
POSTER ABSTRACT**Qualitative exploration of enablers and barriers to interagency collaboration from the perspectives of senior managers and executive staff including social network analysis**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Kathryn Costantino¹, Janet Long², Sally Hansen¹, Erin Miller¹, John Eastwood¹

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Introduction: The Sydney Local Health District SLHD integrated care initiative, Healthy Homes and Neighborhoods HHAN, is a comprehensive population based integrated care strategy to address the complex needs of vulnerable families. The spectrum of care required to optimise the health and social care outcomes for these families well exceeds the capacity of the public healthcare system alone. Needs such as housing, finance, and social supports often preclude these families from addressing physical and mental health issues. As part of the evaluation of HHAN, this project looks to understand the experiences of senior managers and executive staff with interagency collaboration from across the network.

Theory/Methods: Recruitment took place by purposive sampling. Agencies which HHAN considers partners or potential partners were identified and an appropriate informant from within each agency selected. An agency for the purpose of this project could be within a broader organisation.

The interviews focused on the participant's individual definition of "interagency collaboration" and explored their opinions of enablers and barriers to interagency collaboration. Ideas were carried forward and explored further in subsequent interviews.

To accompany the interview data, a sociogram of collaborative links was developed from an online social network analysis to provide a visual illustration of the linkages between the organisations.

Results: Interviews and social network analysis data collection occurred between October 2017 and February 2018. A total of 13 semi-structured qualitative interviews took place, providing representation from six organisations. The majority of participants expressed a continuum on which they viewed interagency collaborations to be able to occur, depending on what was trying to be achieved. Achieving efficient, knowledgeable referrals with single client focus between agencies, whether government or non-government, was the most basic and common type of collaboration being aspired to. Collaboration could also include working

together on shared projects and strategic planning to advance population health initiatives. The sociograms show a coherent network of collaboration with a spread of key players.

Reviewing enablers and barriers, it became apparent that whether something was being characterised as an enabler or as a barrier was dependent on how the idea was being framed. As a result a thematic grouping system identifying important features of interagency collaboration is being derived, final results of which are not available at the time of this submission.

Discussions: By identifying themes of identified importance to interagency collaboration from across the network, HHAN may be able to use this to optimise its ability to effectively collaborate from both a strategic and front line staff aspect.

Limitations: While features of a grounded theory approach were used, strict adherence to the methodology did not take place nor did complete saturation of themes.

Suggestions for Future Research: As part of the evaluation of HHAN, another project interviewing frontline staff has occurred. It may be beneficial to compare and contrast the findings from these studies, to further understand how the views of senior managers from across the network aligns with the organisational approach to interagency collaboration perceived at the client care level.

Keywords: management; interagency; collaboration
