



MASTER THESIS

BETWEEN POLICY & REALITY

Cooperation within Social Teams

Sjardé Ninouk Bolhaar

Examination committee

Prof. Dr. Bas Denters (University of Twente)

Dr. Pieter-Jan Klok (University of Twente)

Marcel Moes (Nautus)

Faculty: Behavioural, Management and Social Sciences

Master of Public Administration

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Implementeren

UNIVERSITY OF TWENTE.

Abstract

1 January 2015 the Dutch government decentralized several tasks related to youth care and social (health care) services to municipalities to realize budget cuts and to improve (health) care services. This meant for municipalities that they received a large amount of (unfamiliar) additional tasks. In the explanatory memorandum of the social support act (January 14, 2014) the Dutch government announced that they “expect of municipalities to actively invest in the implementation of policy; this within cooperation with other relevant organizations. Cooperation with health insurances, health care services, and other stakeholders that are active in the neighborhoods: cooperation by the use of for example social teams”. It seems that since that moment the use of social teams has been increased explosively: 32 municipalities with the use of social teams in 2013; to 192 municipalities with the use of social teams in 2015 (Movisie, 2015). Remarkable is that recent research states that it is still unclear for municipalities how to organize the social teams: there is uncertainty about the framework in which the professionals need to work and collaborate (Vrielink, van der Kolk & Klok, 2014).

This research combines 1). the uncertainties that come with the lack of a (policy) framework on how to organize a social team and 2). the uncertainties and novelty that comes with the collaboration of professionals with different expertise within one team. It aims to provide two municipalities (Almelo and Doesburg) insights in the policy agreements that they actually established related to collaboration; and in the extent in which these agreements and collaboration issues are carried out in practice. In addition discrepancies between policy and practice are addressed, and an inventory of potential explanations for these discrepancies has been made. This information has given me the opportunity to draw up specific recommendations for each municipality.

Theory of collaboration and conformity between policy and practice points out that there are eleven factors that can influence the conformity between policy and practice. In this study these factors are divided into three categories (characteristics of the policy, characteristics of the organization and characteristics of the professionals and their relationships) and are set out in a ‘comprehensive model of conformity in policy implementation’. On the basis of the content of this model the potential explanations for unconformity between policy and practice can be identified.

Analysis of the current data has shown that the assumed relationship between the establishment of clear tasks and SMART goals in policy and the extent of conformity between policy and practice is remarkable. The identified discrepancies between policy and practice can be traced back to unclear descriptions in policy. However, according to this study the absence of clear tasks and goals does not *have* to be a problem for the implementation of policy. The magnitude of the impact can be obviated by the efforts and guidance of the manager(s). Professionals that work in an (network) organization in which their manager is capable of sharing the essence and expectations of the policy, do not have to rely on their own knowledge of policy, but can rely on the knowledge of their manager(s).

Finally, a successful team needs to have the commitment of all involved parties: teams and their managers need to invest in making the team mutually beneficial. This starts with making an inventory of expectations and desires of the professionals of the social team, the municipality and the parent organizations. To expand the mutually beneficial cooperation the teams need to make sure that the cooperation serves the fundamental interests of all sides. Aiming to be able to serve the (real) interests; components such as; high trust, high transparency and openness are indispensable for successful cooperation within a team and indispensable to be able to carry out policy into practice.

Preface

As a master student Public Administration at the University of Twente I got inspired and interested in public and private governance relationships and networks. More municipalities and public organizations are (co)operating together when it comes to data sharing and (public) service delivery. On the one hand I consider this as a positive development; organizations that work together have more information and more resources available to achieve common goals. On the other hand I'm aware of the fact that these organizations are separated not without a reason. Especially in the field of (health) care services there is a wide range of care problems and possible solutions. A different approach and working method is not only required based on the gravity of the situation of the individuals, but also based on age, income and even the employability of ones personal network.

