Making invisible networks visible

Understanding the Value of Southern Grampians Glenelg Primary Care Partnership in the context of the Coronavirus Pandemic.

Maedeh Aboutalebi Karkarvandi,

James Coutinho, Aneeq Sarwar
Social Networks Research Lab,
Centre for transformative innovation,
Swinburne University of technology

Joanne Brown, Janette Lowe
Southern Grampians Glenelg Primary
Care Partnership

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SWINBURNE UNIVERSITY OF TECHNOLOGY

Contact:
Maedeh Aboutalebi Karkavandi
Social Networks Research Lab,
Centre for transformative innovation,
Swinburne University of technology
maboutalebikarkavand@swin.edu.au

Jo Brown
Manager Health and Wellbeing
Southern Grampians Glenelg Primary Care Partnership
Joanne.brown@wdhs.net

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Executive Summary

The Southern Grampians Glenelg Primary Care Partnership (SGGPCP) is committed to working together to mobilise community-led action to build healthy, resilient and thriving communities. During the coronavirus pandemic, SGGPCP quickly pivoted to lead a range of networks and activities to create a space for health and community agencies to learn from each other, unpack the impacts of the pandemic on local communities, and work together to respond. SGGPCP identified the increase in participation in SGGPCP facilitated networks and activities in comparison to before the pandemic. Hence, SGGPCP partnered with Swinburne University to understand the the value of SGGPCP's partnership facilitated networks and activities during the coronavirus pandemic.

Project participants were recruited from groups facilitated by SGGPCP throughout the pandemic. Participants were 38 representatives from 20 partner agencies and stakeholders. Participants represented diversity within agencies with participants from direct care and practitioners, managers and directors. Participants who participated more than twice in any SGGPCP meeting or nominated activity were invited to complete a survey. The survey asked participants to respond to a series of questions relating to their connections to other network participants, lists of other groups with whom they share resources, the benefits they have gained by participating in SGGPCP meetings, inter-organisational trust between their organisation and SGGPCP, demographic information, open-ended questions about benefits regarding collaboration with SGGPCP and barriers to collaboration with SGGPCP.

The results found that during the pandemic the SGGPCP-facilitated groups and meetings created a hub for knowledge sharing through seeking and giving advice on the coronavirus pandemic related matters. On average, participants reported seeking advice from 7 different individuals in the network and giving advice to 6 individuals. Additionally, the network provided the space for the formation of 5 new relationships and participants reported that their working relationship with 6 individuals became stronger, closer or more effective on average.

Furthermore, partnership organisations such as SGGPCP (purple in figure 1 below) act as a broker in the advice network where they played a major role in connecting individuals and/or groups to each other to enable the sharing of knowledge and the generation of novel solutions to problems faced during the pandemic. Partnership organisations were also more active in giving advice and seeking advice than others.

Finally, participants had high level of trust in SGGPCP as a facilitator, which in turn was positively related to seeking advice from others in the network to enable learning. The established trust in SGGPCP along with the skills of SGGPCP staff and the processes utilised in the SGGPCP-facilitated groups and meetings during the pandemic led to knowledge sharing, forming relationships, learning, and hence, greater social capital for the Southern Grampians and Glenelg communities.
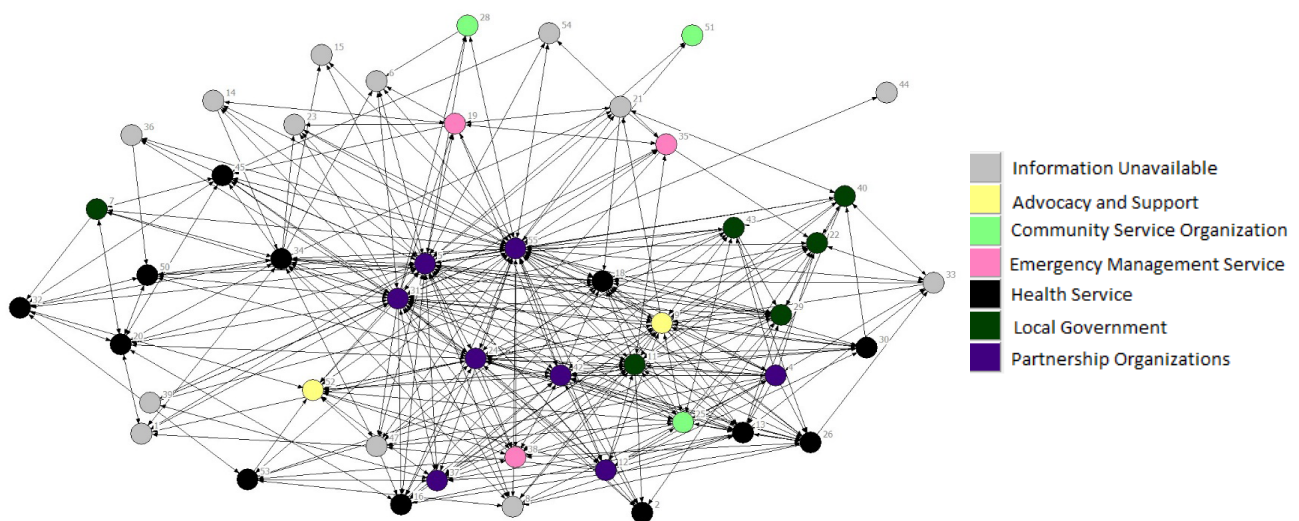
Figure 1: Advice network which represents data from these two questions: 1 – Who do you **seek** information, knowledge, advice or assistance from, with respect to the coronavirus pandemic in particular? 2 – Who do you **give** information, knowledge, advice or assistance to, with respect to the coronavirus pandemic in particular? **Circles** represent participants and there is an **arrow** if one person goes to another person for advice. The colour of each circle represents the type of organisation.

Theoretical Framework

The current project is informed by a Social Capital theoretical framework in the context of disaster management. Social capital has been defined in terms of resources such as social support, information channels, social credentials that are embedded within an individual's social networks (Lin, 1999). Social network researchers conceptualise and measure social capital as both an individual attribute as well as a property of the collective (the social network) (Kawachi, Subramanian, & Kim, 2008). Although, traditional disaster management emphasises the value of physical, economic, and human capital, a growing body of empirical research supports the integral role of social capital in all phases of disaster management i.e., preparedness, mitigation, response, and recovery (Kawachi et al., 2008; Dynes, 2006).

Social capital is defined in terms of bonding and bridging social capital which both have complementary relevance to the context of disaster management. Bonding capital refers to resources accessed within social groups consisting of members who are similar in some important ways and who associate together (Gittell & Vidal, 1998). Regarding emergencies and disaster preparedness, strengthening local communities through better information channels and mobilisation of volunteers are example of bonding social capital (Koh & Cadigan, 2008). Bridging social capital refers to resources built through connections made across boundaries. In the context of emergencies and disaster preparedness, examples could include creating connections between local communities and official agencies and building trust between local residents and authorities (Koh & Cadigan, 2008). It is important to note that social capital often doesn't form spontaneously but it often requires coordinating organisations to bring people together and help them to form relationships.

