EXECUTIVE SUMMARY

Managerial Perceptions of Local Collaboration:
The Ontario Healthy Babies/ Healthy Children Example

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This study entitled Managerial Perceptions of Local Collaboration: The Ontario Healthy Babies/Healthy Children Example was conducted by Judith Dunlop as partial fulfillment of the requirements of the Ph.D. in Social Work through Memorial University of Newfoundland. The study commenced on January 1, 2001 and was completed by August 31st, 2001.

The purpose of this research was to explore state mandated local collaboration amongst public health units/departments in the Healthy Babies/Healthy Children Program in Ontario. The study involved conducting qualitative interviews with a sample of twenty-two (N=22) public health managers responsible for implementing the Healthy Babies/Healthy Children Program. The interviews took on average two hours, and involved using a semi-structured questionnaire with probing type questions based on six categories of factors that have been shown to influence the success of collaboration. This methodology was selected because of the nature and complexity of the phenomenon being studied and also to capture verbatim insights about past and present experiences with collaboration activities.

Data were analyzed both quantitatively and qualitatively and the analyses was directed at "getting the real story -- behind the story" of mandated collaboration. In short, it sought to capture information about a particular community trend that is becoming "part-and-parcel" of our developing communities of care, not only in the province of Ontario but also across the country.

The underpinning research questions were:

1) What environmental pre-conditions do public health managers perceive facilitated, and/or constrained local collaboration in their implementation of the Healthy Babies/Healthy Children networks?

   Environmental conditions included: 1) past history of collaboration, 2) mandatory/ voluntary context of collaboration and 3) legitimacy of the convening organization

2) What collaborative processes do public health managers perceive facilitated, and/or constrained local collaboration in their implementation of the Healthy Babies/Healthy Children networks?

   Collaborative processes included: 1) stakeholder representativeness, 2) membership participation, 3) costs and benefits of membership, 4) decision-making levels, 5) communication styles, 6) formality/informality of linkages, 7) common purpose development and 8) sufficient resources.
**The main findings included the following:**

1) Six major themes of collaboration were identified. These included: 1) Historical Conditions, 2) Institutional Conditions, 3) Financial Conditions, 4) Operational Processes, 5) Organizational Processes and 6) Relational Processes.

2) Eighteen sub-themes of these six major themes were similarly identified. These included issues such as: previous history of collaboration, state mandates and local collaboration, resources provided for collaboration, collaborative network decision-making, types of collaborative network structures and previous local relationships both positive and negative with other members in the local collaborative network.

3) Despite our knowledge about the importance of understanding operational factors as a key to any successful collaborative effort, what became clear was that successful collaboration is contingent on strong relationship processes. These included: 1) previous local relationships both positive and negative influences, 2) interpersonal relationships and trust building and 3) interpersonal relationships and informality.

4) Although the state mandated the implementation of collaborative networks, there was little indication that the institutional directives influenced local collaboration. Rather, implementation of the *Healthy Babies/Healthy Children Program* was based on locally driven decision-making and community context.

These data are generally supportive of the existing literature on collaborative initiatives. What they point to, however, is the ability for local stakeholders to modify a blueprint which suits their existing collaborative network. They also point to the simple fact that the relationship between members in any collaborative network really does matter.

The implications for this study, although directed to public health managers in Ontario, can be generalized to provincial and federal policy-makers, planners and administrators who will soon be charged with the mission of making collaboration work in their day-to-day operations.