



Centre for
Transformative
Innovation



Service System Network Analysis

Department of Health and Human Services, State of Tasmania

Report on survey results: Wave1

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Networked Innovation

<http://www.swinburne.edu.au/research/transformative-innovation/our-research/networked-innovation/>

MelNet Social Network Research Group

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INNOVATION =  IDEAS + CHANGE 

Authors

This report is provided by the Networked Innovation group, Centre for Transformative Innovation, Swinburne University of Technology. We are a core member of MelNet (<http://www.melnet.org.au/>), a Melbourne-based consortium of universities with expertise in social network analysis (SNA). MelNet conducts research and training in the theory, methods, and applications of social networks. Our primary focus is on social networks of innovation and organisational culture, with projects spanning numerous industries and sectors, such as health, biotechnology, polymer technologies, sport, schools, and the public sector.

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This report details the first wave of SNA survey data collection, conducted with participating organisations in September and October of 2016. It outlines the overall aim of the study, the questionnaire content and respondents, and the network data and analytical results. A second wave of network data collection is scheduled for 2017 to examine changes to the network, in September 2017. This will be accompanied by qualitative interviews between data collections. Findings from those efforts will be provided in a report following the second wave of survey data collection.

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Glossary of acronyms and terms

DHHS – Department of Health and Human Services

ERGM – Exponential random graph model - a special statistical model for analysing social networks that uncovers prominent patterns therein.

Shrink network - a method of visualizing a network in which entities (here, organisations) of the same category are combined into a single node.

SNA – Social Network Analysis – a general method for analysing social ties among members of a system.

THS – Tasmanian Health Services

LWG – Lead Working Group

I. Executive summary: Findings, recommendations, and insights

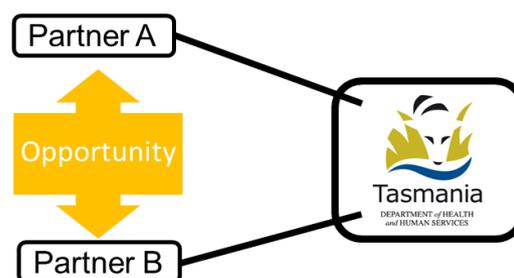
A. The service system network, overall.

Finding. Existing collaboration, referral, and coordination of services are highly connected. Many connections link together organisations within the service system and make it cohesive. For most types of positive networks, a single general community structure of organisations exists, with a distinct lack of fragmentation.

Recommendation. Build on current strengths of the *Joined Up* network. There is much going right already. Keep up efforts at building connections among the system organisations.

B. Government as an intermediary and broker

Finding. Government services can serve a broker role between collaborating organisations. State government services, especially health services, tend to be seen as “easy and reliable collaboration partners.” This placed them in the role of “broker” or intermediary.



Recommendation. Map out and act upon network or collaboration partners.

DHHS and THS are in a position to foster new collaborative links among other organisations, and to synthesize and transform diverse sets of thinking into innovative new ideas. DHHS and THS should build their internal capacities (e.g., forums, working groups) to formulate a coherent, unified understanding of their own numerous network partners, spanning across numerous sub-agencies, clinics, and so on. This mapping process may allow them to identify opportunities to “broker” new contact between partners, and to foster successful, durable collaborations (see also “Large CSOs have quality connections” below). Particular attention might be seen with respect to smaller non-Huon-based CSOs, who are not extensively connected to the rest of the system, except through DHHS/THS.

C. Large vs Small CSOs

Finding. The big collaborate with the big. Large and diverse CSO service providers are more likely to collaborate with other large and diverse CSO service providers (This does not necessarily mean that they do not collaborate with smaller CSOs).

Insight. Large and diverse CSO service providers are collaborating with one another, not just competing. Together, they bring considerable resources to bear on particular collaborations. However, competition between these organisations may also bring benefits.

Finding. Large CSOs have quality connections. Unlike government, large and diverse CSO service providers are not hubs of collaboration, instead focusing on a few key, robust collaborations. Smaller CSOs tend to set up high-quality (reciprocal) collaborations only with other smaller CSOs, which may limit the kinds of resources they can bring to bear on a particular project.

Recommendation. Consult large CSOs regarding strategies and resources for establishing and maintaining healthy collaborative relationships among diverse organisations. Durable, reciprocal collaborations are valuable, but costly to establish. Large CSOs presumably have the resources to do this, but are selective in their partnerships. Drawing on their knowledge, consider capacity-building interventions that might allow Small-to-medium CSOs to identify, establish, and manage collaborations more effectively. Also, consider how large CSOs could be encouraged to collaborate more widely within the sector, such as through funding arrangements that incentivise partnerships between large and small CSOs.

D. Effectiveness and the community's best interest

Finding. There was a general level of agreement on who was effective, who had the community's best interest, and who was difficult to work with. The community's best interest was an important idea when describing alliances and common orientations among organisations, as well as indicating a willingness to work together on difficult problems.

Insight. “The community’s best interest” is an important – though inexact – cultural idea, and serves as an important relational principle in the Huon Valley service system. Expressions of the “community’s best interest” should be noted and addressed when raised in various forums.

E. Agreement and Disagreement

Finding. There is a modest but discernible level of agreement in the service system about key challenges. While organisations in Joined Up have general agreement with some issues, and disagreement with others (“Competition for funding resources to provide services to people in the Huon Valley is a good thing”).

Insight. This list of issues facing service provision in the Huon Valley provides a clear list of issues that have consensus, but also which issues need to be addressed.

Finding. Organisations who have day-to-day operational ties (i.e., referrals, coordination of services) also agree more on the issues.

Recommendation. The day-to-day work of building and maintaining referral pathways and coordination of services could be a good platform for building agreement on key issues.

II. Overview of Joined Up

The Tasmanian Government is committed to providing a more connected and collaborative human service support system which is person-centred, timely in its interventions, improves the service experience of consumers, increases resilience and self-capacity, and promotes positive health and wellbeing outcomes. To do this, the *Joined Up* Human Services Project is working to see how services can work together to create a more connected and collaborative human service support system that is person-centred, timely in its interventions, and promotes positive health and wellbeing.

The “Joined Up” project is a placed-based initiative, allowing a case to test key design elements for delivering joined-up human services in a specific location – in this case the Huon Valley Local Government Area (the Huon Valley Area). As one facet of this project, the Tasmanian Department of Health and Human Services (DHHS) is undertaking a **service system network analysis**, in partnership with social network researchers from Swinburne University of Technology. This project aims to identify effective collaborative practices for the *Joined Up* initiative using cutting-edge advances in **Social Network Analysis (SNA)** to understand the structure of connections between service providers that help to achieve such a person-centred human service support system. The project will study networks of **collaboration, competition, and trust** that exist among service providers, and identify how certain patterns and structures in these networks help – or hinder – more effective human service provision.

Within this geographic locale, the connections and collaborations between services will be mapped using SNA to understand the structure and implications of the connections. Together, these connections between services in the system constitute a network, which can be mapped and analysed to uncover underlying patterns in the interactions and relationships among service providers. This research will use these insights of the current network structures of the service system in the Huon Valley to deliver policy recommendations to the Tasmanian Government for making the network more effective. These policies will be given 12 months to implement and the network will be re-assessed for change to measure the effectiveness of the *Joined Up* project. This report covers Wave 1 of the research, as collected in September and October of 2016.

A. Background

Through the election policy, *A hand up for vulnerable Tasmanians*, the Tasmanian Government committed to delivering a more joined up service and support system to provide a 'hand-up' for vulnerable individuals and families, especially those with complex support needs. The aim is to make it easier for people to navigate all available human services within the support system; minimise the amount of information people have to repeat; and have lead support coordinators that work with clients on their strengths and goals with the aim of building resilience and increasing self-capacity. This approach is particularly pertinent where clients seeking these services are experiencing challenges such as homelessness, family violence, mental health and drug and alcohol issues. It is noted in the policy that a joined up human service support system is part of a long-term plan to be undertaken in partnership with the community sector. Delivering a more effective and efficient joined up human service support system will involve testing and identifying elements of the system that need to be redesigned, while retaining what is working well.

To this end, this research project will aim to understand how the health and human services providers working in or across the Huon Valley are connected together through various ties such as collaboration, formal agreement, referrals, and competition for funding. The aim of the project is to understand the current network structures between services to identify what is working well, and what is not from a system-wide perspective. These understandings will then be reported as policy recommendations for the Tasmanian Government, and a further network study completed 12-months after the initial study to measure any changes to the service system network.

To be more specific, the Tasmanian government sees that collaboration between service providers is key to improving outcomes for the community. To this end, it is keen to work in a cooperative and collaborative approach and build on that good work in partnership with relevant key stakeholders. The Tasmanian government has realised in recent times a number of organisations have undertaken a considerable amount of work to improve the Huon community's access to information and services. These array of key activities being provided in the Huon Valley aim, from an operational perspective, aim to provide shared access and assessment across multiple channels ('no wrong door' approach),

transfers of care and referrals to the most appropriate health services and support, and improve access to phone and web-based service information.

B. Social network analysis (SNA)

Social network analysis (SNA) is a general approach to analysing social systems of interconnected social entities.

While there are many different types of SNA, what brings this field together is a common focus on individual social entities – be they human individuals, organisations, countries, and so forth – and the one-to-one relationships that connect them

(see Figure 1). These relationships can be defined in numerous ways, and may refer to various outwardly observable exchanges and interactions (e.g., referrals, coordination of services), subjective feelings (e.g., trust, liking, disliking), events (e.g., collaboration on a project), and so on. See Robins (2015) and Borgatti et al (2009) for overviews of SNA.

While simply inspecting pictures and visualizations of these networks can be informative in its own right, these networks often hold repeated patterns that are difficult to see. To aid the process of recognizing prominent patterns within the service network, a special statistical technique known as *exponential random graph modelling* (ERGM) can be used (Lusher, Koskinen, & Robins, 2013). This model allows us to consider processes of relationship formation within the network, including whether those ties are influenced by:

- The characteristics of organisations *who nominate* others as partners in a social network.
- The characteristics of organisations *who are nominated* by others.
- The combined similarity (or dissimilarity) of two linked organisations.
- Larger patterns of ties, such as popularity, bridging, and clustering among organisations.

This approach uncovers whether certain patterns appear more frequently than simply by chance, indicating a positive tendency towards that type of relationship, or, conversely,

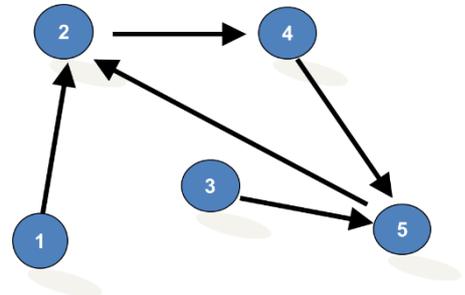


Figure 1. An example of a social network diagram, with directed ties.

whether certain network ties appear less frequently than by chance alone, indicating a negative tendency away from that type of relational pattern.

C. Key research questions

To guide the analyses, a set of key research questions were formulated to assess general themes of networked collaboration within the system. They are as follows:

- What is the nature of collaboration and trust within the service system?
- What is the nature of reputation within the service system? In particular, what types of organisations are regarded as effective? What types of organisations are regarded as having the “community’s best interest at heart”?
- What drives consensus and agreement within the service system?

III. Data collection

A. Survey development

Prior to the development of the survey, the Swinburne research team, in conjunction with the Joined Up team from DHHS, met informally with over twenty local and state agencies, both in Hobart and in the Huon Valley, over the course of four days (June and July, 2016). Through these meetings, the research team was able to hear service providers’ own descriptions of key issues and challenges facing service provision in the Huon Valley, providing several themes to address in pursuit of the research aims. Of particular focus was how service providers view of relationships among organizations, including both functional relationships (clients, referrals, coordinated and integrated service delivery) as well as more subjective links, including relationships of trust and mistrust. A further theme to emerge was that of the reputational links among the service providers. Subsequently, these themes were integrated into a social network questionnaire, which is summarized below, and presented in full in Appendix A.

