

Factors affecting interorganizational learning networks in youth care services: What do we know and what are the research gaps?

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ABSTRACT

Background: Children with behavioral and psychological problems and their families often need integrated care involving innovative methods such as Signs of safety and Wrap-around care. The implementation of these methods depends on interdisciplinary collaboration and the capacity to learn and innovate by the professionals concerned, often participating in interorganizational learning networks. The aim of this scoping review is to provide an overview of the characteristics of learning organizations that affect the learning and innovative performance of interorganizational networks in youth care services.

Method: We used the databases Scopus, PsycInfo and PubMed. We included 24 of the 166 papers that emerged from our literature search. We subsequently used the High-Performance Organizations framework and its characteristics (organization design, strategy, process, technology, leadership, individuals and roles, culture, and external orientation) as a basis for analyzing the literature.

Results: The reviewed papers often stressed the importance of leadership, communication and culture for learning networks, but were less specific about the practical implementation of these factors. We also found less emphasis in the literature on the conditions required to organize learning networks, in particular the external orientation of networks and the use of technology.

Conclusion: The literature on factors that affect the learning and innovation potential of learning networks in youth care services is sparse. It focuses on common learning features and less on organizational conditions. There should be a particular emphasis on establishing competent workforces with excellent skills in the areas of cross-organizational collaboration and the use of technology. We advise more research into the impact of networks on the outcomes of youth care services.

1. Introduction

Children with complex psychosocial problems have a greater need for health services than the average child because their chronic physical, developmental, behavioral or emotional conditions interact and enhance their vulnerability (Pannebakker, et al., 2018). Typically, these children are multi-users of psychosocial care such as preventive child health care, youth welfare, mental health and juvenile services (Tausendfreund et al., 2016). Their family members often also need support from community support systems, for example in the areas of housing and finances. The challenge of organizing such a mix of services requires an integrated care approach that puts the child and the family in the center (Cohen et al., 2011; Halfon et al., 2014). Children with complex problems can benefit from integrated care methods, such as Signs of Safety and Wrap-Around Care, but the implementation of these methods have proven to be a challenge (Bruns et al., 2015; Schurer Coldiron et al., 2017; Salveron et al., 2015). Improving the performance of youth care services as mutually-dependent organizations, with a focus on interdisciplinary collaboration, the learning attitude of professionals

and the learning capacity of organizations, represents a challenge.

In response, youth care services have established interorganizational learning networks. Networks of this kind are often established in order to improve collaboration between organizations and the learning capacity of professionals, while developing and implementing innovations (Salveron et al., 2015; Bruns et al., 1995). Learning networks typically involve practitioners of different youth care services, and also scientists, policymakers and clients (Reay, 2010; Lave & Wenger, 1991). Learning networks are also known as learning communities or interorganizational communities of practice (Wenger, 1998). Interorganizational learning networks can be seen as learning organizations: organizations that are open to new ideas and learning from experience (Coulshed and Mulender, 2006; McPheat and Butler, 2014).

Current learning-organization models fail to describe the conditions in which learning organizations can flourish (Lave and Wenger, 1991; Wenger, 1998; Lam, 2000; Senninger, 2000). De Waal's comprehensive framework of High-Performance Organizations (HPO) integrates the concept of a learning organization with these organizational conditions for interdisciplinary collaboration (De Waal, 2007, 2018; De Waal,

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2010a). HPO includes similar factors from learning organization models that affect an organization's learning performance, being leadership, culture, organization, processes, and characteristics of individuals and roles. It combines these factors with organizational conditions such as organizational design, strategy, external orientation and technology characteristics. These conditions are generally applicable for an organization's success. A learning network, as a network of collaborating organizations, can be seen as an organization in itself. Moreover, a learning network has a major learning and innovation aspiration, challenging its high organizational performance. Therefore, the HPO framework is a promising model to study both the learning aspects and the organizational conditions of learning networks. De Waal concluded that the following success factors are important for high-performance organizations in the public sector: high-quality management and workforce, and the long-term commitment of employees, clients and society at large. These factors make it possible to learn what clients need, and they facilitate an open and action-oriented culture, as well as a culture of continuous improvement and renewal (De Waal, 2010b; De Waal, 2017).

Little is known about the complexity of learning networks when several organizations or organizational entities with distinct management layers in youth care are involved. Networks of this kind are often established in order to develop and implement new innovations like Signs of Safety and Wrap-Around Care in youth care (Salveron et al., 2015; Bruns et al., 1995). We lack a clear picture of the factors that affect the potential of learning networks in youth care in high income countries. We were particularly interested in facilitators and barriers of the performance of networks, i.e. their innovative and learning capacity, that strives for change and improvement in youth care services. The aim of this scoping review is to provide an overview of the characteristics that affect the innovative and learning capacity of interorganizational networks in youth care services, using the HPO-framework. We look at the following research questions: what characteristics can we find in the literature that affect the learning and innovative capacity of interorganizational learning networks in youth care services? What are the research gaps?

2. Methods

We used the scoping review method to identify key factors in the literature that were related to successful interorganizational learning networks in youth care and to identify the gaps in the knowledge base. Using this method allowed us to determine the scope of the body of literature on learning networks and communities of practice, and to establish an overview of the focus of the literature (Arksey and O'Malley, 2005; Munn et al., 2018). It also helped us to formulate more specific questions for further research in a field that has not yet been extensively examined. The literature review did not require medical ethical approval under the Dutch Medical Research Involving Human Subjects Act.

2.1. Search strategy

We adopted a broad search strategy that included a literature search, the hand-searching of reference lists from the literature, and information from Dutch experts in our child health care network (Arksey and O'Malley, 2005). We searched in abstract and citation databases of peer-reviewed literature – Scopus, PsycInfo and PubMed – and included only articles and reviews from scientific journals. Inclusion criteria were (a) primary focus on child and youth care; (b) Western-oriented literature; (c) written in English; (d) publication date from 1999 to 2020. All types of child and youth care, scientific journals and study designs reported on were eligible for inclusion. The following keywords were used:

1. communities of practice OR communities of learning OR learning organiz(s)ation OR organiz(s)ational learning OR organiz(s)ational

network OR collective learning OR learning network OR interorganizational network OR organiz(s)ational network

2. AND youth OR child* OR youth care OR family care OR youth welfare OR juvenile service OR child service OR children's aid OR mental health OR well child clinic OR preventive child health care
3. AND innovation OR barriers OR enablers OR facilitators

2.2. Study selection

This search yielded 166 titles (see the flowchart of study selection and inclusion in Fig. 2). The abstracts of the 166 papers were screened by the two authors and one assistant working independently and classified on the basis of characteristics in the realm of 1) content, i.e. children and youth as target group, dealing with youth care, network of organizations, learning organization and facilitators and barriers described, 2) design, i.e. type of evidence and theoretical model used. When researchers agreed that a paper was suitable for further analysis, the paper was included. We excluded papers which did not meet the inclusion criteria. Excluded were papers that did not cover youth care, youth care services or focused on early childhood education alone. Although our focus was on papers about networks of organizations, we included papers on large organizations comprising systems of hierarchically linked units working together, after reading the full papers in this study selection phase. Although this category does not strictly involve networks of hierarchically independent organizations, they met our review's objective since they also can be seen as real learning organizations with clear, dependent and distinct entities that can be described as a network of subsystems. In total 37 eligible papers were selected on the basis of the abstracts. After reading these papers in full, thirteen papers were deleted because they eventually did not fully meet the inclusion criteria. This left us with 24 papers to be summarized.

