Action for Equity:
A sexual and reproductive health plan for Melbourne's west
2013–2017

Evaluation report 1:
A report on the social networks of the Action for Equity partnership 2014

women's health west

Developed by Women's Health West
for the Western Region Sexual and Reproductive Health Promotion Partnership

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Contact Women's Health West to request a copy of the Action for Equity social network survey.

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Contents

Executive summary

Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-2017 incorporates primary prevention and service coordination initiatives that work to achieve health equity. Action for Equity's success relies heavily on effective and coordinated partnerships between organisations and individuals within these organisations, and the work produced by these partnerships. A social network analysis approach has been used to analyse and evaluate these relationships and identify strengths and weaknesses within the Action for Equity partnership.

Social network analysis is defined as an analysis that focuses on the 'relationships among social entities and on the patterns and implications of these relationships' (Wasserman and Faust, 1994: 3). A social network analysis is therefore concerned not just with social network ties, but also the interaction of social ties and individual attributes that allows us to answer why some actors (e.g. people or organisations) might be more or less central in a partnership network than others. This information can be used to strengthen the Action for Equity partnership and improve its capacity to achieve its goal and objectives.

Summary of individuals attributes and networks

An analysis of individual practitioners' relationships with other people in the Action for Equity partnership, their role and capacity to influence work, and own views and beliefs about various sexual and reproductive health topics found:

- Action for Equity is in its infancy and many members are new to the partnership
- There was a high level of personal support for sexual and reproductive health work, which is not comparable to practitioner's self-reported capacity to influence this work within their organisation
- There are strong connections between people and an ability to identify who is crucial to the success of the plan
- Individuals with a higher capacity to influence work associated with Action for Equity are seen to be crucial to its success and contribute most to work undertaken as part of the plan
- People who work in similar organisations (e.g. local government) or who hold similar positions (e.g. management roles) are more likely to collaborate and identify one another as essential to the success of the partnership. This creates positive professional partnerships. However, this pattern of collaboration has the potential to create sector and practice silos that can limit collaboration and integration throughout the region.

Summary for organisational attributes and networks

An analysis of organisational partnerships, partners' prioritises and resource allocation for Action for Equity found:

- There is uncertainty among some partners about their organisation's position regarding working in some areas of sexual and reproductive health
- There is an association between individual's capacity to influence sexual and reproductive health work and their organisations future investment of additional resources
- There is a disparity between partner organisations perceptive of a high level of community need relative to various sexual and reproductive health topics and their organisations likely investment, except for work with people in prison

- Previous organisational collaborations as part of Preventing Violence Together has supported collaboration in the Action for Equity partnership

The evaluation also found that organisations that formally support many of Action for Equity's objectives and strategies are:

- More likely to support other partner organisations' sexual and reproductive health promotion planning processes
- More likely to support other organisations' sexual and reproductive health promotion programs, projects or service delivery
- More likely to acknowledge receiving support from other partners.

Organisations that identify being less invested in Action for Equity and its objectives and strategies are:

- More likely to provide resources (e.g. funding for evaluation) to other organisations in the partnership
- More likely to provide other support to the plan and the partnership
- More likely to receive program, project and service delivery support from other partners who are heavily invested in the plan.

Other key findings

Partner organisations identified that the key internal and external enablers for the success of Action for Equity is a lead agency for the plan, followed by resources and funding. Partner organisations also reported that if they had additional funding they would most likely invest in on sexuality education for young people, including work with young people from migrant and refugee backgrounds.

Current relationships between people and organisations in the *Action for Equity* partnership appear to be very positive. There are many positive relationships, such as collaboration and sharing of resources, and few negative relationships, as measured by differences of opinion. It is important however that differences of opinion are expressed, as Action for Equity is a complex, multifaceted plan that requires a diversity of perspectives to be heard.

It appears that relationships are heavily shaped by previous collaborations, between organisations from the same sector and practitioners who share similar positions. This is a positive initial phase of the plan's implementation. Though, to ensure inter-sectoral collaboration, future practice requires greater collaboration across different network boundaries.

The social network analysis also found that organisations that are not heavily invested in Action for Equity still provide valuable resources and support to the regional partnership. This also indicates that different organisations play different roles in the partnership and in advancing work associated with the plan. However, organisational differences in investment in Action for Equity can create tension within the partnership.

Indeed, the results of the social network analysis reveal that it is important to keep the Action for Equity partnership flexible to adjust to new demands, external events and opportunities for further collaborative action.

Background

Action for Equity is Victoria's first comprehensive regional plan to integrate sexual and reproductive health promotion actions. *Action for Equity* is a four year plan for Melbourne's west that incorporates primary prevention initiatives that work to redress the social determinants of sexual and reproductive health in order to achieve health equity. The plan integrates long-term strategies across a range of settings and sectors to generate and maintain the social and cultural change needed to achieve optimal sexual and reproductive health through a regional partnership approach, the sharing of resources and knowledge, and a common planning framework.

The plan's implementation is overseen by a regional reference committee, which is made up of senior managers from eighteen partner agencies. These comprise organisations such as community and women's health, local government, Aboriginal community controlled organisations, medicare locals, a primary care partnership, ethno-specific organisations, and statewide and specialist sexual and reproductive health services. Women's Health West is the lead agency for this work across Melbourne's western region.

The evaluation of public health programs and policies is a recognised and important part of understanding the inherent challenges and successes of health promotion initiatives and the impact they have on achieving improved health and wellbeing outcomes for the community (Wadsworth, 2010). The use of partnerships as a mechanism to plan and implement health promotion activities is also recognised as requiring careful planning and specific evaluation mechanisms. However, there is limited evidence regarding the value of regional partnerships and their ability to increase health equity. Hence, measuring the worth of *Action for Equity* and its ability to facilitate regional integration and health promotion action is a core component of the plan's evaluation.

The research questions that inform the partnership evaluation are:

- Does a regional plan strengthen and formalise integrated partnerships and health promotion practice that improves sexual and reproductive health outcomes for communities in Melbourne's West?
- What attributes specific to organisations and individual practitioners support joint health promotion planning, activities, resource sharing, increased communication and by-in for sexual and reproductive health in Melbourne's West?

This report provides baseline data pertaining to the professional and organisational networks that exist within the *Action for Equity* partnership. The survey will be implemented three times throughout the life of the plan. *Action for Equity* is also underpinned by a rigorous evaluation strategy that measures the plan's process, impact and outcomes against its goal, objectives and strategies. These evaluation finding are measured via a different but interrelated process.

1.1. What is social network analysis?

Social network analysis (SNA) focuses on the 'relationships among social entities and on the patterns and implications of these relationships' (Wasserman & Faust, 1994: p. 3). A network consists of a set of relations (or arcs) among a set of actors (or nodes). More detail is found in Figure 1.

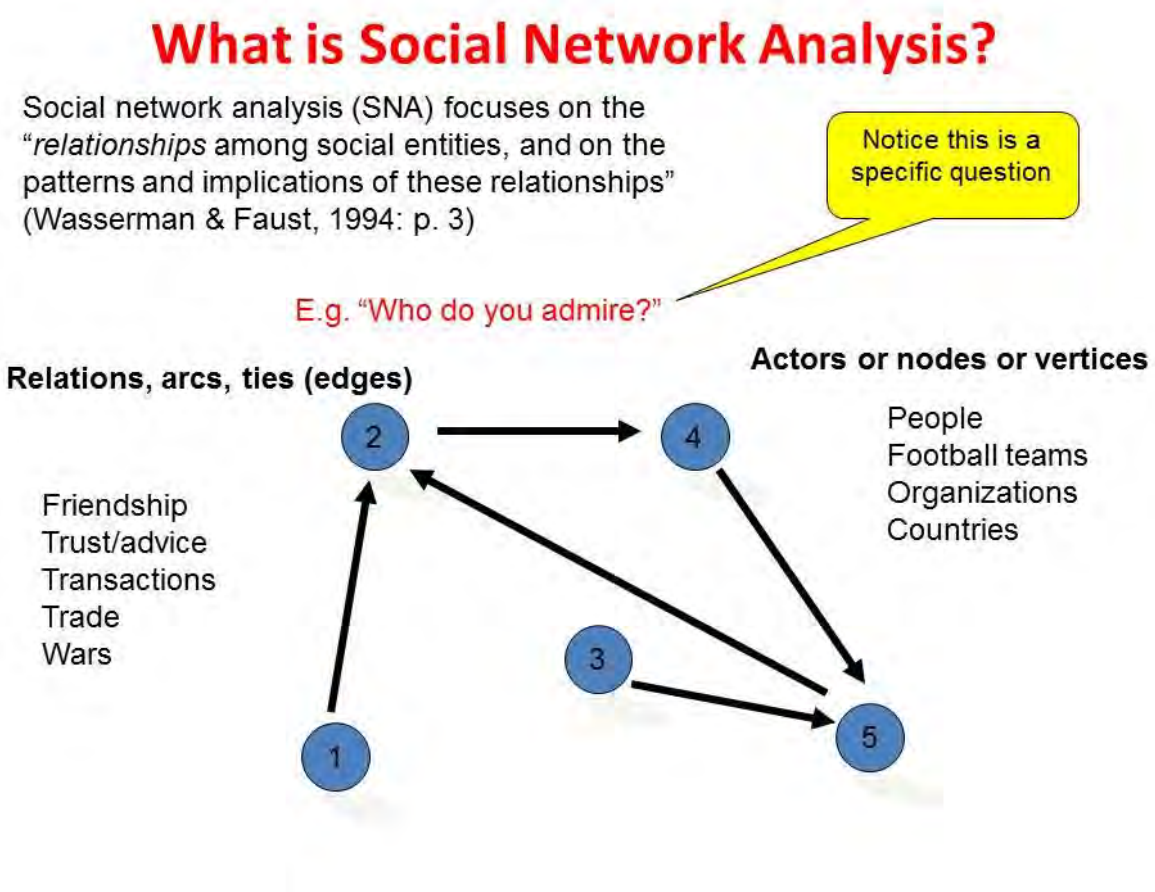


Figure 1: What is Social Network Analysis?

Social network analysis is concerned not just with social network ties, but also the interaction of social ties and individual attributes. This allows us to answer why some actors (e.g. people or organisations) might be more or less central in a network than others. In social networks the nodes are 'actors' that:

- have qualities (attributes, behaviours, attitudes, personalities)
- have motivations, including motivations to select social partners to 'optimise' their social structural locations (social selection)
- are subject to influence (contagion) from network partners (social influence)
- have individual outcomes and ideally in this work collective regional outcomes.

Networks, or in this instance a regional partnership, can shape the behaviour of individuals and organisations.

1.2. The survey

The survey includes questions about individuals and organisations that are members of the *Action for Equity* partnership. For the individual-level questions, practitioners were asked to provide their personal views on a range of questions relating to the sexual and reproductive health plan. For questions relating to organisations, individuals were asked to respond as informants on behalf of their organisation (e.g. from an organisational perspective).

In relation to participate confidentiality, all professionals are de-identified in the report and organisations are not individually named, but rather are clustered according to four organisational types – health services, local and state government, medicare locals, and state-wide organisations.

1.3. Individual responses to the survey

Details of the responding participants are provided in table 1.

Table 1: Number of individuals that were invited to participate and that actually participated in the *Action for Equity* survey

Invited	Participated
31 people	21 people
18 organisations	12 organisations
4 state-wide organisations	2 state-wide organisations
4 health service including community and women's health and primary care partnerships	4 health service* including community and women's health and primary care partnerships
7 state or local government	5 state or local government*
3 medicare locals	1 medicare locals*

*The number of organisations here represents how many people from such organisations responded as an individual.

1.3.1. *Network ties examined*

For individuals and organisations, this evaluation only examined social network ties between people who responded to the survey. This means that we excluded nominations (e.g. choosing others as network partners) of other individuals who did not participate in the survey. To be clear, given that all members of *Action for Equity* were listed in the survey, any participant in the survey could name any person in the *Action for Equity* partnership. However, if people or organisations who were nominated did not participate, we have some information on their incoming ties, but no information on their outgoing ties (because they did not respond to the survey questions). Missing data is a key concern in network research and is potentially more problematic that in other survey research because it is designed to explore the system of relations between people and organisations. It is standard practice in social network analysis to exclude non-respondents. It is however not without its problems, and it would be much preferred to have all individuals and organisations participate so that all voices could be heard and a more thorough overall perspective of the *Action for Equity*

partnership could be gleaned. However, the evaluation includes roughly two-thirds (67.7 per cent) of individual respondents, which is reasonably high.

1.3.2. *Individual demographics*

The following tables provide information about the background characteristics of the individuals who participated in the research.