B. Survey content

1. Network questions

Respondents were asked to report on the following relationships, as they existed between their own organisation and others within the Huon Valley service system.

- **Referral pathways** between organisations
- **Trust** between organisations
- Regularly **coordination** of integrated care
- Easy and reliable **collaboration**
- Which organisations have the “**community’s best interest**” at heart?
- Which organisations are **effective**?
- Which organisations have been **difficult to work with**?
- Which organisations are your primary **competitors**?
- Which organisations are overly concerned with their own **status** or reputation?
- Which organisations are concerned with protecting “**turf**”?

2. Other survey content

Respondents were also asked to report on the following personal views and details, as well as organisational details.

- Basic respondent demographics
- General details on the size, composition, and function of the organisation
- Organisation’s mission and performance
- Respondent’s views on the performance and culture of the Huon Valley service system.
- Open-ended responses on related topics
- Recontact information

C. Research participation

Research participants were identified by an extensive canvassing of the Huon Valley service system, conducted by the Joined Up team. As part of this process, approximately 180 public and private agencies, offices, and organisations were identified as generally involved in service provision within the Huon Valley. Wherever possible, the Joined Up team

collated names and contact information of several contacts at each organisation, such that executive, middle management, and coalface workers were all approached for recruitment into the study.

By prior agreement with the Joined Up DHHS team, individual agencies will not be named in any report, or in any other format provided by the research team to DHHS. Instead, to make the data useful for following actions, organisations were grouped according to the following categories, as agreed to through discussion between the Swinburne research team and the Joined Up DHHS team. The lone (partial) exception to this rule is to indicate agencies and offices belonging within the DHHS and Tasmanian Health Service (THS).

1. Categories of organisations

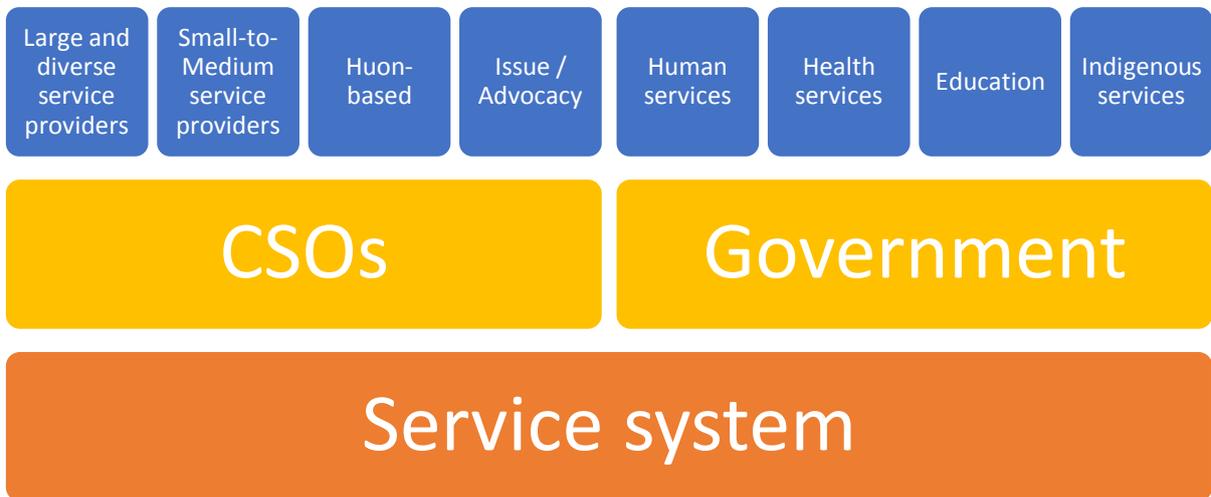
Community service organisations (CSOs)

- Large and diverse service providers
 - > 50 FTE
 - Hobart-/Launceston-based
 - Provide a range of direct services
 - Service areas are state-wide and/or Tasmanian subdivision
- Small-to-medium service providers
 - < 50 FTE
 - Hobart-/Launceston-based
 - Provide direct services
- Huon-based service providers
 - Located in the Huon Valley
 - Vary in size
- Issue/advocacy organisations
 - Organisations whose primary mission is related to a specific health issue, health phenomenon, or a particular population group (other than indigenous – see below).
 - Includes peak bodies
 - Provide little to no direct services (possible exceptions include information/referral services and support groups)
 - Vary in size

Government entities

- Health services
 - The medical profession, broadly construed
 - Health centres & associated professions (e.g., social workers)

- Includes Tasmanian Health Services
- Human services
 - State, federal, local government
 - Emergency response (not including hospitals)
 - Includes Department of Health and Human Services
- Indigenous services
 - Primary mission: Serving the Indigenous population
- Education
 - Schools
 - Learning and information centres
 - Other education services



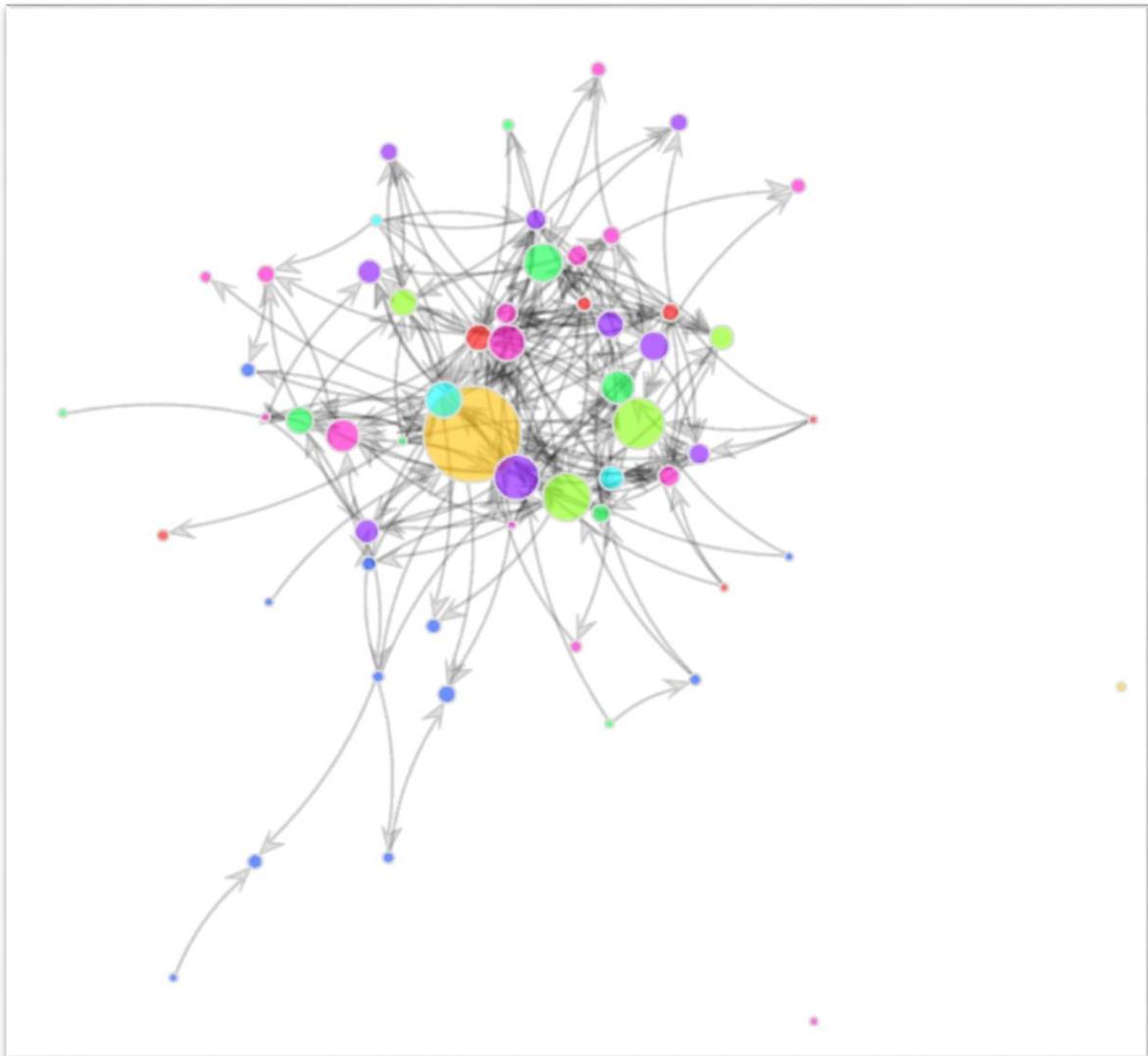
2. Participants by category

Table 1.		
Organisation Name	# Respondents	# Organisations
Human services	7	4
Health services	8	2
Indigenous services	4	3
Education	9	6
Large and diverse CSOs	13	9
Medium/small CSOs	15	14
Huon CSOs	8	8
Issue and Advocacy CSOs	12	11
TOTAL	76	57

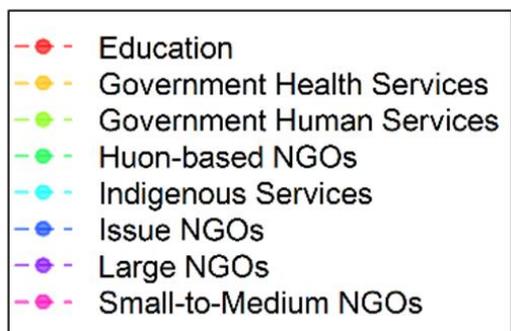
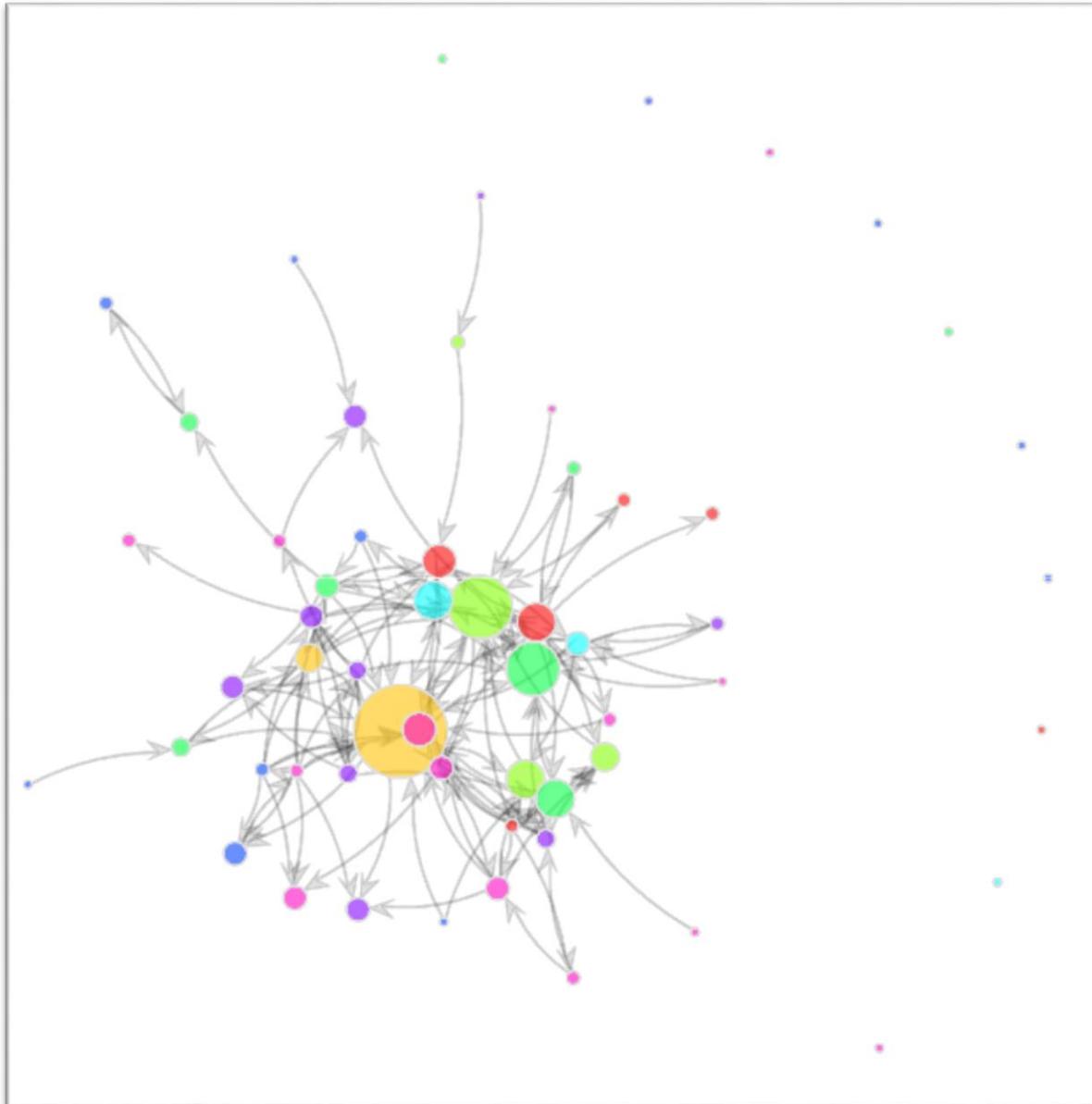
IV. Network maps

