The collaboration between neighbourhood teams and their partners

A research report about the situation in the municipality of Almelo

by

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Abstract

The present thesis evaluates the collaboration between ‘social neighbourhood teams’ in the municipality of Almelo and their partners, including problem-signalling institutions, collective services, basic care providers, and specialists. First, the current state of social neighbourhood team collaboration in Almelo is described and evaluated on a four-dimensional index. These dimensions are: working goals, shared responsibilities, communication, and coordination. The subsequent section identifies and measures the presence of various factors which have been suggested to positively affect the quality of collaboration by academic literature, in order to determine possible ways of improving the collaboration. In addition, this research checks if these assumed relationships are present. Third, the collaboration partners’ satisfaction with the collaboration is measured through a survey, which was completed by 62 informants from 30 different organizations. The results showed that the extent of collaboration between the social neighbourhood teams and their partners is moderate, and that most informants are satisfied with the collaboration. However, there is some room for improvement, especially within the dimensions ‘shared responsibilities’ and ‘coordination'. Suggested recommendations to improve the collaboration are i.e.: improving teams’ awareness of (possible) partners, organizing more meetings, making each other’s responsibilities more clear, making information exchange within information systems easier, reduce waiting lists, protect a client-centered working approach and stimulate mutual trust.

Introduction

Social neighbourhood teams

Since January 2015, local municipalities in the Netherlands are responsible for the execution of the juvenile law, the law of social support and the law of participation (Divosa, n.d.). Because of this move towards decentralization in the social domain, as well as substantial financial cuts, municipalities are required to reorganize their current health care and youth care systems. Many municipalities have opted for working with 'social neighbourhood teams', including the municipality of Almelo (Gemeente Almelo, 2014). A social neighbourhood team is a team of professionals, usually from different disciplines and organizations, that provides help for social care or health care related requests from certain target groups and/or within a certain geographical area' (Oude Vrielink, van der Kolk & Klok, 2014). Detailed information on how social neighbourhood teams work can be found in textbox 1. In particular, collaboration is a crucial element for optimal functioning of these teams. Therefore, the present research evaluates the collaboration between the social neighbourhood teams in the municipality of Almelo and their partners.

The municipality of Almelo

Almelo is a municipality in the east of the Netherlands. Compared to other Dutch municipalities, Almelo has relatively high unemployment rates, a larger part of population with a low income, and many citizens who need long-term care (KING, 2005). Since 2015, Almelo has six social neighbourhood teams to help citizens with their social and health-related needs. Five teams work in the following areas: Ossenkoppelerhoek, Sluitersveld/Schelfthost, Nieuwstraatkwartier, De Riet en Aalderinkshoek/Kerkelanden. The sixth team is responsible for citizens living in other areas in Almelo. The scope of actions of the six social neighbourhood teams is largely defined as *indication* (i.e. signaling problems and making plans) and *directing* (i.e. providing appropriate referrals and monitoring care plans). In addition, the teams are guided by the '5x-zo' working principles. The municipality expects the social neighbourhood teams to provide their services in a manner that is as near, fast, short, light and careful as possible (Gemeente Almelo, 2014).

Textbox 1: The organization of social neighbourhood teams

Social neighbourhood teams are organized in various ways. According to a large-scale survey of Movisie, the most common organization form among Dutch municipalities is a broad integral team that picks up all the requests about social care or health care (Arum & Schoorl, 2015). Another widely adopted organizational form is a wide integral team that only focuses on clients with complex requests for help, and specific teams focused on certain domains or target groups (Arum & Schoorl, 2015).

Several guidelines are present which can provide direction to their working activities and shape the organization of the teams. 'One family, one plan, one director' is seen as the main point in the delivering of care (KPMG Plexus, 2013). The director is a broadly educated professional who is a part of the team and is responsible for certain citizens or families. He/she makes an overview of the social requests and care requests of a client, and develops a plan tailored to their needs. Several domains become involved in this plan, including finance, housing, addiction, raising children, and mental health or physical health. (KPMG Plexus, 2013). The professional may provide advice, perform light interventions, organize informal help and arrange appropriate referrals to support or care providers (Sok, van den Bosch, Sprinkhuizen & Scholte, 2013). The self-sufficiency of a citizen, the power of his/her social network, and collective services or initiatives from volunteers in the neighbourhood are used as much as possible (KPMG Plexus, 2013; Sok et al., 2013).

The importance of collaboration

Collaborating is an essential activity for proper functioning of social neighbourhood teams. First, it is important to work in a proactive and preventive way, to avoid escalations and relapses (Sok et al., 2013; KPMG Plexus, 2013). In order to achieve this, social neighbourhood teams have to collaborate with organizations which can help them with signalling problems as soon as possible, such as the police and the community health care service. They can inform social neighbourhood teams about remarkable cases and advise people to ask the teams for help. Moreover, social neighbourhood teams have to work together with the social network of a client. For example, they can ask family or neighbours for help when someone is incapable of maintaining their garden without additional assistance. If this type of a social network is not available, or if a client needs more intensive help, collective services or basic care providers, such as community centres and social workers, may provide appropriate help. Finally, if specialized care is needed, the members of a social neighbourhood team can refer the client to specialized care providers, for instance a psychiatrist. The teams have to coordinate and integrate the actions of all their partners in order to offer customized care and to avoid duplication and overlap of provided services.

Academic research about collaboration shows that collaboration in general can have positive and negative effects. According to Zwarenstein, Goldman and Reeves (2009), collaboration between professionals can improve health care processes and outcomes. In particular, highly positive effects are found when collaboration occurs between partners with differing expertise. The diversity of knowledge and experiences ensures that a task is viewed from different perspectives, which may increase problem solving (Levi, 2007) and leads to better quality of decisions about patient care (Borill et al., 2000). Dreu and West (2001) show that integration of different views has a positive effect on creativity and innovation. Therefore, good collaboration has a synergistic effect: the results of a collaborative effort cannot be reached by the participants independently (Bronstein, 2003).

However, several findings show that the benefits of collaboration between professionals are not always present. When professionals have different backgrounds, the risk of distrust, miscommunication and conflicts increases (Levi, 2007). Additionally, diversity in a group may also increase the amount of time that is required to coordinate the collaboration and carry out activities (Levi, 2007). In order to avoid such negative impacts and take full advantage of the opportunities arising with a collaboration effort, it is important to regularly evaluate the collaboration and improve it where possible. Naturally, this is also the case for the collaboration between the social neighbourhood teams and their partners in the municipality of Almelo.

Research question

The aim of this thesis is to evaluate the collaboration between the social neighbourhood teams and their collaboration partners in Almelo, and give the municipality advice about how they can improve the collaboration. The research question is:

'How can the collaboration between social neighbourhood teams and their partners in the municipality of Almelo be improved?'

In order to answer the research question, three sub-questions have been formulated.

1. 'To what extent do social neighbourhood teams and their partners collaborate in the municipality of Almelo in 2016?'
2. 'To what extent are factors present that contribute to a good collaboration according to the literature, and which of these factors can be changed in order to improve collaboration?'
3. 'To what extent are the collaboration partners satisfied with the current collaboration with the social neighbourhood teams and what could be improved from their perspective?'

The three sub-questions are answered as follows. The intensity of current collaboration had been determined by measuring the extent of the presence of four dimensions of collaboration and calculating an index score (sub question 1). When scores are relatively low on one or more dimensions, improvements on these dimensions can be made in order to improve the collaboration. Another way to identify possible improvements for the collaboration is by determining the presence of factors which contribute to the quality of collaboration, and increasing the factors which are not present or which are only present to a small extent (sub question 2). Scholars state and/or found proof that several factors have a positive influence on collaboration. When these factors are not present in the collaboration (or are not sufficiently present), the collaboration can be improved by cultivating (introducing) these factors. A separate sub-section of the present research aims to empirically check if the assumptions about the positive influence of the factors of collaboration can be confirmed in this research. A third way to identify possible improvements is by gathering the opinions and ideas from organizations which act as the collaboration partners of the social neighbourhood teams in Almelo (sub question 3). This has been done by surveying the partners on the perceived bottlenecks and successes in their collaboration experiences, and asking about their ideas for possible improvements.

Before proceeding to measure the dimensions of collaboration and the contributing factors, a scientifically-grounded approach to identifying said dimensions is required. This was done by reviewing studies on the definition and constructs of collaboration, and on success factors which contribute to a good collaboration.

Theoretical framework

Definition of collaboration

The concept of collaboration can be viewed from different angles. First, some scholars argue that collaboration is a part of 'social behavior' and is related to 'social relationships' (Schmalenberg, Kramer, King, Krugman, Lund, Poduska & Rapp, 2005; Argyle, 1991). Additionally, 'interactions' is mentioned by several authors in the definition of collaboration (CHSRF, 2006; Schmalenberg et al., 2005). Several scientists focus their definitions of collaboration on the process or the results of collaboration. Regarding the process of collaboration, a distinction is made between coordination (Argyle, 1991) and sharing, such as sharing of responsibilities and resources (CHSRF, 2006; Lindeke & Sieckert, 2005; Himmelman, 2002; Mattessich & Monsey, 1992). Regarding the results of collaboration, most authors mention the aspect of achieving a common goal (Himmelman, 2002; Lindeke & Block, 1998; Mattessich & Monsey, 1992; Argyle, 1991).

The dimensions of collaboration

Four interrelated dimensions of collaboration can be identified: working goals, shared responsibilities, communication and coordination.

1. Working goals. The dimension 'working goals' refers to the rationale behind collaboration and what partners aim to achieve. Collaboration is a conscious choice. It can be established because of several reasons, such as shared problems, an assignment, a dependency or a desire to take advantage of the synergistic effect of collaboration. All these reasons are connected to certain goals, for example improving the well-being of citizens. An important aspect of this dimension is having communal goals which, according to D'Amour, Goulet, Labadie, Martin-Rodriguez and Pineault (2008), is essential for starting a collaboration. Another aspect of this dimension is goal clarity. Borill, West, Shapiro and Rees (2000) proved that the clearer the goals, the more effective the collaboration is.

