

Organization/Agency: _____ Person completing form: _____ Date: _____

Network Self-Analysis (Provan et al., 2004)

Listed below are a number of agencies and links that agencies often have with one another. For each agency, please CHECK THE TYPE OF LINK(S) YOU CURRENTLY HAVE WITH SOME REGULARITY WITH EACH organization/agency and then CIRCLE THE QUALITY IF THE RELATIONSHIP you have with them. There is space to add other organizations/agencies participating on your community's DCF-Head Start Partnership team. After listing agencies and checking links, use the following scale to rate each relationship quality for each:

1 = poor relationship (little trust)

2 = fair relationship (some trust)

3 = good relationship (trust)

4 = excellent (high trust)

Organizations/Agencies	Type of Links with Each of These Providers [Check the box if you have this link – check all that apply]						Relationship Quality			
	NA/this is my agency	Share data, information	Share space, resources	Exchange referrals	Joint work with families	Joint and cross training	Please circle			
Department of Housing							1	2	3	4
Department of Children and Families							1	2	3	4
Department of Public Health							1	2	3	4
Department of Social Services							1	2	3	4
Office of Early Childhood							1	2	3	4
Department of Education/McKinney-Vento							1	2	3	4
Dept. of Mental Health & Addiction Services							1	2	3	4
Commission on Children							1	2	3	4
CT Coalition to End Homelessness							1	2	3	4
CT Head Start Association (LULAC/CRT)							1	2	3	4
CT Coalition Against Domestic Violence							1	2	3	4
CT Interagency Coordinating Council/B23							1	2	3	4
McKinney-Vento Grant Projects (Ed. Conn.)							1	2	3	4
Family Shelters (New Reach)							1	2	3	4
Supportive Housing (The Connection)							1	2	3	4
Philanthropy (Melville Charitable Trust)							1	2	3	4
Community Health Centers							1	2	3	4
Universities/Infant Mental Health (YCSC)							1	2	3	4
United Way/211/Coordinated Access							1	2	3	4
							1	2	3	4

Please indicate what the *BENEFITS* and *DRAWBACKS* have been from cooperating and collaborating with other agencies in the provision of early childhood child welfare services through the DCF-Head Start Partnership. Place a check in the appropriate box to indicate whether YOUR ORGANIZATION/AGENCY through its involvement with the DCF-Head Start Partnership has already experienced the benefit/drawback, expects to experience it or does not expect to experience it. Only check one box for each benefit/drawback.

	Already occurred	Expect to occur	Do not expect to occur
BENEFITS:			
a) Ability to serve my clients better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Greater capacity to serve the community as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Acquisition of additional funding or other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Acquisition of new knowledge or skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Better use of my organization's services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Building new relationships helpful to my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heightened public profile of my organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Enhanced influence in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Increased ability to reallocate resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits: (please list other major benefits)			
j) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWBACKS:			
a. Takes too much time and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Loss of control/autonomy over decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Strained relations within my organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Difficulty in dealing with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not enough credit given to my organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drawbacks: (please list other major drawbacks)			
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>