2.3. Charting and collating the data

The High-Performance Organizations (HPO) framework was used as analytic scheme to structure the factors and concepts found in the included papers (see Fig. 1) (De Waal, 2007; De Waal, 2010a). HPO was developed on the basis of a descriptive review of 290 studies of excellence and high performance, and a worldwide survey (De Waal, 2007; De Waal, 2010a). Although it originated in the profit sector, the HPO framework has also been applied successfully in the public sector, for example in social and rehabilitation care. The HPO framework includes the following eight of HPO characteristics: organization design, strategy, process, technology, leadership, individuals and roles, cultures, and external orientation (De Waal, 2007; De Waal, 2010a). These characteristics were subdivided into numerous components.

The characteristics and its components from the HPO framework, as referred to in Fig. 1, were used to code and summarize the texts of the original papers. In categorizing the selected papers, we primarily used a deductive approach on the basis of a coding scheme with all HPO characteristics and components. The HPO components were assigned as key words to passages of the papers and the passages were collated in separate documents per HPO characteristic and component. We summarized the papers' contents per component. Next, we analyzed which components were mentioned the most and least frequently in the selected papers. We then qualitatively assessed the type of information mentioned and what information was lacking through identifying the areas which were less well addressed. We finally identified the research gaps and summarized them. In conclusion, we used each HPO characteristic and component to classify the descriptions as found in the selected papers in a data-driven process designed to meet the objective of this review, i.e., identifying characteristics from the HPO model that affect interdisciplinary collaboration and the learning and innovative capacity of networks in youth care services.

<i>External orientation</i>	E1) Continuously strive to enhance customer value creation. E2) Maintain good and long-term relationships with all stakeholders. E3) Monitor the environment consequently and respond adequately. E4) Choose to compete and compare with the best in the market place. E5) Grow through partnerships and be part of a value creating network. E6) Only enter new business that complement the company's strengths.	<i>Leadership</i>	L1) Maintain and strengthen trust relationships with people on all levels. L2) Live with integrity and lead by example. L3) Apply decisive action-focused decision-making. L4) Coach and facilitate. L5) Stretch yourselves and your people. L6) Develop effective, focused and strong leadership. L7) Allow experiments and mistakes.	<i>Culture</i>	C1) Empower people and give them freedom to decide and act. C2) Establish strong and meaningful core values. C3) Develop and maintain a performance-driven culture. C4) Create a culture of transparency, openness and trust. C5) Create a shared identity and a sense of community.
<i>Technology</i>	T1) Implement flexible ICT-systems throughout the organization. T2) Apply user-friendly ICT-tools to increase usage.		L8) Inspire the people to accomplish extraordinary results. L9) Grow leaders from within. L10) Stimulate change and improvement.	<i>Strategy</i>	S1) Define a strong vision that excites and challenges. S2) Balance long-term focus and short-term focus.. S3) Set clear, ambitious, measurable and achievable goals. S4) Create clarity and a common understanding of the organization's direction and strategy. S5) Adopt the strategy that will set the company apart. S6) Align strategy, goals, and objectives with the demands of the external environment and build robust, resilient and adaptive plans to achieve these.
<i>Process</i>	P1) Design a good and fair reward and incentive structure. P2) Continuously innovate products, processes and services. P3) Continuously simplify and improve all the organization's processes. P4) Create highly interactive internal communication. P5) Measure what matters. P6) Report to everyone financial and non-financial information needed to drive improvement. P7) Strive for continuous process optimization. P8) Strive to be a best practice organization. P9) Deploy resources effectively.		L11) Assemble a diverse and complementary management team and workforce. L12) Be committed to the organization for the long haul. L13) Be confidently humble. L14) Hold people responsible for results and be decisive about nonperformers.	<i>Individuals & Roles</i>	I1) Create a learning organization I2) Attract exceptional people with a can-do attitude who fit the culture. I3) Engage and involve the workforce. I4) Create a safe and secure workplace. I5) Master the core competencies and be an innovator in them. I6) Develop people to be resilient and flexible. I7) Align employee behaviour and values with company values and direction.
		<i>Organizational design</i>	D1) Stimulate cross-functional and cross-organizational collaboration. D2) Simplify and flatten the organization by reducing boundaries and barriers between and around units. D3) Foster organization-wide sharing of information, knowledge and best practices. D4) Constantly realign the business with changing internal and external circumstances.		

Fig. 1. The characteristics (italics) of High-Performance Organizations and their components (E1-I7) (De Waal, 2007; De Waal, 2010a).

3. Results

3.1. Characteristics of included papers

We included 24 out of the 166 papers that emerged from our literature search. The consultation of experts didn't lead to the inclusion of relevant additional articles. Tables 1 and 2 show the organizational characteristics and methodological characteristics of the included papers. The included articles addressed all types of care within the section of psychosocial care. Most studies targeted interorganizational networks of multiple organizations (IN). Seven researched multidisciplinary networks of hierarchically linked units in one organization (MN). The MN type networks were 1. learning organizations connected in broader programs, such as Strengthening Families (Douglass and Klerman, 2012) and Signs of Safety (Salveron et al, 2015), 2. child service agencies part of a state-wide organization (McPheat and Butler 2014) (Salveron et al 2015) (Julien-Chinn & Lietz (2019) or 3. interdisciplinary professional groups and teams, part of a broader organization as a dynamic system (Birleson, 1999) (Maynard, 2010) (Stocker et al, 2016). The IN type of organizations were varying kinds of youth care services participating in learning networks of multiple organizations. The papers describing these MN and IN type of networks have the learning organizational model in common.

We included five case studies, another five papers discussing literature combined with experiential information of the authors and fourteen studies using empirical methods such as interviews and surveys. We did not find systematic reviews. All papers used a conceptual framework to guide the research, among which learning organization theories developed by Garvin, Senge and Wenger. A minority of studies used implementation-driven frameworks as developed by Rogers (2003) and Fixsen et al. (2005).

3.2. Factors impacting learning and innovation in learning networks

We will now present the factors that determine the learning and innovative capacity of interorganizational networks in youth care in line with the characteristics of High-Performance Organizations (HPO) (See Fig. 1). The HPO characteristics related to the common learning aspects of networks will be discussed first. We will then turn to the HPO characteristics related to the organizational conditions for optimal care provision in the learning networks. We will present the most frequently mentioned HPO components in the studied papers for each HPO characteristic. In Fig. 3 an overview is given of what HPO characteristics were dealt with in the selected papers.

