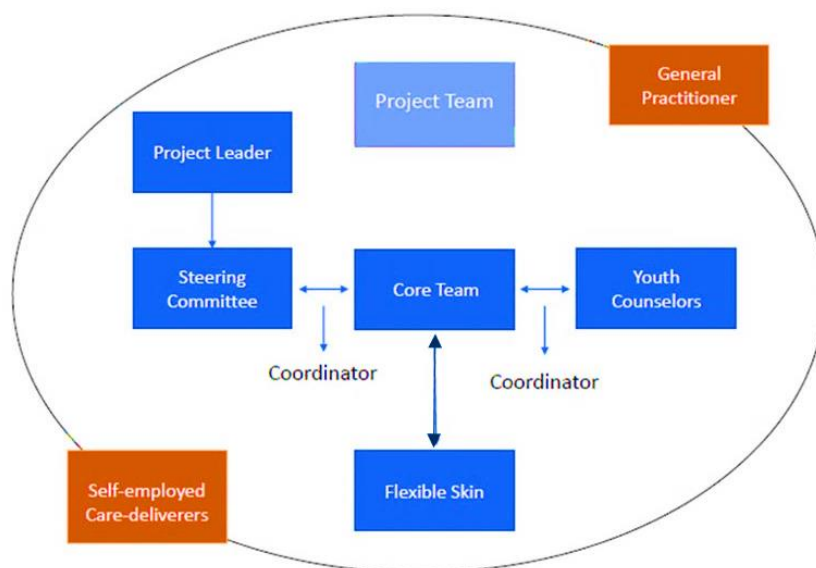
In general, a few goals are generally valid and emerged during the interview, especially by the project leader. These goals are firstly, more quality of service in youth care. Secondly, better cooperation between care providers and also the municipality. Thirdly, saving financial costs so that youth care is sustainable in the long term. And lastly, the need to normalize both on the side of the family's youth. So what belongs to the normal development of youth? And what requires additional youth support but also on the side of society? Can we normalize the performance society? How can we also normalize the way of working inside this network more, and what debate is needed for that? It is interesting that these goals, for the project leader, were very clear. However, for the other members in as well the core team as the steering committee, goals were not completely clear, and are not completely in line with each other. However, core team members and steering committee all mention that a reason for the pilot is to lower the costs and give children quick help. These two goals are clear for the respondents.

4.1 Outcomes of Network

The outcomes of cooperation can be seen as the network's overall performance. The interview adhered to the theoretical framework of measuring this performance by asking about benefits and costs. The following data represents the outcomes obtained from these two sections.

Benefits

The results of benefits are summarized in five different dimensions that appeared. The results for the benefits are shown in figure 4. The most frequently mentioned benefit is that help can be delivered faster because of how the network works together. For example, one of the steering committee members says:

> *"The quick transfer with each other, that is very quickly switched from the core team to that flexible shell, because that is just a quick route. A fast administrative route and a known good path with short lines of communication are the advantages of the core team. I really think municipality x clients that the core team can handle get their turn very quickly."*

This advantage is carried across the network within the core team and steering committee.

In addition, four other benefits were explicitly mentioned. The first of these is that the delivery of care becomes cheaper for the municipality and organizations to perform. This is mentioned three times by two of the core team members and by one of the steering committee

as well. However, it is also indicated that it is questionable whether this is already being achieved at this point in the pilot phase by the steering committee member. Nevertheless, this is already seen as an advantage at the time of purchase. Secondly, the multidisciplinary work together is also an advantage, as someone on the steering committee indicates: *"We all talk from different roles and hats."* The coordinator indicates that more appropriate help can thus be deployed for the family. This is mentioned by the coordinator and one of the steering committee members. The core team does not mention this advantage, this is an interesting result because they are the ones working in this multidisciplinary field. According to a core team member and project leader, shortcuts are also an advantage; the lines are shorter, and the different organizations know how to find each other better. The last benefit that comes up from the data is targeted care. The two core team members mention this. They indicate that care can be delivered more precisely, and there can be more cooperation to do this together.

<u>Costs</u>

With costs, we see more outcomes and more dimensions in the data than for the benefit dimensions. The different costs are shown in figure 4. This shows that at this point in the pilot phase, in terms of performance, there are still areas for improvement that can lead to a reduction in the number of costs and possibly an increase in the benefits mentioned, leading to a better performance of the network.

Costs are mainly intangible costs. The three most frequently mentioned costs in this analysis are inefficiency (mentioned six times by four different stakeholders) , indirect time (mentioned five times by four different stakeholders) which is time that cannot be directly spent in providing care, and administrative burden (mentioned five times by three different stakeholders) . All three of these variables amount to the cost of additional time. For inefficiency, it is generally mentioned that it takes a lot of time to do administrative tasks and to have conversations with each other. For example, a core team member wonders *"whether it is still so efficient,"* and someone in the steering committee says, *"The pilot is costing us a lot of time."* However, it is predominantly seen that inefficiencies are mentioned, especially in the core team. Of the six quotes about inefficiencies, five are from the three core team members. A reason for the second dimension, indirect time, is mainly that a lot of time and investment, transaction costs, has to be made in consultation, and that this makes that little time can be spent on delivering care. This is also due to the development phase the network is in, as indicated by the coordinator and steering committee member. The third frequently mentioned cost is administrative burden. A core team member suggests that there is a feeling that it is a

bit controlling because the hours for the network have to be kept up. The project leader also indicates that all things must be kept up to date. But this also has to do with the pilot phase, were they would like to see where possible improvements could lay, and for this extra administrative tasks have to be fulfilled. It is further explained by the project leader:

"Yes, it is about administrative matters that have to be kept to be able to say something about specific indicators, so we are monitoring this project in various ways, both quantitatively and qualitatively, and to be able to do that properly, instead of reducing the administrative burden, you now have to increase the administrative burden because we are only doing this in this municipality and not in other municipalities in the region, for example. You have to track all kinds of things to be able to evaluate. Huh, and that's an investment the network does have to make."