This section provides a visual overview of the network data collected among participating organisations. Organisations are depicted in terms of the categories described on pages 10-11, as indicated by colour.

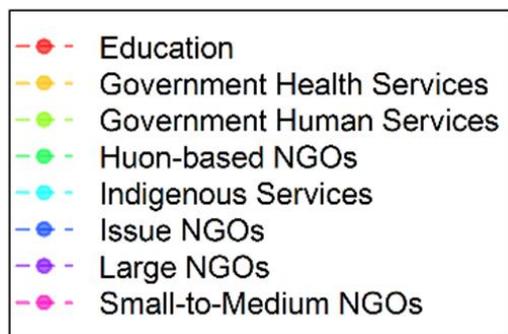
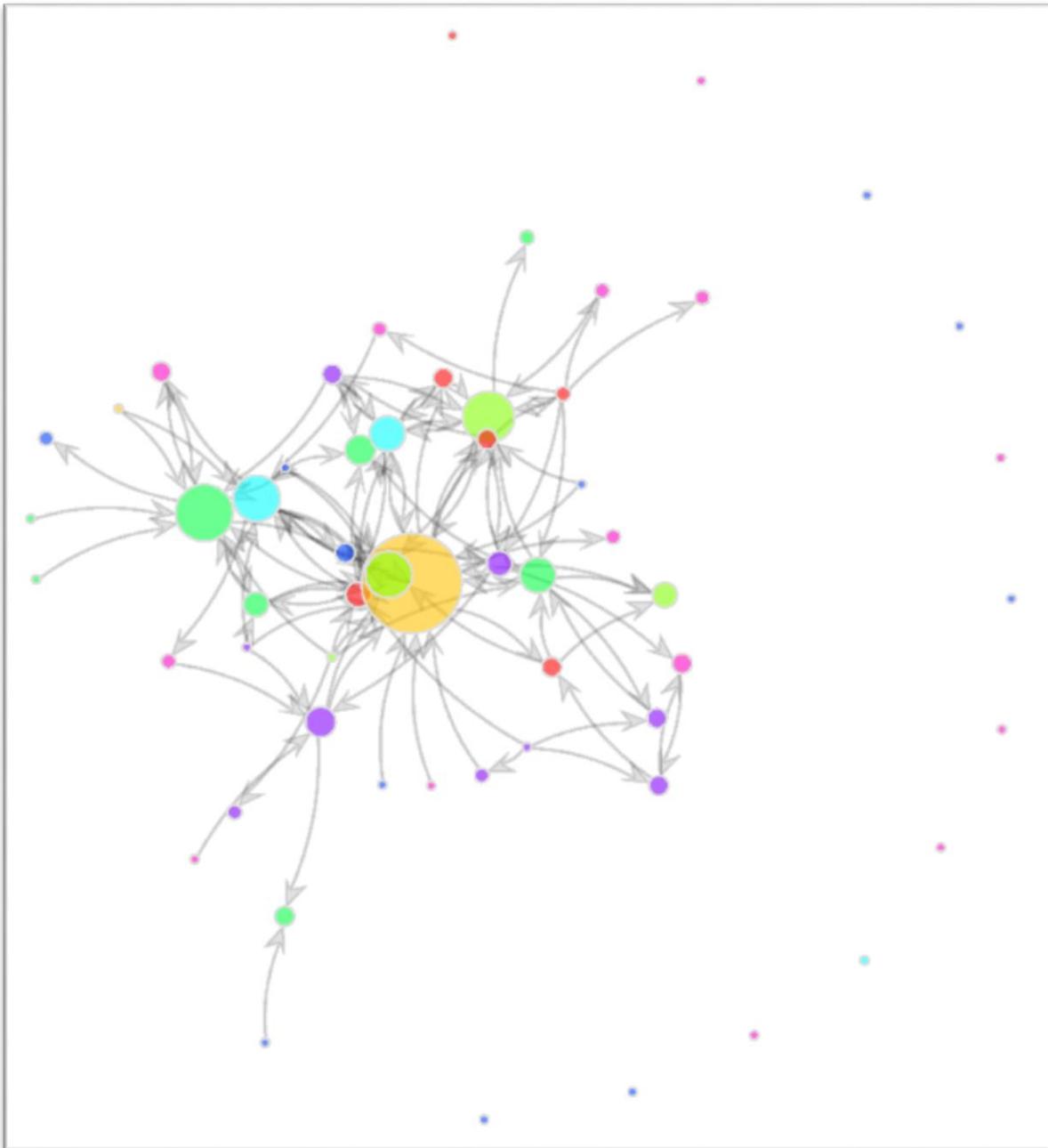
A. Referrals



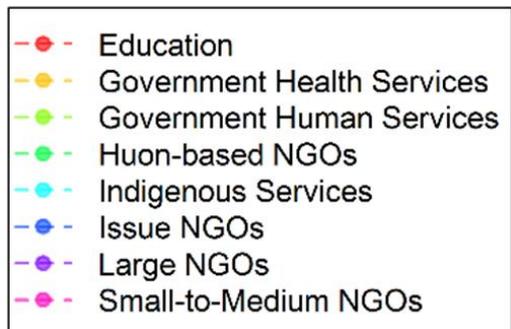
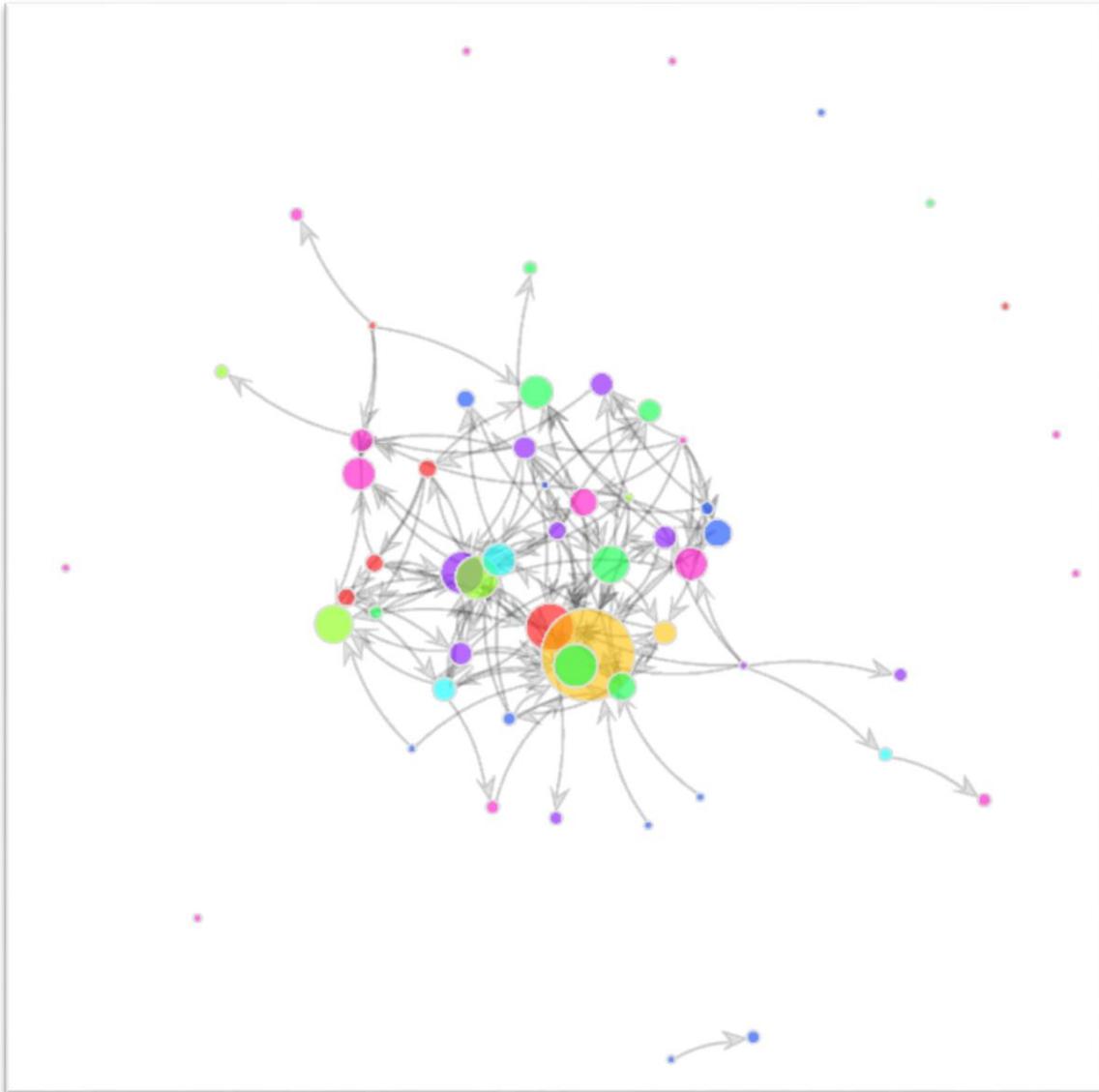
B. Collaboration