3.3. Learning aspects of networks

The reviewed papers discuss HPO characteristics that typically coincide with the theory of learning organizations (Coulshed and Mulender, 2006; MCPheat and Butler, 2014): *Leadership*, *Process*, *Culture*, and *Individuals and roles*. The selected papers devote ample attention to *Leadership characteristics* and often discuss the components *Develop effective leadership* (L6) and *Maintain trust relationships* (L1). Effective leaders have a role in changes of culture, professional behaviours, service design and processes of organizations (Noyes et al., 2014; Carstens et al., 2009; Jones et al., 2019). They act as trusted role models in practice and, as such, they are accelerators of knowledge updating and the introduction of innovations (Salveron et al., 2015; Shaikh, Romano, & Paterniti, 2015; Stocker et al., 2016).

Many papers mention *Internal communication* (P4) as an important HPO *Process* component that requires attention in learning networks. The literature discusses the importance of informing practitioners about the advantages of learning organizations and innovations developed in those organizations. Active feedback about implementation progress to

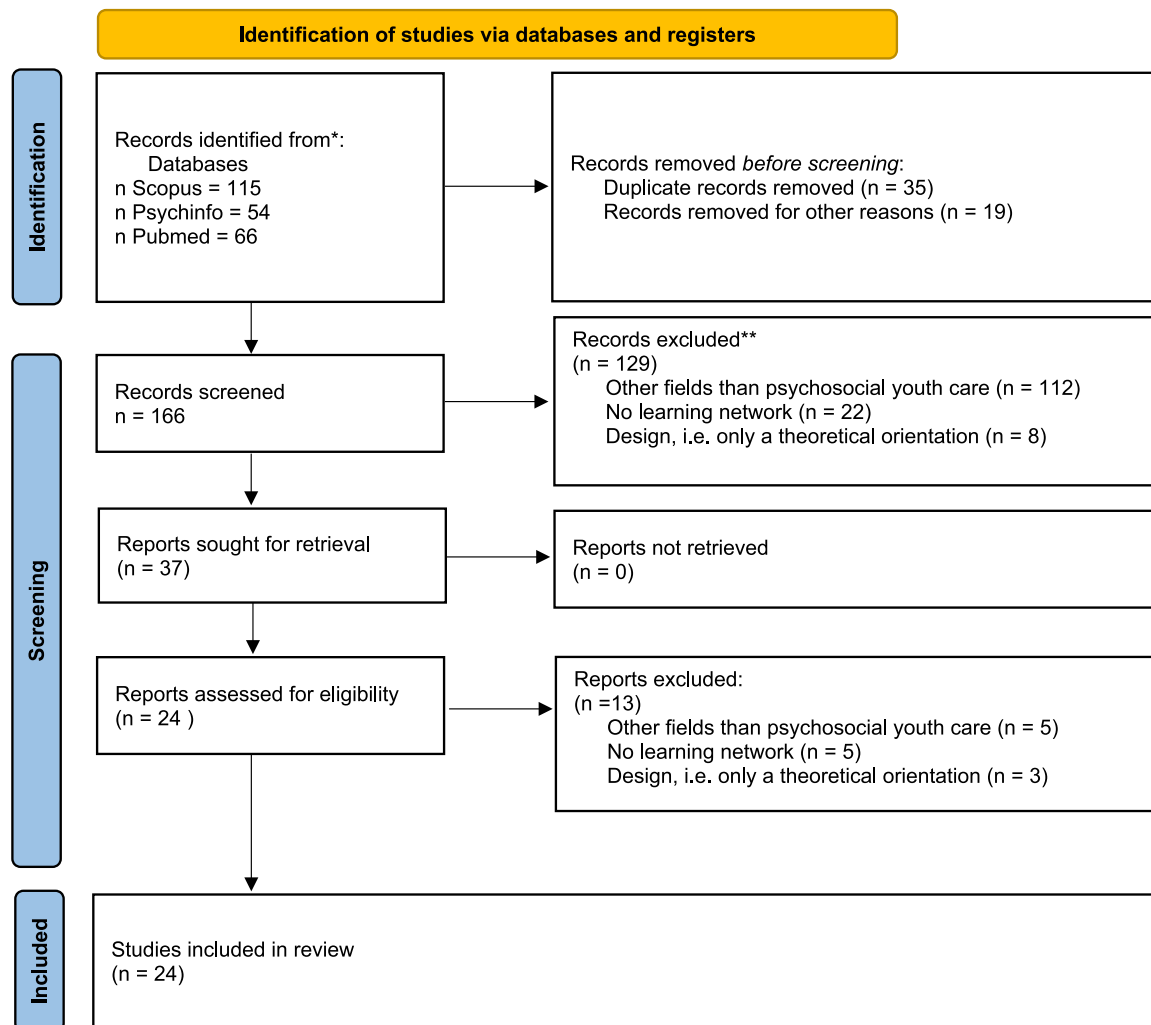


Fig. 2. Flowchart of study selection and inclusion.

further the transfer of innovation into practice using supportive methods such as reflective supervision is mentioned several times (Noyes et al., 2014; Salveron et al., 2015; Shaikh, Romano, & Paterniti, 2015; Dodd et al., 2019; Julien-Chinn and Lietz, 2019). Moreover, many papers mention the advantages of *Design of an incentive structure (P1)*. Such incentive structures stimulate experimentation with innovations, reflection and improvement instead of maintaining quality standards (Birleson, 1999).

Most studies mention *Culture characteristics*, with a focus on *Create a shared identity (C5)* and *Empower people to decide and act (C1)*. Several authors argued that youth care services already excel in creating a shared identity, a sense of community and an appreciation of differences, and shared models of knowledge and practice which are the basics for high-performance learning networks (Julien-Chinn & Lietz, 2019; Maynard, 2010; Robinson & Cottrell, 2005). This implies that professionals can be given freedom to act and make decisions in practice when working with families and children (Robinson & Cottrell, 2005; Salveron et al., 2015). Institutions should allow practitioners to avail themselves of this freedom, and to diverge from norms on occasion. However, this does not always fit in with the generally risk-averse organizational cultures of youth care services (Casebeer et al., 2009).

Not surprisingly, with regard to the HPO *Individuals & roles* characteristics, we found that the literature favors *Creation of a learning organization (I1)*. Several authors argue that learning and working simultaneously using training and supervision are critical for efficient team functioning and the improvement of services (Stocker et al., 2016;

Julien-Chinn & Lietz, 2019; Douglass and Klerman, 2012, Botha and Kourkoutas, 2015)(Botha & Kourkoutas, 2015). This learning process is enhanced when academics, practitioners, and community members are actively involved in learning networks (Reay, 2010). Finally, many papers refer to the *Individuals & roles* component *Engagement of the workforce (I3)* as a factor in improving decision-making and expediting the implementation of innovations (Julien-Chinn and Lietz, 2019; Kallio and Lappalainen, 2015; Jones et al., 2019).

3.4. Organizational conditions for learning networks

The selected papers paid some attention to the HPO characteristics which focus on the organizational conditions for a learning organization: *External orientation*, *Organizational design*, *Technology* and *Strategy*. Only a few papers focused on *External Orientation* characteristics relevant for multi-agency networks as such, but many papers mention the external orientation of single organizations, a factor which is important for interorganizational collaboration. Obviously more interorganizational learning networks are concerned with conditions for orientation on the outer world of the organizations. We found eleven out of seventeen IN type of papers addressing this External Orientation characteristic and two out of seven MN type of papers. The most-frequently mentioned *External orientation* components are *Maintain good relationships with stakeholders (E2)* and *Grow through partnerships and network (E5)*. Tiyyagura et al. (2019) advises the active management of the relationships in an organization's network, for example by organizing

Table 1

Characteristics of the papers regarding types of youth care organizations and network types included in the review.