2. Shared responsibilities. The dimension 'shared responsibilities' refers to making each other automatically responsible for certain activities. To reach goals through collaboration, collective action has to be taken. Collective actions can be narrowed into sub-actions with corresponding responsibilities. It is efficient to divide responsibilities among collaboration partners. Thereby, it can be useful to share resources, such as knowledge or skills.

3. Communication. The dimension 'communication' refers to the interactions between partners during collaboration. Communication is seen by various authors as the main activity of collaboration (Martin-Rodriquez, Beaulieu, D'Amour & Ferrada-Videla, 2005; Way et al., 2000; Henneman, Lee & Cohen, 1995). Communication means exchanging information. In case of care-giving, partners may exchange client information. With shared information, professionals can prepare themselves for a follow-up with their clients (D'Amour et al., 2008).

4. Coordination. The dimension 'coordination' refers to how activities relevant to the collaboration are organized. In order to carry out collective action in line with the requirements of the goal, certain responsibilities have to be divided. To avoid misunderstanding and conflicts about roles, coordination is essential, including a clear division of responsibilities and associated working activities (Atkinson et al., 2002).

Integration

The dimensions come together as follows. The rationale behind a particular collaboration determines the goals of the collaboration (dimension 1). To reach these goals, collective action has to be taken, which consists of several responsibilities and actions. The responsibilities are shared among all the actors (dimension 2). The interactions between the actors take form in their communication (dimension 3). And finally, efficiently reaching the goals and influencing the interactions between various actors requires coordination (dimension 4). Depending on the type of collaboration and the activities it involves, some dimensions might be more prominent than others.

The present research proposes a collaboration index which aims to measure the extent of collaboration based on four dimensions. The index equals the mean scores on the dimensions of 'working goals', 'shared responsibilities', 'communication' and 'coordination'. A lower score on this index indicates that the extent of collaboration between the partners is low, and a higher score indicates the opposite.

Contributing factors

The model of D'Amour et al. (2008) was used as a starting point for selecting relevant factors which contribute to collaboration. A detailed explanation of this model can be found in framework A in the Annex. D'Amour et al. (2008) identified 10 indicators to measure the degree of collaboration in health care. An in-depth examination showed that six of these indicators are appropriate for the purposes of the present research. Moreover, some indicators have been made more specific and measurable. The following contributing factors are identified:

Mutual trust. Without trust in each other, sharing responsibilities and collaborating is difficult. According to many scholars, trusting each other is important for developing a relationship in which collaboration can take place (Martin-Rodriguez et al., 2005; D'Amour, 2002; Way et al., 2000; Henneman et al., 1995). Building trust takes time, effort, patience and previous positive experiences (Henneman et al., 1995). When professionals do not trust each other, they may have the feeling that they are constantly taking risks and that they are in a vulnerable position. This distrust may result in avoiding collaboration whenever possible and therefore getting almost no experience in collaboration. At the same time, professionals can use the results of previous positive experiences of collaboration to evaluate each other and build trust (D'Amour et al., 2008). In short, mutual trust contributes to formation of networks (Nuno-Solinis et al, 2012), promotes collaboration (Henneman et al., 1995), and is essential for the durability of the relationship (Sanders & van Duin, 2001).

Mutual knowledge. Mutual knowledge refers to whether collaboration partners know each other well. Various academic inquiries have shown that it is important that professionals know each other personally and professionally to develop a sense of belonging, build trust and establish common goals (D'Amour et al., 2008; D'Amour, Ferrada-Videla, Martin Rodriguez & Beaulieu, 2005; Mattessich & Monsey, 1992). Knowing each other entails among other things, knowing each other's capacities, method of approach and scope of care delivery (Nuno-Solinis et al., 2012; D'Amour et al., 2008). For the social neighbourhood teams and their partners, mutual knowledge about what they can offer and how they work might be helpful to arrange suitable referrals to each other.

Client-centered approach. This factor refers to an approach to work and guidance in which the client is central. D'Amour et al. (2008) argue that a complex structure of different loyalties is present during collaborations, such as loyalty to the interests of the client, the interests of the organization, private interests or interests of the professions. In a collaboration between professionals working in different levels of care, it is important to give explicit priority to the interests and preferences of the clients (Nuno-Solinis et al., 2012). A study of Suter, Arndt, Arthur, Parboosingh, Taylor and Deutschlander (2009) states that having a focus on the needs of the client makes conflicts about roles less severe and less frequent.

Protocols. Formalization tools include protocols with rules and agreements (D'Amour et al., 2008). According to the CHSRF (2006) and Atkinson et al. (2002), such tools are success factors for an effective collaboration. The preparation and realization of these protocols can help to make the roles and responsibilities of each other clear, and makes it possible to discuss them constructively (Nuno-Solinis et al., 2012) and reach consensus. Sicotte, D'Amour and Moreault (2002), and D'Amour, Sicotte and Levy (1999) point out the importance of the formalization of rules and procedures for the development and improvement of collaboration.

Communication tools. This factor refers to possibilities of keeping in contact with each other**.** Communication tools take the form of email groups, intranet and forums (Nuno-Solinis et al., 2012; D'Amour et al., 2008). In addition, an information system can also be seen as a communication tool. Communication tools make it possible for partners to communicate with each other and to give each other feedback. In addition, communication tools provide a way of keeping everyone informed about changes and resolving coordination problems (D'Amour et al., 2008).

Meetings. The factor 'meetings' refers to collaboration partners coming together in such events as congresses, network activities and trainings. Many scholars advise to communicate via meetings (Nuno-Solinis et al., 2012; Xyrichis & Lowton, 2007; Borill et al., 2000). Meetings offer possibilities to learn about each other, to get to know each other, to develop trust and to communicate. Unlike other computer-mediated tools discussed above, meetings allow to engage non-verbal channels of communication. Xyrichis and Lowton (2007) found that regular meetings between collaboration partners can assist in resolving conflicts and encourage positive relationships. Borill et al. (2000) demonstrated that teams with regular meetings produce more innovation.

A remark should be made regarding the factors ‘meetings’ and ‘communication tools’. The presence of frequent meetings and connecting information systems can be seen as provisions which make collaboration easier. However, the frequency of meetings or the extent of usage of communication tools can be seen as indicators of communication, and therefore for the presence of collaboration. This shows the small difference between dimensions, which are part of collaboration, and factors that contribute to collaboration. Therefore , this distinction is carefully handled in the operationalization of the dimensions and contributing factors.

Method

Informants and procedure

The extent of the presence of the identified dimensions of collaboration and the contributing factors is measured by conducting a survey. This was done from the perspective of all the partners of the social neighbourhood teams. It was decided to focus on organizations and not to include the social network of the clients. In order to determine the organizations which collaborate with the social neighbourhood teams, the results of a recent survey of the six social neighbourhood teams were used. This survey was a part of a research effort of the advisory board of Almelo about social neighbourhood teams in Almelo, which the present research complements. Five questions in that survey collected information about the partners involved with the social neighbourhood teams (see framework B in the Annex). The answers to these questions allowed to make a detailed list of collaboration partners. Answers which could not be converted to a certain person or organization were excluded. In total, 73 organizations were approached. These organizations were asked to fill in the survey by employees who collaborated at least two times with the social neighbourhood teams in Almelo.

The group of participating organizations was divided into three types (see table A1, A2 and A3 in the Annex):

- Signalling partners, such as the municipal health service, who inform social neighbourhood teams about notable cases.
- Community services and basic care providers, such as welfare workers, neighbourhood nurses, helpers in the house and community services, who are providing support or basic care. There’s no referral necessary for this type of help.
- Specialist care providers, such as psychologists, who are providing specialist care. For this type of help a referral is necessary.

Organizations that fit in more than one type were connected to the type which is most relevant for the employees of the social neighbourhood teams. It was expected that the three types of partners experience (aspects of) the collaboration differently, because of their different role and tasks during the collaboration. A number of tests have been performed to check if those differences were indeed present.

In total 63 informants of 30 different organizations completed the questionnaire. It follows that of several organizations, multiple informants participated (see table 1). In this suvey, 30 organizations out of 76 reached organizations have participated, yielding a response rate of 39%. Comparing with the study of Nulty (2008), in which an average response rate of 39% for online surveys was found, this percentage can be interpreted as a moderate response rate. One can argue that the response rate could be even higher, since three informants preferred to stay anonymous.

Table 1: Number of informants and participating organizations

Amount of informants from the organizations	Specialist care providers	Collective services & basic care providers	Signaling partners	Total
1	5	13	2	21
2	1	3	-	4
3	2	-	-	2
4	1	-	-	1
5	1	-	-	1
6	1	-	-	1
10	-	-	1	1
Anonymous	-	-	-	3
Total informants	28	19	12	63
Amount of organizations	11	16	3	30

Note: The organizations are sorted by the number of informants they have provided.

Survey

Content of the survey. The survey consists of 24 items. It starts with three open-ended questions. In those questions the participants are asked about the strong points, bottlenecks and possible improvements in the collaboration. Then, there are various questions about the dimensions of collaboration and the contributing factors. To answer these questions, the informants have to choose an answer option on a Likert scale of 1 to 5. The survey was constructed such that questions which are applicable to the working situation of the informants were incuded. Taking the differences between the three types of collaboration partners in account, the content of two questions is slightly altered depending on which of the three groups the informant belongs to.

Variables of the collaboration index. The four dimensions, which are a part of the proposed collaboration index, were measured by 11 items in four scales. Table B1 in the Annex shows the scales of the four dimensions and the corresponding questions measured those dimensions. To ensure the quality of the measurements, several statistical tests were conducted. First, corrected item-total correlations were calculated, in order to determine how the items of the four scales contribute to the overall score on that scale. One item of the scale, which measures the dimension 'working goals', was dropped, because this item is negatively correlated with the overall score. With this item omitted, the correlations improved. All the retained items had corrected item-total correlations greater than 0,4, which demonstrates the internal consistency of the items, and the reliability of the four scales.