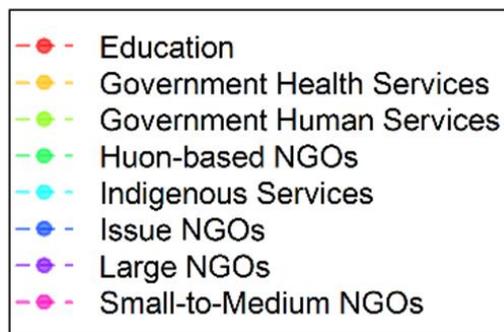
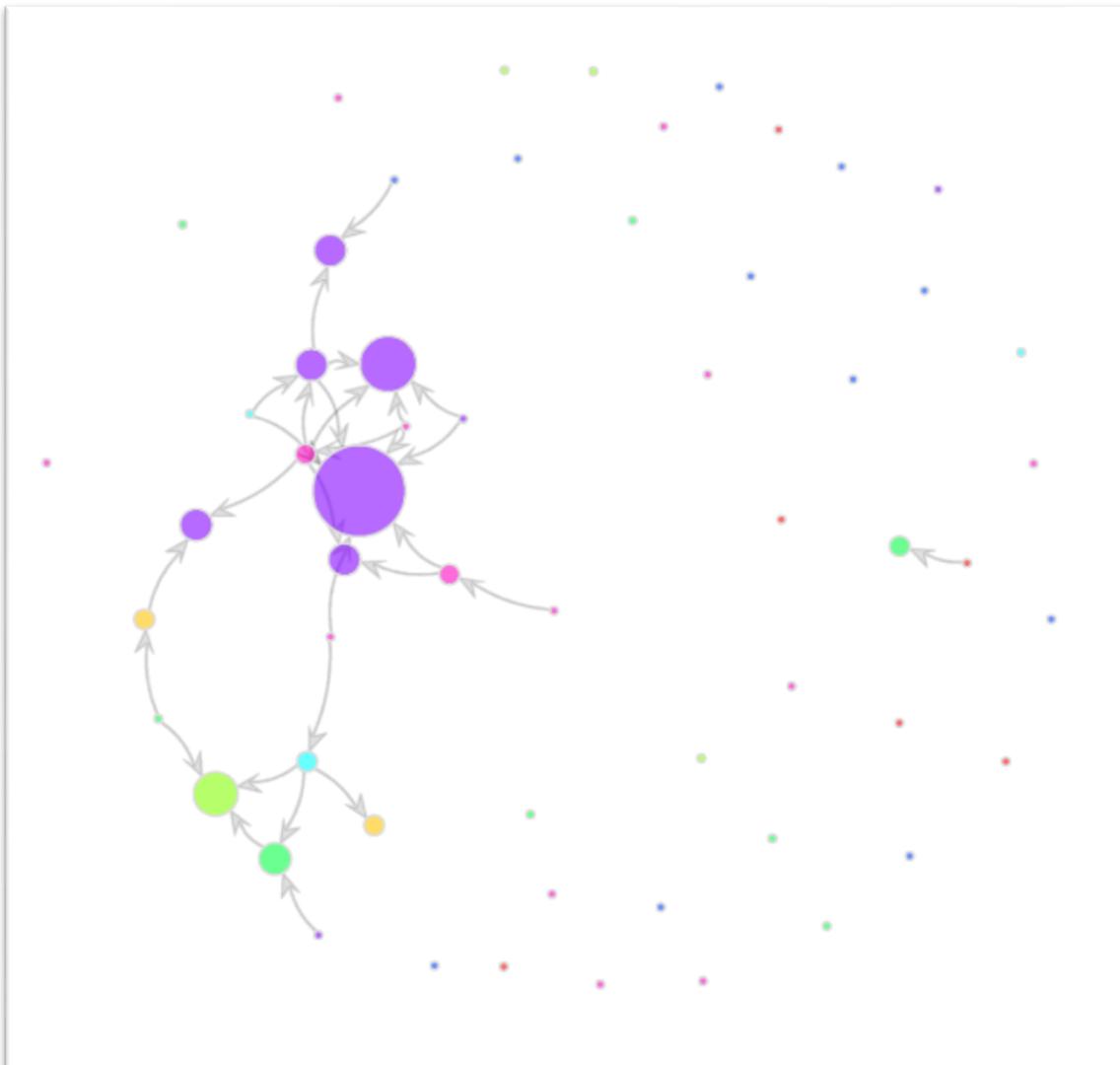
C. Coordination



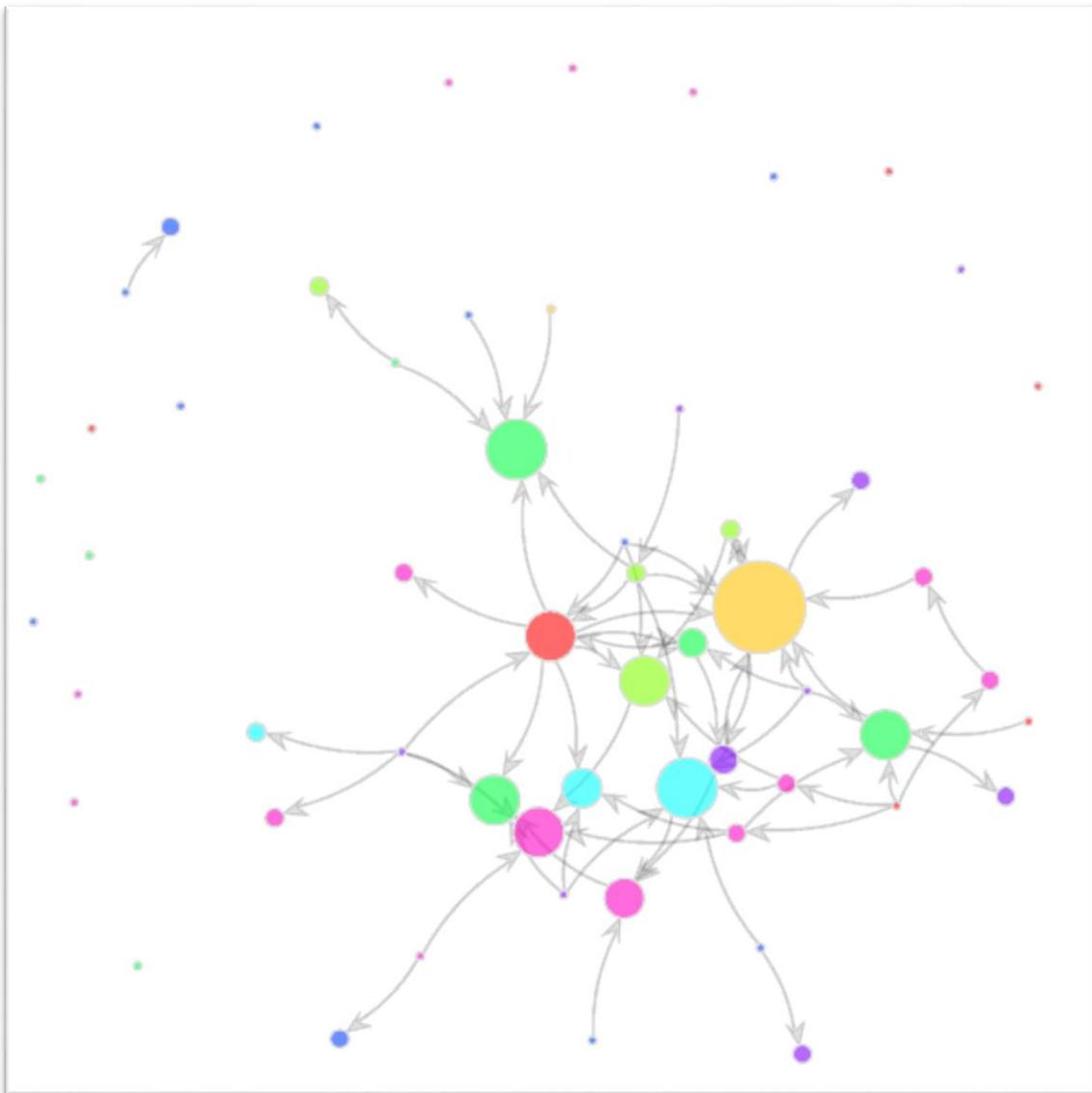
D. Trust



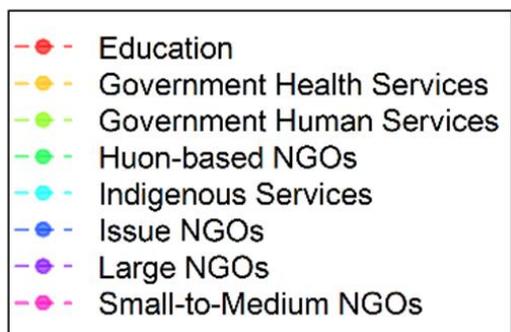
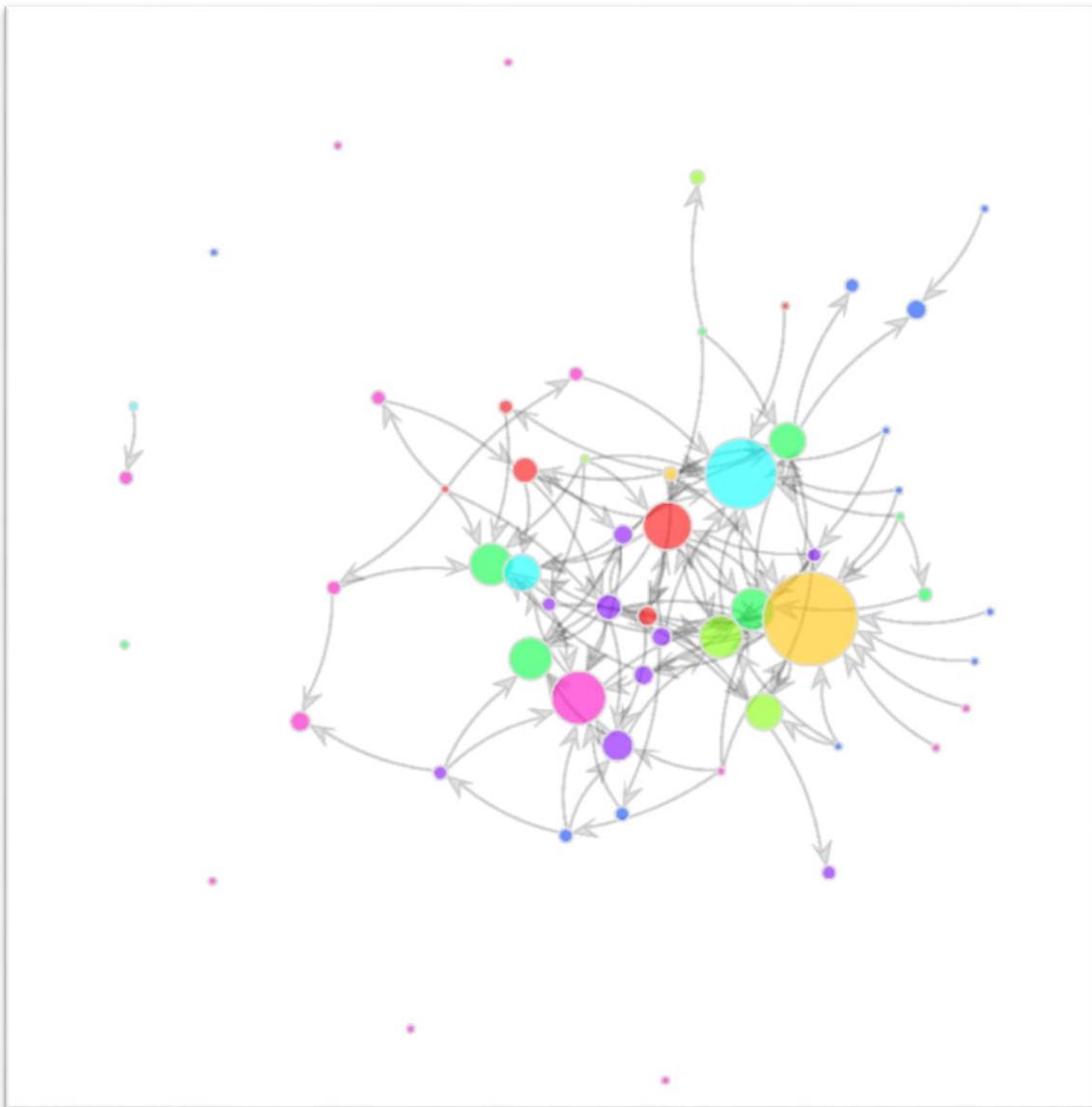
E. Competitors