In addition, I wondered how professionals and organisations with different professional backgrounds would cooperate together within in one network. Is it 'easy' to strive for a mutual goal and carry out one policy together? What if professionals do not honor the agreements? Who governs the network?

When Joost Cornielje (Nautus) asked me to carry out a study about the relationship of policy and cooperation related to Social Teams I was immediately excited to start this research. One year has past, and I am proud to present you this master thesis with the title: "*Cooperation within social teams: between policy and reality*".

I express my gratitude and warm thanks to my supervisors Prof.dr. S.A.H. Denters and Dr. P.J. Klok for their dedication, guidance and for sharing their knowledge, support and enthusiasm.

My thanks are extended to several colleagues of Nautus, with whom I have had longer or shorter enlightening discussions about the various topics of this work and whom have supported me during this year of graduation. Among the many, I wish to mention Manal Chakor, Joost Cornielje, Rob Hamminga, Fauve Kuipers, Peter Verduin, Lisette Verhoeven, Koert Webbink and Stuart Weir and especially I want to thank Marcel Moes as my supervisor from Nautus for his guidance and support in this process of graduation as wel for his guidance and support in my work as a trainee and junior consultant at Nautus.

In addition I want to thank the members of the Social Teams of Doesburg and Almelo for their candor and cooperation.

Thanks also to my friends, to my teammates of the University's Handball Club Cabezota and the people of the orchestra Sempre Crescendo for their patience and support. I know I have missed some dinners, parties, trainings and rehearsals, but I will promise I will make it up to you soon ☺.

Finally, I take this opportunity to express my deep gratitude to my family, especially to my parents, my brother and my boyfriend, for their love, encouragement and support. Without their support, this work would never have been completed.

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1. Scope of research

1.1 Introduction; state of art

The Dutch government announced it in 2012: in 2015 there will be a major reform in the social domain. In their coalition agreement Rutte I devoted an entire chapter to these reforms, chapter VII: 'Bringing care closer to home' (Coalition agreement 'Building bridges', 2012).

Why did and does the government wants to bring care 'closer to home' and how does the major reform relate to this idea? The coalition agreement of 2012 includes four main priorities were the transformation tends to be based on: improving the quality of care, reducing costs, providing care closer to home, and preventing (health) care problems. In the agreement of 2012 it is claimed that this can be achieved via the delegation of several central government tasks to municipalities. This has led to the delegation of tasks concerning youth care; sheltered housing and support, assistance and home care for curative sick citizens on January the 1th 2015. (Rijksoverheid, 2015).

The delegation of these tasks concretely meant that, when it comes to care, municipalities became responsible for the execution of the Social Support Act (WMO); the Youth care act and the Participation act.

In their coalition statement of 2012 the central government mentioned a couple of *requirements* for the municipalities on how to work on the above-mentioned priorities:

- *improve the quality of care*, by gaining better insight into care delivery, reducing variation in medical practice and preventing unnecessary medical treatment;
- *cost reduction*, by better controlling the amount of care given, preventing overtreatment, introducing strict package management, reducing overcapacity and ensuring resources are not wasted;
- *less complex care closer to home* and concentrating expensive, complex and acute medical care, by promoting collaboration between care providers, particularly at regional level;
- and the *prevention of health problems* by stimulating responsibility of citizens for their own healthy lifestyle.

Collaboration instead of competition, prevention rather than curing, and providing more custom-made care and care in neighbourhoods instead of regulative and poorly accessible care. These slogans can be seen as the priorities of the reform such as we can recognize them in the policy of the central government.

Where guidelines and the priorities of the reforms are mentioned in the coalition agreement, each track on how to implement these decentralised provisions is missing or perhaps deliberately left open. The government provides programs related to the reforms*, however these programs are 'only' support-oriented (Divosa, 2013). Nor do these programmes include rules on how to organize and implement the transitions; guidelines are largely absent and in addition there is nothing said about when and who needs to be involved in organizing, implementing, executing and evaluating the process of the transitions. This absence of rules on how to implement these reforms make it interesting to take a look on how municipalities responded to and made use of this freedom. How did municipalities facilitate the implementation of the reforms?