The next section provides an overview of role of SGGPCP in building and utilising social capital of the Southern Grampians and Glenelg communities.

1. Background

The Southern Grampians Glenelg Primary Care Partnership (SGGPCP) has facilitated partnerships between organisations with influence over community health and wellbeing in the south west of Victoria for the past 21 years. One of 28 Victorian PCPs, SGGPCP fosters partnerships and builds skills and capabilities for local organisations to empower local communities to thrive.

Throughout the coronavirus pandemic of 2020, the value of these relationships was demonstrated through the partnership platform of SGGPCP. SGGPCP responded quickly to the needs of the partnership and facilitated collaborative approaches to the pandemic response. The agility of SGGPCP to be able to pivot their work quickly to respond to local needs ensured that partner agencies had a space to learn from each other, unpack the impacts of the pandemic on local communities, and work together to respond. This quick pivot resulted in several initiatives focusing on the coronavirus pandemic including:

- A support network for staff in partner organisations to learn and adapt workplaces and processes

- Glenelg Communications group to align and coordinate local communications which also facilitated many practical project outcomes

- SGGPCP Collaboration for Community Resilience (COVID 19) Network brought partners and stakeholders together to develop a shared understanding of the impacts of the pandemic on our community to identify gaps and opportunities

- Glenelg Q and A webinars whereby SGGPCP hosted up to weekly webinars with local leaders enabling live questions and information dissemination

- Social Recovery Advice Document setting out a pathway to adaptation and recovery based on the Collaboration for Community Resilience Network outcomes.

During this time, SGGPCP recognised that there was both an increase in the number of partners engaging in activities as well as an increase in new partnerships. SGGPCP partnered with Swinburne University of Technology to use social network analysis to understand the value of SGGPCP's partnership facilitation role for building community social capital during the coronavirus pandemic. This value was explored in terms of how the networks of people that form the Partnership have enabled information sharing and learning relationships that support partners to adapt (either at an individual practice level or at a service level).

Networks and community resilience has long been a focus of SGGPCP. In 2008 SGGPCP recognised climate change and community resilience as an emerging health concern and began work with the partnership to understand the role that the community and health sector can play in climate action. The publication of Policy Signpost #3 Climate Change Adaptation: A Framework for Local

Action (Rowe and Thomas, 2008) had significant influence on the work of SGGPCP and played an integral role promoting SGGPCP leadership in this space. Subsequent projects with a focus on impacts of climate change including household energy efficiency and impacts on low income households, food security, drought and social connection helped build the capacity of partners and highlight the role of the community and health sector. This work uncovered the leadership platform of SGGPCP and began to highlight the valuable role of existing trusted relationships both at a community and sector level. Further investigation through Enhancing Networks for Resilience (2016) and Enhancing Networks for Resilience-Phase 2 (2018) found that SGGPCP network meetings were effective forums for building relationships and for providing the conditions for informal learning. These meetings were valued for enabling trust, support, and providing connections. This earlier research consistently cited participants notions of trust, feeling supported, and providing connections to assist with their work as indicators of value from network meetings. The network meetings were thus perceived as contributing to social capital. Social capital is about the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity (Dekker and Uslaner, 2001; Uslaner, 2001), a potential contributor to co-operation for disaster preparedness and resilience. Considering this history, SGGPCP was well placed to facilitate and lead activities during the pandemic to support partners and stakeholders.

The aim of this project was to understand the role of SGGPCP in facilitating collaboration among partner agencies, using social network analysis.

- The collaboration among partner agencies was explored in terms of how the advice networks among people that form the partnership have enabled information sharing and learning that is supporting partners to adapt.

The central focus of the project was to understand the value of the partnership and partnership structures such as SGGPCP in responding to, adapting to and recovering from emergencies using the coronavirus pandemic as a case study.

2. Methodology

Participants: project participants were recruited from groups facilitated by SGGPCP throughout the coronavirus pandemic. Participants were 38 representatives from 20 partner agencies and stakeholders. Participants represented diversity within agencies with participants from direct care and practitioners, managers and directors. There was an average of 5.6 years tenure with 87% identifying as female and 13% identifying as male.

Survey: Participants who participated more than twice in any SGGPCP meeting or nominated activity were invited to complete a survey (Appendix 1) via email. Time was also made available through meeting schedules for survey completion while participants could also elect to complete the survey in their own time. The survey asked participants to respond to a series of questions relating to their connections to other network participants, lists of other groups with whom they share the resources they gained from SGGPCP networks and meetings, the benefits they have gained by participating in SGGPCP meetings, inter-organisational trust between their organisation and SGGPCP, demographic information, open-end questions about benefits regarding collaboration with SGGPCP and barriers about collaboration with SGGPCP.

2.1. Social Network Framework

Social network analysis 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) amongst a set of actors (or nodes). More detail is found in Figure 2.
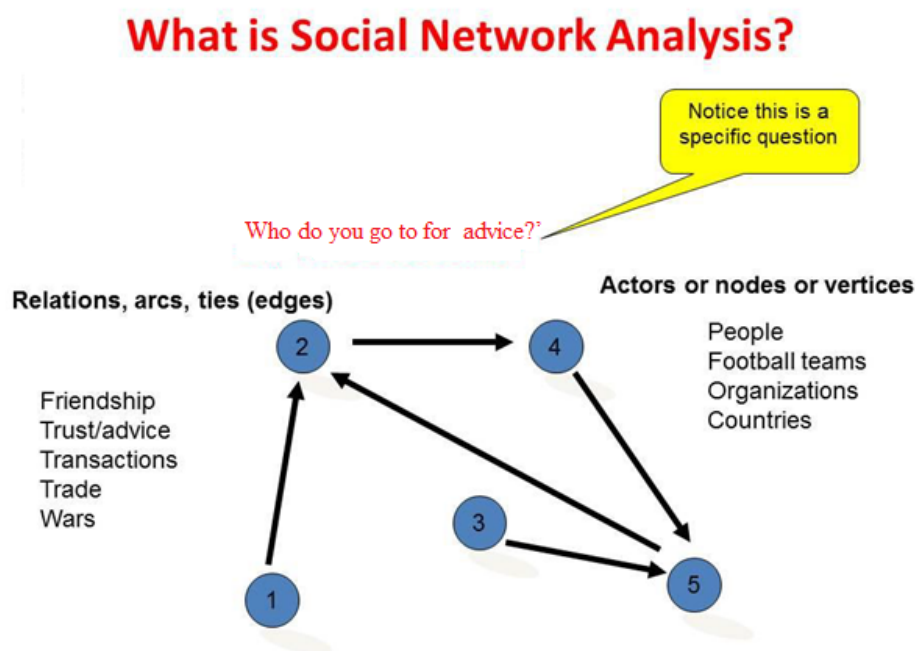

Figure 2: What is social network analysis (SNA)?