Here it is interesting to note that costs are sometimes aggravated to strive for good outcomes and, thus, higher performance ultimately.

Also, there are other variables jointly named by fewer respondents. For example, one steering committee member mentioned that many hours are still being worked that are not billable and that this also increases financial costs and does not provide direct income. Additionally, the project leader talks about stratification as a cost inside the network because of the different roles inside the network. According to the project leader, the managers and executive personnel have to work together, and getting everyone on board is a big challenge. Lastly, the core team and the coordinator indicated that it is sometimes difficult to keep in touch with the various organizations because once the cases have been divided up, many disappear within the organizations. Then, a multidisciplinary approach is not created. *"While it then actually continues in the old way"* is what the core team member indicates. In the old way there is no network or collaboration between the different organizations.

In this way, it does become clear that in this pilot phase, there are still more disadvantages than advantages within the network. It is interesting to see if the other factors influence this performance.

Figure 4

Results of Costs and Benefits,
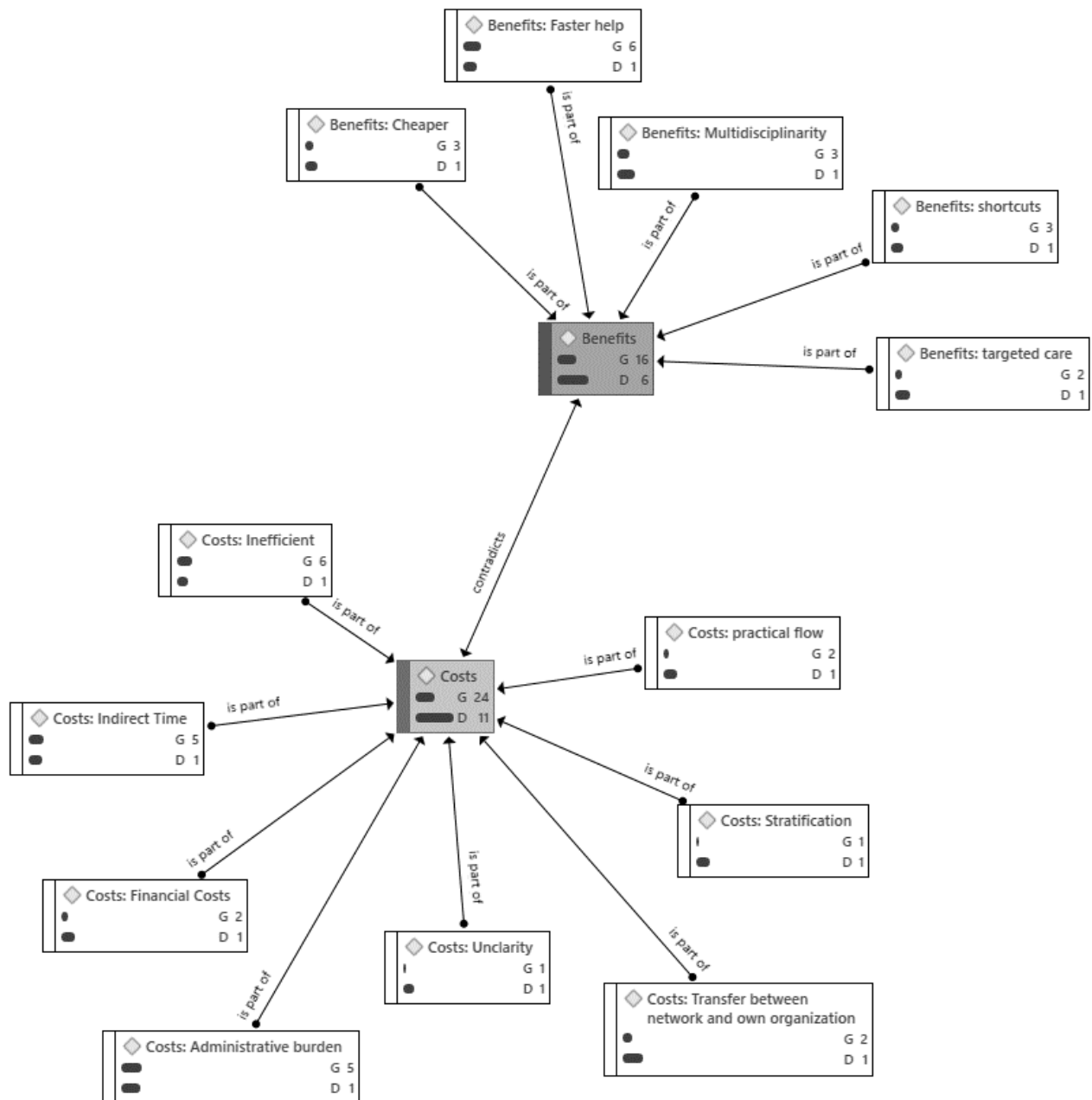
Note. G = the number of quotations D = connection with other variables

4.2 Structure

For structure, indicators will be explained below, which also look at the hypotheses deduced and whether they can be supported by the data obtained.