* For example: 'the municipality of the future (Divosa, 2013)

In preparation to the transitions Dutch municipalities introduced social teams (Vrielink, van der Kolk & Kloks, 2014): in 2015 86% of the municipalities set up a social team or had serious thoughts to set up social teams (Van Arum & Schoorl, 2015). Social teams can be described as “integrated and interdisciplinary teams composed of professionals of different organizations and different disciplines” (van Arum & Lub, 2014). However, what we see more often is that social teams are set up and formed as a juridical structure of a foundation in which (almost) every professional has become an employee of the foundation.

Proponents claim that the use of social teams can be seen as *the* method of meeting the requirements of the decentralized care tasks, because, so they say, operating in an integrated and interdisciplinary setting provides more effective and efficient care. (Meere, Hamdi & Deuten, 2013; de Boer & van der Lans, 2013).

Several authors claim that interdependent groups with two or more organizations that collaborate in a persistent way are more effective at providing a complex array of community-based services than the same organizations acting on individual basis (Alter & Hage, 1993 in Provan & Milward, 2001). In particular health and human care services are seen as a sector that can profit from collaboration between (health) care organisations because collaboration is appealing when 1). the profit motives are absent, 2). there is reduced autonomy, 3). there are resources to share and 4). the increased dependency is not seen as a (big) threat.

However, will this way of cooperating and collaborating indeed work out in a positive way? Is it even said that the teams work in an integrated and interdisciplinary way? And does this automatically lead to more effective and efficient care?

Research of the University of Twente shows that it is still unclear for municipalities how to organize the social teams: there is uncertainty about the framework in which the professionals need to work and collaborate (Vrielink, van der Kolk & Klok, 2014). Kolner & Sprinkhuizen (2014, p. 16) confirm this in their research on the development of social teams in the province of Noord-Holland. The absence of structure and strict rules on how to organize the teams in combination with the diversity of municipalities in their values, concerns and (demographic) characteristics lead to a diversity and indistinctness of organizational structures of social teams (KPMG/Plexus, 2013, p. 13).

Now that we know that there is no organisation(al) framework spread by the central government (yet), it is interesting to see to what extent the social teams are functioning in accordance to the pre-established provisions and values as stated in the municipal policies. Does the initial lack of organizational rules automatically lead to a problematic translation of the policy into practice? Did municipalities provide professionals with guidelines on how to work and collaborate in these teams? And are guidelines carried out in practice?

1.2 Aim of the thesis

This research will provide insights in the collaboration between professionals in the social teams. These professionals are actors that have different professional backgrounds, different interests, and are managed by different managers. An interesting transformation, since actors that have operated largely independently or only informally with other organisations are now expected to share resources, information, and clients.

The results of this research will show how extensive the municipalities set out directives about the (expected) organizational structure of social teams, and to what extent these directives contributed to the quality of collaboration between the professionals.

The recommendations made on the basis of the findings of this research are interesting for policy makers, managers of social teams and policy executors, in that sense that the research results will not only show in what way municipalities put effort in setting up directives related to collaboration, and if these directives are carried out in practice; it will also shed light on the factors that can *influence* the extent in which policy is translated into practice. This knowledge can be used for the improvement of existing teams and the development of new teams.

Not only the direct results of this study provided new, useful information. The analysis and summarization of the, for this study, relevant literature resulted in a comprehensive model that was not drawn until now. The model forms a collection of explanatory factors, which can cause, according to several and also individual (frequently referred) researchers, discrepancies between policy and practice. Where researchers previously had to search for the relevant factors in several documents, they can now use the comprehensive model, which is shown on page number 15.