Author, year	Type of care	Network type ^a
Birleson (1999)	Child and Adolescent Mental-Health Service	MN
Botha & Kourkoutas, 2015	Support of children with social, emotional and behavioural difficulties in school contexts	IN
Carstens et al. (2009)	Multi Systemic Therapy	IN
Casebeer et al. (2009)	Child and Youth Health Networks	IN
Cotton (2013)	Children's Centre	IN
Dodd et al. (2019)	Care for acquired brain injury	IN
Douglass and Klerman (2012)	Strengthening Families Initiative	MN
Farr and Ames, 2008	Communication networks for medically underserved children	IN
Jones et al. (2019)	A national health care transition (HCT) learning network (LN)	IN
Julien-Chinn and Lietz (2019)	Family Centered Practice	MN
Kallio and Lappalainen (2015)	Youth employment public service organization and local SMEs	IN
Maynard (2010) ^b	Social service agencies	MN
McPheat and Butler (2014)	Residential child care	MN
Noyes et al. (2014)	Continuing care for children with complex problems	IN
Reay (2010)	Child and Adolescent Service System Program (CASSP)	IN
Robinson & Cottrell (2005)	Multi-agency teams in Youth Care	IN
Rowley et al. (2012) ^b	Collaboration for Leadership in Applied Health Research and Care (CLAHRC)	IN
Salem et al. (2002)	Parent voluntary advocacy organization for children with developmental disabilities	IN
Salveron et al. (2015)	Child protection, signs of safety	MN
Shaikh, Romano, & Paterniti (2015)	Healthy Eating Active Living TeleHealth Community of Practice (HEALTH COP)	IN
Stocker et al. (2016)	Pediatric intensive care unit	MN
Tiyyagura et al. (2019)	Child abuse and/or neglect (CAN) teams	IN
Valente et al. (2008)	Children's Health Initiative of Greater Los Angeles (CHIGLA)	IN
Wild et al. (2004)	Integrated child health information	IN

^a Paper focuses on the interorganizational network of multiple organizations (IN), or multidisciplinary network of hierarchically linked units in one organization (MN).

^b Paper focuses on social and health services for the general public and discusses child and youth care separately.

regular multidisciplinary case reviews or teaming up with local resources and stakeholders (Shaikh, Romano, & Paterniti, 2015). Furthermore, partnerships with academics in networks, alongside practitioners and community members, are thought to further research-informed practices and bridge the gap between science and practice (Reay, 2010; Rowley et al., 2012).

Most studies look at *Organizational design* characteristics, with an emphasis on the components *Foster organization-wide sharing of information (D3)* and *Stimulate cross-organizational collaboration (D1)*. Sharing information via education and information transfer is vital for a learning organization, especially where the transfer of innovations into practice is concerned (Casebeer et al., 2009; Robinson & Cottrell, 2005; Noyes et al., 2014; Reay, 2010; Rowley et al., 2012; Botha & Kourkoutas, 2015). Cross-functional and cross-organizational collaboration is inherently related to the subject of this review. Authors stress the importance of management structures that support coordination, synergy and interdependence in teams, research-based practice, and time-efficient approaches to training and monitoring (Birleson, 1999; Rowley et al., 2012; Reay, 2010; Farr and Ames, 2008).

Technology was the least discussed characteristic from the HPO model and dealt with in only four papers. Nevertheless, the studies addressing technology found favorable results. For example, the use of

Table 2

Methodological characteristics of the papers included in the review.

Author, year	Evidence ^a	Type of data ^b	Conceptual framework
Birleson (1999)	R	–	Learning Organization (Garvin, 1993; Mink, 1992; Pedler, 1995; Senge, 1990)
Botha & Kourkoutas (2015)	R	–	Laluvein's variations of participatory inclusive practices (Laluvein 2007, 2010)
Carstens et al. (2009)	E	Qual	Social ecology theory (Stokols, 1996)
Casebeer et al. (2009)	C	Qual	Positive deviance (Bradley et al., 2009)
Cotton (2013)	C	Qual	Communities of practice (Lave and Wenger 1991)
Dodd et al. (2019)	E	Quan	–
Douglass and Klerman (2012)	C	Qual	Ecological framework, Family partnership (Bronfenbrenner & Morris, 1998) (Halgunseth et al., 2009)
Farr and Ames (2008)	E	Quan	Diffusion of Innovations (Rogers, 2003, 1995)
Jones et al. (2019)	E	Quan/Qual	Got Transition™ (Got Transition, 2014)
Julien-Chinn and Lietz (2019)	E	Quan	Strengths-Based Supervision (Lietz, 2013)
Kallio and Lappalainen (2015)	C	Qual	Cultural-historical activity theory on expansive learning (Engeström, 1987)
Maynard (2010)	R	–	Evidence-based practice implementation (Fixsen et al., 2005).
McPheat and Butler (2014)	E	Quan	Learning Organization (Senge, 1990; Pedler et al., 1997)
Noyes et al. (2014)	E	Quan/Qual	Diffusion of innovations (Rogers, 2003)
Reay (2010)	R	–	Mental Health within a Public Health Framework (Centers for Disease Control and Prevention, 2022)
Robinson & Cottrell (2005))	E	Qual	Communities of Practice (Wenger 1998), Activity theory (Engeström et al., 1999)
Rowley et al. (2012)	C	–	Learning Organization (Easterby-Smith et al., 2000)
Salem et al. (2002)	E	Quan/Qual	Diffusion of innovations (Rogers, 2003)
Salveron et al. (2015)	E	Qual	Diffusion of Innovations (Rogers, 2003)
Shaikh, Romano, & Paterniti (2015)	E	Qual	Communities of Practice, Quality improvement (Institute for Healthcare Improvement, 2003, Bate et al., 2008)
Stocker et al. (2016)	R	–	Conceptual framework of interprofessional team management (Reeves, Lewin, Espin, & Zwarenstein, 2010)
Tiyyagura et al. (2019)	E	Qual	Communities of Practice (Wenger et al., 2002)
Valente et al. (2008)	E	Quan	Social network analysis (Durland and Fredericks, 2006)
Wild et al. (2004)	E	Quan/Qual	Communities of Practice (Wenger et al., 2002)

^a R = Review, including papers discussing literature combined with experiential information of the authors, E = Empirical study using methods such as interviews and surveys, C=Case study.

^b Quantitative data (Quan), Qualitative data (Qual).

easily accessible decision-support data systems and client outcome monitoring systems were thought to improve the learning potential of networks. Using these systems optimally for the evaluation of care processes could support the implementation of evidence-based programs (Reay, 2010; Robinson & Cottrell, 2005; Maynard, 2010; Salveron et al., 2015).