Moreover, a factor analysis was conducted in order to determine the convergence of the items which measure the four dimensions. Since the four dimensions are interrelated and might have some overlap, the Oblimin rotation method was most appropriate. This rotation type allows to account for factors which are correlated with each other. The results of the analysis show that four components can be distinguished, which corresponds to the four dimensions (see table 2). The first component is matching with the dimension 'shared responsibilities', the second component is matching with the dimension 'communication', the third component is matching with the dimension 'working goals', and the fourth component is matching with the dimension 'coordination'.

It is striking that the item 'How often do you get together with the teams?' seems to measure largely the same component as the items of the dimension 'shared responsibilities' instead of the dimension 'communication', as had been expected. Thus, the results shown in table 2 confirm the structure of the four-component index. To ensure that there is no significant correlation between the finalized forms of the components, a component correlation matrix is constructed (see table 3). This matrix shows that there is no statistically significant overlap, and therefore the four components can be adopted in the suggested form.

Table 2: Factor analysis of the collaboration index

	Components			
	1	2	3	4
'How often ask the teams for advices from you?'	,800	,137	-,066	-,164
'To what extent are you satisfied with the involvement of the teams?'	,904	-,139	-,053	,023
'How often do you meet?'	,759	,052	,101	,032
'To what extent are you satisfied with the quality of the received information?'	,151	,702	,072	,238
'To what extent are you satisfied with the amount of received information after a referral?'	,133	,663	,363	-,005
'How often do you use communication tools?'	-,162	,835	-,110	-,311
'Algning care goals'	-,073	-,003	,946	,027
'To what extent do you have common goals'	,095	,104	,840	-,115
'To what extent are your own responsibilities clear?'	-,075	-,114	,110	,932
'To what extent are each other's responsibilities clear?'	-,061	,124	-,388	,741

Note. Pattern matrix; Extraction Method: Principal Component Analysis; Rotation Method: Oblimin with Kaiser Normalization.

Table 3: Component Correlation Matrix

Components	1	2	3	4
1	1,000	,276	-,166	,223
2	,276	1,000	-,078	,217
3	-,166	-,078	1,000	-,150
4	,223	,217	-,150	1,000

Note. Extraction Method: Principal Component Analysis; Rotation Method: Oblimin with Kaiser Normalization.

Variables of the contributing factors. The seven contributing factors were measured with nine items. Table B2 in the Annex shows the contributing factors and the corresponding questions they were measured with. Most factors were measured by one item. The factors 'mutual trust', 'mutual knowledge' and 'communication tools' were (initially) measured by two items. Corrected item-total calculations and factor analyses with the two items of the factor 'mutual knowledge' showed results which support the use of two items as one composite variable. The results of the tests with the items of the factor 'mutual trust' were negative and did not support the use of the items as one composite variable. Consequently, the items were used separately in the analyses. Instead of the variable 'mutual trust', the variables 'perceived trust from the teams', and 'trust in teams' are measured and used in the analyses. Corrected item-total calculations with the two items of the factor 'communication tools' showed results which did not support the use of two items as one composite variable either. In the analyses a distinction is made between the variable 'information systems' and the variable 'provision of communication tools'.

Intra-organizational correlations. To get more insight into the reliability of the questionnaire, intra-organizational correlations are calculated for the closed questions in the questionnaire. These correlations are estimations of the consistency between the ratings of informants from the same organization on the questions. The results are visualized in table 4. The average of the correlations varies from r = ,216 regarding the single items of the collaboration index, up to r = ,434 regarding the average of the items of the index. Furthermore, the average of the correlations between the single items which measure the contributing factors is r = , 320 and the average of the correlations between single items (taking all closed questions of the survey into account) is r = ,293. According to the guidelines of Landis and Koch (1977), this can be interpreted as a fairly moderate consistency between the answers of the informants from the same organization on the collaboration index. However, several outliers are present, and caution should be exercised.

Table 4: Intra-organizational correlations

Organization	**Ambiq**	**ARBE**	**Aveleijn**	**DTZC**	**Gemeente Almelo**	**GGD**	**Jarabee**	**JP vd Bent**	**Mindfit**	**TMZ**	***Mean***
Index single items	,262	,028	,421	-,069	,495	,205	,396	,078	,203	,145	*,216*
Index Average	,587	,055	,685	-,149	,662	,721	,797	,296	,433	,253	*,434*
Factors single items	,239	,739	,357	,557	,325	,349	,202	,008	,433	,545	*,320*
Total single items	,203	,453	,282	,127	,418	,274	,359	,039	,325	,454	*,293*
N	4	2	3	2	2	10	6	5	3	2	

Note. 'Index average' stands for the average correlations between the raters on the index; 'Index single items' stands for the average correlations between the raters on the single items which are part of the collaboration index; 'Factors single items' stands for the average correlations between the raters on the single items which measure the contributing factors; 'Total single items' stands for the average correlations between the raters on all single items of the survey.

Data analysis

Closed questions. The first sub question of the present research, '*To what extent do social neighbourhood teams and their partners collaborate in the municipality Almelo in 2015*?', has been answered by measuring the extent of the presence of three dimensions and calculating the collaboration index. With this information, it is straightforward to estimate the intensity of collaboration and to see which dimensions are present to which extent.

The second sub question, *'To what extent are the factors contributing to collaboration currently present, and which of these factors can be changed in order to improve collaboration?*' was answered in two steps. The first step is calculating the averages of the variables which tend to measure the contributing factors. With this information it is possible to appoint which factors are present and which can be improved. The second step is determining if the factors have a positive effect on the collaboration index. This is done by correlation analyses and a multiple regression analysis.

In the statistical operations the significance level of 0,10 used. All the missing values are replaced with the mean score of that variable. This is the case for the three signalling partners on the questions: '*To what extent do you align the help with the social neighbourhood teams*?' and '*To what extent do you receive sufficient information from the social neighbourhood teams after a referral?'*. These questions aren't asked to them, because they do not match with their tasks in the collaboration.

Open questions. The third sub question, '*To what extent are the collaboration partners satisfied with the current collaboration with the social neighbourhood teams and what could be improved from their perspective?',* will be answered by summarizing the answers to the open questions in the survey about what is going well in the collaboration, what are the bottlenecks and how the collaboration could be improved. Besides that, the average satisfaction with the collaboration, will be calculated.

Results

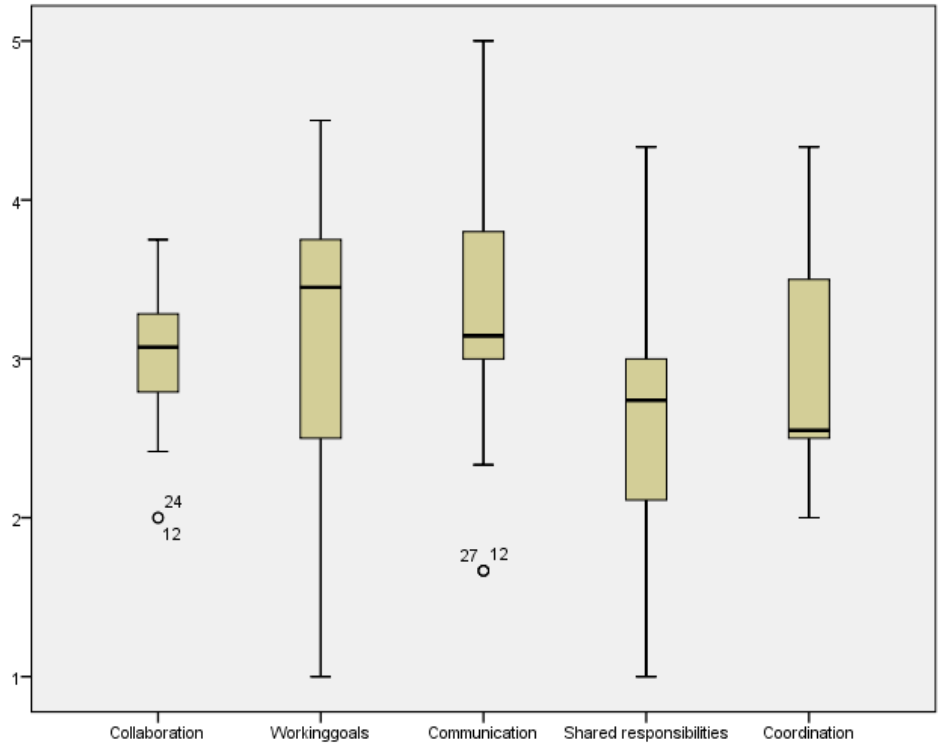
The extent of collaboration

'To what extent do social neighbourhood teams and their partners collaborate in the municipality of Almelo in 2015?'

Averages on the items and on the collaboration index are calculated for every type of collaboration partner (see figure 1 and table 5). Regarding the scores on the collaboration index, the mean score is 3.1 on a scale of 1 to 5. This indicates that the extent of the current collaboration between the social neighbourhood teams and the partners is moderate. Differences between the types of collaboration partners are present. However, none of these differences are statistically significant.

Figure 1 clearly shows that the scores on the dimension of 'communication' are relatively high. The average score on this dimension is 3.2 on a scale of 1 to 5, while the range of scores reaches from 2.5 till 5, omitting two outliers. The average scores on the dimensions 'shared responsibilities' and 'coordination' are relatively low. More specifically, the mean score on the dimension 'shared responsibilities' is for the specialist care providers, and for the collective services and basic care providers lower than 3 on a scale of 1 to 5. And the averages on the dimension 'coordination' are lower than 3 in all three types of partners. Furthermore, negative outliers are visible on the dimension of 'shared responsibilities' with scores of 1. The lowest scores on the dimension 'working goals' are also 1, however the average score on this dimension is higher (3,3).

Figure 1. Division of scores on the dimensions and on the collaboration index



In table 5, the average of every item is calculated separately. It becomes clear that two items of the dimension 'shared responsibilities' indeed have low averages: *'Sought advice to partners'* and *'Amount of meetings'*. The item *'Sought advice to partners'* has an overall average of 2,6. This item asks to what extent the employees of the social neighbourhood teams ask them for advice. The item *'Amount of meetings'* has an overall average of 2,2. This item asks the informants to what extent they meet with the social neighbourhood teams. It is notable that the scores on these two items are higher than three for the signalling partners. One item of the dimension 'coordination' has also a relatively low average. The average of the item which asks to the clarity of his/her own responsibilities is 2,6.

