



Network organisation : the impact of dominant paradigms ?

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Purpose

- Influence of the paradigms* structuring the two networks which aim to prevent language difficulties in children from vulnerable backgrounds
 - The two networks exist within the dynamics of the *Plan Régional de la Santé des Enfants et des Jeunes (PRSJ)* (Regional Health Plan for Children and Young People) in the Provence-Alpes-Cotes d'Azur (PACA) region in France.
 - This assessment was sought in 2005 to define the conditions for making these networks permanent

* According to Kuhn



Cases

- Clinical network : detection (large area), cases classification, from speech therapist to neurologist
- Support network : local work, local actors implications, close/comprehensive/global care



Method

- Semi-structured interviews with the key actors in these networks (n=32).
- Actors : different roles within the networks: funders, co-ordinators, field workers and beneficiaries
- Comparisons between the two networks focussed on several criteria :
 - depiction of work in the network
 - actors
 - geographical spread
 - synchronies
 - network objectives
 - structure, effects
 - the role of beneficiaries
 - long-term conditions
 - overlap with existing networks



Results

	Clinical network	Support network
Depiction of work in the network	<i>Public health, equity, ressources, national stakeholders, to be cured to be a citizen</i>	<i>Health community, very fine enviromental diagnostic, to be a citizen in the cure</i>
Actors	<i>Mainly medical (lack social workers) Work with</i>	<i>Balanced social, school (lack GP), Work together</i>
Geographical spread	<i>Spread, large, base on physical geography (dale)</i>	<i>Focus, Local, neighbourhood</i>
Synchronies Network	<i>Hard to manage between time of cure and time to manage Need fast intervention before its too late</i>	<i>Adequation between professionnall and everyday live time, Longtime work with the population, life-span development</i>
Objectives Structure	<i>To prevent and to cure, To give all the population an access to high quality services</i>	<i>To care, To cure, To learn « how deal with » in such social context</i>
Effects the role of beneficiaries	<i>Population as object in a detecting/curing process</i>	<i>Population as object, but too as partner</i>
Long-term conditions and overlap with existing networks	<i>Lack implication of existing networks</i>	<i>Good work with existing networks</i>
Paradigm speech trouble as	Neurological	Socio-cognitive



Conclusion

A. The leadership of certain actors, sometimes initiating action, had an influence on the 'networks rationale' for action

- one was established as a *test network* and the other as a *support network*
 - **Test network main paradigm :**
 - neurological/biological definition of speech trouble
 - Classical epidemiology
 - **Support network main paradigm :**
 - socio cognitive - constructionist definition of speech trouble
 - Comprehensive epidemiology

- become "implicitly" influenced by one "rationale for action"

B. 'Networks rationale' are never (?) an object of process evaluation vs impact, efficiency, efficacy

- influence the quality and the efficiency of the networks: detecting children, relations between institutions, organisation of care, professional training

- don't manage with the social context (risk of stigmatisation, restrictions on the offer of services, lack of centre of reference ...)



■ Thanks for your attention

Bibliography

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