Roughly half of the articles discussed *Strategy* characteristics, with

Author, year	External orientation	Process	Cul- ture	Strategy	Leadership	Organiza- tional design	Technology	Individu- als and roles
Birleson (1999)								
Botha and Kourkoutas (2015)								
Carstens et al. (2009)								
Casebeer et al. (2009)								
Cotton et al. (2013)								
Dodd et al. (2019)								
Douglass and Klerman (2012)								
Farr and Ames (2008)								
Jones et al. (2019)								
Julien-Chinn and Lietz (2019)								
Kallio and Lappalainen (2015)								
Maynard (2010) ²								
McPheat and Butler (2014)								
Noyes et al. (2014)								
Reay (2010)								
Robinson and Cottrell (2005)								
Rowley et al. (2012) ²								
Salem et al. (2002)								
Salveron et al. (2015)								
Shaikh et al. (2015)								
Stocker et al. (2016)								
Tiyyagura et al. (2019)								
Valente et al. (2008)								
Wild et al. (2004)								

Fig. 3. Overview of characteristics of High-Performance Organizations (HPO) studied in the reviewed papers.

the associated components *Define a strong vision that excites (S1)* and *Align strategy, goals and objectives with external environment (S6)* being mentioned most often. A learning organization should encourage experimentation, overcome barriers to change and stress its positive impact on the performance of an organization (Birleson, 1999; Salem et al., 2002). The transformation of this vision into strategy will benefit from a long-term commitment (Salveron et al., 2015). Authors stress the importance of developing a strategy for collaboration itself, emphasising mutual goal achievement (Robinson & Cottrell, 2005). The resulting strategy, goals and objectives need to be compatible with the participating youth care services' agendas and procedures since professionals have to balance the demands of their own organization and the network team (Robinson & Cottrell, 2005).

3.5. Research gaps

Although the broad range of HPO characteristics are mentioned in the included papers, not all of the components of those characteristics are examined. Firstly, we will discuss the research gaps regarding the learning aspects of networks. Remarkably, the many components of HPO *Leadership* and *Individuals & roles* characteristics are addressed in fewer than two papers, or not at all. Furthermore, when reviewing the available literature on *Process* and *Culture* characteristics of learning networks, we found that the studies fail to address the 'how' questions: How can participatory approaches to learning networks that actively involve academics, practitioners and community members be established to improve the outcomes of youth care? How can one optimize the processes of interorganizational networks? How can one create a performance-driven culture? (Reay, 2010; Stocker et al., 2016). In addition, regarding *Individual and Role* and *Leadership* characteristics, the professionals' core competencies needed for successful network organizations such as a can-do attitude, innovativeness, or required leadership behaviours such as humbleness or ambition, are studied less.

When taking stock of the research gaps for organizational conditions for learning networks, we found that *Technology* and *External orientation* were the HPO characteristics studied least. Considering *External Orientation* and *Strategy* characteristics, the alignment with continuously changing circumstances in the outer world and compatibility with the needs of target groups require a balance between the long-term and short-term focuses of organizational strategies (Robinson & Cottrell, 2005; Tiyyagura et al., 2019; Kallio and Lappalainen, 2015). Learning networks can be helpful in terms of adapting to the environment. Exactly which role interorganizational networks play in the organizational ability to adapt needs further investigation (Kallio and Lappalainen, 2015; Birleson, 1999).

4. Discussion

We conducted a scoping review of the literature on factors that affect interdisciplinary collaboration and the learning capacity of learning networks in youth care services, with the aim of presenting an overview of these factors and identifying research gaps. We mapped out these factors from the perspective of learning organizations using the High-Performance Organizations (HPO) framework (de Waal, 2007, De Waal, 2010a). The papers we reviewed frequently emphasize the importance of leadership, communication and culture for learning networks of youth care services. However, the papers are less specific about how learning networks can ideally establish shared values or the types of leadership style needed to improve the outcomes of youth care. With only 24 included articles, it wasn't surprising that we found several research gaps. Furthermore, relative to the HPO characteristics related to learning aspects of networks such as culture and leadership, we found fewer papers that cover all organizational conditions required for learning and optimal care provision. Although the reviewed literature mentions organizational design conditions and strategies, conditions with regard to the external orientation of networks and use of

technology are mentioned less.

The HPO components that we found in our review are similar to components that typically coincide with the theory of learning organizations found in other studies in the public sector (De Waal, 2010b; De Waal, 2017; Barbour et al., 2018; Williams, 2012; Zakocs and Edwards, 2006). These authors also mention a collaborative culture, a safe learning environment, focused collaborative and empowering leadership styles, communication and understanding between different cultures, and the clarification of roles and responsibilities. This supports the findings in the reviewed research and it demonstrates that the HPO framework is relevant for the field of youth care.

Our scoping review found that the literature focused less on the question of how certain characteristics of learning networks add to improvements in youth care. The HPO framework suggests enablers such as the Individual and role characteristics 'can-do attitude' and 'innovator competencies' or the Leadership styles 'integrity' and 'decisiveness' as part of a resilient and flexible workforce, which are not frequently covered by youth care literature we reviewed. A case study of an integrative network in health and social care confirmed this lack of a coherent strategy with tools for improving the competencies of the workforce (Williams, 2012). A clearer understanding is needed of how learning networks play a role in the development of skilled, competent, and resilient workforces in a way that will accelerate the improvement and growth of the learning networks and the organizations which they include.

This review found that insight into the organisational conditions required for learning networks is patchy, especially with respect to improving its performance. This lack of insight is also found in the literature about interorganizational networks: the focus is primarily internal, emphasizing collaboration between autonomous agencies rather than how a cross organizational network as a whole develops (Leys, 2010). We used the HPO framework because it also includes management factors such as organisational design, strategy and external orientation. This allowed us to study not only the learning capacity of networks but also the organisational conditions in which a network can flourish. Other frameworks include similar components to those of HPO, an example being Garvin's building blocks for a learning organization (Garvin et al., 2008), which includes 'a supportive learning environment', 'concrete learning processes' and 'leadership that reinforces learning'. However, they also look less at the organisational and management context. In line with prior research into the HPO framework, we think an analytic framework is needed for youth care services which goes beyond the learning processes in a network and combines organisational conditions such as good-quality management and long-term client-oriented strategies (De Waal, 2010b, De Waal, 2017). Conditions of this kind are needed to facilitate the development and implementation of innovations and improve knowledge management in networks of youth care. The further development of an integrative and interdisciplinary framework for the analysis of learning networks in youth care is needed.

We studied HPO characteristics of interorganizational networks of multiple organizations (IN) and multidisciplinary networks of hierarchically linked units in one organization (MN). Although the papers we studied dealing with MN networks could have emphasized internal organisation processes, they have a learning organizational model in common with the IN type of networks. When exploring the frequency of mention of HPO characteristics, we found a relatively larger number of papers on MN networks addressing the Strategy characteristic. An explanation could be the feasibility of a team learning and innovation strategy, which perhaps could be achieved more easily within an organization with multidisciplinary teams than between organizations part of an interorganizational network.