Complexity

For the indicator complexity for structure, the hypothesis can be tested with the results that are shown below. The results for complexity are shown by a score given by most of the respondents. Where 0 is not complex and 10 is very complex. In general, it is interesting to see that the three core team members who were interviewed, give the complexity a high mark that is above average. In addition, the project leader also indicates the following:

"Well, then I would really like to give it an eight. Yes, yes, I'm not one for 10s but yes, I think that's really because, say that administrative, strategic, tactical-operational level, I do see that really reflected in the project and then also with seven partners who all have their own dynamics, their own culture. Yeah, well, then maybe that eight is the same nine, but I think it's really in that order of magnitude."

The project leader and core team members give the same reasons why they think it is complex. This is mainly because of the different parties involved, which can sometimes create high complexity. One of the core team members says that sometimes it feel as two separate worlds, and that there is a lot of distance between the two main bodies. It was also stated by a core team member that the structure sometimes feels hierarchical. In addition, several participants, especially in the core team or between the core team and the steering committee, there have been changes in personnel over the past period.

The steering committee members and the coordinator experience the complexity as much lower and give it a mark under five, which is the average. For example, one steering committee member indicates that it is a complicated structure but, compared to other networks, it will not be above average. Similarly, the coordinator indicates that it does not experience the structure as complicated but that there is still a possibility for improvement to for example lower the administrative tasks for the core team members.

The majority of respondents indicate that an increase in complexity will result in people disengaging from the network, and the more time spent on discussions, the harder it will be to clarify matters, ultimately affecting the effectiveness of the network. This would mean a increase of the costs for indirect time and inefficiency. A core team member also suggests that

an increase in complexity will lead to the overall failure of the pilot. The project leader also states that, in theory, a lower complexity is likely to improve the functioning of the network, but currently, there are limited practical possibilities to implement this. Based on these results, it becomes evident that complexity indeed has a negative relationship with benefits and is positively correlated with costs, which supports the hypothesis on complexity.

Stability

The general findings regarding stability can be divided into three sections. The first section concerns the stability level of the network's structure, this considers the main bodies and their positions aligned with each other. Secondly, the stability level of the individuals within the network that all have their roles in the different bodies. Finally, how this influences the overall performance of the network will be explored.

The data indicates that the stability level of the network structure receives a satisfactory rating from all members, with a score above five out of ten. The network, along with its organizational structure, is considered stable according to the respondents. Because of the involvement of the managers of the six organizations, the network is stable and from here the core team can do their work. However, when considering the second section, which examines the stability of individuals within the network, different results emerge. The project leader states, *"Well, let me be very clear. I think for both the core team and the youth consultants, I would rate it as a four out of ten."* The data clearly shows that the core team and youth consultants are particularly affected by frequent personnel changes, leading to inefficiency.

The data reveals that each respondent indicates a low stability score at present and that improved stability leads to better outcomes. The team leader also confirms this, stating:

> *"Yes, I do think that the more stable the situation is, the better it is for performance because, due to the size of the group, I have noticed that when people switch positions, you have to start all over again, and that it leads towards disruption. Yes, you have to retell the story, and I think that has an impact at all levels, both strategic and operational."*

Only the coordinator suggests that it might be beneficial to introduce some disruption within the network to approach things differently. However, the overall view is that stability leads towards faster help and that inefficiency and indirect time can be lowered because the structure and the people have a more stable level. This in the end will lead towards improvement of the overall performance. Since all other network members support the project

leader's statement, it can be concluded that this study supports the hypothesis for stability where the higher the amount of stability the higher the lower the costs and the higher the benefits.

Governance mode

Several issues about the governance mode emerged from the data. In figure 5 the results are drawn inside the overall structure from the network. It becomes clear from the data that the steering committee is the central body and makes the big decisions about the network regarding decisions made about, for example, budgeting or making a so-called decision tree to have clear routes within the network. However, the second most frequently mentioned term is "kernteam" "core team". In addition to the steering committee, the core team has a say in decisions at the executive level. However, several core team members indicate that they sometimes find it problematic that decisions are taken so centrally, and that the centralization sometimes leads to a lack of clarity in the rest of the network and sometimes creates inefficiencies rather than transparency. It was also stated by two core team members that the structure sometimes feels a bit hierarchical, which does not lead towards the best outcome in the statement of the member.

Particularly in the core team, two out of three respondents indicated that they did have difficulty understanding the governance structure. *"I always try to get it clear for myself because otherwise, I don't really know what exactly is expected of me"* this is an example from one of the core team members who indicated that she doesn't really know where the various responsibilities lie. It also becomes clear that it is not entirely clear which groups exactly belong to the network in addition to the fixed groups as discussed at the beginning. This leads towards an increase in unclarity as one of the costs inside the network. For example, there is a flexible shell that actually surrounds the network. These are the healthcare organizations that are already involved but other personnel that are not in the network could help too if needed. If a patient is transferred towards the flexible skin there is no involvement of the multidisciplinary approach of the network anymore. There are also general practitioners and self-employed people within the municipality who also provide in youth care. Their role inside the network is not clear. This makes it sometimes difficult to see who is responsible for what, especially for the core team. This lowers the way of giving faster help because a lot of people are involved in providing care. Among several steering committee and core team members, there is some confusion here about how these are involved in the network: *"But that is only now a piece, say, partners who are actually also a piece of the network, which*

was only now actually included, whereas they might have been a bigger part much earlier."
This quote from a core team member sums this up nicely. This makes governance with these results sometimes not entirely clear how the lines are laid. The interaction between the steering committee and core team is also not always clear because they do not have real agreements on who takes up which responsibilities. For example, an interview with a steering committee member reveals*: "The core team might ask for more clarity from the steering committee, yes, because we don't want everything. It is a pilot in which we say: we investigate how the best cooperation can be shaped. We don't have the solution that we already know."*

So with these results, it can be concluded that this study cannot fully support the established hypothesis that a central governance mode leads to a lowering of the cost and increase of the benefits. This because of increasement of the costs, inefficiency and indirect time and lowering of the benefits faster help.