Table 2: Position or role of participating individuals

What best describes your position?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Project worker or officer	10	47.6	47.6	47.6
	Coordinator who supervises staff	6	28.6	28.6	76.2
	Manager of a team or department	5	23.8	23.8	100.0
	Total	21	100.0	100.0	

In a number of network analyses we use position as a binary variable, where we separate 'project worker' but group together 'coordinator and manager.' This primarily splits participants into two equal groups, the latter clustered together due to their managerial responsibility. Further demographics are listed below.

Table 3: Attendance at *Action for Equity* meetings of participating individuals

Do you regularly attend any of the following in regard to Action for Equity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Regional Reference Committee	10	47.6	47.6	47.6
	Both	1	4.8	4.8	52.4
	Practice Forum	5	23.8	23.8	76.2
	None	5	23.8	23.8	100.0
	Total	21	100.0	100.0	

Table 4: Age of participating individuals

How old are you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	26-35	9	42.9	42.9	42.9
	36-45	5	23.8	23.8	66.7
	46-55	6	28.6	28.6	95.2
	56-65	1	4.8	4.8	100.0
	Total	21	100.0	100.0	

Table 5: Gender of participating individuals

Gender:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	5	23.8	23.8	23.8
	Female	16	76.2	76.2	100.0
	Total	21	100.0	100.0	

Finally, a measure of experience in sexual and reproductive health is included in table 6 and shows that individuals range from having no experience (0 years) up to 20 years of experience. On average, individuals in the *Action for Equity* partnership have 5.60 years of experience.

Table 6: Number of years' experience in sexual and reproductive health of participating individuals

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
How long you have worked in sexual and reproductive health (years)?	21	0	20	5.60	6.404
Valid N (listwise)	21				

1.3.3. *Personal views on various sexual and reproductive health topics and capacity to influence in workplace*

We asked a number of questions relating to the objectives and strategies of the *Action for Equity* plan that are summarised below.

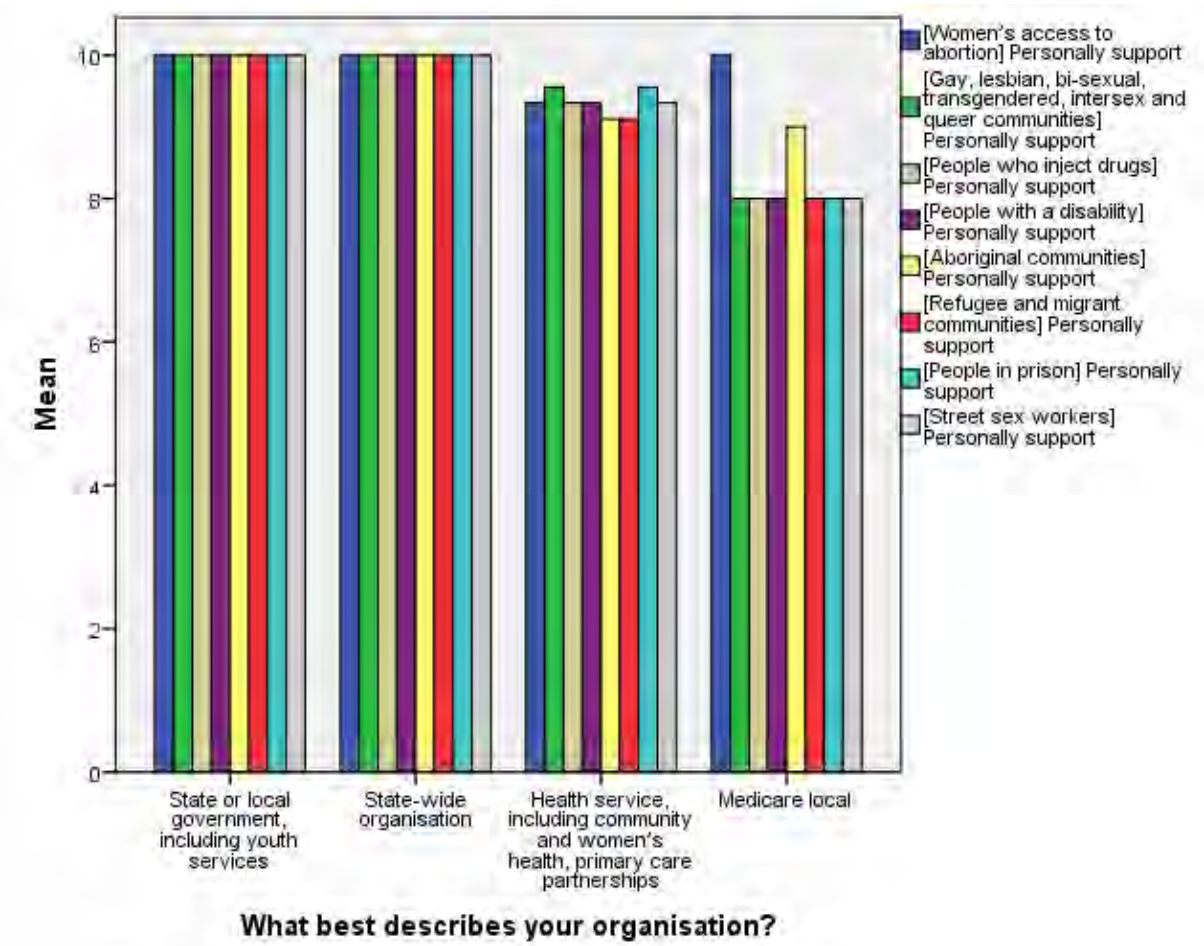


Figure 2: Please indicate the degree to which <u>you personally support</u> work designed to increase the human rights and sexual and reproductive health of the following communities (organisation type by specific topic).

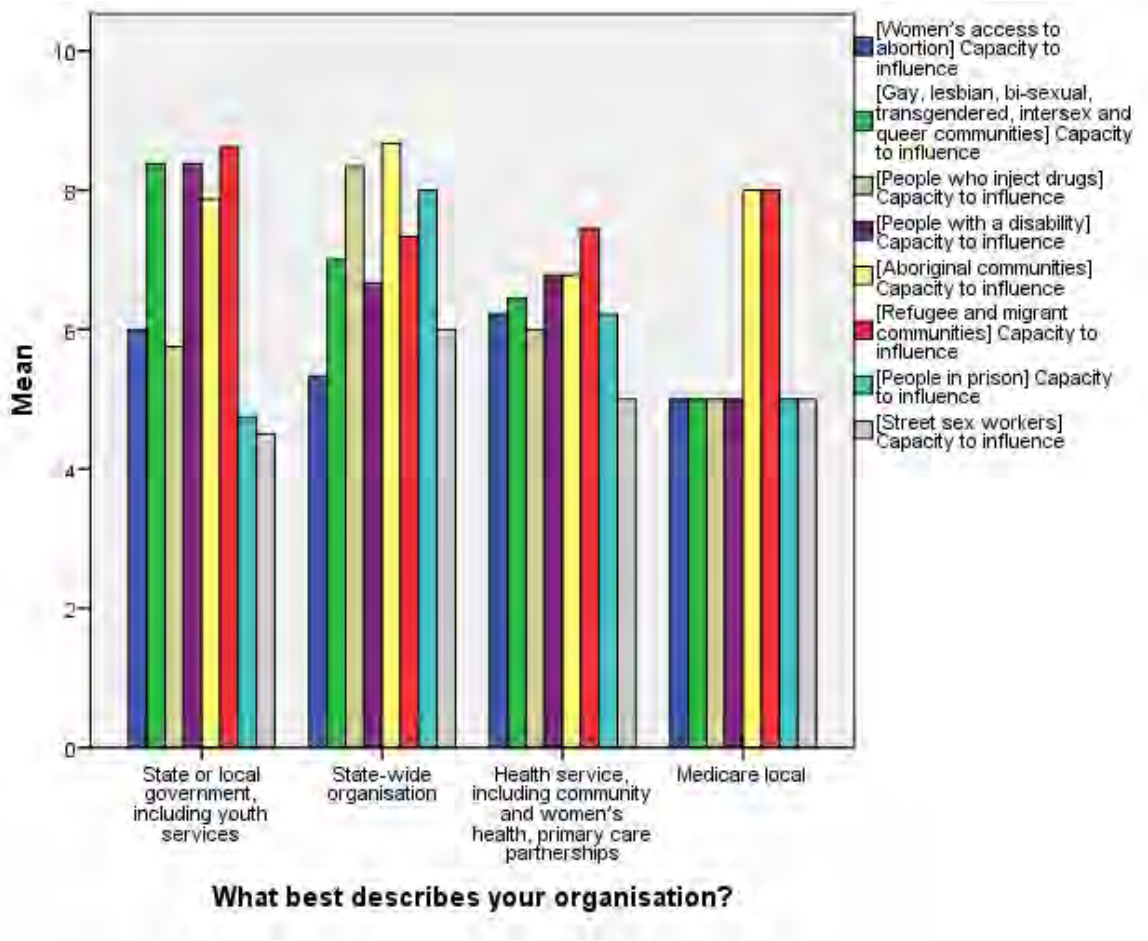


Figure 3: Please indicate the degree to which <u>you have the capacity to influence</u> work within your organisation that is designed to increase the human rights and sexual and reproductive health of the following (by organisation type and separated by topic).

The interesting comparison between figures 2 and 3 is that while most individuals personally and fully support almost all of the *Action for Equity* sexual and reproductive health topics, individuals' capacity to influence work within their organisations is significantly lower.

Not surprisingly, when project workers are compared to coordinators and managers, the latter have a greater capacity to influence sexual and reproductive health promotion work in Melbourne's western region – see figure 4 below.

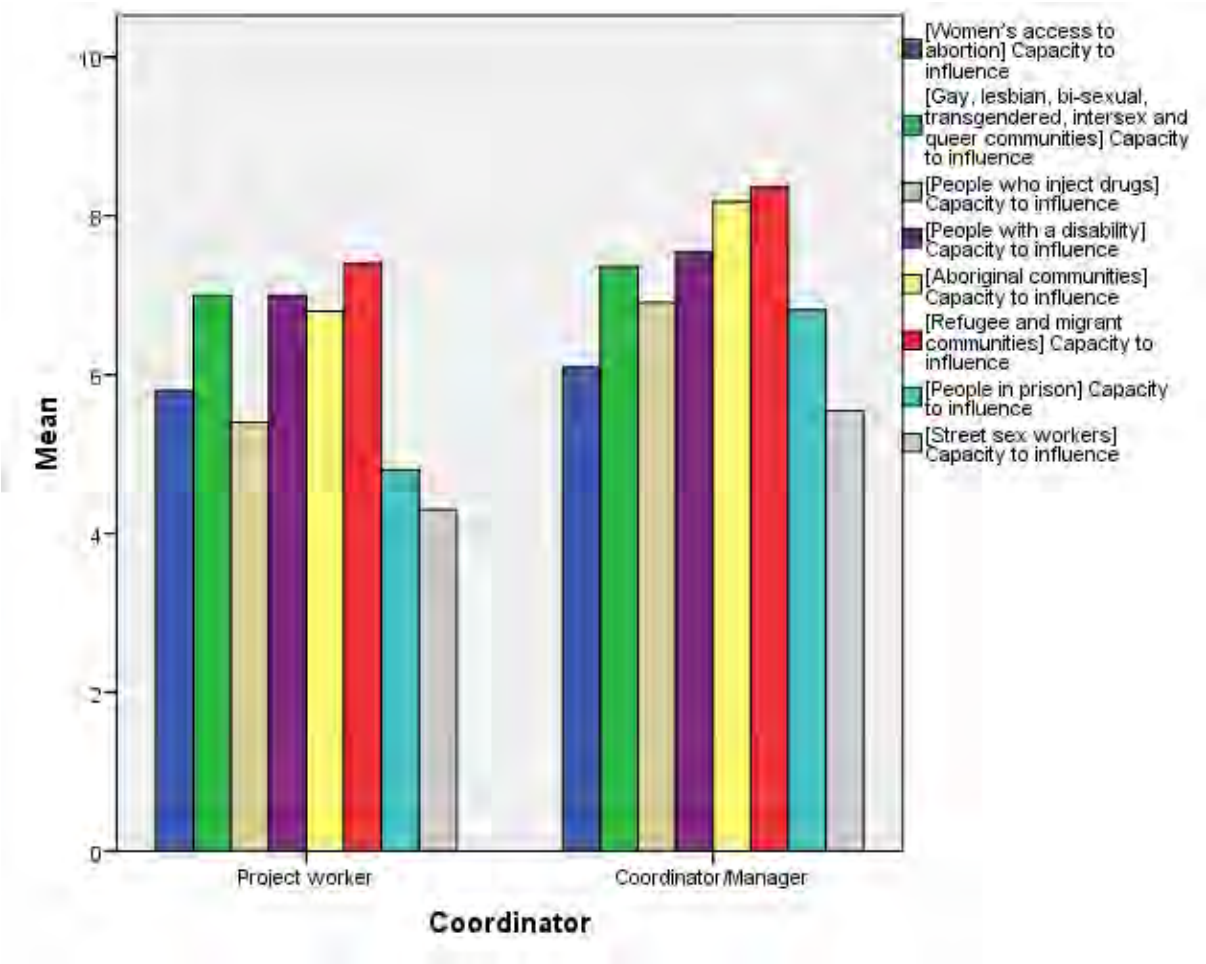


Figure 4: Please indicate the degree to which <u>you have the capacity to influence</u> work within your organisation that is designed to increase the human rights and sexual and reproductive health of the following (project workers versus coordinators and managers)