1.3 Research question

The main question of this research is:

To what extent are agreements established in policy documents concerning collaboration between professionals in social teams carried out in practice, are there any discrepancies between policy and practice and how can these discrepancies be explained?

The main question will be answered via the following sub questions:

1. Which agreements concerning the collaboration between professionals in the social team are laid down in related policy documents?
2. To what extent are these collaboration agreements carried out in practice?
3. How can discrepancies between policy and practice be explained?

2. Theoretical framework

This chapter provides the theoretical framework wherein the research is carried out. The theoretical framework is used to outline the context in which the research took place. The first section provides an introduction of the general policy process. Subsequently the main theoretical elements of this research are described and explained in relation to the sub questions.

2.1 The policy cycle

Many writers and scholars set out models to describe the process of developing policy and applying policy. This process can be seen as “a mechanism in which different phases on different moments, and on different levels political ‘judgements’ are formed in a never ending process”, also known as the policy cycle. (van de Graaf & Hoppe, 1996, p. 79).

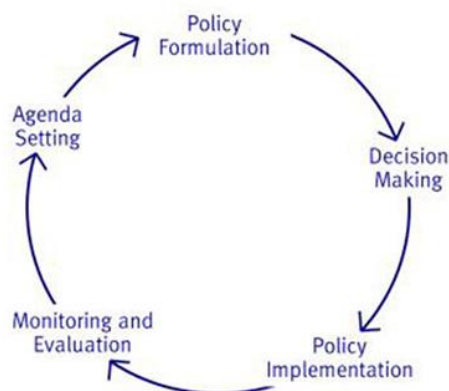


Figure 1 Policy cycle (Howlett, et al. 1995)

Over the years different models have been drawn, in which the amount of steps and the level of detail vary (Hill & Hupe, 2002, p. 6). The general steps of the policy cycle can be shown with the use of the model of Howlett (1995), illustrated in figure 1. The cycle can be criticized because of its strict way in which the stages are drawn; often there are no clear, but blurry distinctions between the phases. Strength of this cycle is however that it provides a systematic approach ‘to capture the multiplicity of reality’ (Parsons, 1995, in: Hill & Hupe, 2002, p. 6).

This research focuses on two dimensions of the policy process: 1). The actual policy (the documents that come from the phase: decision-making); and 2). Policy implementation; where policy is carried out in practice.

2.2 Collaboration agreements in policy

For the purpose of this research and to be able to answer sub-question 1 policy documents were taken under study to find out if and what agreements, concerning collaboration, municipalities established to give professionals guidelines on how to collaborate within the team. To outline the definition of policy documents used in this study paragraph 2.2.1 provides an explanation on how policy documents are interpreted in the context of this study. In 2.2.2 is discussed what agreements can be identified as *collaboration agreements* and are therefore selected out of the policy documents.

2.2.1 Policy documents

The documents that are used for this study are documents that are developed for the creation and implementation of the social team. Policy can be made and established in different ways. Via ‘the spoken word’, like meetings, negotiation, phone calls etcetera or via the written word, such as policy notes, laws, disposals, memos and statements; what makes it policy documents. Van de Graaf & Hoppe (1996) explain that policy can best be derived from written policy documents produced during the process of policy making and implementing instead of policy that is developed via the spoken word.

A policy document is a text that shows what 'plan' a certain policy actor has, and thus a document that shows how he intends to come from a certain problem to a solution (van de Graaf & Hoppe, 1996). Policy documents play an important role when it comes to the practice of politics and government since the documents make the policy and plan observable and transparent for 'the public'. Besides of that it provides an accessible way of analysing policy. (Van de Graaf & Hoppe, 1996).

The policy documents are used for the collection of specific policy arrangements related to collaboration. Only the arrangements about goals, tasks, professional role and relational/network/management structures will be selected, since these subjects are, according to the literature related to collaboration and only subjects are suitable for the establishment in written policy.