The different governance modes: Participant-Governed Networks, Lead Organization-Governed Networks and Networks Administration Organization Networks al have different characteristics on how to perform a network. In the current situation of the researched network the Participant-Governed Networks fits best to the results. There is a leading body that determines the route of the network consisting of different participants. It is the centralized form of the governance mode.

Figure 5

Governance mode results
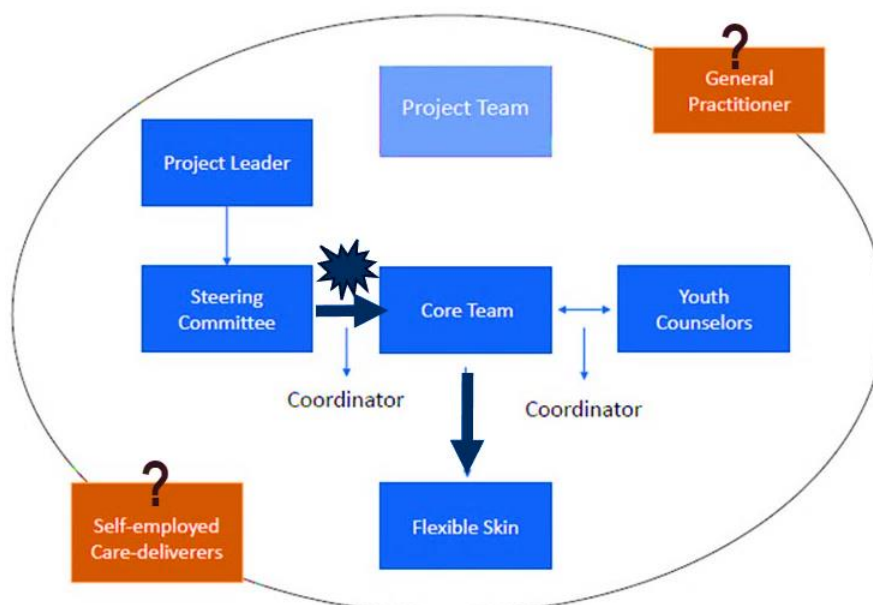
4.3 Process Quality

For the results of the process quality, the results for the indicators trust and consensus are given in this section.

<u>Trust and consensus</u>

For the process quality, two distinct factors have been formulated, which will be discussed below. The objective of the results is to ultimately make a statement regarding the two hypotheses that have been formulated H4 and H5.

Regarding trust, the majority of respondents indicate feeling trusted within the network and also trusting others. However, the data reveals four different reasons influencing the overall level of trust. For instance, a core team member and the coordinator mention that the current need for maintaining a shadow administration, where they need to fill in their hours as well for the organization they are working for and the network, it creates a sense of control from the steering committee over the rest of the network. This is due to the core team feeling the need to justify their actions. It can be observed here that the fixed structure and assigned tasks influence trust, resulting in increased costs as it is time-consuming and overall trust within the network is diminished. Additionally, it is noted that the introduction of new individuals necessitates rebuilding trust. A new member joining the network will need to establish a trusting relationship before fully integrating into the network. A third reason provided is the change in coordinators. At the time of processing the results of the thesis, a change in coordinator occurs between the steering committee and the core team. This change contributes to increasing trust between the steering committee and core team. Partly due to the departing coordinator indicating a lack of clarity regarding her role. Lastly, the experience of network members is identified as the final determinant of the trust level. According to two core team members and the coordinator, increased job experience results in higher levels of trust.

Consensus can be examined through two different aspects: the clarity of goals and the clarity of the means to achieve those goals For the level of consensus, the pilot of this network still has some work to do to get the goals clear for everyone. If these goals are clear the way to achieve these goals can be set by the steering committee. The core team mentions that they would like to have more clarity about the goals and know where the responsibilities are. At this moment, there is not much consensus which sometimes leads towards conflicts between the different bodies. This increases the inefficiency and indirect time as two dimensions of

costs. A better consensus leads towards faster help because the way which to get care towards the children is more clear.

Collectively, trust and consensus influence performance. The interviews reveal that trust, for example, can be "*decisive because if you don't trust each other, you won't make any progress,*" as indicated by a member of the steering committee. Additionally, a core team member mentions that trust can enhance network efficiency. This because of the collaboration between the different stakeholders that run more smoothly because of knowing each other. Concerning consensus, it is also mentioned that particularly among core team members and youth consultants, there was sometimes ambiguity regarding the precise roles of those individuals. Lack of complete agreement on goals resulted in certain matters being left unresolved, thereby increasing costs.