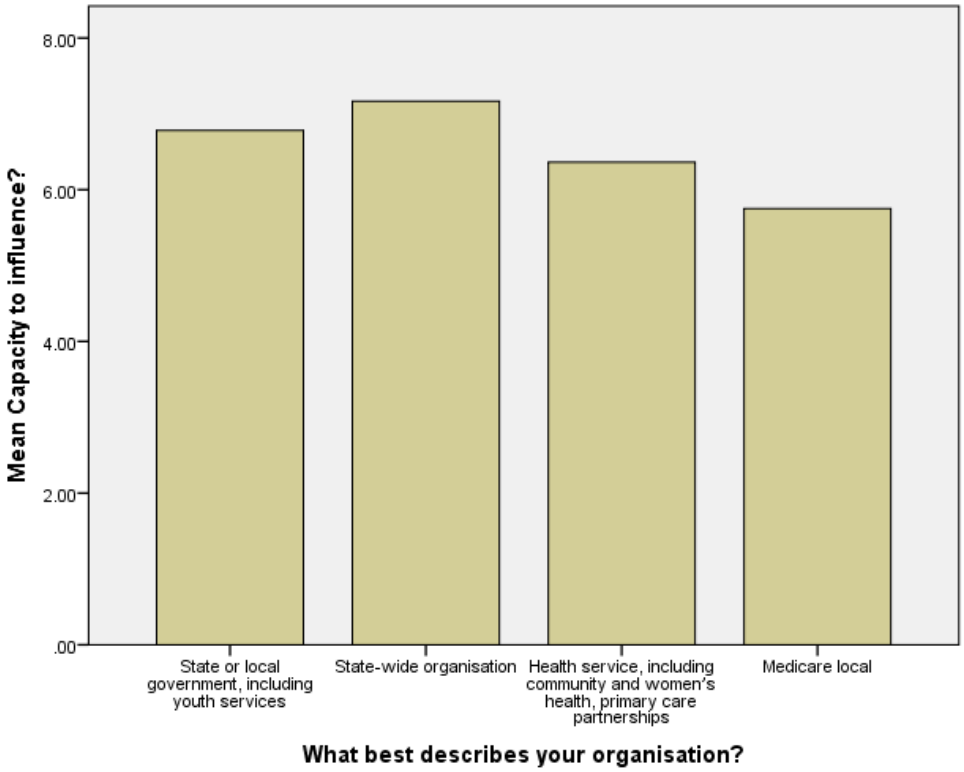


Figure 5: Please indicate the degree to which <u>you have the capacity to influence</u> work within your organisation that is designed to increase the human rights and sexual and reproductive health of the following (by organisation type, all health topics collapsed, 0-10 rating scale).

Figure 5 shows the overall capacity of professionals to influence sexual and reproductive health work by the type of organisation. Note that due to small numbers of participants (in a statistical sense), we cannot conduct reliable statistical tests to see if there are differences between the groups. As such, although there appears to be less capacity by medicare locals to influence sexual and reproductive health objectives as outlined in *Action for Equity* when compared to state-wide organisations, this apparent difference might not be statistically significant.

Table 7: Mean scores for 'capacity to influence' by issue

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
[Refugee and migrant communities] Capacity to influence	21	4	10	7.90	1.921
[Aboriginal communities] Capacity to influence	21	3	10	7.52	1.965
[People with a disability] Capacity to influence	21	3	10	7.29	2.348
[Gay, lesbian, bi-sexual, transgendered, intersex and queer communities] Capacity to influence	21	3	10	7.19	2.358
[People who inject drugs] Capacity to influence	21	2	10	6.19	2.337
[Women's access to abortion] Capacity to influence	21	2	10	5.95	2.617
[People in prison] Capacity to influence	21	1	10	5.86	3.005
[Street sex workers] Capacity to influence	21	1	10	4.95	2.747
Valid N (listwise)	21				

It can be seen from table 7 that topics on which individuals within the *Action for Equity* partnership have the capacity to influence vary. At the top of the list is health promotion work with refugee and migrant communities, meaning that this is the concern that most people feel they have capacity to influence within their own workplace. At the bottom of the list are street sex workers. Again, this is a descending list ranked on the mean (or average) score of all individuals. We have not conducted statistical tests due to low statistical power (not enough respondents or a low *n*) and as such this list does not indicate statistically significant differences. That said, a score of 7.90 for ability to influence work with refugee and migrant communities and much higher than 4.95 for street sex workers, and therefore is likely to be significant.

1.4. Social networks for individuals

We present here a range of social networks between individuals in the *Action for Equity* partnership.

1.4.1. *Collaboration*

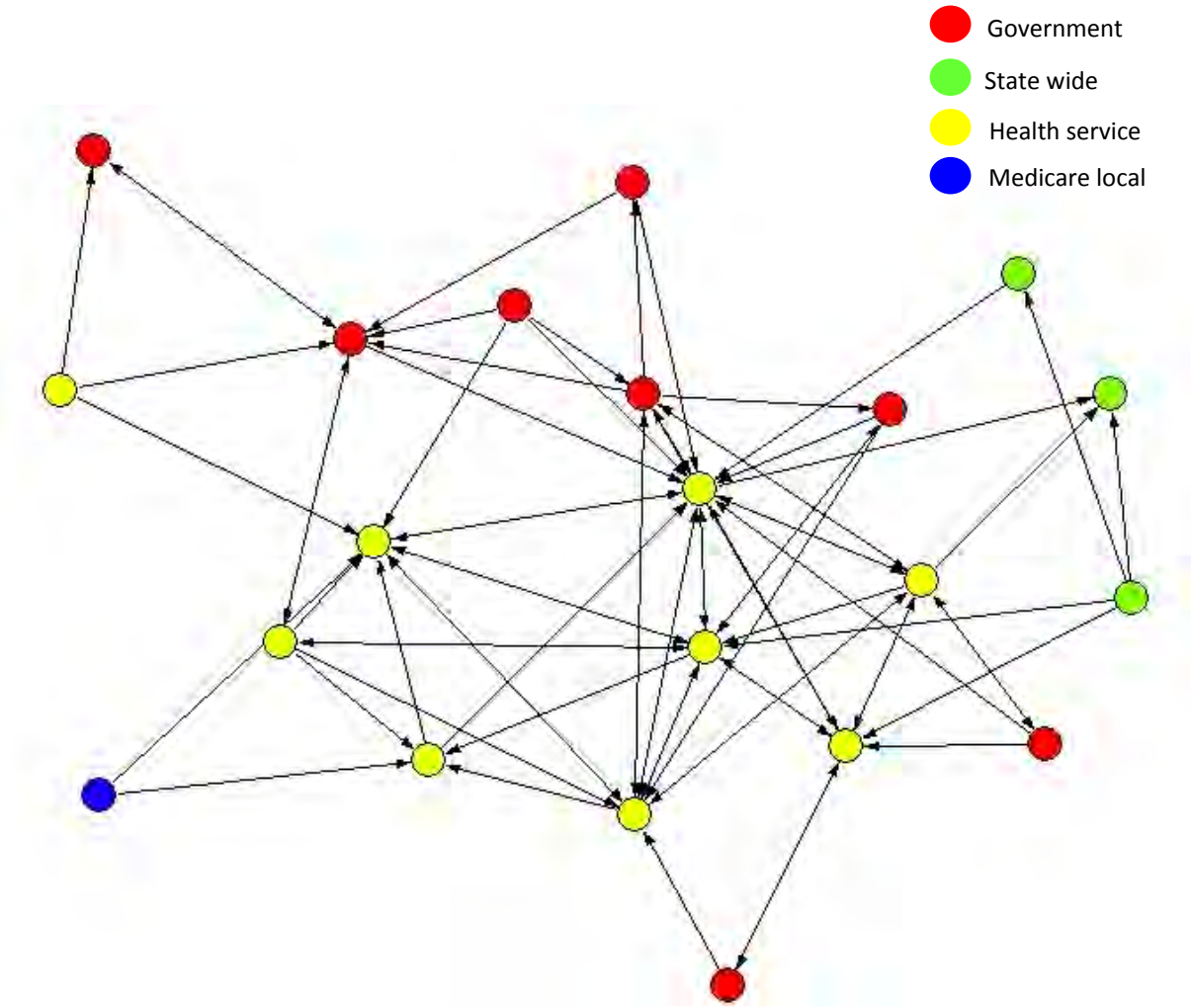


Figure 6: Network by organisation type for 'Which people <u>do you collaborate with most</u> in order to progress work as part of *Action for Equity* (e.g. work jointly on activities or projects?)'

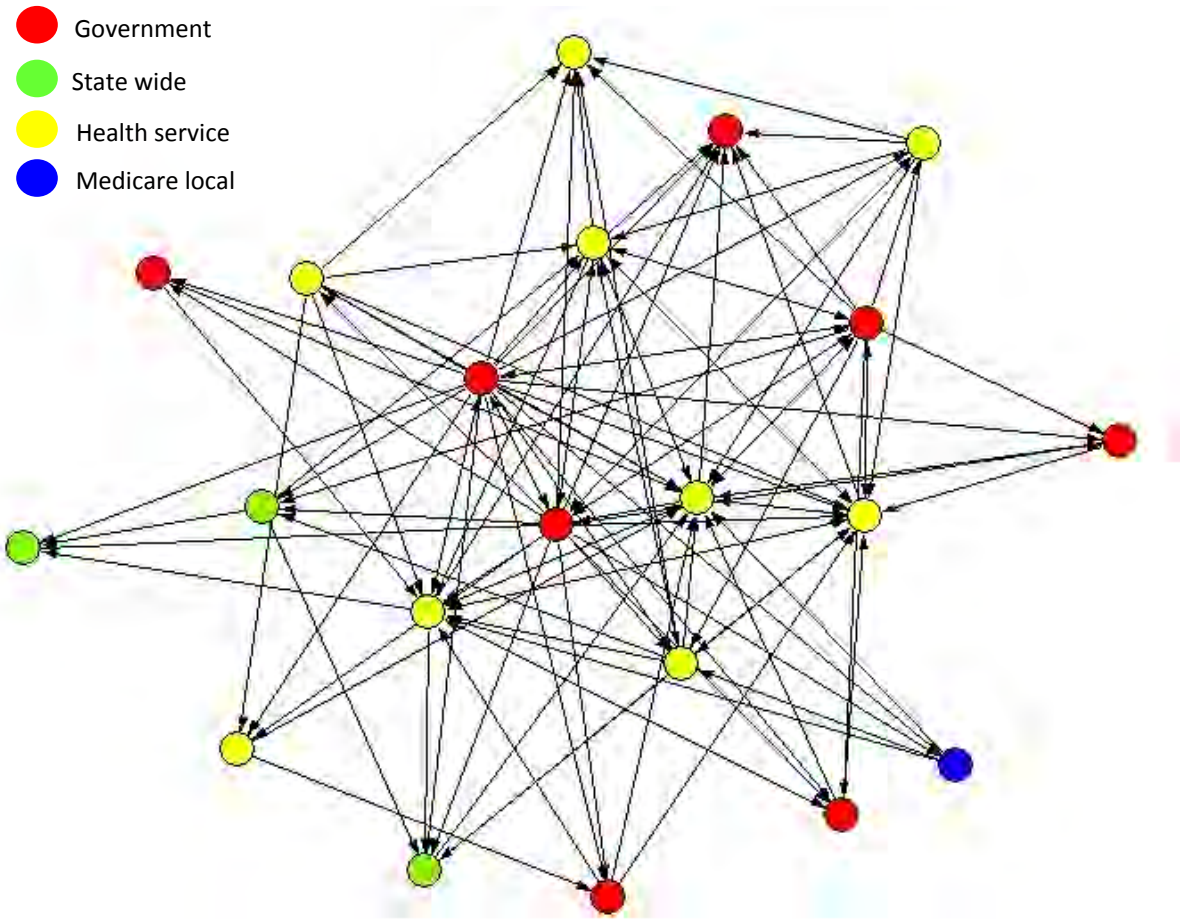


Figure 7: Network by organisation type for 'Which people are most crucial to the success of the *Action for Equity* partnership?'