This review demonstrated two gaps in the studied research concerning the organizational conditions of networks, i.e., the lack of a clear insight into the external orientation of learning networks and the use of technology. An understanding of conditions in the world outside a

network, where cooperation and threats from external actors will be encountered, enhances the sustainability of learning networks (Valente et al., 2008; Reay, 2010; Rowley et al., 2012). Furthermore, an insight into the emerging use of technology such as client monitoring systems, and the use of webinars and online meetings to support learning networks, may add to their cost-effectiveness. They could also contribute to innovative and knowledge-driven youth care services (Reay, 2010; Robinson & Cottrell, 2005; Salveron et al., 2015; Wild et al., 2004).

4.1. Strengths and limitations

A strength of our review, as in the case of other scoping reviews, is that the literature studied on factors related to the collaborative, learning and innovative capacity of learning networks in youth care services led to new questions that should be studied in systematic reviews in the future. Another strength of our research is use of the framework of High-Performance Organizations (HPO). This broad framework also looks at the performance of public services, helping to identify gaps in the literature about successful learning networks, in particular with regard to the organizational characteristics of networks (De Waal, 2007, 2018; De Waal, 2010a). Our review applied HPO to interorganizational systems as an entity with comparable characteristics as a single organization. With the use of the HPO framework we gained several insights into the learning and innovative aspects of networks and in particular organizational conditions. The use of other frameworks, for example those focusing on the learning capacity of networks (Garvin et al., 2008; Wenger et al., 2002) may have led to less of an emphasis on these organizational conditions required for learning. A further strength of this scoping review is the systemization of literature, adding to the scientific body of evidence on factors contributing to learning and innovation in interorganizational networks of youth care providers.

A limitation of this scoping review is that it is relevant only for networks in youth care services as such and not for networks with education partners. Our review excluded literature databases on the education of children such as ERIC (Educational Resources Information Center; <https://eric.ed.gov/>). This may have led to a reduced focus on learning communities that include the education field. However, consultations with experts in learning communities from the educational field did not yield relevant new literature for the youth care area under study.

We followed a qualitative deductive analysis strategy using a coding scheme with the characteristics and components of the HPO framework. Due to this approach this study did not focus on adding new factors contributing to the high learning or organizational performance of learning networks. However, the HPO added new factors that theoretical learning organizations models normally not include, i.e., organizational conditions required for learning and optimal care provision.

Another limitation is the inclusion of papers on learning networks consisting of subsystems hierarchically linked to one organization because of the lack of research into interorganizational networks in youth care. However, this less parsimonious approach in our scoping review yielded satisfactory information about networks comprising both dependent and distinct units in organizations. More research is needed into the performance of interorganizational and multidisciplinary learning networks in youth care.

4.2. Recommendations

Our research showed several research gaps for learning aspects of networks, i.e., we need a clearer understanding of how to improve the professionals' competencies needed to act as team member of an inter-organizational learning network. Perhaps the biggest challenge for an interorganizational learning network is the establishment of the competences needed for the wide range of participants, such as practitioners, academics and community members, to work together. This collaboration is crucial to foster the development of research-informed practices

in learning teams, innovation and improving the quality of care (Greenhalgh et al., 2004; Rogers, 2003; Reay, 2010). Investments are advised in reflective practice and learning together with the aim of achieving improvements in quality and establishing an effective workforce (Barbour et al., 2018; Jeffs et al., 2016).

We found fewer papers that discussed all conditions required to organize learning networks. In addition to the learning processes in the networks, factors related to the organizational conditions for collaboration, such as the influence of the strategy, the external orientation and the organizational design of learning networks on the outcomes of youth care services, should also be considered. Research of this kind will require the further development of a framework for analysing learning networks. Youth care services could benefit from this to further encourage and improve the development and implementation of innovations. The systematic approach of the HPO could be a good place to start because it includes components relating to learning organizations and the conditions in which those organizations can flourish.

We also found that the opportunities associated with technology were generally overlooked in the studies we reviewed. With the COVID-19 pandemic as an accelerator, most professionals now understand the added value of online meetings and seminars as part of a broad spectrum of ways to interact. This also raises questions about how to reorganize face-to-face meetings in a learning network in online ways. The development of tools and expertise for nurturing learning conditions will help to foster knowledge-driven youth care services.

Our review also showed that more research is needed to fill in the gaps we found in factors impacting learning networks in youth care services. Many studies and papers we found are based on empirical research designed on qualitative lines or they merely review and discuss the available literature. We advise more research based on quantitative methods in order to identify the impact of learning networks on the outcomes of youth care services. These studies should rely less on self-perceived changes in practices or attitudes and use observational methods and validated instruments to examine the added value of learning and collaboration. Examples can be found in adjacent fields such as public health or education (Barbour et al., 2018; Kools et al., 2020).

Finally, the reviewed papers paid little attention to how learning networks contribute to the outcomes of youth care services. Qualitative and quantitative research using a systematic approach, as seen in the HPO model, is needed to dig deeper into the mechanisms of learning networks that contribute successfully to improvements in care. Furthermore, future research should put greater effort into understanding to what degree and in which conditions learning networks contribute to the well-being of youth.

5. Conclusion

The literature on factors that affect the innovation potential of learning networks in youth care services is sparse, even though professionals are increasingly being challenged to establish integrated care and work in ways that go beyond organizational borders. We found an emphasis on apparent learning aspects of networks, such as leadership and culture characteristics. Less attention was paid to how learning networks further improvements in youth care services and to the organizational conditions needed for networks to flourish. Particular attention should be paid to fostering competent workforces with excellent skills in cross-organizational collaboration and the use of technology. More research is advised into the impact of learning networks on the outcomes of youth care services.

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Data availability

No data was used for the research described in the article.