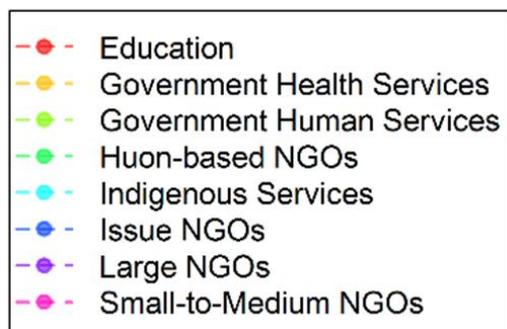
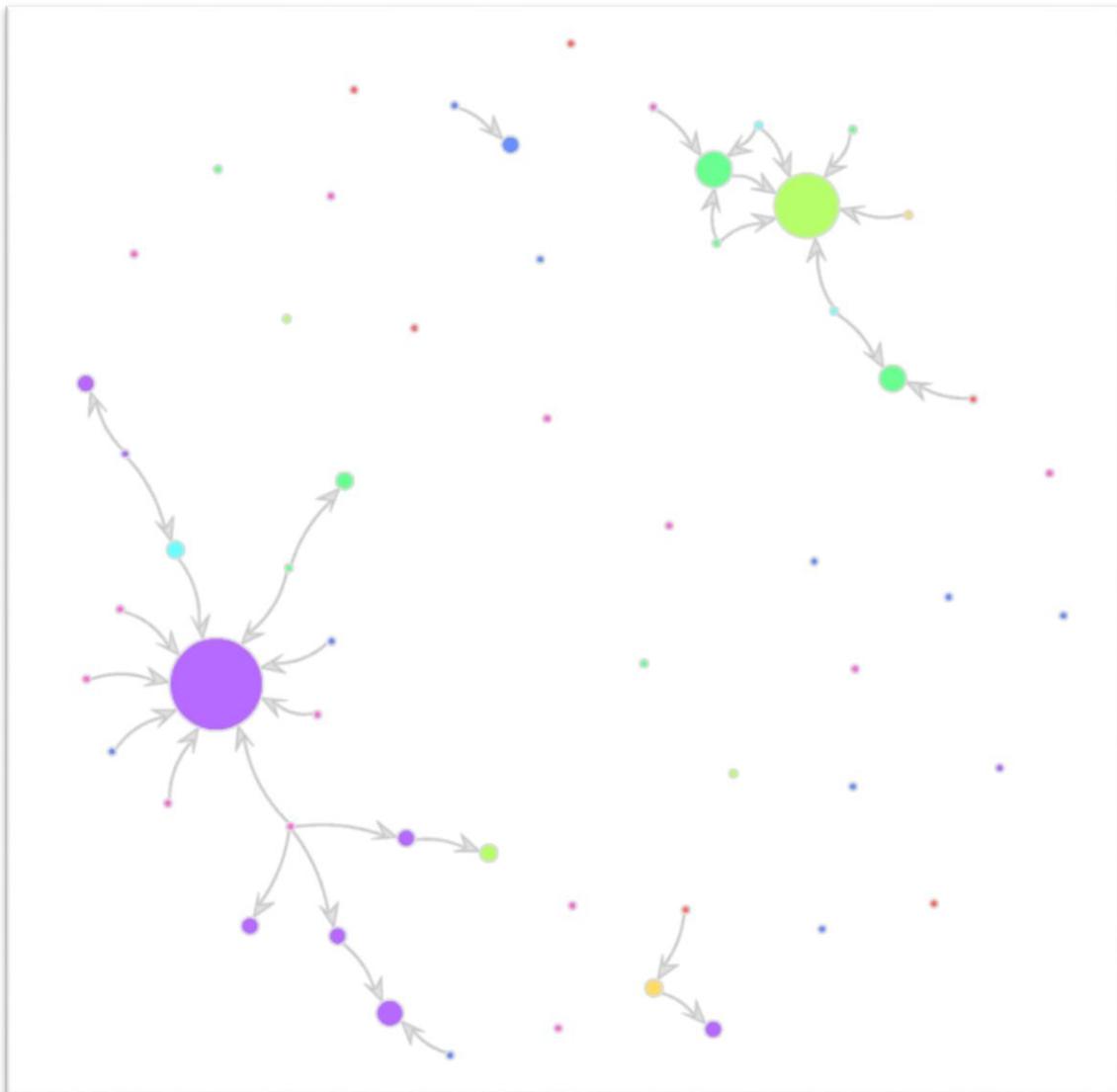
F. Regard as effective



G. Community's best interest at heart



H. Protects own turf and/or status



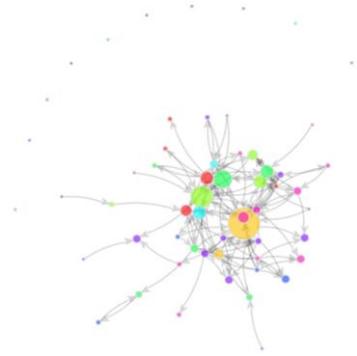
A. H. Section summary

Some general impressions regarding each network are presented in Table 2. Additional findings are presented in a more conclusive manner – using statistical models – below.

Table 2. Network visualisation observations			
Network type	One main network component (part)	Isolates (organisations with no ties)	Hubs and centralisation
Referrals (A)	Yes	Very few	Unclear
Collaboration (B)	Yes	Some	Some
Coordination (C)	Yes	Some	Some
Trust (D)	Yes	Some	Some
Competitors (E)	Yes	Many	High
Effective (F)	Yes	Many	High
Best interest (G)	Yes	Some	Some
Status/turf	No	Many	High
Services	Yes	None	Possible

I. Network findings

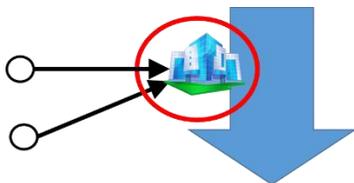
In this section, we explain the types of patterning and positioning we see in the network, with respect to organisations' categories (as presented on page 10-11). This analysis used a sophisticated statistical technique known as exponential random graph modelling (ERGM) (Lusher, Koskinen, & Robins, 2013).



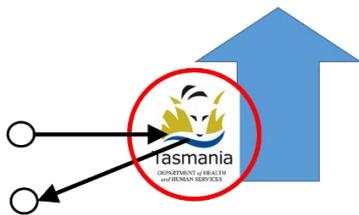
B. Collaboration network: Big and Small CSOs

1. Network activity and brokerage: Who's involved in collaboration?

The first and simplest question to address is who is particularly *involved* in the network. Who engages in collaboration more than others do? Two main patterns emerge. First, large and diverse CSOs, while definitely engaged in collaboration, tend not to have *many* partners. They are not hubs of activity – they tend not to get involved in collaborations with many different partners.



❖ **Large and diverse CSOs** are involved in the network, but tend **NOT** to be hubs. They are involved in just a **few** partnerships.



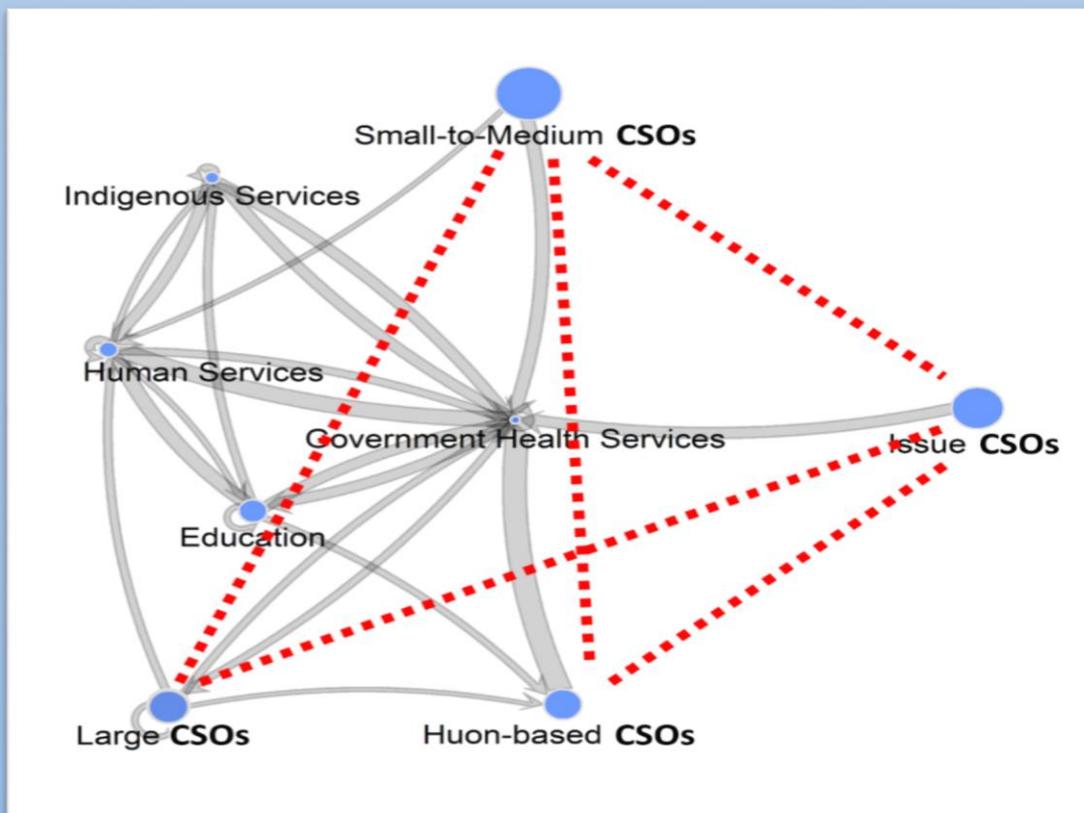
❖ **Sub-entities and DHHS and THS** (various clinics, centres, services), tend to be intermediaries (**brokers**) in the collaboration system. They have many ties that connect up organisations that are otherwise disconnected.

There was a tendency for various sub-entities (i.e., offices, labs, and subagencies) within state government services to be seen by their partners as “easy and reliable collaboration partners.” Therefore, when DHHS services were considered as a whole, and THS services were likewise considered as a whole, each amounted to an important broker within the system.

It is very important to point out that this reputation as an “easy and reliable collaborator” does not (necessarily) apply to the DHHS or THS as a whole: it applies

specifically to the sub-entities who participated in the survey. However, it *does* suggest that the DHHS and THS are in a position to take advantage of the good reputation and strong collaboration links that their sub-entities have forged, and potentially utilise them for various coordination and collaboration benefits within the service system. We discuss this more below.

Figure 1.
Shrink network of collaboration ties, by organisational category



A *shrink network* is a network visualisation technique in which each node (dot) represents a category of organisations (see pages 10-11). Here, the grey lines represents the overall amount of connections between organisations from those two categories. Thicker (grey) lines means that type of connection is relatively more common. If there is no (grey) line, it means that links between those two categories occur at a lower rate than ties in the network, overall.

In this visualisation, we have added **red dotted lines** to highlight **gaps** in the network.

An overall picture of the collaboration network is given in Figure 1. The grey lines refer to the connections between those two types of organisations. The red, dotted lines indicate a relative *lack of ties* between those two types of organisations. As shown,

government health services and government human services are thoroughly connected to all other part of the network; this is especially the case for health services, who serve are an important intermediary in the network. However, two categories of organisations: small-to-medium CSOs, and Issue-and-advocacy CSOs, are particularly isolated, connected to the rest of the network through government health and human services. Large and diverse CSOs, and Huon-based CSOs, while involved in the network, are not overly central within this network.