2.2.2 Collaboration agreements

In this research the specific agreements related to *collaboration* were taken under study to be able to answer the first (and second) sub-question. There is not one theory that states what agreements can be seen as *collaboration agreements*, therefore the term collaboration is set out and categorized in three subjects which are (in theory) suitable to be established in (policy) documents.

The definition of collaboration used in this study is as follows: 'Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organisations to achieve common goals. The relationship includes a commitment to: a definition of mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success [...]. (Mattessich & Monsey, 1992). This definition is used since it covers collaboration how it is described by several other authors; Mattessich & Monsey (1992) provide the most comprehensive definition.

Out of this definition we can recognize a few important subjects that can be translated into policy: 1). Relationship, network- and management structure. 2-3). Goals and tasks. And 4). The role of the professionals. These subjects are used as a 'tool' to form a selection of policy agreements related to collaboration (hereinafter referred to as collaboration agreements); whether there are and if so, what sort of, policy agreements related to collaboration are included in the policy. In addition this research studied and discussed whether the policy agreements are carried out in practice. The above-mentioned aspects will now briefly be explained.

1. Relationship, network and management structure

Relationships can occur at different levels in different forms (Nooteboom, 2004). Social teams are formal networks where contracts exist between either the other network parties, the municipality and/or a Network Administrative Organization (NAO). The strength of these relationships depend on numerous of factors, such as trust, the level of interaction, the amount of actors, the type of relationship et cetera; it depends on the way the networks are governed: by its participants or by external actors (Provan, et al., 2009, p. 605). Provan & Kenis (2007) mention three dominant forms of network governance: 1). The shared governance network; 2). The lead organization and 3). The NAO.

Within the shared governance network the network is completely governed by the organizations that comprise the network. Every organization (in this research equated to the individual professional since they represent the organization) would interact with every other organization to govern the network; the members themselves govern the network (internally). In the case of a lead organization the network is internally governed by one or a few leading organizations within the network and in case of the network administrative organization the network is externally governed by one organization. (Provan & Kenis, 2007).

2. and 3. Goals and tasks

Many researchers agree that clear goals and clear tasks are necessary to collaborate in an adequate way. At the same time there needs to be consensus about these aspects among all professionals (Smetsters, 2007, p. 32). The clear goals and tasks lead to a clear focus of the implementing professionals. They know what they need to do and for what goal.

4. Professional role

The professional role can be seen as an extension of the tasks of the professionals that comprise the network. It is a highly discussed topic whether professionals of the Social Teams needs to act as specialists, generalist, or something 'in between'. The Association of Dutch Municipalities (VNG) states that experts are less needed when the team has already a broad composition of professionals with different background (VNG, 2015): they raised the question whether small teams are capable enough to carry out the signalling function (*signaleringsfunctie*), since some target groups require specific knowledge. In addition VNG (2015) states that specialists and generalists sometimes find it difficult to work and collaborate in one team and mentions that for these mixed teams it is particularly important to have frequent and open contact, that professionals have the competences to collaborate and the will to learn and communicate with each other.

2.3 Collaboration agreements implemented in practice

To be able to answer the second sub-question (carrying out policy agreements in practice) the agreements related to the subjects mentioned in paragraph 2.2.2 are studied in practice. Relationship, network- and management structure can be studied by making an inventory of involved participants in the social team, their interrelationships, the involved managers and the way in which they carry out the pre-established management tasks. Tasks and goals can be studied in practice by making an inventory of tasks that are carried out by professionals and by making an inventory of goals that are pursued by professionals. The last category of collaboration agreements is the professional role of professionals (generalist, specialist, generalistic specialist, other). This aspect is in this study considered as an identity of the professional of the social team and is studied by asking professionals what they consider themselves to be.