Based on the results, it can be stated that the fourth hypothesis that the higher the level of trust and consensus the higher the level of performance can be supported. The results also indicate that decisions made within the network lead to changes in the factors related to process quality. These changes in factors make collaboration more challenging and ultimately have an additional impact on the outcome variables. Therefore, it can be argued that hypothesis five is supported. Decisions made based on stability, complexity, and governance mode influence trust and consensus, ultimately affecting costs and benefits.

4.4 Additional findings

From the respondents, in addition to the answers to the various indicators, a number of areas for improvement for the network and additions to the indicators already mentioned emerged. Relevant additions are briefly explained below.

A steering committee member and the project leader both indicated that in addition to the indicators already mentioned, involvement is also very important within the network: *"The real time that they invest and that they put into this, yes, that that is just a crucial factor"* it becomes clear that in the steering committee not always everyone seems equally involved with the network. This, according to the steering committee member and project leader, sometimes makes it feel that there is not quite equal responsibility which can sometimes lead to some frustration.

A number of possible solutions are also mentioned from the respondents. Especially from the core team that the relationship between the core team and the steering committee could be improved so that it is more of one body instead of two different ones. One core team member

suggested that it would be better to have one or two core team members join the steering committee meetings. In addition, a steering committee member argues for even more integral working. This should now be more possible by having a space where the core team can work with each other and meet at a time during the week. A core team member adds that cooperation could be even better so that a common feeling is really created, which is sometimes lacking.

5. Discussion

The purpose of this study was to show how different indicators influence the performance of network collaboration inside the psychiatric youth care network. The study revealed several learnings that may be of interest to the network. According to the sub questions the general learnings of the research are discussed. After this the practical implications and the limitations of the research are discussed.

5.1 Insights gained from the research

Currently there are six organizations and the municipality involved in this network. Previous research on complexity have shown that *"shared-governance forms would seem most likely to be effective with fewer than six to eight organizations"* (Provan & Kenis, 2007). With this in mind and together with the results from this thesis the network at this moment is almost at its maximum for the complexity level. Yet this is difficult to say because the results also revealed that it is not clear to every member in the network where, for example, the grand practitioners and the self-employed belong in the network. This would make the network even more complex and thus less effective, according to the literature. The structure of the network is making sense and the different bodies are clear and the connection between the main bodies is made.

For the governance mode, it is interesting to see that a central governance mode does not necessarily lead to increasing benefits and decreasing costs. In this research it was mostly the opposite and it feels like inefficiency for this network that there is sometimes a sense of hierarchy and islands, especially experienced by the core team. The different modes of government discussed by Provan and Kenis (2007) show that this form of governance is a participant-governed network that is centralized. However this form of governance can also be used in a decentralized form where networks interact equally with each other. This would

lower the feeling of hierarchy but could have uncoordinated effects. Here it emerges that the role of a coordinator is very important and will have to be streamlined more than the current situation. Another finding is that the core team members find the centralization of the network difficult to deal with. This is a classic problem reflected in organization theory. Centralization can lead towards cost effectiveness in term of resources and have greater control. However, the downsides of it can be that employee expertise and knowledge are under-utilized and the decision making process can cost a lot of time. Greater individual autonomy and decentralization can lead towards greater, flexibility, innovation, creativity and motivation (Cunliffe, 2008).

Another finding for the governance mode is that part of the network, especially the core team finds the structure hierarchical. From the perspective of bureaucracy, hierarchy is a classic characteristic for a good reason. It ensures accountability and responsibility (Cunliffe, 2008). However it can create problems to as it can be seen in this research. In the healthcare sector, it can have an impact affecting the staff morale and can lead towards individuals being blamed rather than encouraging a collectively responsible mentality. The stakeholders that feel the pressure of the hierarchical structure may have the feeling they lack in professionalism that may lead towards bad patient outcomes (Lesser et al., 2010). Flat structures are having a more positive impact on health organization compared to traditional hierarchy. For a blame-free culture, the staff need to be valued and seen as equals, being taken seriously. A flatter structure enables a culture to raise and have concerns heared (Fernandopulle, 2021). A flatter structure in this research can be done by instituting a good coordinator who ensures that there is a good interaction between the various organs that thereby respect each other. In addition, the choice can also be made to involve each other during the separate meetings of the various bodies by, for example, having two people from the core team participate in the steering committee meeting so that a more cohesive feeling is created.

For the stability of the network, we could see that the network structure has been found stable according to the respondents. However, for the stakeholders inside the network this is completely different. Low stability in the core team indicates several changes of people. The coordinator role is also changing at the time of the survey. This causes the network to perform less efficient because the costs becomes higher and the benefits diminish. For instance, more time is needed for meetings, it leads to a vicious circle. Where in the short term, the network in particular is not going to perform better because there is constant change. For the network it

could be interesting to take into account the dynamic capabilities of the network. The challenges and difficulties that the network occurs to have can be solved with quick responses to ensure that the network keeps working well (Loureiro et al., 2021).

Another striking learning is that in the results, the coordinator indicates that disruption can cause some upheaval within the network and can bring about change. Other research shows that changing the level of stress that usually emerges with change can indeed lead to stimulation of innovativeness among staff. However, there are also many studies that indicate that too much change and stress then again leads to negative outcomes. (Albort-Morant et al., 2020) So any good balance of change could indeed lead to more innovativeness within the network.