2. Network similarity preference: Who’s involved with whom?

Another important network pattern is that of similar organisations collaborating with one another, rather than making links to different organisations. This pattern is referred to as *homophily*. This is important. Collaborating with the same type of organisations may be relatively “safe” (we tend to trust people who are similar to ourselves. However, it can also limit access to diverse information, resources, and perspectives that can be devoted to a project. In the collaboration network, it was observed that large CSOs (FTE > 50) were likelier to collaborate with one another.



- ❖ **Large CSOs** are likelier to collaborate with other large CSOs.

3. Reciprocity: Two-way, mutual relationships

*NB: In this section, we refer **generally** to size of the community service organisations, in a way different from above. Here, a “big” organisation is defined as having more than 50 FTE, and a “small” CSO is less than 50 FTE. This differs from our categorization scheme, which took into account both size, function, and location. Here we just consider size. Government organisations are still treated separately.*

Another important property within social systems is the extent of *reciprocity* within the network. In general, a relationship is considered reciprocal if both organisations

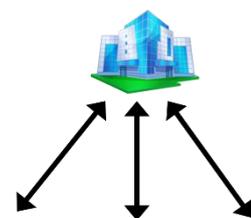
acknowledge the relationship between them (This is not always the case!). Reciprocal ties are valuable for reasons that go beyond the actual value of the goods, services, and information that collaboration partners give to one another. First, reciprocal relationships are useful because they make exchanges more predictable, familiar, and secure. This engenders trust, which allows partners to work together faster and more freely, without worrying about scrutinizing every action they take together. As a result, these strong relationships produce organisational and cultural benefits, including feelings of being valued and respected as a partner (Molm, Schaefer, & Collette, 2007).

- ❖ In general, collaborations tend to be reciprocal (mutually acknowledged), indicating strong one-to-one ties



The SNA results suggest that, overall, direct reciprocity was indeed common seen within the service system. Overall, organisations recognise one another as easy and reliable collaboration partners. This tendency, however, differs somewhat, depending on the size and role of the organisation. For instance, large CSOs have a higher rate of reciprocal collaboration partnerships – that is, their partners tend to mutually acknowledge collaboration partnerships as “easy and reliable”. Meanwhile, smaller CSOs are more likely to set up collaboration with organisations that are similar to themselves in terms of size.

- ❖ Collaborations of **Big CSOs (FTE > 50)** are more likely to be reciprocal (mutually acknowledged) relationships, *regardless of who they are with.*



- ❖ **Small CSOs (FTE < 50)** tend to set up reciprocal relationships *with one another.*

These results on reciprocal relationships says something about the development of strong, trustworthy, efficient collaborations within the service system. Collaborating can be

a costly endeavour, taking time and effort to set up. One plausible interpretation is that large organisations have the resources and expertise to strategically set up intensive collaborations with partners, large or small. Smaller CSOs, meanwhile, are more limited in terms of who they are able to set up strong, reciprocal relationships with, setting up strong collaborative ties with organisations *who are similar to them in terms of size*. This might be interpreted to suggest that, given fewer resources available to devote to cultivating collaborations, smaller organisations end up collaborating with partners they can trust more easily, on account of their similar size.

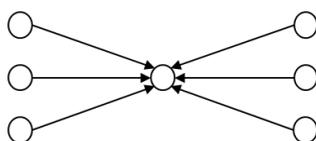
C. Reputations

Several theme emerging from initial conversations between the Swinburne research team and members of the service system is the importance of reputation within the service system in Tasmania and the Huon Valley in particular. Given the relatively small geographical size and population, it was advanced that word-of-mouth was a powerful force. Several key reputations mentioned on several occasions were developed into network questions, including the following:

- **Effectiveness**
- **Community’s best interest**
- **Difficulties working together**

1. Effective organisations

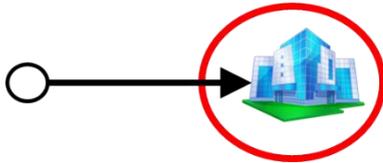
It was advanced that, given the small size of the Huon Valley, an organisation’s reputation as an effective organisation (or ineffective) spread quickly, shaping impressions accordingly. Survey respondents were therefore asked who they thought was particularly effective. The following network patterns emerged.



❖ **Agreement.** *Certain organisations were nominated a lot by others organisations as being effective. This indicates that reputation for being effective does exist.*



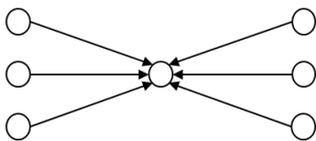
- ❖ **Reciprocity.** *If organisation A regards organisation B as effective, organisation B will likely view organisation A the same way.*



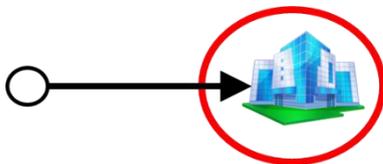
- ❖ **Huon-based CSOs, Organisations serving the Indigenous population, and Government health services** were regarded as particularly **effective**

2. Community's best interest

A common assertion within informal interviews was that some organisations had the “community’s best interest at heart,” while others did not.



- ❖ **Agreement.** *Certain organisations were nominated a lot by others as having the community’s best interest at heart. Again, this indicates a general level of agreement regarding the sense of community exhibited by some organisations.*

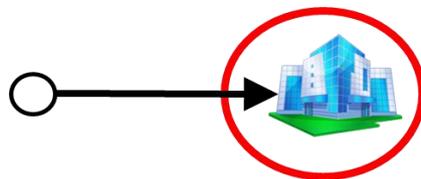


- ❖ **Huon-based CSOs, Organisations serving the Indigenous population, and Government health services** were regarded as having the community’s best interest at heart (just like effectiveness)

3. Difficulties working together

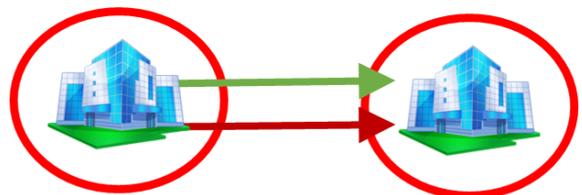
Not all network ties are positive. An important issue may be social ties that have been difficult to manage. Difficulties working together might be *understandable* occurrence, or an inherent feature of work that is difficult to do. Alternatively, these difficulties might signify actual emotional tensions between organisations. We took an open-ended approach, asking our respondents about the organisations with whom they had difficulties working, regardless of whether this was understandable or not.

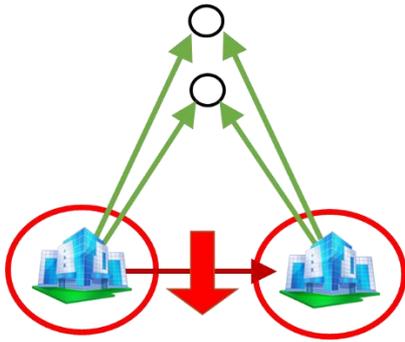
- ❖ **Huon-based CSOs, Organisations serving the Indigenous populations, and Government health services** tended to nominate others as difficult to work with.



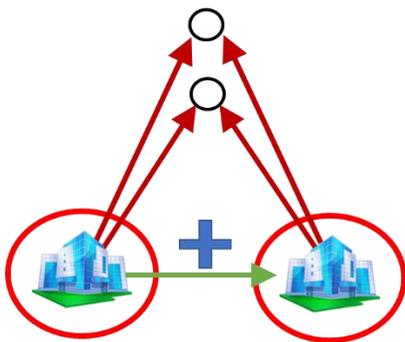
- ❖ **Government human services** tended to be nominated by others as being difficult to work with.

- ❖ **Surprisingly**, being seen as having the community's best interest at heart is associated with difficulties to working together.





- ❖ When two organisations agree on who has the **community's best interest** at heart, they are *less likely* to regard each other as **difficult to work with**.



- ❖ When two organisations agree on who is **difficult to work with**, they are *more likely* to regard each other as having the **community's best interest** at heart.

4. Section summary

In all, reputational links displayed some important network patterns. There was a general level of agreement on who was effective, who had the community's best interest, and who was difficult to work with. The community's best interest was an important idea when describing alliances and common orientations among organisations, as well as indicating a willingness to work together on difficult problems. Altogether, "the community's best interest" is an important – though inexact – idea, and serves as an important relational principle in the Huon Valley service system. Expressions of the "community's best interest" should be noted and addressed when raised in various forums.

II. Agreement on the issues

As part of the initial research by the Joined Up team and the Swinburne research team, a number of key challenges and issues facing the Huon Valley service system were raised.

- Competition and collaboration
- Training and location of services
- Funding and privacy rules

To assess whether these issues were *commonly* viewed as problems or challenges, the survey included a number of statements. Respondents indicated whether they believed that statement to be True or False.

Responses were analysed using a technique called *consensus analysis* (Romney, Weller, & Batchelder, 1986). This is meant to determine whether there is an overall “common wisdom” of shared beliefs across the service system. First, it tells us whether respondents generally have a more-or-less unified point of view, or whether viewpoints are polarized, with different factions believing different things. Second, if there is a single common viewpoint, it tells us what that viewpoint is, in terms of answers to the survey. Finally, it scores each participant in terms of how closely he or she comes to the “common wisdom”.

First, the analysis showed that there was a **modest but discernible** level of agreement among the respondents regarding the main challenges facing the Huon Valley service system. While there is room for further agreement to build, and there are disagreements, the respondents’ answers amount to what can be considered a “common culture” of thought.

Next, the analysis identified what the common wisdom consisted of. This is reported in Table 3 below. You can think of this as what a hypothetical “ideal” respondent would report with respect to the common thinking of the group. [*Please note here that one limitation of this analysis is that it does not identify which items are agreed-upon and which items are not. It assumes that all items are agreed-upon equally.*]

Table 3. Statements of belief regarding the Huon Valley Service System.

	<i>The “common wisdom” answer</i>
Some organisations/people have unfair advantages in obtaining funding, and this is more than just an isolated instance.	TRUE
The practical reality of the current set of privacy rules is that they do more harm than good when it comes to the ability of service workers to support the needs of their clients.	TRUE
The quality of interpersonal relationships between service providers is what make services work.	TRUE
Having service providers physically located within the Huon Valley is critical to good client outcomes.	TRUE
The idea of a collaborative model of care coordination is achievable within some limited areas (e.g., housing).	TRUE
The idea of a collaborative model of place-based care coordination across the entire health and human services is, ultimately, achievable.	TRUE
Competition among organisations ultimately leads to an inefficient duplication of services.	TRUE
Transportation issues in the Huon Valley should be one of the absolute foremost priorities of decision makers.	TRUE
There are currently enough services present in the Huon Valley to effectively meet peoples’ needs.	<i>FALSE</i>
The Huon Valley currently has a sufficient supply of adequately trained workers to meet client needs.	<i>FALSE</i>
Competition for funding resources to provide services to people in the Huon Valley is a good thing.	<i>FALSE</i>
It’s better for clients to have a highly-trained service worker come in from outside the community, than it is to have a less-trained worker with lots of local knowledge.	<i>FALSE</i>
An emphasis on universal/mainstream services would work better than an emphasis on specialist services, at least with respect to the Huon Valley.	<i>FALSE</i>

However, despite a general level of consensus, organisations were not in perfect agreement about issues and challenges. We therefore analysed who agreed with whom to

see what agreeing organisations had in common with one another. We found that organisations who agreed with one another tended to be:

- In the same sector (government versus CSO)
- In the same organisational category (see pages 10-11)
- Tended to have strong (i.e., reciprocated) coordination of services.