To conclude, the results show that the extent of collaboration is moderate for every type of collaboration partner. The dimensions 'working goals' and 'communication' both have averages which are higher than three on a scale from 1 to 5. This indicates that conditions for good collaboration goals and good communication are present. Some improvements can be made regarding the dimensions 'coordination' and 'shared responsibilities'. The possibilities are: making responsibilities clearer, organizing more meetings and asking each other for more advice when it might be useful.

Table 5: Total average of the items and dimensions, part of the collaboration index

Collaboration index	**P**	**C**	**S**	**Total mean**	**Kruskal-Wallis**	
	mean (SD)	**mean (SD)**	**mean (SD)**	**(SD)**	**Chi²**	**Sig.**
Working goals	3,7 (0,3)*	3,3 (1,0)	3,3 (0,8)	3,3 (0,9)	,30	,861
General common goals	*4,0 (0,1)*	*3,1 (0,9)*	*3,2 (0,8)*	*3,2 (0,9)*		
Agreeing or reconciling goals	-	*3,4 (1,2)*	*3,3 (0,9)*	*3,4 (1,0)*		
Shared responsibilities	3,2 (1,0)	2,6 (0,9)	2,6 (0,5)	2,7 (0,8)	,92	,632
Satisfaction with involvement	*3,4 (0,5)*	*3,2 (1,0)*	*3,3 (0,6)*	*3,3 (0,8)*		
Sought advice to partners	*3,0 (1,0)*	*2,5 (1,0)*	*2,7 (0,9)*	*2,6 (0,9)*		
Amount of meetings	*3,3 (1,5)*	*2,2 (1,2)*	*1,8 (0,7)*	*2,2 (1,1)*		
Communication	3,1 (0,0)*	3,1 (1,0)	3,2 (0,7)	3,2 (0,8)	,37	,832
Presence of referral information	-	*3,3 (1,3)*	*3,2 (0,9)*	*3,3 (1,0)*		
Quality of given information	*3,6 (0,5)*	*3,3 (1,1)*	*3,7 (0,8)*	*3,5 (0,9)*		
Using communication tools	*2,5 (0,5)*	*2,8 (1,3)*	*2,8 (1,0)*	*2,8 (1,1)*		
Coördination	2,8 (0,5)	2,8 (0,5)	2,8 (0,7)	2,8 (0,6)	,01	,994
Clarity of own responsibilities	*2,4 (0,6)*	*2,6 (0,7)*	*2,6 (0,8)*	*2,6 (0,7)*		
Clarity of each other's responsibilities	*3,2 (0,3)*	*3,0 (0,5)*	*3,1 (0,8)*	*3,0 (0,6)*		
Index score	3,2 (0,3)	3,0 (0,6)	3,0 (0,2)	3,0 (0,4)	1,23	,540

Note. Scale from 1 to 5; SD stands for standard deviation; P stands for signalling partners, C stands for collective services and basic care providers, S stands for specialist care providers; *One item of this scale is not answered by the signalling partners. The mean of all the other organizations on that item is used.

The presence of the contributing factors

'To what extent are the factors contributing to collaboration, according to the literature, currently present, and which of these factors can be changed in order to improve collaboration?'

In order to determine to what extent the contributing factors are present and which factors can be improved, the averages of the variables which measure these factors are calculated. The results are displayed in table 6. It becomes clear that three variables have overall averages that are lower than three: information system, mutual knowledge and protocols. The item which measures the factor 'information system' asks if the information systems are connected with the systems of the social neighbourhood teams. The mean score on the item is 2,5 on a scale from 1 to 5. The variable 'mutual knowledge' consists of two items which ask to what extent the informants know the teams and to what extent they estimate the teams know their organization. The mean score on this item is 2,8. The item which measures the factor 'protocols' asks to what extent there are protocols available for certain situations in the collaboration. The mean score on this item is 2,1.

Table 6: Averages of the variables which measure the contributing factors

Category → **Contributing factors↓**	**P mean (SD)**	**C mean (SD)**	**S mean (SD)**	**Total mean (SD)**	**Kruskal-Wallis** **Chi²**	**Sig.**
Information system	2,9 (1,2)	2,5 (1,3)	2,3 (1,1)	2,5 (1,2)	0,55	0,760
Provision of meetings*	3,2 (1,6)	3,0 (1,2)	2,6 (1,1)	2,9 (1,2)	0,72	0,698
Provision of communication tools*	3,5 (1,5)	3,0 (1,7)	3,2 (0,8)	3,1 (1,4)	0,07	0,965
Mutual knowledge	3,0 (0,5)	2,8 (0,6)	2,8 (0,7)	2,8 (0,6)	0,60	0,741
Client centered*	4,2 (0,8)	3,3 (0,8)	2,9 (1,0)	3,2 (0,9)	3,62	0,164
Protocols	2,0 (1,0)	2,2 (1,0)	2,0 (0,8)	2,1 (0,9)	0,19	0,910
Perceived trust from teams	3,4 (0,5)	3,4 (0,9)	3,6 (0,5)	3,5 (0,7)	0,25	0,881
Trust in teams	3,6 (0,5)	3,4 (0,6)	3,6 (0,4)	3,5 (0,5)	2,58	0,275
Clarity of goal**	2,7 (0,6)	2,5 (0,8)	2,6 (0,4)	2,6 (0,6)	0,66	0,718

Note. Scale from 1 to 5; P stands for signalling partners, C stands for collective services and basic care providers, S stands for specialist care providers*; *This item is recoded in value;* ** This item is deleted of the proposed index.

Another striking result are the scores on the variables 'provision of meetings' and 'provision of communication tools'. These variables are about the opinions of informants regarding the amount of provided meetings and communication tools. The average scores of these items are around the score 3, however outliers are present, ranging from 1 to 5 (see figure A in the Annex). Finally, the previously deleted item, *'Clarity of collaboration goal'*, is also added in table 6. The average of this item is 2,6. This indicates that the goal of the collaboration is not clear for everyone.

In short, the results show that improvements are possible in at least the following three factors: information system, mutual knowledge and protocols. Following the literature, the collaboration might improve when there is (more) mutual knowledge, information systems become (more) implemented and connected to each other, and when (more) protocols becomes formulated and implemented.

The influence of the contributing factors

The findings described in the previous section made it clear which factors can be improved in order to improve the collaboration. The recommendations which had been made were based on various statements in academic literature about factors that can improve collaboration. The aim of this section is to determine if the assumed positive influence of the factors can also be found in this research.

In order to do so, correlation analyses are performed for the items and the results on the collaboration index (see table 7). The results show that there are statistically significant relationships between four contributing factors and the score on the collaboration index: information system (r = ,498; $p < 0,01$), provision of meetings (r = ,450, $p < 0,05$), client –centered (r = ,420, $p < 0,05$) and trust from teams (r = ,472; $p < 0,01$). These relationships indicate that having a connected information system has a positive effect on the collaboration. Besides that, also the amount of provided meetings, the extent of having a client-centered approach, and the amount of (perceived) trust from the social neighbourhood teams in their partners have a positive influence on collaboration.

Other results worth mentioning are that having a client-centered approach, mutual knowledge and the provision of enough meetings are positively related to the (perceived) trust from the teams in the partners. In addition, the amount of (perceived) trust from the teams in their partners is negatively related to having trust in the social neighbourhood teams.

Table 7: Correlations among the contributing factors and the results on the collaboration index

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1. Information system	1,00								
2. Mutual knowledge	**-,338***	1,00							
3. Trust in teams	**-,307***	-,126	1,00						
4. Perceived trust from teams	,037	**,474*****	**-,560*****	1,00					
5. Protocols	**,387****	,031	**-,359***	-,060	1,00				
6. Provision of meetings	,139	,**322***	**-,407****	**,482*****	,131	1,00			
7. Provision of communication tools	-,002	-,185	**,532*****	-,099	**-,537*****	-,060	1,00		
8. Client-centered	,090	,**361***	-,279	,**376****	-,100	,195	,008	1,00	
9. Collaboration	**,498*****	,045	-,253	**,472*****	,010	,**450****	,136	**,420****	1,00

Note. Pearson correlation analyses; *p < 0,10, **p < 0,05, *** p < 0,01

Based on these findings, an explanatory model is constructed on the basis of the collaboration index via a backward method. Table 8 shows the results of (multiple) regression analysis. The first model enters all the factors. The second model excludes five factors from Model 1. The excluded variables are: mutual knowledge, the provision of communication tools and protocols. The significance value of these factors does not significantly contribute to the model. The second model shows the best fit. The adjusted R^2 slightly improves from ,59 to .61. This models shows that the factors 'perceived trust from teams', 'information system', 'client-centered' and 'trust in teams' are significantly correlated with collaboration.

To conclude, looking at the factors independently, it has been found that four factors have a positive relationship with collaboration: information systems, perceived trust from teams, client-centered approach and provision of meetings. When taking other factors into account, new conclusions can be made. The following four factors have a positive influence on collaboration: information system, perceived trust from teams, client-centered approach and trust in teams. The presence of the factor 'information system' is currently lacking. Most organizations appoint that they can not receive information from social neighbourhood teams via their information system. This means that improvements on this factor might provide the most improvements for the collaboration.