Once the collaboration agreements in policy are studied in practice an overview of agreements that are, and are not (fully), carried out in practice can be developed. This overview can show whether there are any discrepancies between policy and practice. In the next paragraph (§2.4) the possible causes of these discrepancies between policy and practice are summarized and explained.

2.4 Explaining discrepancies between policy and practice

In the analysis of the literature it stands out that there are three main categories and one external category that can explain discrepancies between policy and practice. The external category has to do with major changes in law or policy, media confrontations and socio-economic conditions (Sabatier & Mazmanian, 1980). Because of the scope of this research the external factors are not included in this study. The three main categories that will be taken under study are: 1.) The characteristics of the policy; 2.) The characteristics of the implementing organization and 3.) The characteristics of the professionals and their relation(ship)s. When there are no barriers in these three categories it is very likely that there is full conformity between the policy agreements and the implementation in practice. In the next subsections the associated factors for each category are discussed.

2.4.1 Characteristics of the policy

In this paragraph two characteristics of policy that can influence the conformity between policy and practice are discussed. Paragraph 3.4 explains how these concepts are measured in this research.

A. *Goals (favourably in order of precedence)* (Mazmanian & Sabatier, 1980; Glasbergen, 1987; Lipsky 1980; Mattessich & Monsey, 1992). Clear goals serve as unambiguous directives to implementing professionals. Clear goals help professionals to stay aware of what is expected from them and leave little room for people to hide behind unspecified expectations. Besides of that, the achievement of goals lead to a higher feeling of success and can in accordance lead to greater productivity and confidence.

B. *Tasks* (Bronstein, 2003; Mattessich & Monsey, 1992; Lipsky, 1980). Professionals need to be secure in their own roles and tasks to know what they can offer and, in turn, what they can rely on others to provide. Besides of that this knowledge is necessary to coordinate the process from policy to collaboration in practice. Unclear tasks can result in uncertain professionals who create their own (simplified) tasks and teams in which no one takes real responsibility.

Hypothesis 1: If, there are unclear and ambiguous tasks and goals included in the policy documents, then the execution in practice will not be conform the directives mentioned in the policy documents.

2.4.2 Characteristics of the implementing organization

In this paragraph five characteristics of the implementing organization (the social team) that can influence the conformity between policy and practice are discussed. Paragraph 3.4 explains how these concepts are measured in this research.

C. *Resources* (Mazmanian & Sabatier, 1980; Lipsky, 1980, van de Graaf & Hoppe, 1996; Mattessich & Monsey, 1992). Financial resources, ICT, housing and manpower must be sufficient to fulfil the required tasks. If these resources are not sufficient then it is more likely that policy agreements are not complied or that professionals start working with other unintended resources. Due to the time limit of this research it is not feasible to verify whether the amount and type of the resources are actually sufficient enough for the direct implementation and execution of the policy tasks. However, by involving the participants in this research we were able to get an indication of the sufficiency of resources.

Trust, the number of participants, goal consensus and need for network-level competencies

These factors can be introduced in the context of the three so-called network governance forms: shared governance, lead organization and the Network Administrative Organization (NAO). Provan & Kenis (2007) propose that the successful adoption of a particular network form is based on four structural and relational contingencies: goal consensus, trust, the number of participants and the need for network-level competencies. To be an effective network, the network form should match the contextual scores on the four critical contingencies. In this study, one case can be seen as a shared governance network (Doesburg). The other team is judicial structured as a foundation (Almelo), what means that all the professionals are an employee of this foundation and are thus not actors in a form of a network. However, this does not mean that the factors that are used in the theory of Provan & Kenis (2007) are not applicable for non-network structures. Except for the factor 'need for network-level competencies', the relevance of the three other factors is also supported by researchers that write about successful cooperation in (non-network) team structures (Mattessich & Monsey, 1992). In this respect all aspects are included in the selection of explanatory factors for unconformity between policy and practice. In

A description and explanation of the four factors is given in the capitals D up to and including G.