The main premise of social network analysis is that the patterns of social relations among individuals has significant consequences for the outcomes of a social network as well as outcomes for individuals (Borgatti et al., 2009). For instance, organisations with a similar set of skills perform very differently based on the patterns of relationships among employees and also their external relations to other organisations.

2.1.1. Network Visualisation

Network visualisations (or graphs, or maps) can quickly and clearly demonstrate a range of complex information in pictorial form.

In the below illustrative example of Figure 3, "Network of SGGPCP organisations that network, share information or seek advice from each other once a month or more", is strongly centred around partnership organisations and a large health organisation. This network is highly efficient as there are two key organisations to go to gain advice. Interestingly, it seems without these key organisations there is little advice occurring between others in the network.
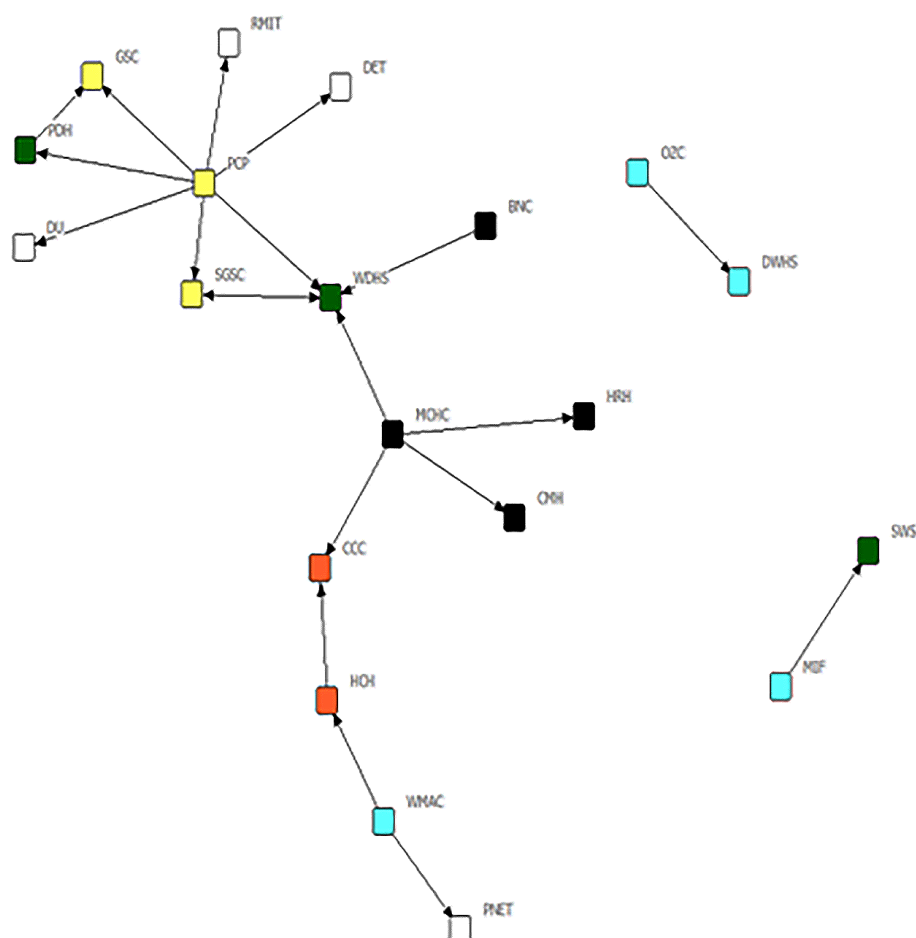

Figure 3: Networking, share information or seek advice (Enhancing Networks for Resilience, 2016).
Network of SGGPCP organisations that network, share information or seek advice from each other once a month or more. The colour of the actors represent the core business type of each agency.

2.1.2 Key Concepts in Social Network Analysis

Centrality is one of the other most commonly considered network feature. It can reveal who the most important actors are in a network. There are various types of centrality measures, each serving a different purpose. The most basic type, degree **centrality** refers to how many ties an actor has where a high degree of centrality means an individual actor has more ties comparative to others in the network.

Betweenness centrality is the degree to which an actor connects other actors by acting as a conduit for information and other flows between them, and **closeness** centrality is the distance of one actor to all others in the network (Robins, 2015).

3. Results

3.1 Trust in SGGPCP

Participants were asked to respond to a number of statements assessed on a 1-7 scale to understand inter-organisational trust between their organisation and SGGPCP. In terms of ability (trust in SGGPCP skills and confidence) 92% of respondents scored above 5, indicating high levels of trust in the abilities of SGGPCP. In regards to benevolence (treating partners in a positive manner) 89% of respondents scored above 5 and integrity (SGGPCP adherence to generally accepted principles) 92% of respondents scored above 5. Further analysis showed that trust in SGGPCP was positively related to seeking advice from others in the network. Seeking advice was also positively related to learning. Overall, this analysis suggests that trust in SGGPCP facilitated the building of new or stronger relationships between network participants, and that participants were therefore able to learn from one another to adapt their pandemic response.

3.2 The Role of SGGPCP in Knowledge sharing and creating connections among participants

Knowledge sharing was assessed by asking survey participants who they give advice to and receive advice from on matters relating to the pandemic. In summary, through participation in SGGPCP-facilitated groups and meetings during the pandemic advice seeking and giving was a major feature with participants on average seeking advice from 7 different individuals in the network and giving advice to 6 individuals. The network provided the space for the formation of 5 new relationships on average and on average participants reported that their working relationship with 6 individuals became stronger, closer or more effective.