Table 8: Multiple linear regression analysis

		Model 1			Model 2	
Factors	**B**	**SE B**	**Beta**	**B**	**SE B**	**Beta**
Information system	,175	,067	,474***	,192	,051	,519***
Perceived trust from teams	,281	,128	,470**	,242	,105	,405**
Client-centered	,140	,075	,300*	,120	,066	,257*
Mutual knowledge	-,126	,133	-,187			
Provision of meetings	,109	,059	,303*	,093	,054	,258
Trust in teams	,286	,198	,344	,257	,141	,309*
Provision of communication tools	-,015	,065	-,046			
Protocols	-,046	,088	-,097			
R^2		,618			,596	
Adjusted R^2		,472			,511	

Note. * p < 0,10, ** p < 0,05, *** p < 0,01

Satisfaction of the collaboration partners

The previous parts of the results section gave more clarity on how to answer the first and second sub questions. This section will address the third sub question: *'To what extent are the collaboration partners satisfied with the current collaboration with the social neighbourhood teams and what could be improved from their perspective?'*

In order to answer this sub question, the answers on the three open questions in the survey are discussed and summarized. The informants were asked to describe what is going well in the collaboration, what the bottlenecks are, and how they think that the collaboration might be improved. To use any given answer to its fullest, the answers of all the 63 informants have been analysed, including the answers of multiple informants from one organization and the answers of the three anonymous informants.

What is going well in the collaboration. On the open question 'What is going well in the collaboration?', the informants were asked to fill in a maximum of four things. In total all the informants mentioned 142 things. After grouping their answers six themes emerge, as summarized in table 9.1.

Table 9.1: Summary of answers on the question: What is going well in the collaboration?

Theme (%)	Examples
Accessibility (79%)	'They are easily accessible. They're well represented in local meetings for mental health care organizations.'
Communication (54%)	Referrals are going well, because I receive information of the whole case.'
Involvement (33%)	They are very involved people'
Achievements (16%)	The social neighbourhood teams take things adequately'
Aligning (19%)	'Aligning about protected living and scaling off to custom facilities occurs frequently and is working well.'
Personal features (16%)	They're very nice, respectful and passionate people.'
Other (19%)	Names and faces are known'

Note. % stands for the percentage informants who gave an answer in line with this theme

One theme is accessibility. Many informants find it easy to get in touch with the social neighbourhood teams. Phrases like, 'They're easily visible', 'They're well accessible', and 'They're easy to approach', are used by 50 informants. Some informants added some detailed information to their answers. For example: 'The accessibility is good, because their mobile phone numbers are communicated to us'. Other examples are: 'They're well represented in the meeting of GGZ Almelo', 'There is a central point where issues can be reported', 'They are involved in educational institutions through representatives' and 'The lines are short, because we are working in the same building'.

Another theme, which is mentioned by 34 informants, is communication. Some of the informants indicate that contacting the teams takes little time and the interactions are going fast. Besides that, discussions about what is needed for a client are going well and one of the informants mentioned that she experiences added value of the consultations in kindergartens with the social neighbourhood teams. Some of the signalling partners experience that: 'Meetings can be organized easily with the social neighbourhood teams', 'If there is consultation, this goes smoothly' and 'After a referral the feedback is usually good'.

Thirty three informants gave answers according which revolved around the themes ‘involvement’ and ‘alignment’. Regarding the theme of involvement, some of the informants pointed out that: 'The social neighbourhood teams frequently use our expertise and take our recommendations seriously', 'They're are very involved people', 'They contribute to the think process’ and 'They let our organization think along'. On the theme of aligning, 12 informants mentioned that they experience the aligning as very good. Most informants just answered the question by filling in the word: alignment. Some other informants gave a more extensive answer, such as: 'I experience the aligning as customizable' and 'Aligning about protected living and scaling off to custom facilities occurs frequently and is working well'.

Achievements and personal features are two other themes. 10 informants answered the question by giving various positive aspects of the way of working of the social neighbourhood teams or their achievements. They answered with phrases like: 'The social neighbourhood teams take things adequately', 'They can make a good estimation of what is needed', and 'They handle carefully in dangerous situations where children are involved’. Other informants indicate that the whole network of a client becomes involved by signalling problems and making a care or support plan. The alignment is centred around the client and the advice the client is offered is always tailored to his/her needs. According to the theme of personal features, ten informants appointed some personal features which they experience as good in the collaboration, i.e.: they are nice, flexible, passionate, involved and respectful.

Some answers of the informants do not fit in the previous themes, but have been mentioned at least twice. Seven informants stated that the social neighbourhood teams take their responsibilities and adhere to agreements. Three of the basic care providers indicate that faces are known to each other, which might facilitate the communication. And finally, two of the specialist care providers indicate that they experience the working attitude of the social neighbourhood teams as nice, because they are open to collaborating.

What are the bottlenecks in collaboration. On the question 'What are the bottlenecks in the collaboration?’, the informants have been asked again to fill in a maximum of four things. In total, 63 informants mentioned 89 things. After grouping their answers five themes emerge, as summarized in table 9.2.

Table 9.2: Summary of answers on the question: What are bottlenecks in the collaboration?

Theme (%)	Examples
Lack of knowledge (24%)	'They have a lack of knowledge about what our organization can contribute'
Long waiting time (27%)	'Facilities are not connected to each other because of the long waiting time until care realization.'
Reachability (17%)	'Sometimes they are hard to reach via telephone or e-mail'.
Uncertainties of responsibilities (19%)	'It's not always clear who is responsible for what'.
Communication (13%)	'Our organization becomes not always invited for a multidisciplinary meeting'
Other (32%)	'Goals are often not set reachable and realistic'

Note. % stands for the percentage informants who gave one answer in line with this theme.

Fifteen informants indicated various forms of a lack of knowledge by the social neighbourhood teams, i.e.: 'They have little knowledge of benefits, finance and debt.' and 'They have less knowledge about traumatic brain injury.' Some answers are about a lack of knowledge about which organizations are able to contribute by giving support or care, what exactly the organizations can contribute and what are the appropriate requests.

Another theme which is mentioned by 17 informants is waiting time. The informants indicated that employees of the social neighbourhood teams are overloaded with too many requests, causing long waiting lists for the clients. One of the basic care providers mentions: 'There is a waiting list for three months. When you want to a sign up a client, the situation after these months is often changed or clients are no longer motivated to receive aid'. Other informants indicated that facilities are not connected to each other because of the long waiting time until care realization. One of the basic care providers confirmed this by answering the question with the following example: 'Sometimes a client is ready to change from protected living to independent living with partial support. Because of the long waiting times this is not possible'. Along with difficulties in care connection, the phrase 'It is very customer unfriendly' is also used by an informant.

Eleven informants indicated that they have experienced problems getting in contact with social neighbourhood teams, especially by phone. For example, one informant stated: 'The employees of the social district teams seem to be very busy. It's hard to get them to hold the phone and it sometimes takes several days they email back.' Some other informants experience that social neighbourhood teams are difficult to find or do not always find their organization.

Twelve informants gave answers which correspond with the theme of uncertainties over responsibilities. It is not always clear for the informant who is doing what and who is responsible for what. One example of the given answers is: 'There's no clear role definition about who does what (neighbourhood teams versus care providers). Descriptions are generally formulated, making interpretation sensitive.' Other phrases which were used in the answers are: 'It is not clear to everyone what the working tasks are of the social neighbourhood teams', 'It's not always clear who is responsible for what', and 'Sometimes there is duplication of effort, e.g. house visits by both of us.'

Communication is another theme. Eight informants answered the question by mentioning their bad experiences regarding the communication with the social neighbourhood teams. One of the signalling partners indicated that the organization which she/he works for is not always invited for multidisciplinary meetings. Other signalling partners mentioned that they are not always asked for information when an unsafe situation exists. Some specialist care providers indicate that they do not like that there are no regular contact and meetings between their organization and the social neighbourhood teams. Moreover, not every employee of the social neighbourhood teams give their organization feedback about cases, and the social neighbourhood teams do not always call them back. One employee of a collective service answered: 'Information about our services, such as courses does not arrive to all the employees of the social neighbourhood teams. They get the mail, but they do not have the time to align with us about which courses are needed.'

Some answers of the informants do not fit in the themes listed above. Six of the specialist care providers have problems in the collaboration with social neighbourhood teams when it comes to care assessments. Applications for care assessments take a lot of time, clients experience unrest over the care assessments whenever it happens, and when the request is accepted, it takes a long time until the digital confirmation is received. And finally, some bottlenecks that have only been mentioned once are: 'The set goals are often not reachable and realistic', 'Not every employee of the social neighbourhood teams takes the control', 'The social neighbourhood teams tend to follow their own judgement', 'They tend to apply for aid which is too light for a client, especially for mentally disabled clients' and 'There is still no covenant between our organization and the social neighbourhood teams'.

What are possible improvements for the collaboration. After grouping the answers to the question regarding possible improvements for the collaboration with the social neighbourhood teams, nine themes emerge, as summarized in table 9.2.

Table 9.3: Summary of answers on the question: What are possible improvements?

Theme (%)	Examples
Knowledge about partners (27%)	"Meet each other and give information about what you can do for each other in the interest of the citizens of Almelo.'
Short lines (27%)	'Regular consultations with own social neighborhood team(s).'
Information exchange (17%)	'Face to face contact makes getting in contact with each other easier.'
Aligning (16%)	'Find more connection with each regarding casuistry'
Agreements (10%)	'Clear agreements around shared goals, interests and processes'
Promoting expertise (10%)	'I would like to have the opportunity to share field experiences. Perhaps, twice a year an
Proximity (8%)	introductory evening or lunch in a certain them could be organized'.
	'I would like to work once a week in the same building as were the employees of social
Dealing with waiting times (8%)	neighbourhood teams are working'.
	'Shortening the waiting times by looking for possibilities to organize certain situations different or by using care providers on a temporarily basis to filling the gap during a waiting period.'
Task division (5%)	Don't try to put the working functions of the employees to one certain role.'
Other (19%)	'The attitude should be more focused on serving the citizens and less I on what is right for the citizen from the perspective of the caregiver'

Note. % stands for the percentage informants who gave an answer in line with this theme.

One of the themes is improving knowledge about possible collaboration partners and making the communication lines shorter. Seventeen informants indicated various possibilities to improve the knowledge, for example: 'Information meetings inside the neighbourhood or municipality', 'Organize biannual network meetings with a common subject', and 'Meet each other and give information about what you can do for each other in the interest of the citizens of Almelo'. Another seventeen informants answered the question by giving suggestions to make the lines shorter between the social neighbourhood teams and their own organization. One informant put forward the following idea: distributing an overview with the names and telephone numbers of the employees of the social neighbourhood teams, with information about for which neighbourhood they are responsible, to every

collaboration partner. Some of the other ideas were: holding more structural meetings, including information exchange or one or two fixed coaches to keep in contact with.