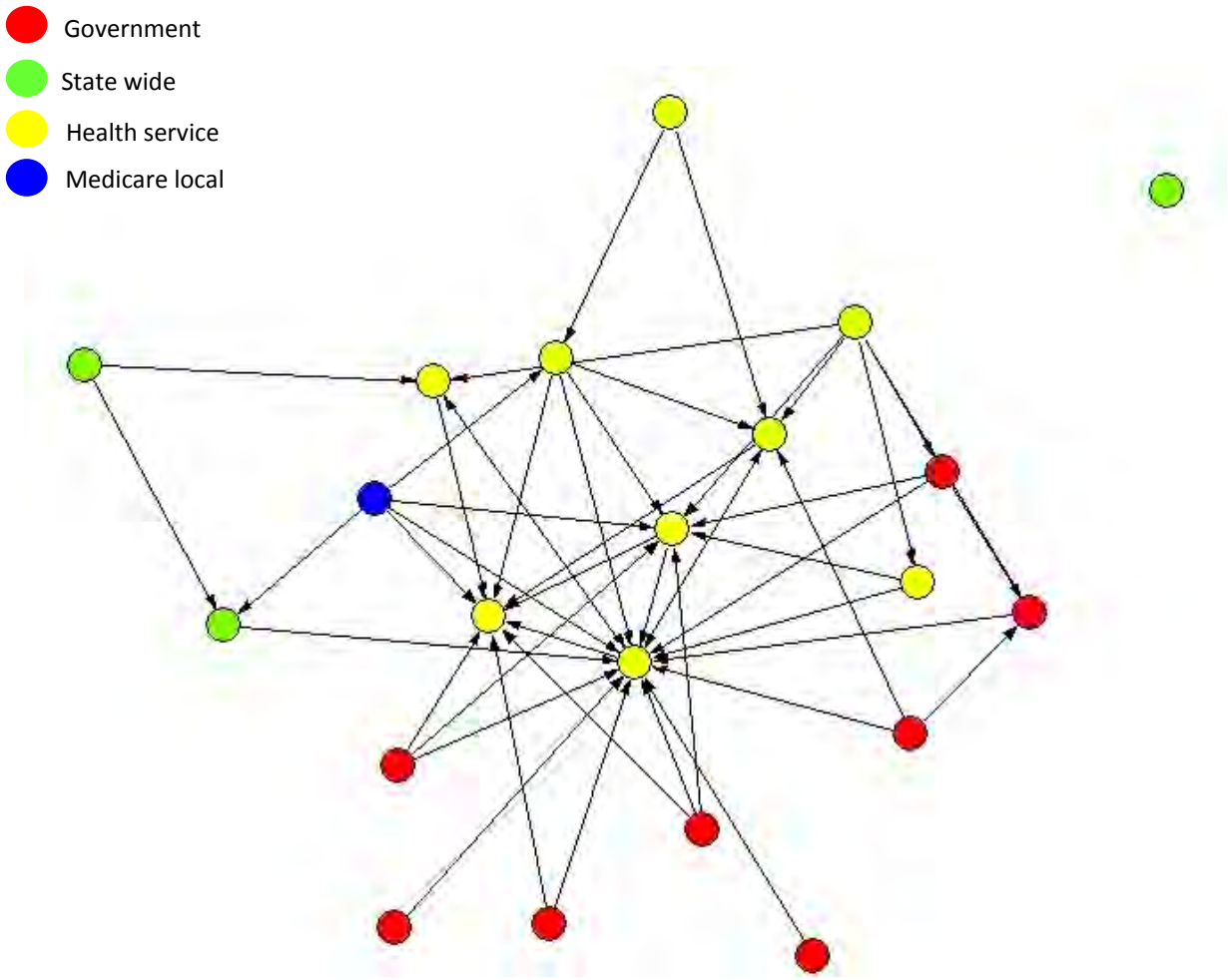


Figure 8: Network by organisation type for "Who do you go to for important information and advice relating to the *Action for Equity* partnership?"

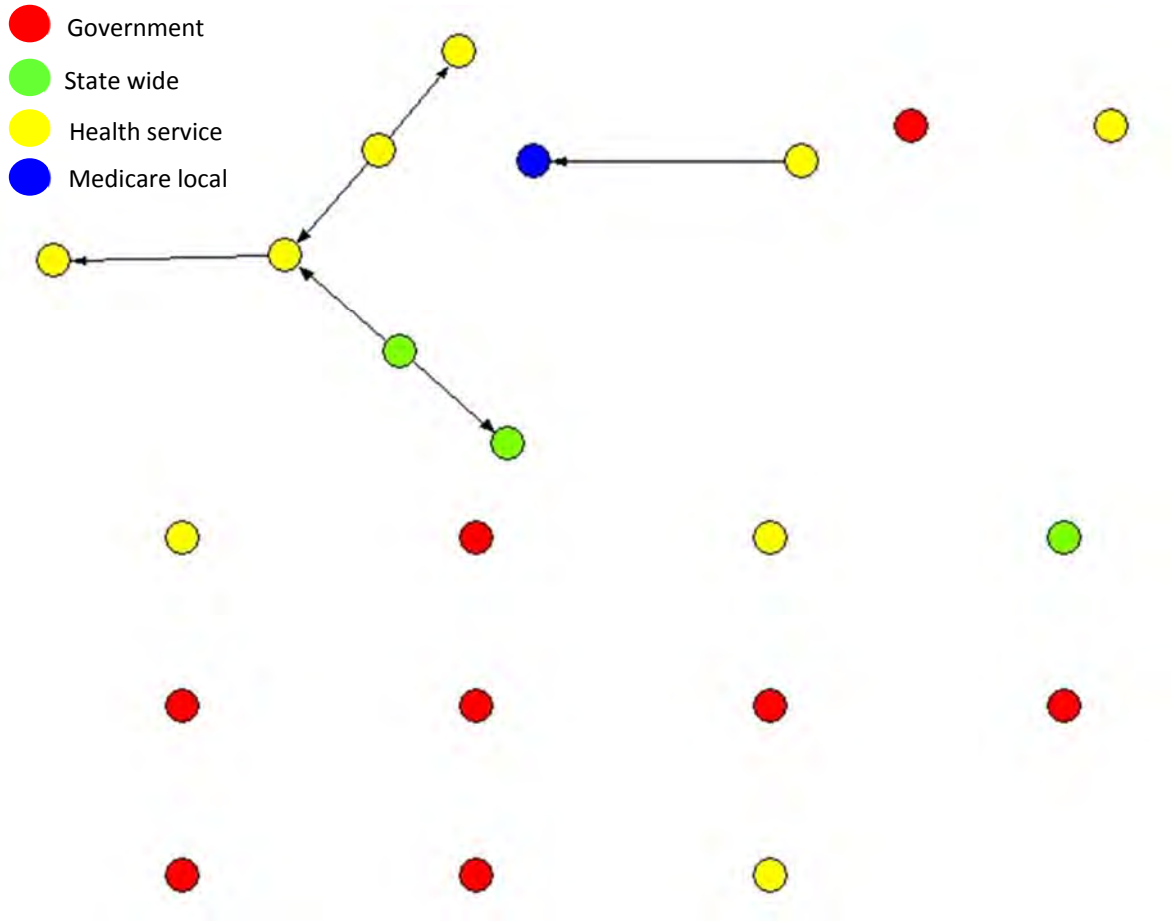


Figure 9: Network by Organisation type for 'Which people are you most likely to have a difference of opinion with in relation to how to progress work as part of the *Action for Equity* plan?'

What is very noticeable in figure 9 is that there are much fewer ties than in the other networks. This can be interpreted as a good indicator that there is little difference of opinion within the *Action for Equity* partnership and that everyone is more or less 'on the same page'. Conversely, if difference of opinion represents robust discussion about concerns and difficult topics, than these few ties might indicate that people are not comfortable engaging in difficult discussions with one another. Depending on how difference of opinion is understood as a concept, this network can be interpreted in both a positive or negative way.

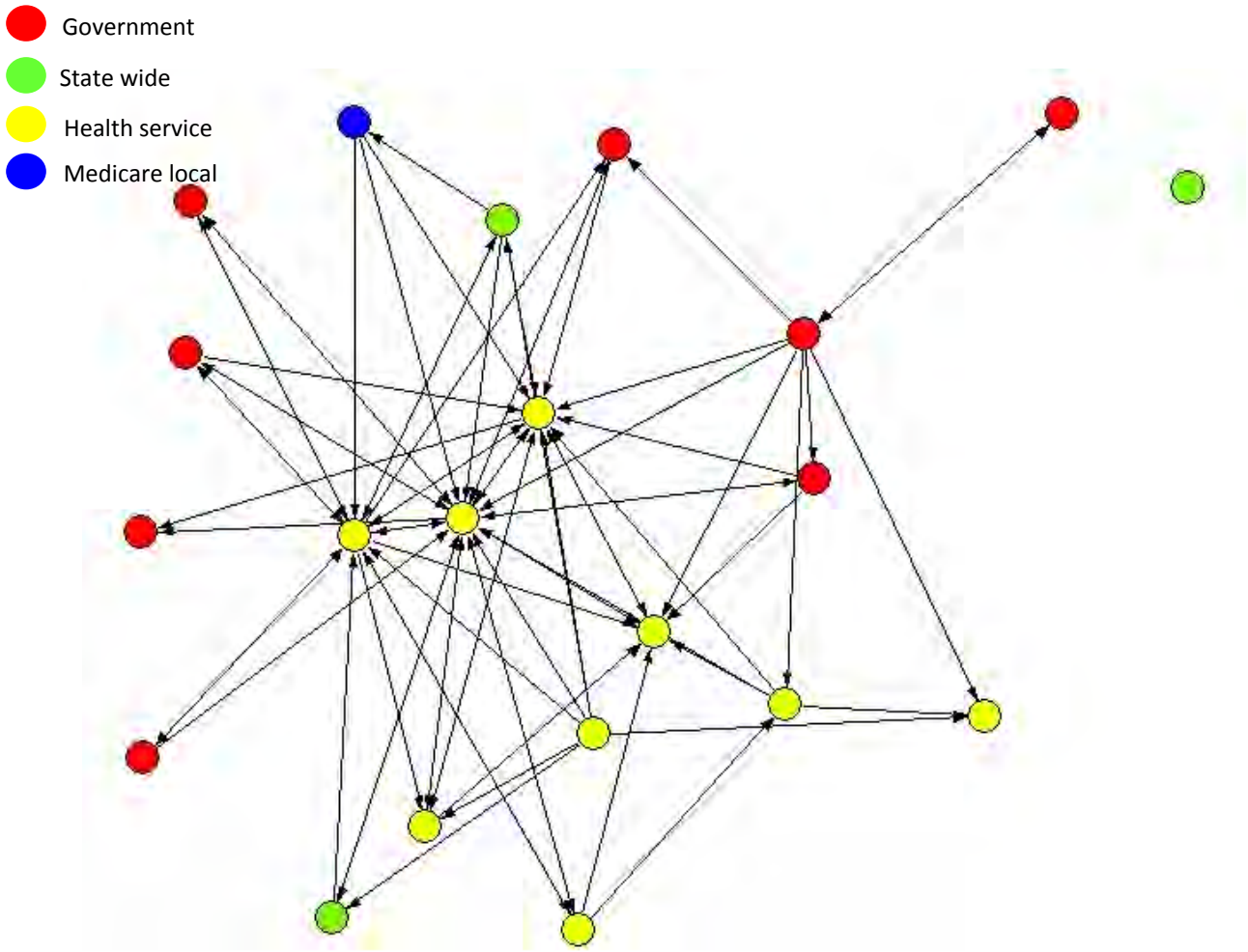


Figure 10: Network by organisation type for 'Which people contribute most to progressing work as part of the Action for Equity partnership?'

In figure 10 there are 3 to 4 highly nominated people who are seen to contribute most to implementing *Action for Equity*. As the *Action for Equity* plan becomes more established, ideally this network will be less centralised on these 3 to 4 individuals and become a more equally distributed network (such as that in figure 6).

1.4.2. *Statistical models for social networks*

We note that while we could not use statistical tests for the standard survey data, we can use statistical social network models on the network data that are reliable. The reason we can, depends upon the number of observations (or data points). For standard survey data (e.g., like asking people their attitude on a particular topic), the number of observations is simply the number of people that responded (which we denote as *n*, and in the study of individuals here, *n* = 21). This does not give a lot of statistical power and means our statistics can be wrong. However, for our network models we are trying to predict the presence of network ties and so the number of possible network ties. In a network of 21 people, there are $n(n-1)$ possible ties, or 21(21-1), or 420 possible ties. This gives us much greater power for our statistical tests and means that the statistics we compute for the network models are reliable. This evaluation used exponential random graph models (ERGMs) for its analyses. See Lusher, Koskinen and Robins (2013) for an introduction to these network models.