| Sought advice from 7 individuals | Gave advice to 6 individuals | Formed 5 new relationships | Their working relationship with 6 individuals became stronger |
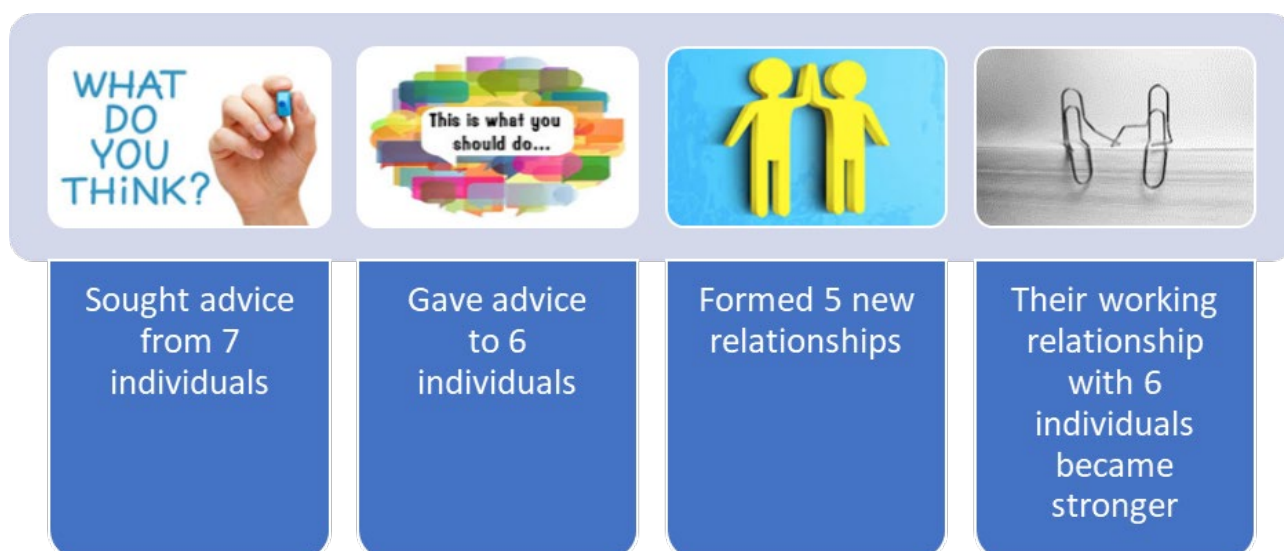
3.3 Seeking and Giving Information

Figure 4 shows the social network map around seeking and giving information. Overall there were **487** advice seeking and giving relationships among participants. The analysis also shows that **62%** of these relationships were mutual, demonstrating that many organisations did not only give or seek advice, but exchanged knowledge with their network partners. Reciprocal exchange of knowledge is important in allowing individuals and organisations to coordinate their activities.

We assessed the role of particular kinds of organisation in mediating Knowledge sharing links between network members by measuring the betweenness centrality of organisations. Betweeness centrality measures the extent to which an organisation acts as a broker in knowledge sharing interactions between network members, connecting members by mediating information and other flows between them. In figure 4 below partnership organisations (purple), have the maximum value of betweenness due its role of linking the other actors. The partnership organisations likely acts as an important broker, relaying knowledge and information between organisations. Partnership organisations were more active in giving advice and seeking advice than others. People with more experience were a popular source of advice and were also more likely to be in a brokerage position (connecting individuals together). The size of an organisation was not linked to being popular or active in the advice network.
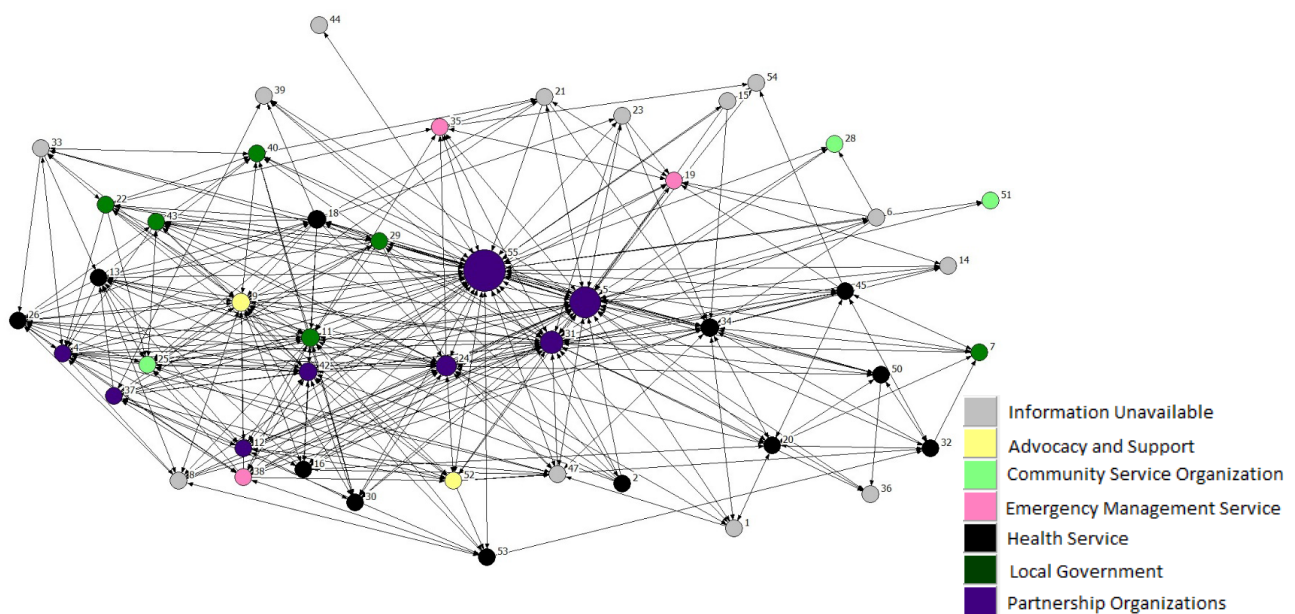
Figure 4: Advice network which represents data from these two questions: 1- Who do you seek information, knowledge, advice, or assistance from, with respect to the coronavirus pandemic in particular? 2- Who do you give information, knowledge, advice, or assistance to, with respect to the coronavirus pandemic in particular? Circles represent participants and there is an arrow if one person goes to another person for advice. The colour of each circle represents the type of organisation and a larger size of the circle represents higher betweenness centrality (indicating that a participant brokers between others in the network).

3.4 Trust

The evaluation found that SGGPCP is highly trusted by network members. This role as a trusted coordinating body enabled SGGPCP to quickly facilitate the building of new relationships and the transfer of knowledge among participants. SGGPCP has facilitated partnerships across Southern Grampians and Glenelg shires for over 20 years and has developed strong relationships during this time. This partnership model with executive direction from the partners, ongoing commitment to partnership, proven credibility and approaches is the foundation for the established and trusted relationships.