The second theme is information exchange, aligning and agreements. Twenty seven informants mentioned answers which are in line with this theme. Suggestions on improving the information exchange included: 'Face to face contact makes getting in contact with each other easier', 'Join a team meeting to inform each other about recent developments', 'Organize regular meetings', 'Let each other know more what's happening in the neighbourhood', 'Exchanging more knowledge' and 'Discuss cases with each other'. Recommendations on improving alignment included: making notifications of every contact with a care or support giver, expressing expectations and looking for more connections regarding casuistry. And finally, some suggestions about agreements were: 'Clear agreements around case management.', 'Clear agreements around shared goals, interests and processes' and 'Fixed protocols regarding the contact with JGZ, such as an acquaintance, four weekly feedback and evaluation.'

Proximity and promoting expertise are two other themes. Regarding the team proximity, five informants indicated the idea to get physically closer to each other by working in the same building. In regards to the theme of promoting expertise, six informants suggested using and promoting the expertise of each other more. One of the expressed ideas is as follows: 'I would like to have the opportunity to share field experiences. Perhaps, twice a year an introductory evening or lunch in a certain theme could be organized'. Other ideas were: 'Sharing more knowledge' and 'Exchanging of expertise at location'.

The next two themes are about tasks division and dealing with waiting times. Regarding the task division, three informants shared their ideas for improvement. One of them mentioned: 'Don't try to put the working functions of the employees to one certain role'. On the other hand, a different the informant wished to have a clear division of tasks, especially about who operates in which part of the legal process. Five informants wanted to see improvements in dealing with long waiting times. However, only two of them expressed practical ideas. One of the basic care providers suggested giving priority to clients which live under protection (24-hour care) yet are able to live on their own with some support (which would be a less expensive care service). The other idea was as follows: 'Shortening waiting times by looking for possibilities to organize certain situations different or by using care providers on a temporary basis to filling the gap during a waiting period.'

Some answers of the informants don't fit in the themes outlined above. Four informants answered the question by giving suggestions to solve the problems regarding care assessments for indications. Some of them suggested providing an indication for a longer time or an indication on the basis of hours in a year instead of four weeks. Two basic care providers answered the question by suggesting that the attitude of the social neighbourhood teams has to be changed, using such phrasing as: ' Neighbourhood teams should be more pro-active since the changes in January 2015' and 'The attitude should be more focused on serving the citizens and less on what is right for the citizen from the perspective of the caregiver'. Finally, some other ideas to improve the collaboration which had

been mentioned only once are: 'Less bureaucracy', 'No hiring of people for only three months' and 'No preference of social neighbourhood teams in health care organizations, but giving clients free choices.'

Quantification. Finally, the answers on the closed question asking the informants to give a score for their satisfaction with the collaboration are analysed. The results show that the mean score that informants gave is a 3.6 on a scale from 1 to 5, where 1 stands for very dissatisfied with the collaboration and 5 stands for very satisfied with the collaboration (see table 10). Table 5 also shows the frequency of the chosen answers per type of collaboration partner. It is visible that 65 percent of the informants gave their satisfaction of the collaboration a four, which stands for being satisfied with the collaboration. Connecting these results to the amount of positive and negative arguments which have been mentioned, it becomes clear that the height of the score of satisfaction is significantly correlated with the ratio of the positive and negative arguments, $r = ,283$, $p < 0,05$ (see table 11). This gives support for the construct validity of the question.

In short, the partner organizations' assessments of collaboration with social neighbourhood teams are more positive than negative. Some positive arguments are the accessibility of the teams and the communication with them. However, some bottlenecks have been identified: for example, the lack of knowledge on the social neighbourhood teams' part, particularly about what their organization can contribute, and the long waiting time until care realization. The informants suggest, amongst others, to meet each other more often to increase knowledge about each other, making the lines shorter and information exchange easier. When answering the question about possible improvements, most informants suggest meeting each other more often.

Table 10: Satisfaction of the collaboration partners with the collaboration

Frequency	**Signalling partners**	**Community services & Basic care providers**	**Specialist care providers**	**Total (%)**	**Kruskal-Wallis Chi²**	**Sig.**
Score 1	0	1	0	1 (3%)		
Score 2	0	1	0	1 (3%)		
Score 3	1	4	3	8 (26%)		
Score 4	2	10	7	19 (63%)		
Score 5	0	0	1	1 (3%)		
N	3	16	11	30		
Mean (SD)	3,8 (0,4)	3,4 (0,9)	3,8 (0,6)	3,6 (0,7)	0,468	0,791

Note. The score is from 1 to 5, where 1 stands for very dissatisfied with the collaboration and 5 stands for very satisfied with the collaboration.

For some last insights it is explored if the ratio of positive and negative arguments or the closed question about the satisfaction with the collaboration are good measurements for the determination of the extent of collaboration (see table 11). Calculated correlations show that there is no statistical significant relationship between the ratio of positive and negative arguments, and the results on the collaboration index (r = ,247, p > 0,10). The correlations between the satisfaction with the collaboration and the results on the collaboration index do not show a relationship either (r = 0,95, p > 0,10). Regarding the variables which measure the factors, two relationships are statistically significant. The factor 'mutual knowledge' is positive related to the ratio between positive and negative arguments (r = ,452, p <0,05). Besides that, a positive relationship between the factor 'mutual knowledge' and the satisfaction with the collaboration is also present (r = ,631, p < 0,01). Last, a relationship is found between the factor 'perceived trust from teams' and the satisfaction of collaboration (r = ,548, p < ,01) and with the ratio of positive and arguments(r = , 330, p <,10).

Table 11: The relationship between the satisfaction, and the amount of mentioned positive and negative argument

	Organizations		**All informants**	
	Total	Mean (SD)	Total	Mean (SD)
Positive arguments	65	2,2 (1,1)	138	2,3 (1,2)
Negative arguments	40	1,3 (0,9)	87	1,5 (1,0)
Ratio		0,6 (0,3)		0,6 (0,2)
Satisfaction		3,6 (0,7)		3,6 (0,8)
Pearson correlation between ratio and satisfaction		,720***		,269**
N	30		62	

Note. * p < 0,10, ** p < 0,05, *** p < 0,01

Conclusion

Since January 2015, social neighbourhood teams have been active in the municipality of Almelo. The aim of the present thesis has been to evaluate the collaboration between these teams and their partners. This had been done in three ways. *First, the extent of collaboration was measured by an index consisting of four dimensions: common goals, communication, shared responsibilities and coordination. These dimensions were measured in the form of several more-choice questions in a survey. Besides that, the presence of factors contributing to collaboration was measured in that same survey. Furthermore, the opinions of the informants on three other aspects of collaboration with social were gathered in the form of three open questions. The informants were asked to what is going well in the collaboration, what the bottlenecks are and how they think the collaboration can become improved.* In this section all the results are summarized and interpreted. Several subjects will be discussed from multiple perspectives.

The collaboration index

The results of the index indicate that the extent of collaboration between the social neighbourhood teams of Almelo and their partners is moderate, and most partners are satisfied with the collaboration. The communication between the social neighbourhood teams and their collaboration partners seems to go well. The informants indicated that the quality of the information they receive is good and they get enough information of the teams after a referral. The answers to the open questions confirm this. More than half of the informants mentioned communication as an aspect that is going well in the collaboration. One of the informants mentioned: 'Referrals are going well, because I receive information about the whole case'.

Regarding the second dimension, common goals seem to be present. The informants pointed out that they have many goals in common, such as the protection of the client safety, and they mostly align their services to the care goals of the social neighbourhood teams. In the answers of the open questions, aligning is mentioned by 16 percent of all the informants. However, they mostly mentioned the word 'aligning' alone as an aspect that is going well in the collaboration, and the aligning of goals specifically.

In regards to the dimensions 'coordination' and 'shared responsibilities', some improvements can be made. The informants stated that their responsibilities are not clear in the collaboration, the social neighbourhood teams do not ask their partners for advice often and they do not meet each other frequently. The answers to the open questions make it clear that the informants would prefer to meet the social neighbourhood teams more often. They pointed out that having more meetings would make communication lines shorter between them. Besides that, it will increase the knowledge about each other, which was mentioned by almost a quarter of the informants as a bottleneck in the collaboration.

Knowing each other and knowing which services the other can provide creates trust and confidence among partners. that way, the goals of the municipality can be met more effectively and efficiently. For example, consider a scenario in which the municipality wants the social neighbourhood teams to refer clients to care which is as light as possible. When the teams have more knowledge about possible partners, they feel more confident in turning to alternative care. The quantitative analyses of this research confirm that the informants perceive that the social neighbourhood teams have little knowledge about their partners. The results of the correlation analyses show relationships between the amount of knowledge and the trust of the social neighbourhood teams in their partners. In addition, there seems to be a relationship between the amount of mutual knowledge and the frequency of meetings. In short, the collaboration may be improved by organizing more meetings and stimulating the partners to gather more knowledge about each other.

An important note regarding the recommendation to organize more meetings, is that the informants pointed out that they experience long waiting lists. It appears that the social neighbourhood teams have an overly excessive workload with client cases, and therefore less time is reserved for meetings which are not focused on the client. It is suggested to organize some open-session hours for service providers and caregivers, or short and effective meetings in which many partners are present at the same time. Besides that, a yearly meeting with groups of care professionals in the municipality is also proposed to exchange knowledge or skills and to get to know each other on a more personal level.

Causal relationships

In regards to the relationships between the contributing factors and the intensity of collaboration, four factors seem to have a positive influence on collaboration: information systems, perceived trust from teams, client-centered approach and trust in teams. Currently, the presence of connecting information systems are largely insufficient. This means that increasing this factor might provide the most improvements for the collaboration. The presence of connecting information systems is not easy to amend because of privacy laws protecting the clients. One possible remedy is to let clients manage their own dossiers.