1.4.3. *Significant network effects*

Table 8 = presents a summary of significant effects for the networks between individual members of the *Action for Equity* partnership. We note that there are no effects listed for the difference of opinion network as there are only 6 ties in that network and delineating a range of network effects on only 6 ties is intractable.

There are four main effects that arose from the analyses. First, for the network questions that relate to collaboration, that relate to who is crucial to the success of the partnership and who contributes most, coordinators and managers are more likely to select one another. What this also implies is that project workers are more likely to be connected to other project workers within these networks. Further, above and beyond this similarity effect, coordinators and managers are unlikely to be selected as people who contribute most to the *Action for Equity* partnership.

Table 8: Significant network effects for individual networks

	Collaboration	Crucial	Info + advice	Difference of opinion	Contributes most
Coordinator/manager	+ similarity	+ similarity	- send	*No results*	- receive + similarity
Same organisation type	+	+	+	*No results*	+
Capacity to influence	+ send	+ send + receive - similarity		*No results*	+ receive
Network processes	+ “rich get richer”	+ “rich get richer”			+ “triadic closure”

Second, for all of the networks, except for the network regarding difference of opinion, participants are more likely to nominate others that work in the same type of organisation For example, professionals working in local government are more likely to nominate other professionals working in local government. This is known within social network analysis as homophily or 'birds of a feather flock together'. This can be an effective mechanism for initial collaboration. However, it can also create practice silos between different sectors and thus be a barrier to integrated regional action, which is essential to the success of *Action for Equity*.

Third, people who score high on capacity to influence (here, an average measure of influence across all of the topics) are more likely to send collaborative ties (e.g. nominate others as people they collaborate with), which makes them more active in collaborative practice and partnerships. Further, people who score high on their capacity to influence sexual and reproductive health work are both more likely to say others are crucial to the success of the plan and be selected as someone who is more crucial in the network than other individuals. On top of this, nominations of who is crucial to the success of the plan are more likely to be from people who think they are not crucial at all to people who think they are crucial. Finally, in regard to who contributes most in the *Action for Equity* partnership, people who score high on capacity to influence work are more likely to be seen to contribute the most to *Action for Equity*. Overall, what these effects indicate is that people's capacity to influence health promotion work is noticed within the *Action for Equity* partnership and shapes people perceptions and interactions about how to go about creating change.

Fourth, there are a range of network processes that have nothing to do with the qualities and attributes of individuals, but simply come about due to the presence of other network ties. Some of these network effects, known as network self-organisation were found in this evaluation. It is important to note that while we can try to direct or manipulate networks, these network effects operate in the background and might change the network in unanticipated ways. Hence, there is something about networks that make them difficult to constrain, which is important to be aware of. In the *Action for Equity* partnership networks we have observed, we witnessed a 'rich get richer' effect with regard to social ties. This means that those people who are already in various collaborative partnerships are more likely to further collaborate throughout the life of the four year plan. That is people are likely to get further network ties due to the existence of the current ties they already have.

1.4.4. *Quotes from participants*

When asked if there was any further information that individual participants would like to contribute, a number of qualitative responses were provided. Each of these quotes is provided below. In the first set of quotes, what is evident is that some people were uncertain how to respond to the survey due to the plan being in its first year and their limited involvement in the partnership to date.

I have only come into the partnership within the last X months and have been only able to attend X meetings so feel unable to answer the questions comprehensively.

I am yet to attend a meeting in my current role so it's difficult to answer the previous questions. I would seek advice from all list mostly the local government offices.

As I've only been a part of the partnership for [X months] I don't feel I can contribute much to the questions regarding individuals.

I've only been to [X] meetings, so I don't feel like I know enough about the members to comment with much conviction.

Others had more specific recommendations for the success of *Action for Equity*.

I would make a general point that it is the mix/diversity of partners around the table that is crucial to success and acknowledging strengths and differences that each organisation/representative can offer.

The success of Action for Equity is dependent upon having individuals who are committed to actioning the work... Differences of opinions are important, but only when it doesn't block work from happening… Many areas of sexual and reproductive health are still considered politically difficult or taboo, especially now with a conservative state and federal government, so we need to have people who have leaders and aren't afraid to pick up work that others find complex or politically sensitive.

1.4.5. *Summary for individual responses*

In summary, individual responses to the *Action for Equity* survey show that:

1. *Action for Equity* is in its infancy and many of the members are new to the partnership.
2. There was a strong contrast between people's personal endorsement of sexual and reproductive health action within the plan, which was very high, and people's capacity to influence work associated with the plan's objectives within their workplace.
3. There is a strong connectedness between people in *Action for Equity* collaborations, and in noting who is crucial to the success of the plan. This is a very positive sign that people are engaging with one another and working collaboratively across the region.
4. Similarity of characteristics between people are creating ties between professionals, which is positive at this early stage, but in future this has the potential to create sector silos that could limit integration throughout the region. Related to this we see:
    a. Coordinators and managers mainly interact with one another, and project workers with other project workers
    b. Collaborative networks are mainly formed among similar organisations (e.g. health services collaborate with other health services).
5. Individuals with a higher capacity to influence work associated with the plan are seen to be crucial to its success and contribute most to *Action for Equity*. Such people are selected more (or central) in networks, meaning their abilities are being noticed by other partners.

1.5. Organisations

Individuals also reported on behalf of their organisation, providing their individual perceptions about how their organisation would respond to such questions. Notably, not all participants did (19 people did from 12 organisation).

Table 9: Participating organisations in the survey

Invited (18)	Participated (12)
4 state-wide organisations	2 state-wide organisation
4 health services	4 health services
7 state or local government	5 state or local government
3 medicare locals	1 medicare locals

Many reported not feeling able to do so, and we note these responses below. Where more than one person from an organisation responded, (a) attitude data was averaged, and (b) SNA data was added (e.g. if one of three people said there was a tie between their organisation and another, a tie was included). In the end, we have a network of 12 organisations (n=12), with non-respondent organisations excluded (for the same reasons previously outlined in 1.3.1).

> I didn't feel comfortable giving a rating on organisational positions or the likelihood of resourcing on positions, given that there's a formal process of developing this. That said, I didn't feel comfortable rating the other way (as in zero), as this would appear as though the organisation had no support for these positions. I ended up rating these items about a six.

> I feel that having to rank everything and not being able to answer unsure forced me to take a guess on the organisation's view whereas I think it would skew the results less if I could have left unanswered

> As I was unable to skip questions, I have had to answer as neutrally (probably inaccurately) as possible because I don't feel I can answer on behalf of the organisation.

1.5.1. *Level of investment in Action for Equity*

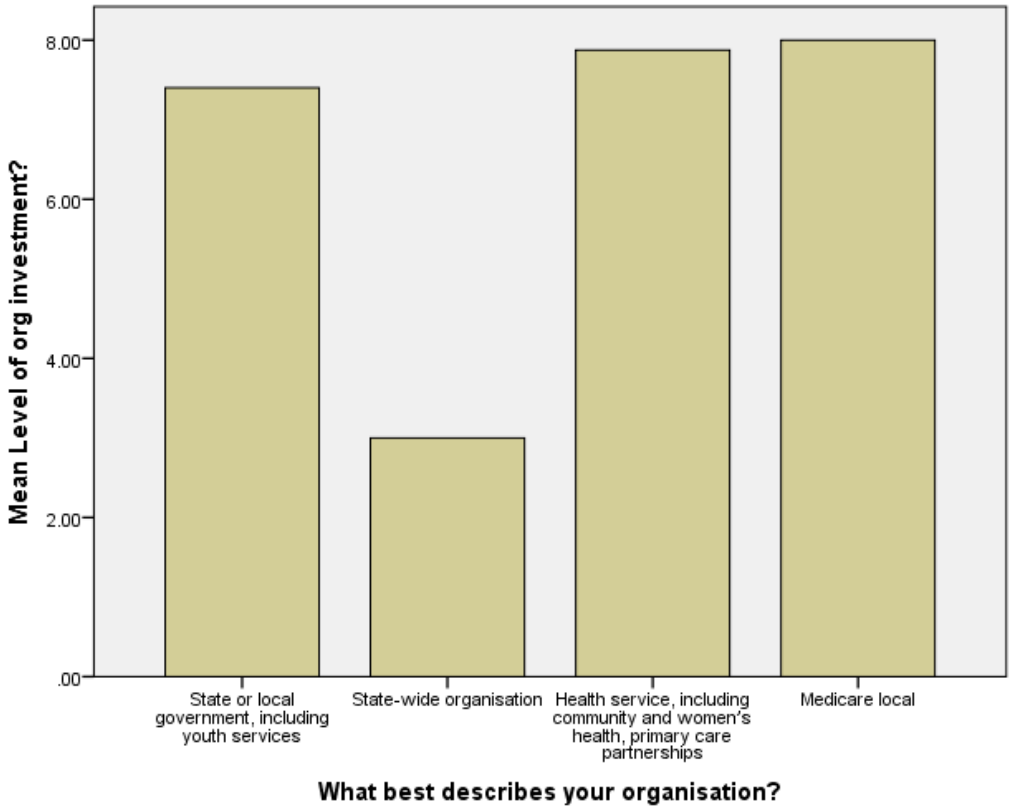


Figure 10: Level of organisational investment in *Action for Equity*

In table 9, it is evident that 66 per cent of organisations participated in the survey. From figure 10 we note that all types of organisations, except statewide organisations, have quite a high level of investment in *Action for Equity*. This is to be expected given that state-wide organisations are required to work across the whole of Victoria, as opposed to deliver specific programs and services at a regional level.

1.5.2. *Key internal and external enablers*

Table 10 shows the key internal and external enablers for *Action for Equity*. Again, with only 12 organisations there are no statistical tests done on this data, and the range of score being only 1, we do not expect there are differences in these. Nonetheless, at the top of the list of enables is having a lead agency for the plan, followed by resources and funding as a key enabler to success.

Table 10: Key internal and external enablers

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
A lead agency that supports partnership collaboration (enablers)	12	2.00	10.00	7.92	2.2
Resources and funding (enablers)	12	1.00	10.00	7.69	2.8
Senior leadership and commitment to sexual and reproductive health in your organisation (enablers)	12	2.00	10.00	7.17	2.7
State and/or federal government leadership and policy relating to sexual and reproductive health (enablers)	12	1.00	10.00	7.07	2.3
Professional development and capacity building that support sexual and reproductive health promotion practice (enablers)	12	2.00	9.00	6.93	2.1
Sexual and reproductive health is a priority (enablers)	12	2.00	10.00	6.92	2.8
Valid N (listwise)	12				

1.5.3. *If organisations had additional resources*

When asked ‘if your organisation had additional resources are there other *Action for Equity* objectives it would commit to?’ respondents reported on behalf of organisations the following results, as listed in table 11. The ‘yes’ column represents the number of organisations that would agree to undertake future work in this area if there were the resources. What is clear is that the highest ranking topics were work with young people and migrants and refugees communities (both with 4). The lowest ranking topic was women in the sex industry (with 1), which indicates that few partner organisations will commit additional resources to work with this community.

Table 11: Number of organisations that would invest in *Action for Equity objectives* if their organisation had additional resources

Extra resources	Yes
Increase access to affordable contraceptives and fertility control	3
Undertake organisational policy and practice reform to foster environments that respect and uphold sexual rights and gender diversity	3
Develop a trained and skilled workforce by increasing understandings of sexual and reproductive health promotion	3
Increase community education and capacity building efforts in which young people have the opportunity to gain knowledge, skills and resources they need for healthy relationships and sexual choices	4
Increased community education and capacity building activities to improve the sexual health of Aboriginal and Torres Strait Islander young people	2
Increase access to and the delivery of culturally appropriate sexuality education for young people from migrant and refugee backgrounds	4
Increase community education and capacity building activities to holistically redress the social factors that cause poor health outcomes for people in and coming out of prison	2
Increase culturally appropriate and responsive cervical screening service delivery and coordination	3
Deliver health promotion programs that promote the sexual and reproductive rights of people with a disability	2
Research, monitor and evaluate the experiences of women in the sex industry to reduce discrimination and violence	1
Increase intersectoral collaboration on the social determinants of health and wellbeing	3
Increase communication and social marketing via social media to ensure condoms are accessible and affordable	3

1.5.4. *Organisational networks*

A range of networks between organisations were measured. There were 12 organisations that participated, and as noted, those organisations who did not participate were excluded from the network analyses.