For the process quality there has been taken a look at two different indicators: Trust and consensus. The level of trust in the results is found important by the respondents. However, the core team sometimes feels a bit controlled and has the feeling of not being trusted at all time. Trust cannot just be a collection of connections inside a network. It must also be profound. To create a trustworthy network links must be strong. Therefore, trust is an important indicator for the network (Provan & Kenis, 2007). The level of trust can still be increased to have a higher process quality. For the level of consensus, the results show that there is still quite a lot of conflict and ambiguity about goals and how to achieve them. Although conflict may be a catalyst for creativity, the prevailing assumption has been that agreement on goals allows organisational actors to work better than when they have a lot of conflicts. Since network members must be sensitive to the aims of both their network and their employing organisation, this can make it hard to find consensus inside the network (Provan & Kenis, 2007). From this theory, it becomes clear that this can still be worked on within the network to eventually achieve a higher level of process quality. According to the results, an increase in process quality ensures that the process to be gone through to deliver care within the network, can be delivered better because it is possible to respond to each other better.

In this research there can be concluded that the different hypothesis about complexity, stability, trust and consensus can be supported. Only the governance mode has a different outcome. For the performance, the benefits and costs have been looked at. For the costs, most of the results came back to inefficiency. And the core team has to do a lot of administrative work that corresponds with red tape in the literature. *Stakeholder red tape is: Organizational rules, regulations, and procedures that remain in force and entail a compliance burden, but*

serve no objective valued by a given stakeholder group (Bozeman, 2012)." The redtape that is created for the employees is an interesting learning because by the core team it is not clear why they have to keep so much data in a duplicate system. At the steering committee, however, this is clear because there is a pilot phase where it can be of value to see how many hours are spent by stakeholders to build on this. So in this, you can see that the core team's sense of inefficiency actually stems from lack of clarity. Emerging from the structure and trust within the network. In terms of benefits, we see in particular that network aims to provide cheaper care, deliver faster care and make use of disciplinarity. At the moment, a difference can still be seen between the theory and practice of pursuing these benefits.

Other research on network performance and the perception of success show indicators that can be compared with this research. For example member diversity, the achievement of outcomes, resource contribution, agreement on goals and perception of trust are indicators in the studie that can give a good indication for the level of performance (Varda & Retrum, 2015). The study of Lucidarme et al. (2016) also uses different indicators on measuring effectiveness inside a health promotion network. According to their research, environment, structure and management influence effectiveness. These two studies compared with this study show that the theoretical framework in this current study mostly combines the two studies. Where structure is an indicator in this thesis, it is also mentioned in the research of Lucidarme et al. (2016) and member diversity is a key indicator in the first research from Varda and Retrum, (2015). Trust and consensus in this research is also mentioned in the research of Varda & Retrum (2015) and could be find in the environment of the study of Lucidarme et al. (2016).

5.2 Practical implications

From the results and discussion, several practical implications can be drawn up that the network and other healthcare network can use to increase performance. For the structure of the network, a practical implication may be to work more collaboratively. This could be done, for example, by attending a meeting together or organising a moment with the whole network to talk about where everyone stands with each other in a kind of conference format. In addition, for structure, the role of the coordinator between steering committee and core team is important to have the responsibilities well aligned, for the coordinator this means that both voices need to be heard and that there is enough contact between the two bodies.

Another implication is that it is important to know who is involved inside the network and to

connect with al different stakeholders. to check who all are actually involved in the network. Here, it may be good to take stock of what is expected of each in order to have aligned expectations and thus consensus which ultimately leads towards a common known culture.

A practical implication for the network is the writing of official documents, policy instruments where the goals and responsibilities for each group and the network as a whole are set. Finally, a practical implication is to make it well clear why various things that are administratively burdensome for stakeholders need to be tracked. Evaluations are held on whether those administrative actions are still needed. This can ensure that there is more understanding and it feels less burdensome and ensures increased trust among stakeholders between different bodies.

Other networks inside the psychiatric youth care sector could be able to use the findings and model from this research to improve there own network. The indicators can show other networks how to adapt the network to get a higher level of performance.

5.3 Limitations of the research

This research has several limitations. Firstly, due to time constraints, only individuals from the core team, steering committee, and coordinator were interviewed. This means that not all stakeholders, such as youth consultants, were heard, which may result in a distorted view of the findings. Furthermore, it is a single case study, which means there is no comparative material, leading to lower validity and reliability compared to a study that compares different networks. Therefore, these results cannot be generalized to the entire sector. Additionally, the network is still in a pilot phase, which is both interesting because the network can benefit from the results, but also limiting because they are not fully developed in terms of various policy instruments, and there was not enough time to document everything. They are still in the process of growth and development in this regard. Lastly, the indicators that test the level of performance were limited, because of the chosen framework.

5.4 Future Research

For future research it would be first interesting to examine which other indicators can be used to increase the level of performance, for the networks in the Dutch psychiatric youth sector. These other indicators may also influence the performance, such as the level of engagement mentioned by one of the respondents or the member diversity mentioned in the discussion section. Secondly, future research could also see how other stakeholders could be involved for example schools or other social spaces where children most of the time live in, this could

change the perception of getting help more easily for children. Lastly, testing the framework on multiple interorganizational networks in the sector could increase the validity and quality of the implementation of the framework and in the end could be used as a valid tool to know how to increase performance.

6. Conclusion

The core question of this thesis is " "How do the structural factors influence the performance of an inter-organizational network inside the psychiatric youth care sector and how is this mediated by the process quality?". The theory showed that a lot of research has already been there on network governance in the health care sector in general in countries around the world. However, this research adds to the theory by looking at a network in the specific context of psychiatric youth care sector in the Netherlands. This research illustrated how a theoretical framework used for network performance in Norway can also be used for the network on psychiatric youth care, and show which indicators influence this performance.