Some last remarks should be made about the item which has been dropped from the collaboration index in the earlier stage of the research. This item, ‘The clarity of the collaboration goals’, is present in current collaboration to a small extent. Even though this item does not seem to fit in the proposed index, it is an important aspects of collaboration according to academic literature. It is therefore recommended to make the goal of the collaboration more clear to the partners.

Possible improvements of the collaboration

Turning back to the main research question of the present thesis, the following improvements can be suggested:

- Organize more meetings, such as open-session hours for service providers, short and frequent meetings with many partners at the same time and a yearly meeting in Almelo to exchange knowledge and skills. Also, several informants noted that working in the same building with the social neighbourhood teams is helpful to their collaboration and makes the partners more accessible.
- Make the goal of the collaboration more clear to the partners and stimulate them to make each other's responsibilities more clear. Since customized care should be pursued, responsibilities should be divided for every case separately. Recommended is to organize a first meeting, with the client and most of the involved people, in which tasks and responsibilities will be divided.
- Stimulate the social neighbourhood teams to gain more knowledge about (possible) partners. Some simple interventions may be sufficient, such as formulating a list with all care organizations or collective services in Almelo, noting their phone numbers and the services they can provide.
- Make the information transfer easier by implementing (more) safe ICT connections between care givers, or let the clients manage their own dossiers.
- Protect a client-centered working approach and mutual trust among the partners.
- The long waiting lists should be reduced. The first step is to avoid any overlap between caregivers by making very clear what the division of the responsibilities will be in every individual case. Besides that, it is recommended to discuss the waiting lists with the municipality and ask a (management) expert to investigate the efficiency of the processes. Possibly, more people can be employed in the social neighbourhood teams, or some other measures can be taken. One of the informants suggested filling the gaps during the waiting-time by temporarily care givers. However, it is important that the quality of the care for the client is not reduced.

Discussion

In this research, qualitative estimations of the social neighbourhood teams' partners are combined with characteristics of the collaboration. For example, the opinions of the informants expressed in the open questions made it clear that the collaboration partners experienced a lack of meetings as a bottleneck in their collaboration; while the quantitative data has confirmed that the number of provided meetings during the collaboration effort is indeed low.

The external validity appears to be in order. The opinion and ideas of a large part of the collaboration partners are analysed in this study. Thirty nine percent of the organizations which are mentioned by the employees of the social neighbourhood teams as collaboration partners, filled in the questionnaire. Besides that, it was investigated whether there are differences in scores between three types of partner organizations, which was not the case. Furthermore, in 10 cases more than one informant of an organization filled in the survey. The average of the inter-rater reliability between the informants of the same organization had fair to moderate reliability. This demonstrates the reliability of the multiple-choice questions in the survey.

Aside from its empirical value for the municipality of Almelo, this research also has scientific value. First, a clear overview of factors that are necessary for collaboration and/or have a positive influence on the quality of the collaboration is presented. Subsequently, a collaboration index, calculated as the average of the four dimensions of collaboration, was created as a measurement for the collaboration intensity. After one of the items has been dropped, the quality of the index was good: the items were internally consistent and a test indicated that the items are measuring together the four dimensions and one overarching dimension. These findings supported the reliability and validity of the of the index as a measurement tool.

Finally, it was determined which of the identified factors have influence on the current collaboration. A model was constructed to determine if these relationships are still visible when other factors are taken into account. The best-fit model consists of five factors: trust in social teams, perceived trust from teams, the provision of meetings, client-centered and information system. The other factors did not have enough unique contributed value. At the same time, academic literature suggests that they do have a positive influence on collaboration. This can mean several things. Possibly, not all dimensions of collaboration are identified and the index is not complete yet; the literature isn't right about the positive effect of the factors; or the measurement and operationalization of identified dimensions and factors needs to be adjusted.

The first striking observation regarding the operationalization is that most factors tend to be measured with only one question. Here, one possible arising concern is that only a small part of the factor is being measured. For example, the factor 'protocols' is measured by the question: 'To what extent are there protocols present in the collaboration?'. Even though the dimensions are measured by several questions, this may still pose content validity concerns. It follows that a suggestion for future research is to focus more on the operationalization of the dimensions and factors, and to check again if the causal relationships are present.

In short, the focus of this research was to measure characteristics of the collaboration and evaluate the collaboration, which has been achieved. Thus, a basis for future research about collaboration measurements and relationships between success factors of collaboration and their influence on collaboration is constructed.

Annex

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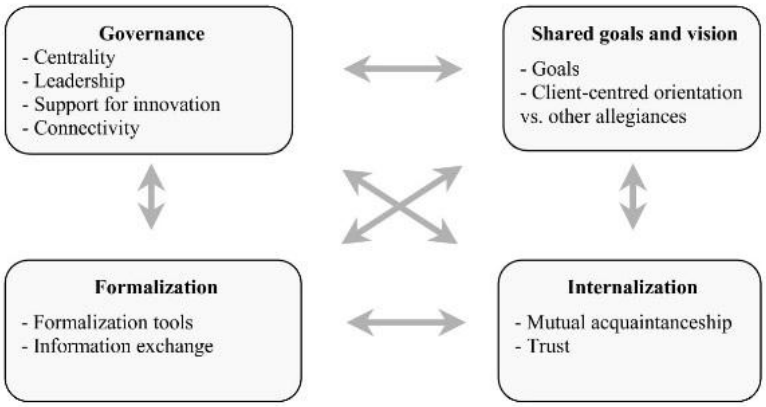
Additional information

Theoretical framework A

Collaborationmodel of D' Amour et al. (2008)

D'Amour et al. (2008) constructed a model to determine the degree of collaboration between professionals from different healthcare sectors and organizations by interviewing 33 healthcare managers and using these interviews on an inductive and deductive way. The model consists of four dimensions which influence each other. They can be measured by 10 identified indicators (see figure 2). The dimension shared goals and vision refers to the existence and recognition of common goals and expectations of the collaboration. The dimension internalization refers to the consciousness of the professionals about their interdependence, which translates into the sense of belonging and a relationship of trust. The dimension formalization refers to rules in terms of structuring and regulating actions. Finally, the dimension governance is about the central leadership, the leadership of the team, expertise and connectivity.

Figure 2. **Collaborationmodel of D'Amour et al. (2008)**



Theoretical framework B

Survey questions of the research of Oude Vrielink & De Vries (2016)

10. In hoeverre werken de wijkcoaches in uw team samen met ...

	(bijna) nooit	Met enige regelmaat	Vaak
... huisartsen	○	○	○
... GGD	○	○	○
... Veilig Thuis Twente	○	○	○
... politie	○	○	○
... brede welzijnswerk	○	○	○
... maatschappelijk werk	○	○	○
... leerplichtambtenaren	○	○	○
... raad voor de kinderbescherming	○	○	○
... gecertificeerde instellingen	○	○	○
... woningcorporaties	○	○	○
... wijkverpleegkundigen	○	○	○
...vrijwilligersorganisaties	○	○	○
... jeugdgezondheidszorg	○	○	○

12. Kunt u voor de algemene voorzieningen waarnaar u vaak verwijst een organisatie noemen waarmee u veelvuldig samenwerkt?

Brede welzijnswerk	
Onafhankelijke cliëntondersteuning (Almelo Sociaal)	
Dagactiviteiten (licht) verstandelijk beperkten	
Activiteiten in wijkcentra	
Mantelzorgondersteuning	
Licht ambulante hulp	
Dagactiviteiten	
Thuisadministratie	
Vervoers- en oppasdienst	
Vrijwillige ouderenadviseur	

14. Kunt u voor de specialistische hulpverlening waarnaar u vaak doorverwijst een aanbieder noemen waarmee u veelvuldig samenwerkt?

Huishoudelijke hulp, thuiszorg en woonzorg	
(Jeugd-)GGZ	
Verslavingszorg	
Jeugd- en opvoedhulp	
Zorg voor en hulpverlening aan (licht) verstandelijk beperkten	
Vrijgevestigden	
Individuele begeleiding	

Lists of responded organizations

Table A1: Collective services and basic care providers

Responded organization	Informants (N)
Scoop Welzijn	1
Stichting Informele Zorg Twente (SIZ)	1
Maatschappelijk Werk Noord West Twente	1
Humanitas	1
TMZ	2
Gemeente Almelo	(+) 2
Almelo doet mee	1
Armoedepact Almelo	1
Cimot	1
ARBE Dienstverlening	2
Eschrand autizorg	1
MEE IJsseloevers	1
Thuisteam Twente	1
Victorie Hulp en Dienstverlening	1
ZaZ Welzijn	1
Zorgboerderij alles Kidts/erve broekhuis	1
Anonymus	1

Table A2: Specialist care providers

Responded organization	Informants (N)
Aveleijn	3
Jarabee	6
De Twentse Zorgcentra	2
Ambiq	4
JP van de Bent	5
s'Heerenloo	1
RIBW	1
Basis GGZ	1
Mindfit	3
Independent psychologist	1
General practioner	1
Anonymus	2

Table A3: Signalpartners

Responded organization	Informants (N)
Veilig Thuis Twente	1
GGD Twente	10
Beter wonen	1

Operationalization

Table B1: Operationalization of the dimensions into measurable statements

Variables	Questions and statements (Dutch)
Working goals	In welke mate is het samenwerkingsdoel met de sociale wijkteams duidelijk voor u?
	In welke mate bestaan er in de samenwerking met de sociale wijkteams gemeenschappelijke doelen, zoals de veiligheid van een individu waarborgen?
	Bij welk gedeelte van het totaal aantal cliënten/gezien waarbij jullie samen betrokken zijn, sluit u de hulp die u biedt aan op de doelen, die opgesteld zijn door de sociale wijkteams?
Communication	Krijgt u voldoende informatie van het sociale wijkteams na een doorverwijzing?
	Is de kwaliteit van de informatie die u ontvangt van de sociale wijkteams is goed?
	In welke mate maakt u voor de samenwerking gebruik van communicatiemiddelen, zoals een e-mailgroep, intranet of een informatiesysteem, om contact te hebben met de medewerkers van de sociale wijkteams?
	Hoe vaak komt u gemiddeld samen met een van de medewerkers van de sociale wijkteams in de vorm van vergaderingen, trainingen of sociale activiteiten?*
Shared responsibilities	In hoeverre bent u tevredenheid over de mate van betrokkenheid van de medewerkers van de sociale wijkteams?
	Hoe vaak vragen medewerkers van sociale wijkteams advies aan u?
Coordination	Is het duidelijk voor u wie in de samenwerking verantwoordelijk is voor welke werkzaamheden?
	Is het duidelijk voor u wat uw verantwoordelijkheden binnen de samenwerking is inhouden?