References

- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Barbour, L., Armstrong, R., Condron, P., & Palermo, C. (2018). Communities of practice to improve public health outcomes: A systematic review. *Journal of Knowledge Management*, 22(2), 326–343. <https://doi.org/10.1108/JKM-03-2017-0111>
- Bate, P., Mendel, P., & Robert, G. (2008). *Organizing for quality: The improvement journeys of leading hospitals in Europe and the United States*. Radcliffe Publishing.
- Birleson, P. (1999). Turning child and adolescent mental-health services into learning organizations. *Clinical Child Psychology and Psychiatry*, 4(2), 265–274. <https://doi.org/10.1177/1359104599004002011>
- Botha, J., & Kourkoutas, E. (2015). A community of practice as an inclusive model to support children with social, emotional and behavioural difficulties in school contexts. *International Journal of Inclusive Education*, 20(7), 784–799. <https://doi.org/10.1080/13603116.2015.1111448>
- Bradley, E. H., Curry, L. A., Ramanadhan, S., Rowe, L., Nembhard, I. M., & Krumholz, H. M. (2009). Research in action: Using positive deviance to improve quality of health care. *Article 25 Implementation Science*, 4. <https://doi.org/10.1186/1748-5908-4-25>.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 993–1028). John Wiley & Sons Inc.
- Bruns, E. J., Burchard, J. D., & Yoe, J. T. (1995). Evaluating the Vermont system of care: Outcomes associated with community-based wraparound services. *Journal of Child and Family Studies*, 4(3), 321–339. <https://doi.org/10.1007/BF02233966>
- Bruns, E. J., Pullmann, M. D., Sather, A., Denby Brinson, R., & Ramey, M. (2015). Effectiveness of wraparound versus case Management for Children and Adolescents: Results of a randomized study. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 309–322. <https://doi.org/10.1007/s10488-014-0571-3>
- Carstens, C. A., Panzano, P. C., Massatti, R., Roth, D., & Sweeney, H. A. (2009). A naturalistic study of MST dissemination in 13 Ohio communities. *The Journal of Behavioral Health Services & Research*, 36(3), 344–360. <https://doi.org/10.1007/s11414-008-9124-4>
- Casebeer, A., Popp, J., & Scott, C. (2009). Positively deviant networks: What are they and why do we need them? *Journal of Health Organization and Management*, 23(6), 610–626. <https://doi.org/10.1108/14777260911001635>
- Centers for Disease Control and Prevention. (2022, January). *The public health approach to violence prevention*. Centers for disease control and prevention.
- Cohen, E., Bruce-Barrett, C., Kingsnorth, S., Keilty, K., Cooper, A., & Daub, S. (2011). Integrated complex care model: Lessons learned from inter-organizational partnership. *Healthcare Quarterly*, 149(3), 64–70. <https://doi.org/10.12927/hcq.0000.22580>
- Cotton, L. (2013). 'It's just more in the real world really': How can a local project support early years practitioners from different settings in working and learning together? *Early Years*, 33(1), 18–32. <https://doi.org/10.1080/09575146.2011.642850>
- Coulshed, V., & Mullender, A. (2006). *Management in Social Work* (3rd ed.). Palgrave Macmillan.
- De Waal, A. A. (2007). The characteristics of a high performance organization. *Business Strategy Series*, 8(3), 179–185. <https://doi.org/10.1108/17515630710684178>
- De Waal, A. A. (2010a). The Characteristics of a High Performance Organisation. Available at SSRN: <https://ssrn.com/abstract=931873> or <https://doi.org/10.2139/ssrn.931873>.
- De Waal, A. A. (2010b). Achieving high performance in the public sector: What needs to be done? *Public Performance & Management Review*, 34(1), 81–103. <https://doi.org/10.2753/PMR1530-9576340105>
- De Waal, A. A. (2017). A longitudinal study into the effectiveness of the HPO Framework: The case of a social care and rehabilitation organization. *Journal of Advances in Management Research*, 14(3), 352–374. <https://doi.org/10.1108/JAMR-11-2016-0092>
- De Waal, A. A. (2018). Success factors of high performance organization transformations. *Measuring Business Excellence*, 22(4), 375–390. <https://doi.org/10.1108/MBE-08-2018-0055>
- Dodd, J. N., Kajankova, M., & Nagele, D. A. (2019). Bridging gaps in care for children with acquired brain injury: Perceptions of medical and educational service providers. *Journal of Pediatric Rehabilitation Medicine*, 12(1), 37–47. <https://doi.org/10.3233/PRM-180558>
- Douglass, A., & Klerman, L. (2012). The Strengthening Families initiative and child care quality improvement: How Strengthening Families influenced change in child care programs in one state. *Early Education & Development*, 23(3), 373–392. <https://doi.org/10.1080/10409289.2012.666193>
- Durland, M. M., & Fredericks, K. A. (2006). Social network analysis in program evaluation. *New directions for evaluation*, 2005(107).
- Easterby-Smith, M., Crossan, M., & Nicolini, D. (2000). Organizational learning: Debates past, present and future. *Journal of management studies*, 37(6), 783–796. <https://doi.org/10.1111/1467-6486.00203>
- Engeström, Y. (1987). *Learning by expanding: An activity theoretical approach to developmental research*. Orienta-Konsultit.
- Engeström, Y., Miettinen, R., Punamäki-Gitai, R.-L. (Eds.). (1999). *Perspectives on activity theory*. Cambridge University Press.
- Farr, A. C., & Ames, N. (2008). Using diffusion of innovation theory to encourage the development of a children's health collaborative: A formative evaluation. *Journal of Health Communication*, 13(4), 375–388. <https://doi.org/10.1080/10810730802063835>
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. University of South Florida.
- Garvin, D. A. (1993). Building a learning organization. *Harvard business review*, 71(4), 78–91.
- Garvin, D. A., Edmondson, A. C., & Gino, F. (2008). Is yours a learning organization? *Harvard Business Review*, 86(3), 109.
- Got Transition (2014). The six core elements of health care transition. <https://www.gottransition.org/providers/index.cfm>.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly*, 82(4), 581–629.
- Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse health development: Past, present and future. *Maternal and Child Health Journal*, 18(2), 344–365. <https://doi.org/10.1007/s10995-013-1346-2>
- Halgunseth, L., Peterson, A., Stark, D., & Moodie, S. (2009). Family engagement, Diverse families and early childhood education programs: An integrated review of the literature. National Association for the Education of Young Children, Pre-K Now.
- Institute for Healthcare Improvement. (2003). *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement* [White paper]. Institute for Healthcare Improvement. <http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHICollaborativeModelforAchievingBreakthroughImprovement.aspx>.
- Jeffs, L., McShane, J., Flintoft, V., White, P., Indar, A., Maione, M., Lopez, A. J., Bookey-Bassett, S., & Scavuzzo, L. (2016). Contextualizing learning to improve care using collaborative communities of practices. *Article 466 BMC Health Services Research*, 16. <https://doi.org/10.1186/s12913-016-1566-4>.
- Jones, M. R., Hooper, T. J., Cuomo, C., Crouch, G., Hickam, T., Lestishock, L., Mennito, S., & White, P. H. (2019). Evaluation of a health care transition improvement process in seven large health care systems. *Journal of Pediatric Nursing*, 47, 44–50. <https://doi.org/10.1016/j.pedn.2019.04.007>
- Julien-Chinn, F. J., & Lietz, C. A. (2019). Building learning cultures in the child welfare workforce. *Children and Youth Services Review*, 99, 360–365. <https://doi.org/10.1016/j.childyouth.2019.01.023>
- Kallio, K., & Lappalainen, I. (2015). Organizational learning in an innovation network: Enhancing the agency of public service organizations. *Journal of Service Theory and Practice*, 25(2), 140–161. <https://doi.org/10.1108/JSTP-09-2013-0198>
- Kools, M., Stoll, L., George, B., Steijn, B., Bekkers, V., & Gouëdard, P. (2020). The school as a learning organisation: The concept and its measurement. *European Journal of Education*, 55(1), 24–42. <https://doi.org/10.1111/ejed.12383>
- Laluvein, J. (2007). Parents and teachers talking: A 'community of practice'? Relationships between parents and teachers of children with special educational needs. (Unpublished doctoral dissertation). University of London.
- Laluvein, J. (2010). School inclusion and the 'community of practice'. *International Journal of Inclusive Education*, 14(1), 35–48. <https://doi.org/10.1080/13603110802500950>
- Lam, A. (2000). Tacit knowledge, organizational learning and societal institutions: An integrated framework. *Organization Studies*, 21(3), 487–513.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge university press.
- Leys, M. (2010). Innovations and networks: The case of mental health care reforms in Belgium. *Journal on Chain and Network Science*, 10(2), 135–144. <https://doi.org/10.3920/JCNS2010.x116>
- Lietz, C. A. (2013). Strengths-based supervision: supporting implementation of family-centered practice through supervisory processes. *Journal of Family Strengths*, 13(1). Article 6.
- Maynard, B. R. (2010). Social service organizations in the era of evidence-based practice: The learning organization as a guiding framework for bridging science to service. *Journal of Social Work*, 10(3), 301–316. <https://doi.org/10.1177/1468017309342520>
- McPheat, G., & Butler, L. (2014). Residential child care agencies as learning organisations: Innovation and learning from mistakes. *Social Work Education*, 33(2), 240–253. <https://doi.org/10.1080/02615479.2013.770833>
- Mink, O. G. (1992). Creating new organizational paradigms for change. *International Journal of Quality and Reliability in Management*, 9(3), 21–35. <https://doi.org/10.1108/EUM0000000001645>
- Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *Article 143 BMC Medical Research Methodology*, 18. <https://doi.org/10.1186/s12874-018-0611-x>.
- Noyes, J., Lewis, M., Bennett, V., Widdas, D., & Brombley, K. (2014). Realistic nurse-led policy implementation, optimization and evaluation: Novel methodological exemplar. *Journal of Advanced Nursing*, 70(1), 220–237. <https://doi.org/10.1111/jan.12169>