Finally, the consensus analysis scored each participant in terms of how closely his or her answers reflect the common wisdom of the group (You can think of this as how close each actual respondent was to being the hypothetical “ideal” respondent). These scores were then analysed in terms of network positions, as seen in the sections above.



- ❖ ***Organisations who were the best at reporting the “consensus” opinion tended to be brokers in the referral network.*** In other words, those organisations who both received referrals from others, and referred to other organisations, were closest to the “common wisdom” of the service system, as a whole.

1. Section summary

In sum, organisations show a modest but discernible level of agreement about the main challenges and issues facing service provision in the Huon Valley. This is, most likely, a positive thing, providing a foundation from which to proceed on addressing common problems. The list of true and false statement provided in Table X can be used as a fruitful starting point for further conversations about policy priorities and a course of action.

Moreover, this general level of agreement suggests that certain social processes are in play that help organisation to come to an agreement. Our analyses indicate that it is being highly involved in day-in-day-out operational linkages that might encourage agreement among organisations. In particular, being part of the common wisdom means being on both sides of referral links – both giving and receiving referrals – and by having strong coordination of services with other organisations.

Again, it is most likely a positive feature of the service system that operational linkages are associated with agreement on key issues. This is because operational linkages are open and observable to the outside observers (as opposed to bonds of trust and liking, which are harder to see outwardly). Therefore, any future organising efforts aimed at building consensus regarding a pressing issue can likely be undertaken alongside these common everyday interactions among organisations, rather than by delving into hidden bonds of trust and affinity between organisations.

III. References

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IV. Appendices. Survey questionnaire content

I. Plain language statement/consent form for network survey

A Social Network Analysis of the Huon Valley Service System
Tasmania Department of Health and Human Services
Swinburne University of Technology

What is “Joined Up?”

The Tasmanian Government is working to improve Tasmania's human services system in partnership with the community sector, clients, and the broader community. The Joined Up Human Services Project is working to see how services can work together to create a more connected and collaborative human service support system which is person-centred, timely in its interventions, and promotes positive health and wellbeing. Included within Joined Up is a ‘place-based’ initiative focused on the Huon Valley, the aim of which is to serve the needs of the community more effectively through greater coordination, collaboration and communication among service providers (More information on Joined Up (opens in new tab))

What does the Joined Up project involve?

As part of this initiative, the Tasmanian Department of Health and Human Services (DHHS) is undertaking a service system network analysis, in partnership with social network researchers from Swinburne University of Technology. This project aims to better understand what effective collaboration looks like among connected organisations. This project will use a cutting-edge research method known as Social Network Analysis (SNA) to understand networks of collaboration, competition, and trust that exist among your organisation and those you work with. The aim is to understand how certain patterns in these networks help – or hinder – the provision of health and human services.

What is my organisation’s role in this research?

Your organisation is being asked to take part in this research because the DHHS views it as being generally involved in the delivery of services within the Huon Valley area that support good health, social and wellbeing outcomes for Huon Valley individuals and community. As part of this research, you will be asked complete an online survey on two occasions – once now and then again in approximately 12 months, in order to understand how the service system may have changed. We anticipate that the questionnaire will take about 30-35 minutes to complete. In this online survey, you will be asked about your organisation’s characteristics, its culture, and its mission. Most important, you will also be asked to provide information about various types of relationships that your organisation has with specific other organisations. As is required for network research, we ask that you provide the name of your organisation so that we can link their responses into interconnected network data. However,

in all reports or presentations of this data, all information you provide will be de-identified so that no-one will know the identity of your organisation, or the organisations you work with.

Are there any potential benefits of this research? Any risks?

The aim of this project is to provide a highly detailed look at the service system using advanced tools for investigating social structure. This research will serve as a starting point for interventions intended to allow for more effective decisions to be made regarding coordination, sector communication, funding structures, and project collaboration. The participation of every organisation in the service system is extremely valuable in achieving these aims. We do not anticipate there to be any serious risks to participating. All responses are made completely confidentially – only the research team at Swinburne University (not DHHS) will have access to your identity or that of your organisation. Your organisation will not be notified whether you have participated. Neither you, nor your organisation, nor the other organisations that you discuss in the survey, will ever be individually identified in any report or publication arising from this survey. The identities of individual organisations will not be shared with the Tasmanian DHHS (or anyone else). Instead, responses will be reported by general themes and patterns, and special care will be taken by an experienced research team to ensure that organisations are not re-identifiable within reports. All data will be securely stored electronically by the research team.

Please acknowledge your understanding of the research project by answering the following questions...

	Yes (I understand)
I have read and understood the information above, and know that I can contact the research team if I have any more questions (details below).	<input type="checkbox"/>
I understand that participation is completely voluntary.	<input type="checkbox"/>
I understand that I may withdraw from the project at any time without having to give a reason why.	<input type="checkbox"/>
I understand that all responses and identities will be kept strictly confidential (private), and responses will only be reported in combination with the responses of others as general findings, themes, and patterns.	<input type="checkbox"/>

Please tell us how this survey came to you.

- I have been given my own password to this survey by the DHHS/Swinburne research team
- I do not have my own password. A link to this survey was given to me from someone other than the DHHS/Swinburne team.

How do I participate? By clicking the “Continue” button below, you are indicating you understand the terms stated in this consent form, and agree to participating in accordance with the terms stated in this form.

Please share. For this research, it is important to hear from several respondents within each organisation. In order to make sure our results are relevant to the service system as a whole, we ask you to share this questionnaire with one or two other individuals within your organisation, that you believe would make a valuable contribution to the research.

For further information

If you have questions or concerns, please contact Heather Cuthbertson of the Tasmania DHHS (email provided) or Dr Colin Gallagher of Swinburne University (email provided)

Research team: Swinburne University of Technology, Faculty of Business and Law, Centre for Transformative Innovation.

Associate Professor Dean Lusher

Dr Colin Gallagher

Dr Peng Wang

Dr Julien Brailly

Dr Julia Brennecke

Ms Vicki Bunton

Funding for this project was provided by a grant from the Tasmania Department of Health and Human Services.

II. Survey questions

NB: Please note that question numbering may differ from actual questionnaire. Minor differences in wording and section organisation may appear in line with formatting for online survey structure.

Networks

In this section we are interested in people and organisations you interact with.

Thinking about service provision in the Huon Valley, use the list to answer these questions below. There is no right or wrong number of organisations.

1. Boards, networks, peak bodies, and forums

In this section, we are interested in the associations, groupings, consortiums, and other formal forums that you share with other organisations who serve the Huon Valley.

If known, which forums does your organisation (or a representative from within your organisation) attend or take part in, and who meet or interact on a regular basis? When thinking about which bodies to include, please consider bodies that have an official name, meet or interact at least twice a year, and who either have formal membership criteria, or allow new members to join. If you don't know of any such forums, please enter "I don't know" into the first response space.

Name of formal forum	Location of meetings
(up to ten names provided)	

Network questions, continued.

2. If a client that is attending your service requires another service, which other services do you regularly refer your clients on to? (Up to 15 names provided)
3. Your organisation may regularly work with other organisations to carry out important projects that are central to your mission. Over the past year, which organisations have been easy and reliable collaborators on projects that you are a part of? (Up to 12 names provided)
4. Which organisations do you most trust? (As in, trust in the professionalism of this organisation enough to comfortably refer clients to, trust them to be a reliable partner in joint funding, etc....) (Up to 12 names provided)
5. Which organisations do you regularly coordinate with to provide integrated care for people/clients in the Huon Valley? (Up to 12 names provided)

6. Has your organisation merged with, or acquired any other organisations in the past year? If so, which ones? (Up to 12 names provided)
7. In some areas, you may face competition for winning funding for the projects/services you want to carry out. Who do you see as your regular competitors? (Up to 12 names provided)
8. While many organisations may be doing a good job, some may be particularly known for doing things better. In your view, which organisations are doing a *particularly* effective job right now? (Up to 12 names provided)

Difficult network links

Unfortunately, not all important relationships are positive ones. Some may be difficult, and these may influence how organisations collaborate and communicate. To take effective action for the future, it is important to understand these relationships in greater depth. (As a reminder, please note that these responses will be analysed in terms of general themes and patterns; we will not pinpoint specific organisations, and individual organisations will not be named in any report. Please remember that all your responses are strictly confidential: only the research team at Swinburne (not DHHS) will have access to these answers, and the actual names of organisations will be disassociated from the data once the data is compiled.)

9. Working with other organisations can be difficult. Again, this can be for a variety of reasons. The other organisation may be under constraints such as limited staffing. There may be barriers to your work, such as differing cultures or ways of doing things. For other organisations, though it may not be clear why it is so difficult to work together. In your view, irrespective of any reason, which organisations (or representatives thereof) have been difficult to work with? (Up to 12 names provided)
 - a. Follow-up. In your view, which organisations (or representatives thereof) have been difficult to work with in a way that you find confusing, unfair, or unreasonable?
10. A great many individuals working in the health sector genuinely care about the people and communities they serve. These personal motivations may – or may not – characterise the organisations that they are working for. In your view, which

organisations as a whole have the communities' best interest at heart? (Up to 12 names provided)

11. In your view, which organisations place a high degree of emphasis on their own survival or are highly concerned about protecting their own "turf" or territory? (Up to 12 names provided)

12. In your view, which organisations are overly concerned with their own status or reputation? (Up to 12 names provided)

Your views

13. Do the following words and phrases describe the social services system in the Huon Valley, as you see it? Please respond True or False using the scale provided.

False			True		
Very false	Moderately False		Moderately true	Very True	
1	2		3	4	

Well-connected			1 -- 2 -- 3 -- 4		
Cooperative			1 -- 2 -- 3 -- 4		
Collaborative			1 -- 2 -- 3 -- 4		
Competitive			1 -- 2 -- 3 -- 4		
Uncoordinated			1 -- 2 -- 3 -- 4		
Community-minded			1 -- 2 -- 3 -- 4		
Caring			1 -- 2 -- 3 -- 4		
Trustworthy			1 -- 2 -- 3 -- 4		
Collegial			1 -- 2 -- 3 -- 4		
Unfair			1 -- 2 -- 3 -- 4		
Respectful			1 -- 2 -- 3 -- 4		
Integrity			1 -- 2 -- 3 -- 4		
Effective			1 -- 2 -- 3 -- 4		
Entrepreneurial			1 -- 2 -- 3 -- 4		
Accountable			1 -- 2 -- 3 -- 4		
Innovative			1 -- 2 -- 3 -- 4		
Flexible			1 -- 2 -- 3 -- 4		
Inefficient			1 -- 2 -- 3 -- 4		
Reliable			1 -- 2 -- 3 -- 4		
Sustainable			1 -- 2 -- 3 -- 4		
Disorganised			1 -- 2 -- 3 -- 4		
Stressed			1 -- 2 -- 3 -- 4		

Burdened	1 -- 2 -- 3 -- 4
Tired	1 -- 2 -- 3 -- 4
Frustrating	1 -- 2 -- 3 -- 4
Underdeveloped	1 -- 2 -- 3 -- 4
Well-trained	1 -- 2 -- 3 -- 4
Knowledgeable	1 -- 2 -- 3 -- 4
Stretched-thin	1 -- 2 -- 3 -- 4
Skilled	1 -- 2 -- 3 -- 4

Please express the degree to which you agree with each of the following phrases about the social services system in the Huon Valley, in your view.