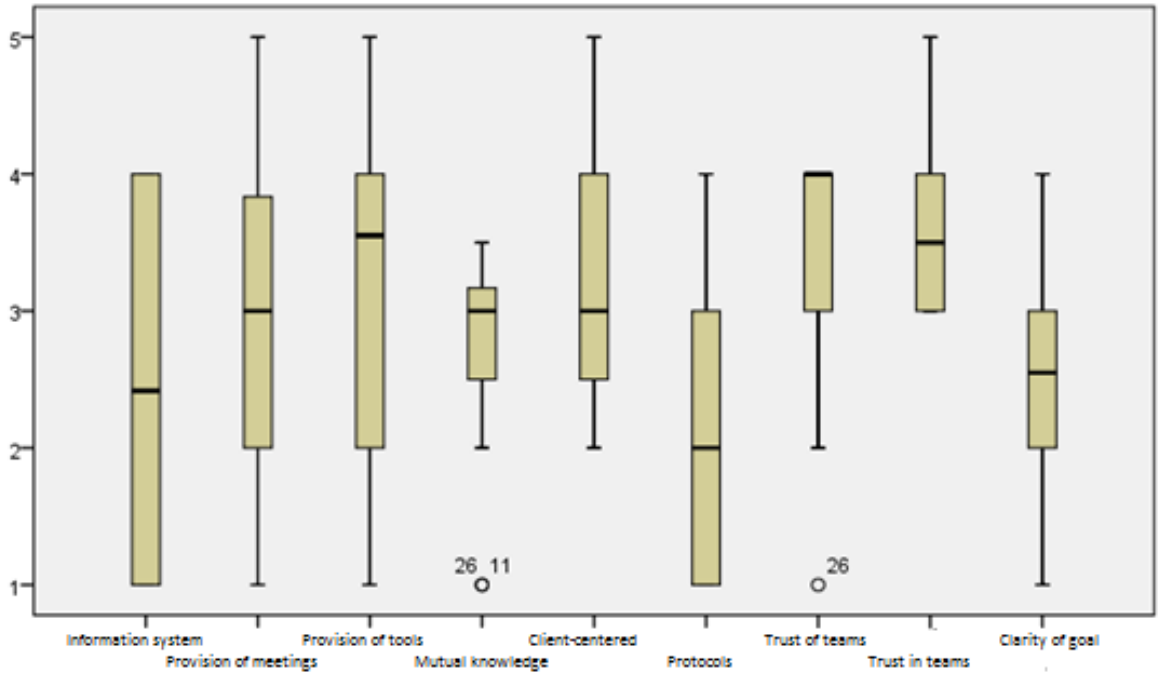
Note. *The results of a factor analysis showed that this question could be better linked to the dimension 'shared responsibilities'

Table B2: Operationlization of the influencing factors into measurable statements

Variables	Questions (Dutch)
Perceived trust from teams Trust in teams	In welke mate ervaart u vertrouwen vanuit de medewerkers van de sociale wijkteams? Hoeveel vertrouwen heeft u in de medewerkers van de sociale wijkteams wat betreft deskundigheid?
Mutual knowlegde	Hoeveel kennis heeft u over de manier van werken van de sociale wijkteams?
	In welke mate hebben de medewerkers van de sociale wijkteams vanuit uw perspectief kennis over u en de organisatie waar u werkt?
Communication tools	Zijn er te weinig communicatiemiddelen beschikbaar?*
	Kunt u via uw informatiesysteem informatie ontvangen over clienten van de sociale wijkteams?
Meetings	Worden er te weinig bijeenkomsten georganiseerd?*
Protocols	In welke mate bestaan er in de samenwerking protocollen met vastgelegde afspraken en regels? U kunt hierbij denken aan protocollen voor noodsituaties.
Client-centered approach	In welke mate komt het voor dat er door andere belangen, zoals professionele, organisatorische of persoonlijke belangen, minder aandacht is voor de cliënt?*

Note. * These questions are recoded

Figure A. Division of score on the variables which measure the contributing factors



Survey (translated in Dutch)

Samenwerking met sociale wijkteams

Inventarisatie

1. In hoeverre bent u tevreden over de samenwerking met de sociale wijkteams in Almelo?

Geef een score van 1 tot 5, waarbij 1 staat voor zeer ontevreden en 5 staat voor zeer tevreden.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

2. Wat gaat er goed in de samenwerking met de sociale wijkteams?

Beschrijf maximaal vier dingen.

3. Ervaart u wel eens knelpunten in de samenwerking met de sociale wijkteams, en welke zijn dit dan?

Beschrijf maximaal vier dingen.

4. Hoe zou de samenwerking met de sociale wijkteams mogelijk verbeterd kunnen worden?

Beschrijf maximaal vier ideeën

Duidelijkheid

5. In hoeverre zijn de volgende dingen duidelijk voor u?

	zeer onduidelijk	enigszins onduidelijk	neutraal	enigszins duidelijk	zeer duidelijk
Het doel van de samenwerking met de sociale wijkteams is...	○	○	○	○	○
Wie in de samenwerking verantwoordelijk is voor welke werkzaamheden is...	○	○	○	○	○
De inhoud van mijn eigen verantwoordelijkheden binnen de samenwerking is...	○	○	○	○	○

Overeenstemming

6. In welke mate bestaan er in de samenwerking protocollen met vastgelegde afspraken en regels? U kunt hierbij denken aan protocollen voor noodsituaties.

- Zeer weinig
- Weinig
- Gemiddeld
- Veel
- Zeer veel

7. In welke mate bestaan er in de samenwerking met de sociale wijkteams gemeenschappelijke doelen, zoals de veiligheid van een individu waarborgen?

- Zeer weinig
- Weinig
- Gemiddeld
- Veel
- Zeer veel

8. In welke mate komt het voor dat er door andere belangen, zoals professionele, organisatorische of persoonlijke belangen, minder aandacht is voor de belangen van de cliënt?

- ○ Nooit
- ○ Weinig
- ○ Soms
- ○ Regelmatig
- ○ Zeer vaak

9. Eén van de taken van de medewerkers van de sociale wijkteams is het opstellen van zorg of ondersteuningsdoelen voor hulpbehoevende cliënten of gezinnen.

In hoeverre sluit u de hulp die u met de zorg wenst te bereiken af op de opgestelde zorgdoelen van de sociale wijkteams?

- Nooit
- In enkele gevallen
- Gemiddeld
- In de meeste gevallen
- Altijd

Contact

10. In hoeverre bent u het eens met de volgende uitspraken?

	Helemaal mee oneens	Enigszins mee oneens	Neutraal	Enigszins mee eens	Helemaal mee eens
'Er zijn te weinig communicatiemiddelen beschikbaar.'	○	○	○	○	○
'Er worden te weinig bijeenkomsten georganiseerd.'	○	○	○	○	○

11. Hoe vaak komt u gemiddeld samen met één of meerdere medewerkers van de sociale wijkteams in de vorm van vergaderingen, trainingen of sociale activiteiten?

- Minder dan één keer per jaar
- Eén keer per jaar
- Eén keer per maand
- Eënmaal per week
- Meerdere keren per week

12. In welke mate maakt u voor de samenwerking gebruik van communicatiemiddelen, zoals een e-mail groep, intranet of een nieuwsbrief, om contact te hebben met de medewerkers van de sociale wijkteams?

- Nooit
- Weinig
- Soms
- Regelmatig
- Zeer vaak

13. Kunt u via uw informatiesysteem informatie ontvangen over cliënten van de sociale wijkteams?

- Nee
- Soms
- Ja
- Ik maak geen gebruik van een informatiesysteem

Informatie uitwisseling

14. In hoeverre bent u het eens met de volgende uitspraken over informatie uitwisseling?

	Helemaal mee oneens	Enigszins mee oneens	Neutraal	Enigszin mee eens	Helemaal mee eens
'Ik krijg voldoende informatie van het sociale wijkteam na een doorverwijzing.' **(**alleen voor categorie C en S**)**	○	○	○	○	○
'De kwaliteit van de informatie die ik ontvang van de sociale wijkteams is goed.'	○	○	○	○	○

Kennis & vertrouwen

15. Hoeveel kennis heeft u over de manier van werken van de sociale wijkteams?

- Zeer weinig
- Weinig
- Gemiddeld
- Veel
- Zeer veel

16. In welke mate hebben de medewerkers van de sociale wijkteams vanuit uw perspectief kennis over u en de organisatie waar u werkt?

- Zeer weinig
- Weinig
- Gemiddeld
- Veel
- Zeer veel

17. In welke mate ervaart u vertrouwen vanuit de medewerkers van de sociale wijkteams?

- Zeer weinig vertrouwen
- Weinig vertrouwen
- Gemiddeld
- Veel vertrouwen
- Zeer veel vertrouwen

18. Hoeveel vertrouwen heeft u in de deskundigheid van de medewerkers van de sociale wijkteams?

- Zeer weinig vertrouwen
- Weinig vertrouwen
- Gemiddeld
- Veel vertrouwen
- Zeer veel vertrouwen

Betrokkenheid

19. Hoe vaak vragen medewerkers van sociale wijkteams advies aan u?

- Nooit
- Weinig
- Soms
- Regelmatig
- Zeer vaak

20. In hoeverre bent u tevreden over de mate van betrokkenheid van de medewerkers van de sociale wijkteams naar u?

Geef een score van 1 tot 5, waarbij 1 staat voor zeer ontevreden en 5 staat voor zeer tevreden.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5