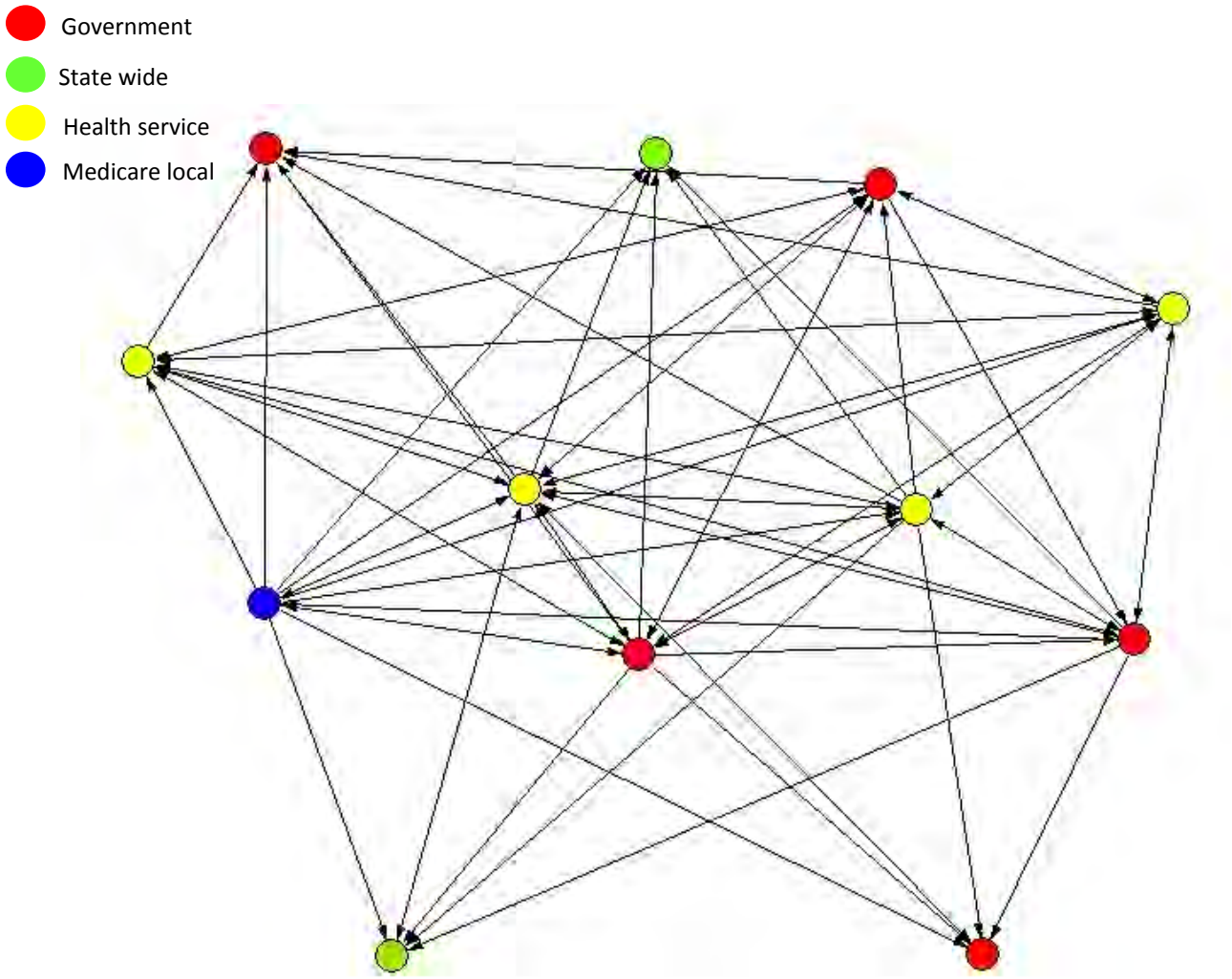


Figure 11: Network by organisation type for 'Which organisations <u>are most crucial</u> to the success of the Action for Equity partnership?'

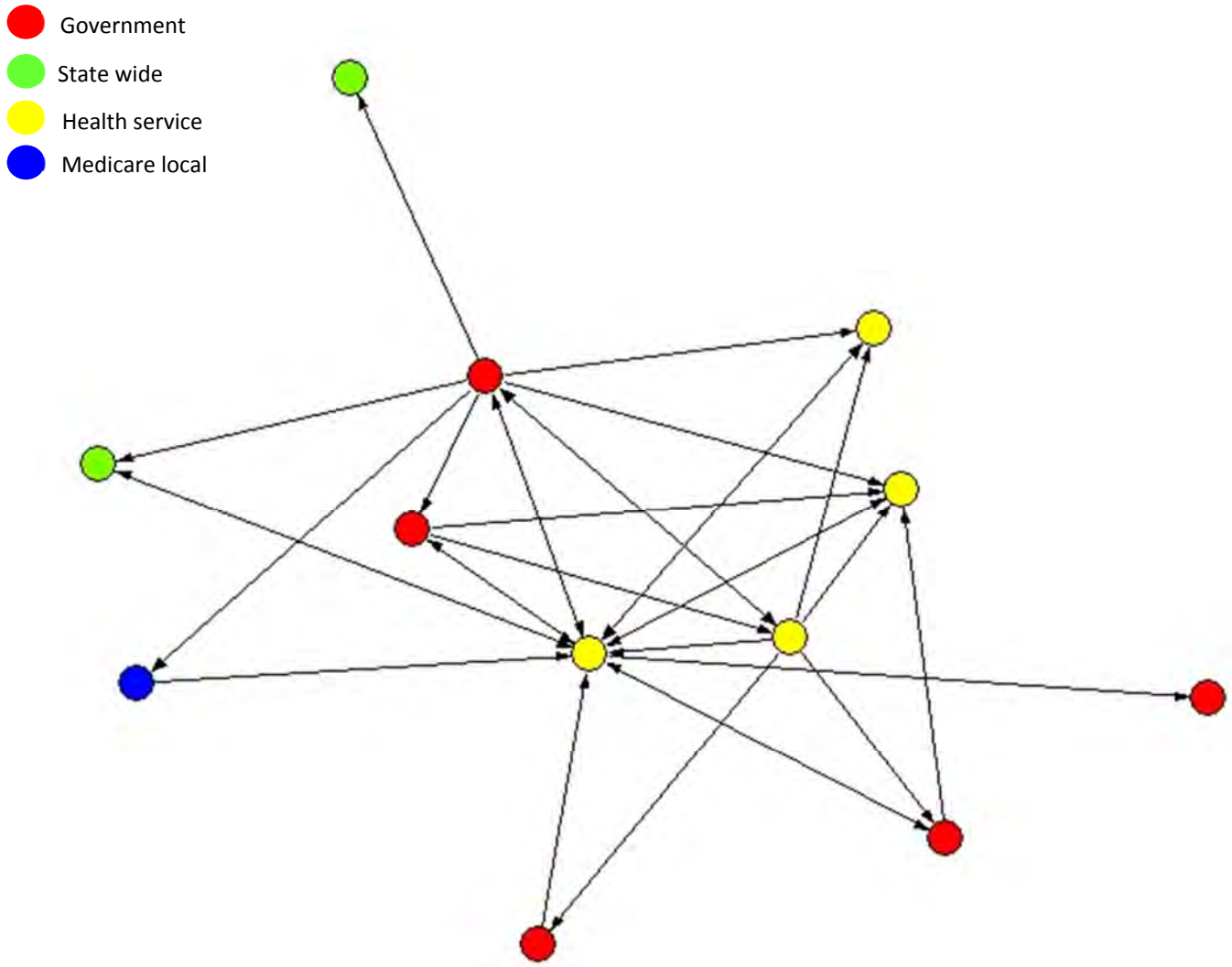


Figure 12: Network by organisation type for 'Which organisations' <u>contribute most</u> to progressing work as part of the Action for Equity partnership?'

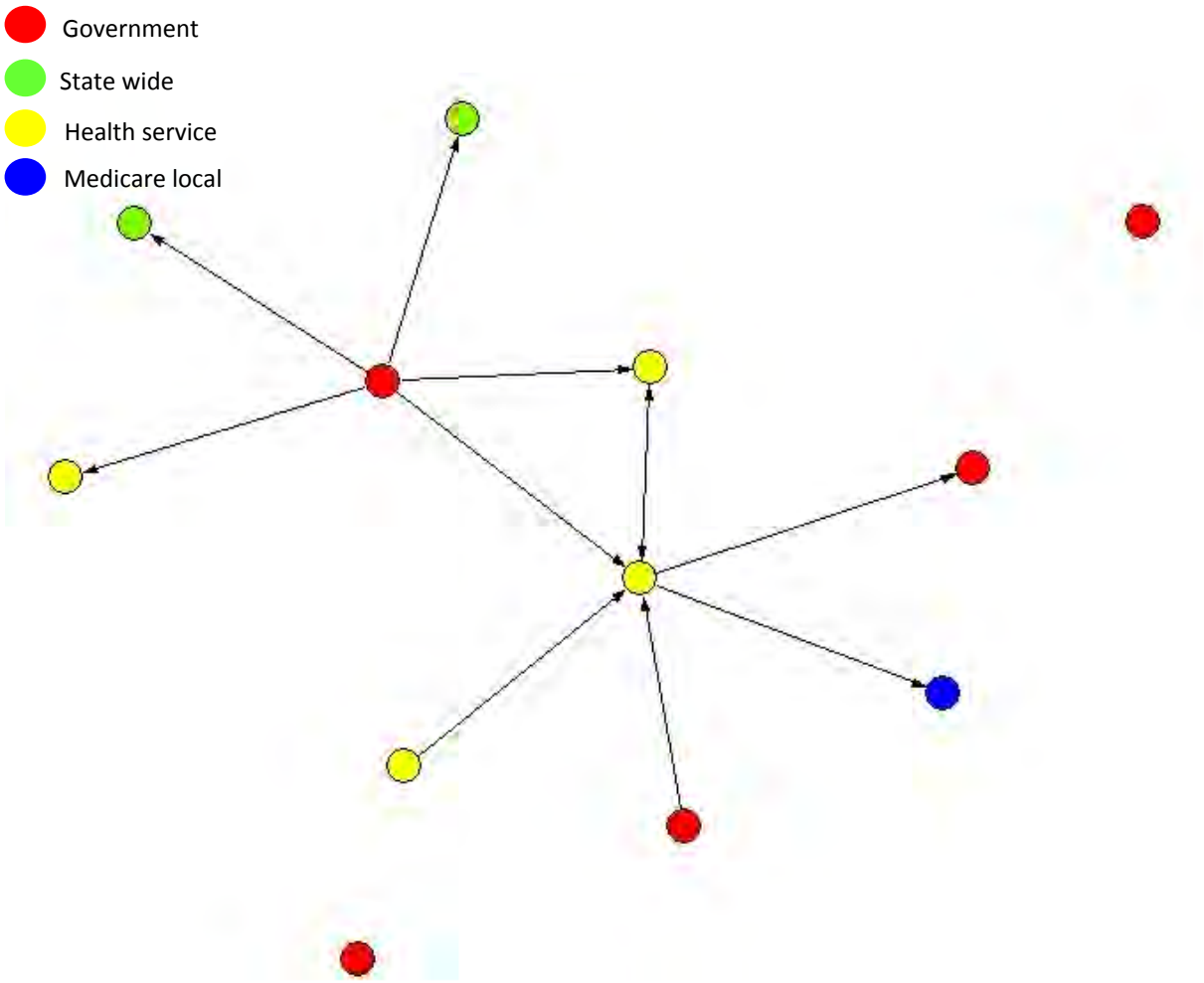


Figure 13: Network by organisation type for 'Which organisations is your organisation most likely to have a difference of opinion with in relation to how to progress work as part of the Action for Equity plan?'