3.5 Geography and Service Location

The data was analysed to investigate geography and service location as a factor in partnering (Figure 5). The analysis found that there were 330 knowledge sharing relationships between organisations that have locations in common and 157 knowledge sharing relationships between organisations that don't have locations in common. The analysis also identified that Health Services (hospitals) are important sources of advice across regions. Health Services therefore play an important role in creating bridging social capital across geographical boundaries to enable a coordinated pandemic response.
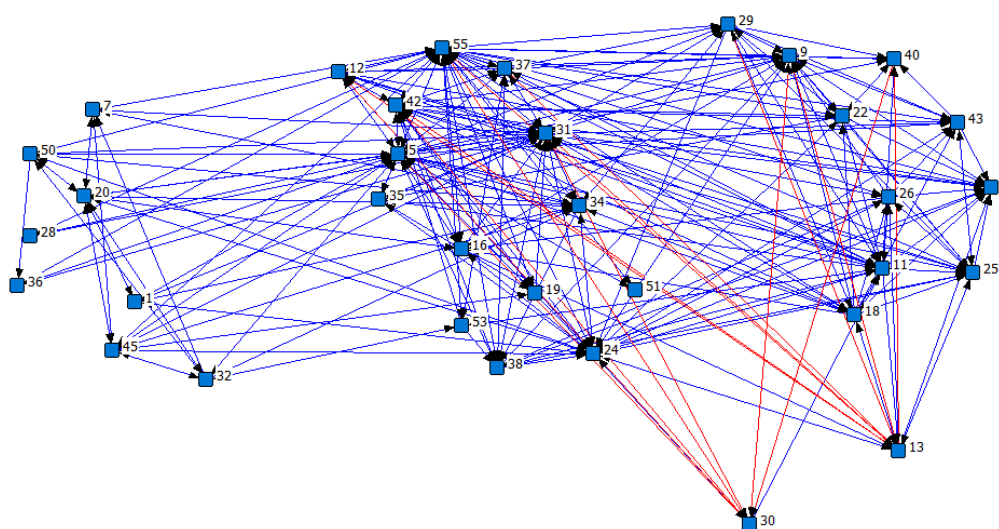
Figure 5 shows the advice network with the blue lines shows knowledge sharing between people whose organisations provide services in the same locations and red lines knowledge sharing between those whose organisations do not provide services in the same locations

3.6 Advice Network Among Newly Introduced Members

The social network analysis looked at knowledge sharing between people who were newly introduced to one another through SGGPCP activities (Figure 6). The analysis showed that 54 knowledge sharing relationships were formed between newly introduced people. As a result, the average path length[1] between individuals in the network decreased. Thus, information can flow through network more quickly and participants can facilitate pandemic responses and activities more directly with one another. This was demonstrated though the SGGPCP facilitated networks by participants connecting with new people who they would in the past connected to through others. For example, the Glenelg Communications Network enabled participants to meet and connect directly with each other rather than linking through third parties.
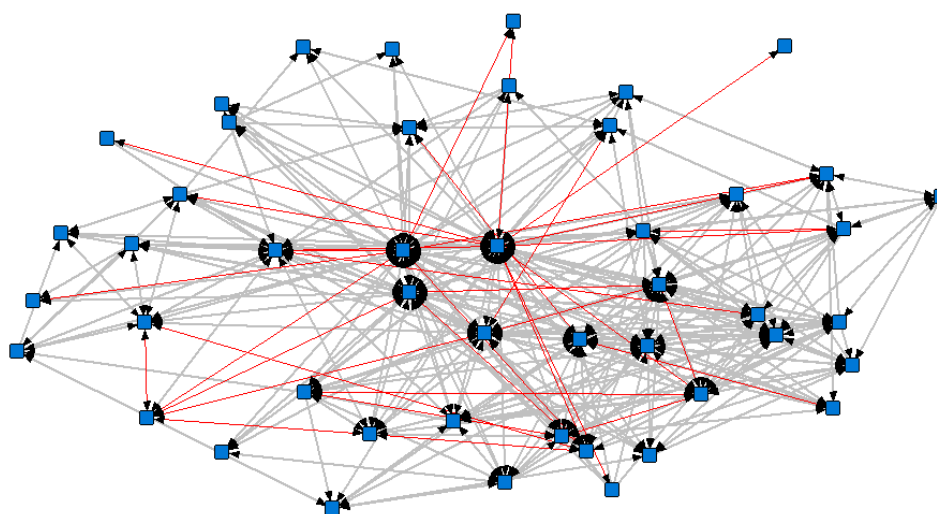

Figure 6 shows the advice network with the red lines are represent knowledge sharing relationships formed between newly introduced members.

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[1] Average path length is the average number of steps along the shortest paths for all possible pairs of network nodes.
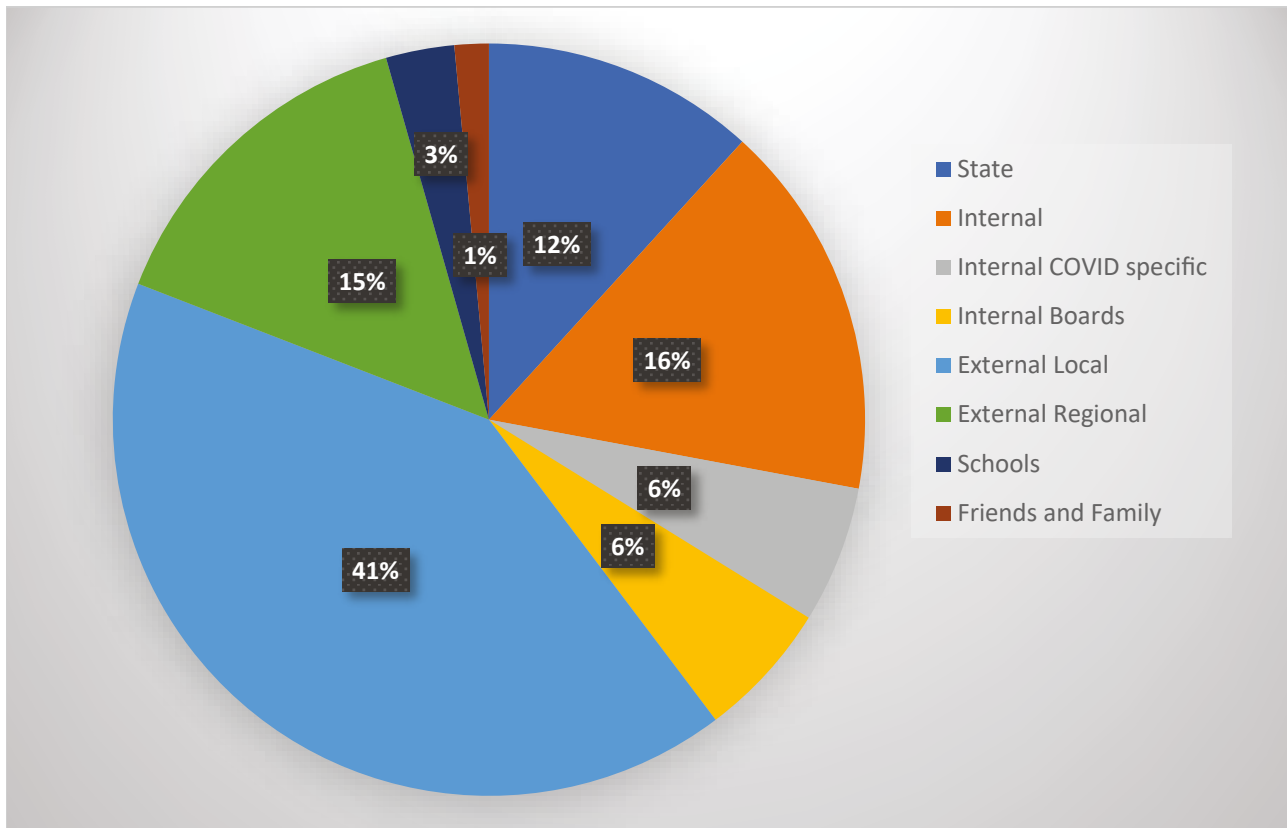
3.7 Information Dissemination