False		True	
Very false	False	True	Very true
1	2	3	4

14. There are currently enough services present in the Huon Valley to effectively meet peoples' needs.	1 -- 2 -- 3 -- 4
15. Generally speaking, when push comes to shove, it's better for clients to have a highly-trained service worker come in from outside the community, than it is to have a less-trained worker with lots of local knowledge.	1 -- 2 -- 3 -- 4
16. The quality of interpersonal relationships between service providers is what make services work.	1 -- 2 -- 3 -- 4
17. An emphasis on universal/mainstream services would work better than an emphasis on specialist services, at least with respect to the Huon Valley.	1 -- 2 -- 3 -- 4
18. Some organisations/people have unfair advantages in obtaining funding, and this is more than just an isolated instance.	1 -- 2 -- 3 -- 4
19. The practical reality of the current set of privacy rules is that they do more harm than good when it comes to the ability of service workers to support the needs of their clients.	1 -- 2 -- 3 -- 4
20. The Huon Valley currently has a sufficient supply of adequately trained workers to meet client needs.	1 -- 2 -- 3 -- 4
21. The move to a commissioning model of funding is a good idea.	1 -- 2 -- 3 -- 4
22. Having service providers physically located within the Huon Valley is critical to good client outcomes.	1 -- 2 -- 3 -- 4
23. The idea of a collaborative model of care coordination is achievable within some limited areas (e.g., housing).	1 -- 2 -- 3 -- 4

24. The idea of a collaborative model of place-based care coordination across the entire health and human services is, ultimately, achievable.	1 -- 2 -- 3 -- 4
25. Competition for funding resources to provide services to people in the Huon Valley is a good thing.	1 -- 2 -- 3 -- 4
26. Competition among organisations ultimately leads to an inefficient duplication of services.	1 -- 2 -- 3 -- 4
27. Transportation issues in the Huon Valley should be one of the absolute foremost priorities of decision makers.	1 -- 2 -- 3 -- 4

Organisational details

28. What services your organisation delivers in the Huon Valley?

	In the Huon Valley	Not in the Huon, but elsewhere	We do not offer this service
Drug and alcohol abuse counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allied Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/General practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schooling (primary/secondary/high school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's or youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTIQ services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural/ethnic diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual/religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media and outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What is the overall size of your organisation (or division), measured in terms of full-time equivalent (FTE) staff:

- a. 1 FTE position or less
- b. 1.1 to 4 FTE positions
- c. 4.1 to 20 FTE positions
- d. 20.1 – 50 FTE positions
- e. 50.1 to 200 FTE positions
- f. 200+ FTE positions
- g. Don't know

30. Please indicate where your organisation/division offers services within the Huon Valley, and at what frequency:

Location	Every day or weekday	2-3 days/week	about once a week	about once a fortnight	about once a month	Only on request/demand
Huonville	<input type="checkbox"/>					
Cygnet	<input type="checkbox"/>					
Geeveston	<input type="checkbox"/>					
Franklin	<input type="checkbox"/>					
Dover	<input type="checkbox"/>					
Hobart area (not Huon Valley)	<input type="checkbox"/>					
Other	<input type="checkbox"/>					

31. If known, where does your money/funding come from? Please provide an approximate percentage for each category. (If you don't know this information (i.e., because you don't deal with the budget), or would otherwise prefer not to respond, please fill in the "Don't know" answer with "100")

Type of funding	approximate percentage of budget for past year
Government funding	
Competitive tenders	
Fee-for-service	
Donations/philanthropic support	
Other sources	
Don't know	
TOTAL	100%

32. In comparison to other organisations you know of in the health and human services sector, which word best describes your organisation's size?
- Very small
 - Small
 - Medium
 - Large
 - Very large
33. Please read the following statements about your organisation's possible involvement with the population of the Huon Valley. Of these, which one(s) best describe your organisation's actual involvement with the population of the Huon Valley? Please check ALL that apply to your organisation.
- My organisation focuses on supporting individuals who are formally "our clients" in some official sense.
 - My organisation focuses on supporting individuals directly – but informally. These individuals are not enrolled as clients in any formal sense. This would include walk-in or "grassroots" services, or walk-in business customers.
 - My organisation focuses on offering formal services to other groups and organisations. We may call them "partners," but in some sense we aim our service offerings at them. [This could include providing administrative services, formal processes, systems, procedures, technologies, support and structures].
34. Does your organisation coordinate services for people from the Huon Valley?
(Yes/No/don't know)
35. Does your organisation coordinate, facilitate, or directly provide transportation for individual clients? (Yes/No/don't know)
36. What role do volunteers (including interns) have in your organisation? Please choose the statement below which best describes your organisation, with respect to your services in the Huon Valley.
- Total – we are all volunteers.
 - Dependent – volunteers form the backbone of our services within the Huon Valley.
 - Important – volunteers fill the gaps in some of our core services, or play key roles "behind the scenes" which make our organisation run much more smoothly.
 - Convenience, supplementary, or training – we have volunteers and value their contribution, but we can operate effectively without their regular participation. Alternatively, we may take on volunteers or interns to provide them with training opportunities.
 - Little to none – we rarely, if ever, have volunteers or interns.
 - Don't know

37. [IF NECESSARY] On the previous page, you indicated that your organisation focuses on offering formal services to other groups and organisations. These services could include providing administrative services, formal processes, systems, procedures, technologies, support and structures. Who are these organisations? (Names up to 12 organisations).

38. Over the past year, how secure has the funding for your organisation been? How busy is your organisation? Please indicate the degree to which you agree or disagree with the following statements.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

A. My organisation's current level of funding is secure for the next year.	1 – 2 – 3 – 4 – 5
B. There is uncertainty in our organisation about employees' job security.	1 – 2 – 3 – 4 – 5
C. My organisation has a steady stream of new and ongoing work.	1 – 2 – 3 – 4 – 5
D. From my perspective, there is general confusion and uncertainty around funding schemes and sources.	1 – 2 – 3 – 4 – 5
E. . Fee for services is an important part of my organisation's operating model.	1 – 2 – 3 – 4 – 5
F. At my organisation, we are too busy with everyday work to think much about how we might change or do things differently.	1 – 2 – 3 – 4 – 5
G. We have had a lot of staff turnover in the past year.	1 – 2 – 3 – 4 – 5

39. How effective is your organisation in delivering services to people and communities in the Huon Valley? [Not at all effective (1)....Strongly effective (10)]

40. In comparison to your own organisation, how effective are other organisations generally, in delivering services to people and communities in the Huon Valley? (check one)

- Much more effective than we are.
- Somewhat more effective than we are.
- About as effective as we are.
- Somewhat less effective than we are.
- Much less effective than we are

41. How much emphasis does your organisation place on external collaboration with other organisations in providing services to people in the Huon Valley?

[No emphasis at all (1)...A great deal of emphasis (10)]

42. Please indicate the degree to which you agree or disagree with the following statements, with respect to your organisation's involvement in the Huon Valley.

<i>Absolutely disagree</i>									<i>Absolutely agree</i>
1	2	3	4	5	6	7	8	9	10

A	The workers at the coal face of my organisation tend to be members of the Huon Valley community out of hours (e.g., they live there, grew up, have family there, etc.).
B	My organisation invests in data and measurement to track client outcomes (e.g., for the support of future proposals).
C	My organisation is well-placed to hear back from community representatives regarding our relationship with that community.
D	My organisation is effective in referring local residents to appropriate services offered by other organisations in the Huon Valley.
E	We do not measure client outcomes or key performance indicators (KPIs) at all.
F	My organisation is committed to/currently engaging in expanding and diversifying the services it can offer .
G	My organisation provides consistent service delivery across communities (rather than unique or tailored offerings for each community).
H	My organisation gives money to local community groups and residents for them to spend on needs in a way that they see fit, or to serve routine budgetary needs (e.g., pay a bill).
I	My organisation aims to empower members of the local community or local groups in terms of them meeting their own support needs.
J	My organisation actively encourages Huon Valley community input and engages with community representation on how services are designed and delivered.
K	My organisation invests in the professional development of staff.
L	My organisation invests in quick and efficient access to information and resources which promote best practices.
M	After referring a client to another service, my organisation follows up with the client to check on how the referral went.
N	We feel it is necessary to share our knowledge as freely and openly as possible (for example, so that people are able to access our service and build capacity to serve their own needs).

43. Name of your profession (e.g. health promotion practitioners, social planner, youth services, doctor):

44. Division of organisation you work (if applicable):
45. Length of service in current organisation (Years/Months)
46. What best describes your primary position/role in your organisation?
- a. Coalface worker
 - b. Middle manager
 - c. Senior manager
 - d. Executive manager
 - e. Other _____
47. What is your age?
- a. 18-25 years
 - b. 26-35 years
 - c. 36-45 years
 - d. 46-55 years
 - e. 56-65 years
 - f. 66 years or older
 - g. I prefer not to answer
48. What is your sex/gender?
- a. Female
 - b. Male
 - c. Other
 - d. I prefer not to answer
49. What is the highest level of education you have completed?
- a. Primary school
 - b. Year 7 or 8
 - c. Year 9 or 10
 - d. Year 11
 - e. Year 12 (completed Higher School Certificate/TCE)
 - f. Trade apprenticeship
 - g. Technical diploma/certificate
 - h. Tertiary degree
 - i. Post graduate degree
 - j. Other
 - k. I prefer not to answer
50. Are you an Aboriginal or Torres Strait Islander person?
- a. No, I'm a non-Indigenous person
 - b. Yes, I'm an Aboriginal person
 - c. Yes, I'm a Torres Strait Islander person
 - d. Yes, I'm both an Aboriginal and Torres Strait Islander person
 - e. Don't know
 - f. I prefer not to answer

51. Which of the following personal connections do you have to the Huon Valley, outside of work?
- I live there currently
 - I grew up there
 - I have family there currently
 - I work there
 - Other _____
 - None of these.

52. Which other organisations in Tasmania have you worked for in the past 5 years?
Please indicate name, location, and how long you worked there.

Name of organisation	Location	Duration of employment
		<ul style="list-style-type: none"> - Less than 6 months - 6 to 12 months - 1-2 years - 2 years or more

Open-ended responses

For these questions, you have the opportunity to expand on your responses through open-ended responses.

- [If necessary] Earlier in the questionnaire, you indicated that you felt there currently aren't enough services present in the Huon Valley to effectively serve people's needs. Are there any examples of the types of service not available? Do you have any thoughts on how these services be developed or engaged with?
- What do you think is working (especially) well in the service system in Huon Valley? You might think of things that are working well, but could be emphasized further.
- What do you think is in need of improvement? Here you might think of things which are readily addressable.
- What do you think are the biggest challenges facing service delivery in the Huon Valley?
- Other comments. For example: Is there anything important about relationships between organisations that we should have asked about, but didn't?

Interviews. As part of this project, the research team will be interviewing a small number of participants in order to understand the issues in the questionnaire in greater depth. Would

you be willing to be contacted by a researcher about a possible interview, if selected? If you answer 'yes', you can still choose later not to participate.

- Yes, I am willing to be contacted about possibly participating in an interview.
- No, thank you.

Recontact. In about 12 months, we will be repeating this survey to understand how the service system changes, and whether efforts to improve collaboration between organisations have begun to show any signs of success. Having the same respondents participate again greatly helps our ability to track these changes. For this reason, we would like to know your name and contact information. This will allow us to re-contact you in a year's time to see how things have changed for your organisation. As mentioned, though, this is optional. If you do give your name and contact, it is only to recontact you, and your name and email will be kept separate from your responses in a secured location, linked only by a code number. Your name and responses will be kept strictly confidential - only the research team at Swinburne University will have access to it. You can also provide this information and decide later not to participate.

Please provide your name and an email address at which you may be re-contacted for future research.

First name

Last name/Family name

Email address for recontact

[Final page](#)

Thank you for your participation.

Please share with colleagues

As a reminder, for this research, it is important to hear from several respondents within each organisation. In order to make sure our results relevant to the service system as a whole, we ask you to share this questionnaire with one or two other individuals within your organisation, that you believe would make a valuable contribution to the research.