- Pannebakker, N. M., Kocken, P. L., Theunissen, M. H. C., Van Mourik, K., Crone, M. R., Numans, M. E., & Reijneveld, S. A. (2018). Service use by children and parents of multiproblem families. *Children and Youth Services Review*, 84, 222–228. <https://doi.org/10.1016/j.chilcyouth.2017.12.003>
- Pedler, M. (1995). A guide to the learning organization. *Industrial and Commercial Training*, 27(4), 21–25. <https://doi.org/10.1108/00197859510087587>
- Pedler, M., Burgoyne, & Boydell, T. (1997). *The Learning Company: A Strategy for Sustainable Development* (2nd ed.). McGraw-Hill.
- Reay, W. E. (2010). Organizational adaptation: Bridging the research to practice gap. *Administration and Policy in Mental Health and Mental Health Services Research*, 37 (1–2), 95–99. <https://doi.org/10.1007/s10488-010-0275-2>
- Reeves, S., Lewin, S., Espin, S., & Zwarenstein M. Interprofessional Team-work for Health and Social Care. (2010). In: Reeves S, Lewin S, Espin S, & Zwarenstein M. (eds.), *A Conceptual Framework for Interprofessional Teamwork* (52–69). John Wiley and Sons. https://www.academia.edu/21944044/Interprofessional_Teamwork_for_Health_and_Social_Care.
- Robinson, M., & Cottrell, D. (2005). Health professionals in multi-disciplinary and multi-agency teams: changing professional practice. *Journal of interprofessional care*, 19(6), 547–560. <https://doi.org/10.1080/13561820500396960>
- Rogers, E. M. (1995). *Diffusion of innovations* (4th ed.). Free Press.
- Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). Free Press.
- Rowley, E., Morriss, R., Currie, G., & Schneider, J. (2012). Research into practice: Collaboration for leadership in applied health research and care (CLAHRC) for Nottinghamshire, Derbyshire, Lincolnshire (NDL). Article 40 *Implementation Science*, 7. <https://doi.org/10.1186/1748-5908-7-40>.
- Salem, D. A., Foster-Fishman, P. G., & Goodkind, J. R. (2002). The adoption of innovation in collective action organizations. *American Journal of Community Psychology*, 30(5), 681–710. <https://doi.org/10.1023/A:1016373215689>
- Salveron, M., Bromfield, L., Kirika, C., Simmons, J., Murphy, T., & Turnell, A. (2015). ‘Changing the way we do child protection’: The implementation of Signs of Safety® within the Western Australia Department for Child Protection and Family Support. *Children and Youth Services Review*, 48, 126–139. <https://doi.org/10.1016/j.chilcyouth.2014.11.011>
- Schurer Coldiron, J., Bruns, E. J., & Quick, H. (2017). A comprehensive review of wraparound care coordination research, 1986–2014. *Journal of Child and Family Studies*, 26(5), 1245–1265. <https://doi.org/10.1007/s10826-016-0639-7>
- Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. Doubleday Currency.
- Senninger T. (2000). Abenteuer leiten – in Abenteuern lernen. Münster: Ökotoxia.
- Shaikh, U., Romano, P., & Paterniti, D. A. (2015). Organizing for quality improvement in health care: An example from childhood obesity prevention. *Quality Management in Health Care*, 24(3), 121–128. Doi: 10.1097/QMH.0000000000000066.
- Shaikh, U., Romano, P., & Paterniti, D. A. (2015). Organizing for quality improvement in health care: an example from childhood obesity prevention. *Quality management in health care*, 24(3), 121–128. <https://doi.org/10.1097/QMH.0000000000000066>
- Stocker, M., Pilgrim, S. B., Burmester, M., Allen, M. L., & Gijsselaers, W. H. (2016). Interprofessional team management in pediatric critical care: Some challenges and possible solutions. *Journal of Multidisciplinary Healthcare*, 9, 47. <https://doi.org/10.2147/JMDH.S76773>
- Stokols, D. (1996). Translating social ecology theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282–298. <https://doi.org/10.4278/0890-1171-10.4.282>
- Tausendfreund, T., Knot-Dickscheit, J., Schulze, G. C., Knorth, E. J., & Grietens, H. (2016). Families in multi-problem situations: Backgrounds, characteristics, and care services. *Child & Youth Services*, 37(1), 4–22. <https://doi.org/10.1080/0145935X.2015.1052133>
- Tiyyagura, G., Schaeffer, P., Gawel, M., Leventhal, J. M., Auerbach, M., & Asnes, A. G. (2019). A qualitative study examining stakeholder perspectives of a local child abuse program in community emergency departments. *Academic Pediatrics*, 19(4), 438–445. <https://doi.org/10.1016/j.acap.2019.01.006>
- Valente, T. W., Coronges, K. A., Stevens, G. D., & Cousineau, M. R. (2008). Collaboration and competition in a children’s health initiative coalition: A network analysis. *Evaluation and Program Planning*, 31(4), 392–402. <https://doi.org/10.1016/j.evalprogplan.2008.06.002>
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511803932>
- Wenger, E., McDermott, R. A., & Snyder, W. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Harvard business press.
- Wild, E. L., Richmond, P. A., de Merode, L., & Smith, J. D. (2004). All Kids Count Connections: A community of practice on integrating child health information systems. *Journal of Public Health Management and Practice*, 10, 61–65.
- Williams, P. M. (2012). Integration of health and social care: A case of learning and knowledge management. *Health & Social Care in the Community*, 20(5), 550–560. <https://doi.org/10.1111/j.1365-2524.2012.01076.x>
- Zakocs, R. C., & Edwards, E. M. (2006). What explains community coalition effectiveness?: A review of the literature. *American Journal of Preventive Medicine*, 30 (4), 351–361. <https://doi.org/10.1016/j.amepre.2005.12.004>