Figure 7 Dissemination of information

In total survey respondents reported sharing information obtained from the SGGPCP networks to 45 other networks in which they were involved. Information was shared to eight (41%) state-wide groups that were either advisory groups or networks. Respondents reported sharing to 11 internal groups, meaning other staff or networks within their organisations as well as internal COVID-specific groups and 4 internal governing boards. Participants shared information with 28 local networks mainly including youth and health networks, community groups and community members. Two members shared with schools networks and one with family and friends. This analysis demonstrates that knowledge gained from participation in the SGGPCP networks was diffused much more widely within the community, supporting wider pandemic response and demonstrating how SGGPCP's facilitator role created value well beyond the SGGPCP network. Thus, the analysis demonstrates the role of SGGPCP in strengthening the bonding social capital of Southern Grampians and Glenelg shires communities through better information channels.

3.8 Benefits and Enablers of Partnering

Participants were asked open ended questions at the end of the survey to describe the benefits and enablers of partnering (Summary Table 1). It is clear from the responses that the participants highly value participating in the SGGPCP partnership. The range of benefits they receive from networking and partnering included the provision of a platform for idea sharing and learning from others

resulting in increasing knowledge. Respondents reported that partnering enables more collaboration between members and SGGPCP plays a major role in facilitating this collaboration which is driven by a recognition of shared visons and a commitment to work together to solve complex issues. SGGPCP links members to expertise and knowledge (from both within and external to the partnership) increasing local capacity along with opportunities for skill development. Participants recognised that these benefits were enabled by SGGPCP skill in facilitating networks and partnerships along with the expertise, knowledge and partnership focus of the SGGPCP staff. The results are explained in Table 1 below.

Benefits	
Networking and Partnering (22 mentions)	Linking with others, facilitating partnerships to work together, meeting others from diverse groups
Knowledge and ideas sharing (17 mentions)	Increasing and sharing knowledge, gaining local knowledge, developing shared understanding, sharing data and research knowledge, testing ideas, bringing valuable knowledge from local networks
Collaborative Action (12 mentions)	Working together on projects. Collaborating on ideas that benefit community, collaboration to increase strength and capacity, integrating approaches etc…
Increase Capacity (12 mentions)	Gaining support from others, added expertise, adding academic rigour, facilitation skills, backbone support, access to data and information
Enablers	
Collaboration and Networking (15 mentions)	When groups can meet quickly it means actions are happening quicker in the community. The community response is faster and means the combined effort has greater impact. Connecting to others helps us uncover trends, patterns, and solutions more quickly - and in ways, we might not imagine on our own. Trust
Capacity of SGGPCP Staff (14 mentions)	The wealth of experience all staff at the SGGPCP have. Good at bringing organisations together, Helpful knowledgeable and encouraging, backbone support, facilitation skills, professional
Processes (13 mentions)	Open communication, technology, zoom meetings, low cost PD, good leadership driving the group, participatory nature of conversations, flexibility, ability to adapt
Shared Vision (5 mentions)	Shared vision and understanding of the complexity and interrelationship of complex problems, motivator

Summary Table 1: Benefits and enablers of partnerships

3.9 Stories of Partnership

There were many stories of partnerships gathered throughout the coronavirus pandemic. The brief narratives below are gathered through prior research by SGGPCP which represent a very small snapshot and demonstrate diversity of benefits of participating in the SGGPCP network for partners and the community. This stories first appeared here

Social Isolation particularly in aged care residential settings where visitation was restricted was identified within a SGGPCP network meeting as a significant impact of COVID 19. Through connections with aged care by one member of the group and school groups by another member a project began where young people wrote letters to aged care residents starting a new "pen pal" program. This initiative became known as Be the sunshine in someone's day.

Discussions in SGGPCP networks (the COVID Communications group) resulted in the Together Campaign. The together campaign to develop stickers with kind messages to promote wellbeing displayed on footpaths and shops throughout Glenelg Shire.

Through participation in SGGPCP network meetings throughout COVID it was identified that families in a smaller rural community required support. A meeting participant was able to allocate philanthropic funds and worked with other members of the group to identify vulnerable families in need which resulted in the delivery of 20 welfare packs to residents most in need.
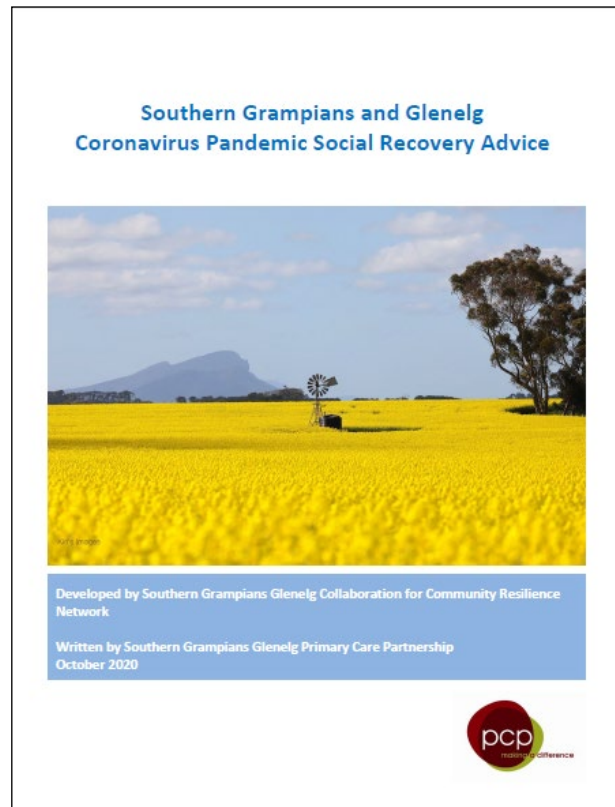
One SGGPCP network, the Collaboration for Community Resilience Network was formed during the Pandemic to develop a shared understanding of the local impacts. This group developed a Development of Social Recovery Advice Document which outlines the impacts of the Pandemic on our local community based on the shared experience of the group and how we can reimagine the future.