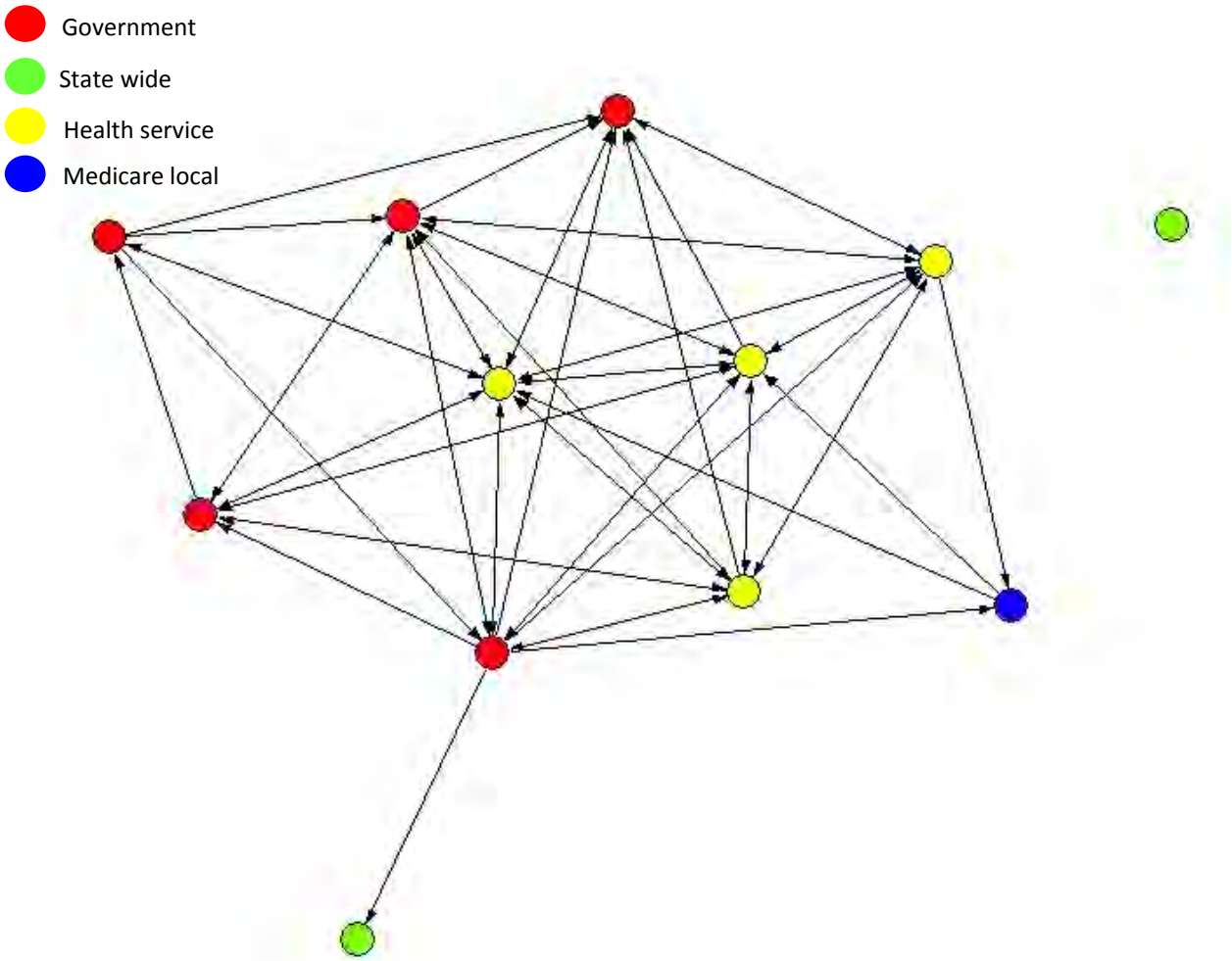


Figure 14: Network by organisation type for 'Which organisations does your organisation collaborate with as part of the prevention of violence against women regional partnership United/Preventing Violence Together?'

1.5.5. *Significant network effects for organisations*

Table 12 presents a summary of significant effects for the networks between individual members of *Action for Equity*. Investment in *Action for Equity* is important, and plays out in the difference of opinion network such that those organisations who are most strongly invested are more likely to be chosen as organisations that others have differences of opinion with. Further, differences of opinion between organisations are more likely to be between organisations that have significant differences in their level of investment in the plan (e.g. low versus high).

In relation to organisations formal investment in sexual and reproductive health, organisations that had a greater number of formal supports for various topics were more likely to be seen by other partners to contribute most to *Action for Equity.* Organisations with a greater number of formal supports for work within the plan were more likely to be chosen as collaborators in the prevention of violence against women, which Women's Health West is also the lead agency for through the *Preventing Violence Together* partnership.

Additionally, regarding partner collaboration on violence prevention, organisations were much more likely to choose others of similar organisation types. Notably this is not the case for *Action for Equity* networks, which might indicate that *Action for Equity* is already cutting across such organisation type boundaries at this early stage. Finally, there are some network self-organisation processes, which simply mean that some organisations, regardless of type of any specific characteristic are more likely to send collaborative ties (e.g. think other organisations are crucial and also contribute most). This is quite a standard finding in examining many types of social networks.

Table 12: Significant network effects for organisations

	Crucial	Contributes most	Difference of opinion	Previous collaboration (violence)
Investment in Action for Equity			+ receive - similarity	
Formal support (count)		+ receive		+ receive
Same type of org				+ receive
Network processes	+ "activity"	+ "activity"		

1.5.6. *Collaboration networks between organisations*

There were many collaborative networks between organisations that were examined. We made a distinction between collaborations in which organisations provided to other organisations, and instances where organisations received support from others. The specific questions are listed below.

Collaboration networks (to others)

- Your organisation provides resources to (e.g. evaluation funding, staff time through in-kind support)
- Your organisation supports their planning processes (e.g. integrated health promotion plan or municipal public health plan)
- Your organisation supports their sexual and reproductive health program, project or service delivery (e.g. through working group participation
- Your organisation provides other support

Collaboration networks (from others)

- Provide resources to your organisation (e.g. evaluation funding, staff time through in-kind support)
- Support your organisation's planning processes (e.g. integrated health promotion plan or municipal public health plan)
- Support your organisation's sexual and reproductive health program, project or service delivery (e.g. through working group participation)
- Supports your organisation in other ways

Attributes of organisations

- Type of organisation (e.g., state-wide, government, health, Medicare local)
- Investment in *Action for Equity* (scale from 0-10)
- If further resources, future investment (count)
- Formal support for sexual and reproductive health topics (count)
- Previous collaboration network (*Preventing Violence Together* collaborations)

We present the networks in pairs, showing both the giving and receiving of collaborative ties between *Action for Equity* partners because this gives us interesting insight into how these networks are seen throughout the partnership. In theory, these networks should be identical. In practice, they are not and this gives insight into practitioner's knowledge about their organisations interagency collaboration with *Action for Equity* partners.

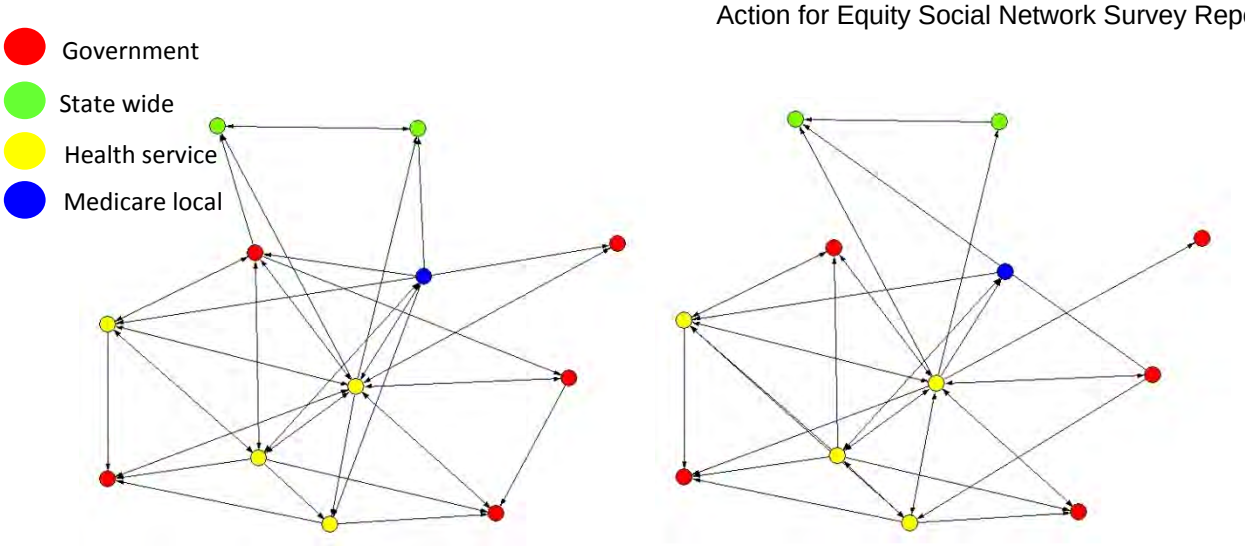
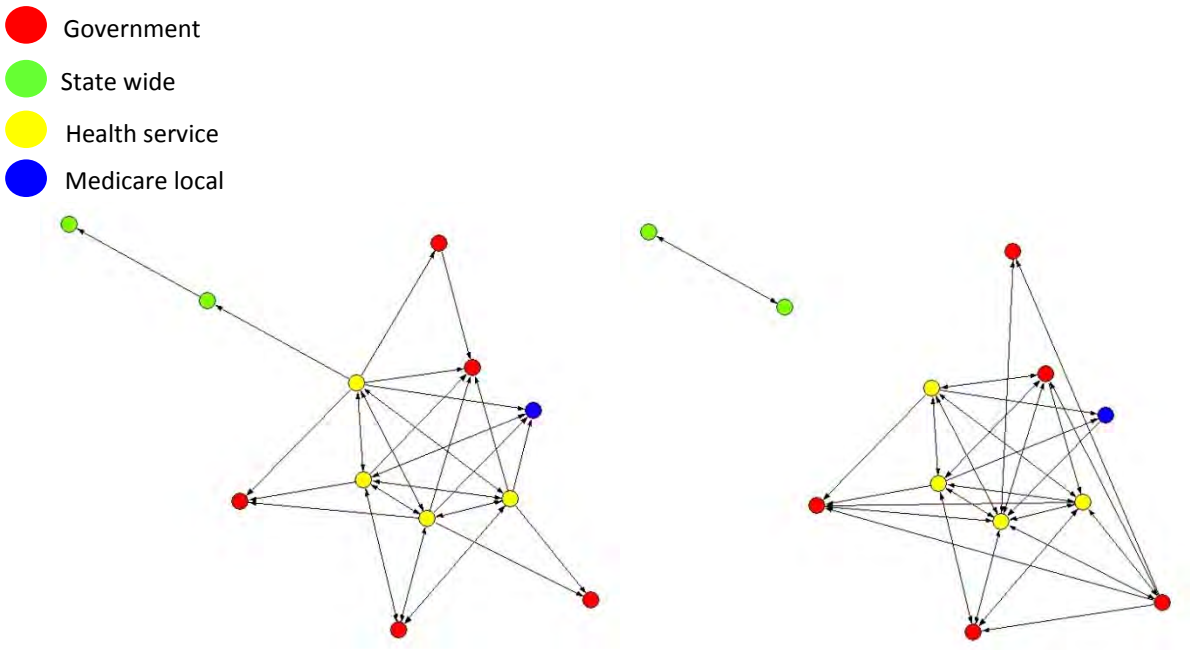


Figure 15: Resource collaboration networks for organisations (providing and receiving)

Interestingly, organisations with low organisational investment in the *Action for Equity* plan are more likely to provide resources to other organisations. This is interesting because one might think that those most invested would provide the most resources, but this is not the case. It demonstrates that even those organisations that others might think are not really investing in *Action for* Equity are still making a significant contribution to the partnership.

Further, organisations that formally support many of the plans objectives and strategies are more likely to acknowledge receiving support from other organisations. Finally, as with all networks, there is a strong association with organisational collaboration for the prevention of violence against women partnerships *Preventing Violence Together* and these resource networks.



Support their planning. They support your planning.

Figure 16: Planning collaboration networks for organisations (providing and receiving)

There are two effects for planning collaboration networks. First, previous collaboration on prevention of violence against women strongly shapes support of planning networks. Second, organisations that formally support many sexual and reproductive health topics outlined in *Action for Equity* are more likely to support other organisations' planning processes.