The most relevant outcomes, derived from the literature and confirmed through the case study, is that the stability, complexity and governance mode through trust and consensus has an influence on the costs and benefits of a network and thus say something about the performance level of the research. In this research, different hypothesis are tested, for complexity, stability, trust & consensus the different hypothesis (H1, H2, H4 and H5) are supported by the results. The higher the level of complexity, the lower the level of benefits, and the higher the costs. For stability this is the other way around. For trust and consensus, the results showed that they are mediators between the structure and the costs and benefits. And they are highly important for a good level of performance. For the governance mode, we could say that in this case study a more central governance style is leading towards increasement of costs and lowering of the benefits. These were not in line with the set hypothesis (H3).

In the end, this research showed that the theoretical framework can help the network with practical implications to increase the level of performance which in the end leads towards a cheaper process, multidisciplinary on the different cases, and faster help which in the end lead towards lower waiting times for children that need psychological help in the Netherlands.

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Appendix

Appendix A. Interview Guide

Category	Question
Outcome factors	
General performance	- How do you think this network performs?
Benefits	- What in your opinion are the benefits inside the network?
	- How does the network influence the service outcome?
Costs	- What are the costs of the network?
	- What time do you spend on coordination inside the network?
Process Quality	
Trust	- Do you feel trusted by the other members inside the network?-
	- Do you trust others inside the network, and so not why is that the case?
	- What is the influence of trust on the network performance?
Consensus	- Do you share the same goals inside the network?
	- Do you agree on ways how to achieve these goals?
	- Are there often conflicts inside the network?
Structure	
Governance form	- How are guidelines and rules about the network made inside the network?
	- Is the organisational structure clear to you and how does it affect the implementation of the network?
	- How does the governance form affect the network?
Complexity	- On a scale of 0 to 10 how complicated do you find the structure of the network?
	- Why do you give it this score?

- According to you, how many participants are involved inside the network?
- Do the lines of decision making process feel complex, please explain?
- How does complexity influence the network performance?

Stability	- On a scale of 0 to 10 how stable do you find the structure of the network?
	- Why do you give it this score?
	- How long are you involved inside the network?
	- How stable are the other participants inside the network, do they switch often?
	- How does stability influence the network performance?

Appendix B. Coding Scheme

Aggregate Dimensions	2nd Order Themes	1st Order Concepts/Quotations
Benefits	Cheaper	"Yes, of course it should be cost-effective, that's the goal."
	Faster Help	'That families can generally be helped more quickly"
	Multidisciplinary	"Multidisciplinary, say to discuss such a request for help that it becomes clear more quickly what the most suitable help is for that family."
	Shortcuts	"Yes, the advantages are that we have very short lines of communication in finding each other."
	Targeted Care	"You can use more targeted care, and sometimes also across institutions."
Complexity	Level of Complexity	High Level of Complexity : "I think it does score high, also because it's a pilot and also because people are leaving, and therefore searching a bit."
		Low Level of Complexity "He's complicated but I don't think he's super complicated. If I ever compare it to other networks, so I'm more on a four.
	Influence on Performance Network	"The more complex it is, the more consultation time you spend getting clear: who is talking about this? Or what can I decide? That's a shame about the effectiveness and efficiency."
	Reasons	"It feels complex because they're two of those separate worlds. You have the whole thing and then the steering committee and then the core team."
Consensus	The Goals	"Yes, certainly, there are three and we have now added a fourth. This is about more quality of youth services, that is about better cooperation between care providers and also the municipality. So between partners. This is about saving financial costs, so that youth care can also be sustainably sustainable in the long term. And the fourth thing we've added to that is that we feel we need to normalize both on the side of the youth, of the family, eh, so what goes with a normal development of a youth? And what requires extra youth care, but also on the side of society. Huh, how can we normalize the performance society and what debate is needed for that? So those are the four goals."
	Reach Goal	Detail Problems: "But what it looks like in detail is not entirely clear about that"
		Communication: "In the core team, of course, the implementation was discussed a lot more about the abstract level in the steering committee, but the translation to each other was not shared."
		Different Interests: "Yes, but that's also at some point looking for the lowest common dominator always everything from really a conviction of. We are 100% in agreement on all

		points. You don't get that. So it's also about getting consensus with as large a group as possible."
	Set Goals	Communication: "For example, as a vision, but for a long time they have never really discussed with each other what they actually, our vision, also from the core team say what do we want to strive for? And I think that was partly because the steering committee was actually just putting forward things that we kind of had to stick to."
		Different Interests: "Hey, so we really think: but we have talked about this with each other and we have meant it that way and then it turns out that there are different images behind it."
	Influence on Performance	"Yes, in how the network works, I think that's really a basic condition, that that trust, that that's good, so I still see development in that, development opportunities to be in that, yes, I think that has a lot to do with the fact that it has to be clear. Common vision, common goals
Costs	Administrative Burden	"You just see that the network now has to make a lot of investments in keeping track of all kinds of things that, if the pilot is successful right away and we agree with each other this is the way we're going to do it, you know, then those actions are no longer necessary, and they are."
	Financial Costs	"Time to invest and innovate is time that is not billable and therefore does not cost or generate revenue for the network partners."
	Indirect Time	"A lot of network members are also used for other tasks, so to speak, which takes a lot of time, for example the multidisciplinary consultation."
	Inefficient	"Well, that's extremely time-consuming and confusing, often because someone always thinks something."
	Practical Flow	"yes, you don't know how it's going to be picked up either. But also, for example, pick up the case myself, then I pick it up and then I speak to it with my own remedial teacher from my own organization and then it actually disappears into your organization. While it actually continues in the old way, so a lot with others how that goes."
	Stratification	"One downside is that when you talk about a network collaboration you have a different layering(…….)So that larger network also functions, yes, not quite as you would like it or as you theoretically envision it as a small mini network within it. It's theory and practice. There are two different things in the network.
	Transfer between network	"But to bring it into your own organization, to include your own colleagues in it is sometimes quite difficult if you are not involved in the core team, so to get it further into the organization."