4. Discussion

By partnering with Swinburne University, SGGPCP was able to assess the value of the networks facilitated during the coronavirus pandemic. This study found that through participation in SGGPCP-facilitated activities the participants:

• Built new advice relationships

• Strengthened existing relationships

• Built direct relationships with relevant partners, enabling a quicker pandemic response

• Gained knowledge on how to respond to the pandemic, which was relayed more widely at the community- and state-level

Many of the partnerships have been ongoing and long-term while during the pandemic there were new relationships formed. The outcomes of this project provide valuable insights into the role of social capital in knowledge transfer and learning. Social capital is built up of trust, networks and norms that enable individuals and groups to interact and exchange with each other. This promotes social cohesion and helps societies meet their collective goals (Rodríguez-Pose and Storper 2006). As individuals and groups operate within a regional context, social capital is often seen as a regional phenomenon, which differs from place to place (Rodríguez-Pose and Storper 2006). Research in economic regional growth (Rodríguez-Pose and Storper 2006) highlights the role that bridging and bonding capital takes in building networks across and within regions. This can be translated to the SGGPCP networks, which bring participants together from various and diverse groups (heterogenous groups), including across geographic boundaries, and facilitate out-group relationships. Additionally, SGGPCP provided a platform for people who know each other to re-connect and they were able to better share information and access resources with their local community. Thus, during the pandemic SGGPCP has been important in created bridging and bonding social capital. The trust built up in these networks makes it easier for people to trust outsiders, facilitating the exchange of information and actual transactions. Second, by connecting heterogenous people or groups, bridging social capital widens the source and diversity of ideas fueling innovation (Beugelsdijk and Schaik 2005 Beugelsdijk and Smulders 2009).

| Trust in coordinating body | → | Network formation and knowledge transfer | → | Learning |

4.1 Network Formation and Transfer of Knowledge

This project highlighted the value of the brokerage role that the partnership organisations played during the pandemic. Brokerage is often considered a core social capability in leadership that bonds organisations and alliances together (Ernst & Chrobot-Mason, 2011; Tushman, 1977). According to Marsden (Marsden, 1982). Brokerage is a process "by which intermediary actors facilitate transactions between other actors lacking access to or trust in one another" (cited by Gould & Fernandez, 1989, p. 91). The significance of brokerage is attributed to the fact that people in this position are located among heterogenous actors. They therefore facilitate the movement of knowledge between actors with diverse experiences and capabilities in order to solve problems faced by actors in the network. Brokerage organisations are influential in inter-organizational relations because they are able to build sustainable relationships, manage through influence and negotiate the interdependencies, roles, accountabilities and motivations of the different parties involved (Williams, 2002).

As demonstrated by the Stories of Partnership, SGGPCP acted as a broker to facilitate the sharing of knowledge and experiences to solve problems across Victorian communities impacted by the pandemic.

4.2 Learning

SGGPCP has played an important role in sharing knowledge and promoting learning during the coronavirus pandemic that has rippled out across the local community. To do so they facilitated a series of meetings to build relationships among network participants.

Skills of staff. All SGGPCP staff are skilled facilitators and at the onset of the pandemic prioritised extending these skills to an online setting. Participating in training with external providers, practicing facilitation methods and the use of online tools to enhance engagement within the staff team increased staff capability to pivot quickly to an online environment. Recognising the needs of partners, SGGPCP staff extended learning with partners providing opportunities for cross transfer of knowledge and skills to increase the capacity of the sector to participate in virtual workshops and meetings. SGGPCP staff also recognised the limits of the online and virtual meetings, particularly for extended networking and relationship building and as a result ensured that break out rooms and informal opportunities were made available during at the beginning and at the conclusion of all activities.

Aside from the skills developed during the pandemic, the SGGPCP staff all hold excellent partnership skills and prioritise building links with partners both local and external to the area to increase local knowledge, capacity and outcomes. This includes links with research partners, policy makers and government as well as broader health networks, content based groups and think tanks and knowledge brokers.

Innovation: SGGPCP has a history of innovation and have exhibited courage to experiment with new approaches. Taking into account the needs of partners and outcomes for the community, SGGPCP has partnered with experts to increase capacity to use new and innovative techniques. For example, over the past 5 to 6 years SGGPCP has worked closely with the Global Obesity Centre at Deakin University to develop more systems approaches and has used Community based Systems Dynamics, specifically the use of Group Model Building and Causal Lop diagrams to work with partners and communities when working on complex issues. This approach was implemented during the pandemic in the Collaboration for Community Resilience COVID 19 Network enabling all participants to develop a shared understanding of the impacts on the community and identify areas for action.

Collaboration: A commitment to collaboration characterises the work of SGGPCP with the facilitation and coordination of collaborative projects reducing the need for competition. In practice, a small group in one local government area has been established to ensure projects and submissions are collaborative in nature. This was evident in throughout the pandemic with collaboration on a number of project and funding submissions that had shared outcomes.

The National Strategy for Disaster Resilience (NSDR) (COAG 2011) describes non-government and community sector organisations as being at the forefront of strengthening disaster resilience in Australia. In addition, the strategy has a recurring theme that refers to the importance of strength of existing partnerships and networks, and that such networks are significant in leading change and promoting and enhancing disaster resilience. A growing body of literature supports the integral role of social capital in all phases of disaster management i.e., preparedness, mitigation, response, and recovery. This project further reinforces the role that community and health sector organisations can play, particularly where there is a trusted body to facilitate and bring networks together.

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Appendix 1- Pilot Survey

Understanding the value of SGGPCP in context of COVID-19 project survey

Section A. Your relationships

Directions: In this section, please indicate the people with whom you have each type of relationship.

- You can have more than one type of relationship with a single person. If you find that someone fits the description for both kinds of relationships, please list them for both questions.

- If no one fits a particular description, please write "no one".

Q1. Thinking about your relationships with other participants in the networks that have been facilitated by SGGPCP throughout COVID 19 (e.g. Collaboration for Community Resilience (COVID 19), Glenelg Communications Group, Supporting Staff Group, GenR8 Change, SEA Change Portland, Hands Up Casterton, Glenelg Q and A).
a. who do you **<u>seek</u> information, knowledge, advice or assistance from**, with respect to the coronavirus pandemic in particular? SGGPCP add names (from table to come)
b. Who do you **<u>give</u> information, knowledge, advice or provide assistance** to, with respect to COVID-19 matters in particular? SGGPCP add names (from table to come)
c. Who did you initially meet via the SGGPCP meetings and networks during the Coronavirus pandemic SGGPCP add names (from table to come)
d. Who did you know prior to the Coronavirus pandemic, but due to SGGPCP facilitated meetings and networks your working relationship has become stronger, closer, or more effective SGGPCP add names (from table to come)

Q2. Please think of any regular internal or external working groups/meetings/networks that you have attended during coronavirus pandemic. Which of these groups did you share or relay resources you gained from SGGPCP networks and meetings? Resources could include information, practical knowledge and advice, contacts, documents etc. Please name the meetings in which you shared these resources.