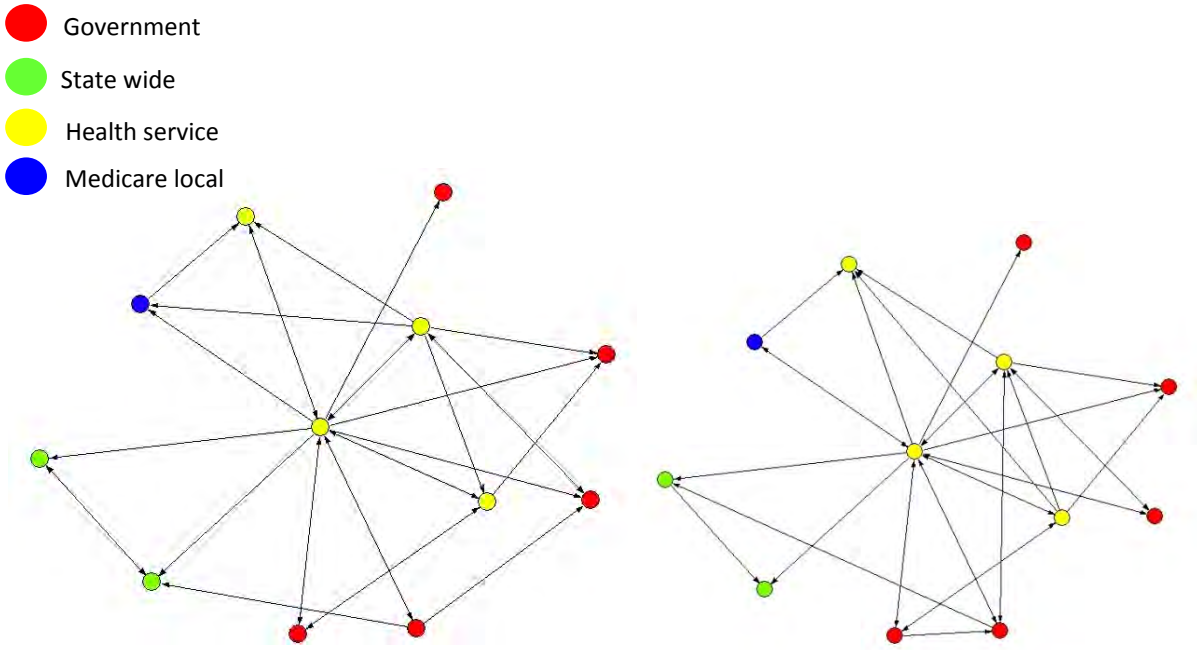
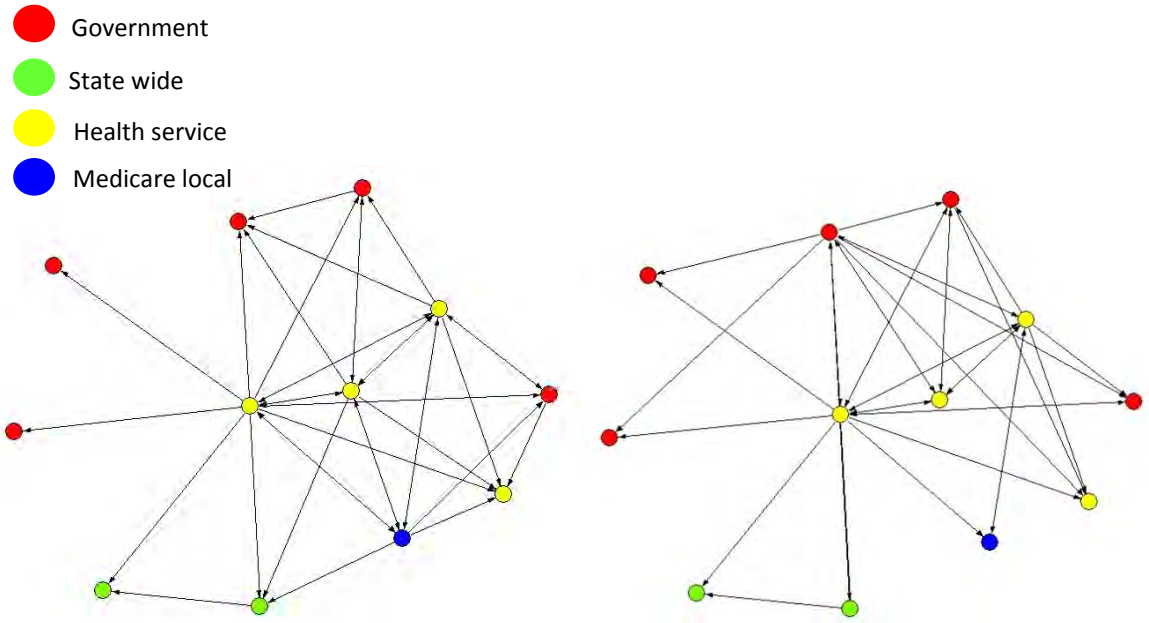


Figure 17: Program, project or service delivery collaboration networks for organisations (providing and receiving)

There are a number of network effects for program, project and service delivery support. First, organisations that formally support numerous objectives in the plan are more likely to support other organisations' programs, projects or service delivery. Second, and quite interestingly, organisations with a low investment in *Action for Equity* are more likely to receive support from other organisations for their projects, programs and service delivery. This finding could suggest that organisations with significant expertise in sexual and reproductive health, and hence are highly invested in the plan, are more likely to support partner organisation with less expertise or investment in sexual and reproductive health promotion. Further, as with all of these support networks, an alignment with prevention of violence collaborations was also found.



Support their organisation (other) They support your organisation (other)

Figure 18: Other support collaboration networks for organisations (providing and receiving)

Importantly, organisations with low investment in *Action for Equity* were more likely to give 'other' support to organisations (e.g. financial and resource support). Further, organisations that identified a higher number of topics they would invest in if they had additional resources, were more likely to provide other support to partner organisations. Finally, organisations who strongly differ in the number of formal supports for various sexual and reproductive health topics were more likely to be provided with other support.

1.5.7. *Community need versus likely organisational investment*

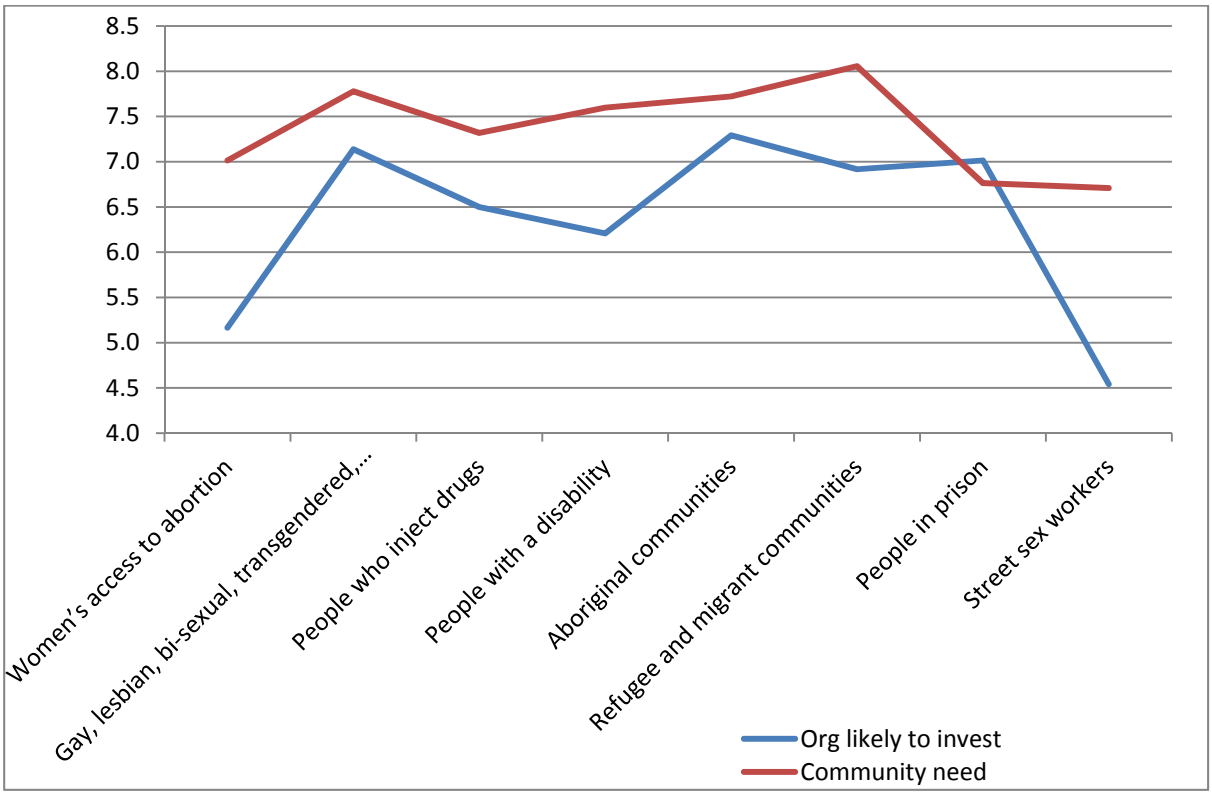


Figure 19: Graph of community need for various population target groups compared with likely organisational support for work with these communities if further funding was available

Figure 19 demonstrates a disparity between perceived community need by respondents and likely organisational investment in sexual and reproductive health work with various communities. Notably, women's access to abortion and street sex workers show the greatest disparity, while work with people in prison is the only sexual and reproductive health topic where investment is higher than perceived community need. Again, these differences were not tested statistically, but the graphs are informative nonetheless.

1.5.8. *Other comments about organisations*

Respondents were able to provide additional comments about the questions on organisations. Here is what they said:

> Some of the topics in this survey just don't fit within our organisation's brief, so it has been very difficult to respond to parts. I hope the responses I have provided are seen in this light, and not due to a lack of concern about any of the issues raised.

> A lot of the objectives/activities cover areas that we have either not prioritised presently or have not been in a position to work on yet (resource-wise) and so I am unclear what the position of [management] is.

> We need statewide policy framework.

> It's difficult to gauge a lot of these from an organisational perspective when there is no formal stance.

> Again it is hard to answer these questions. As an organisation we have done little work to understand the community need and, if needed, the organisational response to these needs.

> I think that *Action for Equity* is an ambitious project given it has many different objectives and strategies, as well as many different partners. However, it is very complicated precisely because the area of sexual and reproductive is so huge and we know that we need cross-sectoral participation as well as cross-geographic areas of government and government services to effect any real and lasting change. All of these ingredients are important to show state and federal government services the potential positive outcomes of a regional partnership...although it is long-term work to attribute 'change' to primary prevention work.

> We have our strategic priorities established by the membership and remain our focus for the four year planning cycle. For *Action for Equity* to be included in our actions we would require further funding to support our involvement and sign off from the membership to be active in this space.

1.5.9. *Summary of organisation attributes*

The following summarises the results found for organisational networks:

1. There was some uncertainty from partner organisation about their organisations stance or position about working in some areas of sexual and reproductive health.

2. There was an association between (individual) capacity to influence and future organisation investment of additional resources.

3. The level of organisation investment varies between partners.

4. There is a disparity between investment in program and services and perceived community need, except for people in prison.

1.5.10. *Summary of organisation networks*

With respect to the networks between organisations, the following was found:

1. Previous collaborations in work such as prevention of violence against women in Melbourne's western region shape current collaborative partnerships and organisational support.

2. Organisations not invested in *Action for Equity* are:
    a. More likely to provide resources to the partnership
    b. More likely to provide 'other' support (e.g. financial resourcing)
    c. More likely to receive program and service support from partner organisations who are highly invested in sexual and reproductive health promotion.

3. Organisations that formally support many objectives and strategies in the plan are:
    a. More likely to support other organisations planning
    b. More likely to support other organisations programs and services
    c. More likely to acknowledge receiving support from others.

Implications of key findings

To conclude this report, the following implications arise from the social network findings. These include:

- Current relationships between people and organisations in the *Action for Equity* partnership appear to be very positive. There are many positive relationships (e.g. collaboration, resource sharing) and few negative relationships (as measured by differences of opinion). It is important however that differences of opinion are expressed, as participant responses suggest that *Action for Equity* is a complex, multifaceted plan that requires a diversity of perspectives to be heard. As such, we would not expect to see differences of opinion reduce or cease throughout the plan's implementation (e.g. such networks would contain no ties). Conversely, it would be problematic if there were too many ties in the difference of opinion network, as this would potentially signal a lack of coordination and imped collective action.

- Relationships are heavily shaped by previous collaborations and by shared similar characteristics (e.g. strong partnerships between organisations from the same sector). This could be a positive initial phase of *Action for Equity.* However, to ensure inter-sectoral collaboration, a future practice consideration is how the partnership achieves greater collaboration across different network boundaries (e.g. between different sectors). Hence, the partnership must decide what types of sector collaboration is needed to meet the objectives of the plan and how the partnership can foster such interactions and collaboration.

- The fact that some organisations are not as heavily invested in *Action for Equity* and yet provide significant resources, suggests that not all organisations need to be fully invested in *Action for Equity* for it to be a success. This indicates that different organisations play different roles in the network, some driving connections between organisations within the *Action for Equity* partnership, while others play important support roles and ensure the provision of resources to support the plan's implementation. Further, the variability in organisational investment in *Action for Equity* can be an advantage because it can permit the group to interact with a range of possible partners.
- The lack of formally endorsed organisational statements or positions on various sexual and reproductive health topics, or what direction their organisation might head in for the future, was apparent. This is not surprising given the state and federal context and lack of sexual and reproductive health plan to provide an overarching position on sexual and reproductive health. However, the lack of formally endorsed organisational statements or positions relating to various areas of sexual and reproductive health represents an opportunity for Action for Equity. If members are able to become more explicitly aware and/or development formal organisational positions on various sexual and reproductive health topics, they might be more informed in their decision-making processes that support work underway in Action for Equity.

- A network perspective highlights the importance of the overall functioning of *Action for Equity*, not just what particular nodes (e.g. people or organisations) do in the partnership. Taking an aerial view of the relationships between organisations and people in the *Action for Equity* partnership is a useful way to take a step back from everyday work and think about

the system as a whole. Networks can be engineered to some degree, but they also have a life of their own and will develop in unexpected ways. It is important to keep the network flexible to adjust to new demands, external events and opportunities for further collaborative action.

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