	and own organization	
	Unclarity	"Yes, there have been a few times someone has left the youth services team, for different reasons. I mean that happens in all organizations, but that's where you notice and also, well, me myself as coordinator, who leaves and the new coordinator comes back for it. So you can see that that sometimes causes a bit of a commotion and in particular that there is sometimes some uncertainty about yes, where do we all want to go."
Governance Mode	Centralized	"Actually, the municipality, say that one, is the client, so that is, say, guiding and then there is still the steering committee and the steering committee in between, yes, it actually has a somewhat controlling function. But then it's about numbers, I think, and about crystallizing what kind of vision is there?"
	Decentralized	"Yes, I find that difficult to say about the steering committee, but of course they have a certain interest, so they have a vision. It has to be shorter, faster, cheaper. I think that's what they mainly press on and from the youth consultant who looks at it, it's very much like. So and sometimes they see that decision tree and think: what should I do? Or it doesn't make sense at all. So they are steering a lot more on that piece and the core team members actually on that piece as well. So the core team members and the youth consultant at practice and the steering committee and then at a slightly different level. Of course, because there are of course other interests and steering committee more real on the costs."
	Clear	"I think it's clear on the structure itself. Still pretty flat, huh, we don't have a whole lot. We have a steering committee and a core team, there is a project leader on it. That now becomes person x round, that was person y."
	Unclear	"I think it's clear on the structure itself. Still pretty flat, huh, we don't have a whole lot. We have a steering committee and a core team, there is a project leader on it. That now becomes person x round, that was person y."
	Influence on Performance	"Over the past year, that has been crippling and I hope that will improve in the near future, with a new coordinator."
Additional Remarks	Other Variables	"I think it's a really nice pilot, you can still incorporate that into it. A very nice pilot to take care of the clients from the municipality as locally as possible and as quickly as possible and as short as possible. And yes, I really see that, the entire youth care system was a good assignment for all of us, because of course we have to do something with that system and that is why I think it is a very nice pilot and also nice that municipality x devotes so much time and effort to this."
	Problem Solving	"And I think that's missing from the steering committee that there are substantive people involved. So my proposal has been for some time that there are two people or one person or rejected or I don't care, but take a seat on the steering

		committee so that it can be done better, that translation up and down."
Stability	Influence on Performance	"Well, that's definitely a connection, because we have to reinvent the wheel again and again when there are all new people in the team. If you have to get to know each other again, you have to understand what. Where is your expertise?"
	High Level of Stability	"I think, when I look in the steering committee, that almost all colleagues have been there since the start, so I think the steering committee is very stable."
	Low level of Stability	"yes, well, I think we've certainly been growing closer and clearing up more recently. So let's just say, if you had asked me a month, two months ago, I would have said two or a three, but I'm starting to feel a little more confident that that's going to take shape. So I would sit on a five now.
	Reasons for Level of Stability	"An important factor, which has already been realized at least on Tuesday, in their own space where they can meet, where they can work and possibly have conversations. That ensures that people meet each other."
Trust	Reasons for Level of Trust	Change of seats: "Another example, that he had to get off that chair and that a behavioral scientist had to sit on that chair, while he was pretty good in the group. I think the collaboration was nice, good and familiar."
		Control: "But what also jumps out at me a little bit is that we have to keep track of hours now, let's say we've been doing that for a while and I notice that with all the core team members, sometimes there is a bit of, well, a kind of control, that something has to justify actually in that respect."
		Role inside Network: "yes, because I feel like people are, uh, because I see the steering committee once a month, huh, because then I'm talking very specifically about the steering committee, I think I'm able to include the steering committee members in the agenda that we have at that time, and that those are also the right topics that we have, that we need to discuss and that, yes, I do feel like people are getting carried away in that story."
		Coordinator: "As a coordinator, I noticed that it was actually not completely clear to me from the start what is expected. Coordinator, what is expected that you are actually above all parties and above all have a connecting role. But on the other hand, that role is also fulfilled by the municipality. So there, yes, there was some friction there for me."
		Experience: "yes, well, I think I have the most experience. I work at organization x is of course that you notice that there is a lot of expertise there and that I therefore also have, so that a lot of confidence is expressed in me. And I'm also a systems therapist, say all those cases that come in, they of

		course have to be systemic, you have to approach them systemically, the whole family has to be taken and that's where I think the most, I have the most expertise. That sounds a bit crazy, but it is, I think it's true."
	Do The Others Trust You	"Well, I think whoever is viceversa, we trust as people. Everyone makes that statement to each other. So I dare to say to the municipality that yes, you only do one thing, save costs and the municipality also say it to us. So in that respect, we are relatively transparent with each other."
	Do You Trust The Others	"I think I have a lot of confidence from them. Yes."