Q3. Please select the benefits you have gained by participating in SGGPCP meetings and networks during the coronavirus pandemic. Rate the following statements from 1 (not at all) to 7 (to a great extent). In general....

a)   Improved understanding of Coronavirus and where to find information

b)   Shared knowledge of local impacts of the pandemic

c)   Knowledge of local actions taking place

d)   Understanding of local capacity to respond to COVID-19

e)   Identified opportunities to work together with partners outside my organization

f)   Identified gaps within our community

g)   Improved my actions relating to COVID-19 response

h)   Helped me to adapt my work

i)   Helped me partner with others to do my work

j)   Informed adaptation and future recovery

k)   Other (add)

Background information not to appear in survey:

Inter-organisational trust

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Q4. Thinking about your general experience of working with SGGPCP, rate the following statements from 1 (strongly disagree) to 7 (strongly agree). In general....
a.   SGGPCP is competent and effective in their interactions with our organization.
b.   SGGPCP performs all of their roles very well.
c.   Overall, SGGPCP is capable and proficient.
d.   In general, SGGPCP is knowledgeable about their industry and business operations.
e.   Our organization believes that SGGPCP would act in our best interest
f.   If our organization required help, SGGPCP would do their best to provide assistance.
g.   SGGPCP is interested in our organization's success and not just its own.
h.   SGGPCP is truthful in their dealings with our organization.
i.   Our organization would characterize SGGPCP as being honest.
j.   SGGPCP keeps their commitments.
k.   SGGPCP is sincere and genuine.

Section B. Background Information

1. What organisation are you from:

2. What is/are your current position(s)? Please circle the most appropriate choice

   a. Administrative role
   b. Community Development/Health Promotion Practitioner
   c. Program Co-ordinator
   d. Manager
   e. Executive Officer
   f.
   g. Other. Please describe briefly _____

3. How long have you worked at your current role? Years: _____ (OR Months: _____)

4. What is your time fraction (full-time = 1.0 FTE)? _____

5. What is your age? _____

6. How would you describe your sex or gender?   Female / Male / Other / Prefer not to say

7. What is your highest degree/certificate you have obtained?

   a. Doctoral degree
   b. Masters or professional degree
   c. Graduate Diploma
   d. Graduate Certificate
   e. Bachelor (Honours) degree
   f. Bachelor degree
   g. Diploma or Advanced Diploma
   h. Other _____

8. What is your postcode?

9. What community does your organisation cover? (tick those that apply)

   a) Southern Grampians Shire
   b) Glenelg Shire
   c) Warrnambool City
   d) Moyne Shire
   e) Corangamite Shire
   f) Hamilton
   g) Portland
   h) Casterton
   i) Heywood
   j) other

Section C. Open-ended comments (Optional)

The aim of this brief survey was to capture as much information as possible in a short amount of time. The following are brief, optional open-ended comments that you may have regarding the topics raised in the survey.
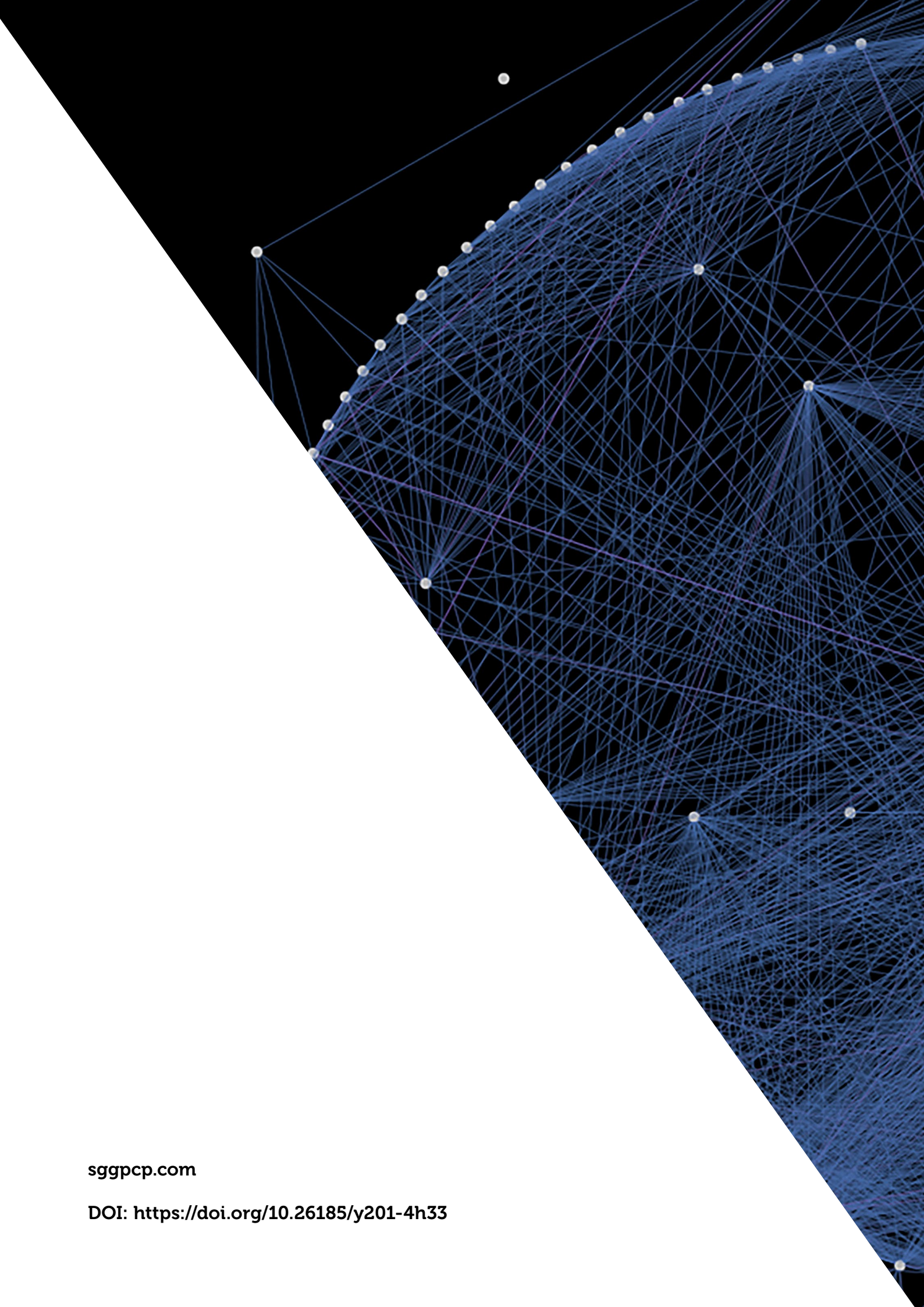
84. Describe the benefits to your organisation by partnering with SGGPCP? What have been the key enablers of these benefits?

(Open-ended comment box)

85. What are the barriers to collaboration with SGGPCP?

(Open-ended comment box)