D. Trust (Provan & Kenis, 2007, Mattessich & Monsey, 1992). Trust can be explained as an aspect of a relationship that reflects, “the willingness to accept vulnerability based on positive expectations about another’s intentions or behaviors” (McEvily, Perrone, and Zaheer, 2003, p. 92, in: Provan & Kenis, 2007, p. 237). For understanding network-level or group interactions, it is the distribution of trust that is critical and whether or not it is reciprocated among the participants. Is it widely distributed across participants (high density of trust relations); or is it only narrowly distributed, occurring differentially within individual dyads or cliques (low density of trust relations)?

E. Number of participants (Belbin 1993, Provan & Kenis, 2007). Dependent of the form of the organization the amount of actors/participants can influence the effectiveness of the organization. For shared governance networks with a high number of participants, it is highly unlikely that they will be effective. In addition Belbin (1993) states that groups in general have an ideal participant number of 4-6. There is no specific number of participants that is likely to be ‘correct’, although consistent with findings from the small groups literature related to networks, shared governance forms seem most likely to be effective with fewer than 8 participants (Burn, 2004, Forsyth, 1991 in: Provan & Kenis, 2007). Based on this information, and in combination with the general information about the size of social teams, this study will use the following classification for the network case (Doesburg)[†]:

Category	Number of participants	Network structure
Few	Less than 8	Shared governance
Moderate	8-14	Lead organization
High	More than 15	Network administrative organization

Table 1 Number of participants vs. Network structure

F. Goal Consensus (Provan & Kenis, 2007, Mattessich & Monsey, 1992). Consensus in goals allow organizational participants to perform more effective than when there are conflicting goals. There may be considerable variances across groups and group members regarding agreement on goals and the extent to which organizational goals can be achieved through involvement of participants. In the case of shared governance (networks) there’s a need for high goal consensus.

G. Need for Network- Level Competencies (Provan & Kenis, 2007). Actors participate in the network for a variety of reasons, but they do for sure because of the belief that joining the network will provide more advantages, or less disadvantages, compared to the situation when they would not have participated. Organizations are seeking to achieve some end that they could not have achieved independently. The need for network-level competencies is related to two questions: 1). What is the nature of the tasks being performed by the network members? and 2). What external demands and needs does the network face? If the network’s task is one that requires significant interdependence among members, then the need for network-level *coordinating skills* and *task-specific competencies* is high. (Provan & Kenis, 2007).

[†] The numbers related to the few, moderate, and high categories are based on theory of networks, and network structures. The several types of network structures require, according to Provan and Kenis (2007), a different amount of participants to be able to be a succesful network.

Key Predictors of Effectiveness of Network Governance Forms

Governance Forms	Trust	Number of Participants	Goal Consensus	Need for Network-Level Competencies
Shared governance	High density	Few	High	Low
Lead organization	Low density, highly centralized	Moderate number	Moderately low	Moderate
Network administrative organization	Moderate density, NAO monitored by members	Moderate to many	Moderately high	High

Table 2 Key predictors of effectiveness of network governance forms (Provan & Kenis, 2007)

Hypotheses II: If, there are not enough resources and/or the level of trust, and/or goal consensus is low, and/or the number of participants and/or the need for network-level contingencies does not fit the chosen network structure, then the execution in practice will not be conform the directives mentioned in the policy documents.

2.4.3 Characteristics of the professionals and their relationships

In this paragraph four characteristics of the professionals and their interrelationships that can influence the conformity between policy and practice are discussed. Paragraph 3.4 explains how these concepts are measured in this research.

The characteristics of the professionals and their relationships include as well factors from implementation and general collaboration theory as well as from network theory. Network theory explains in more detail how relationships between institutions, organizations, and professionals emerge and thrive. The members in networks and social teams supply resources with other actors, and often exchange this for another resource: interdependency (Jones, 1997, p. 921). Together the actors strive for the achievement of a common goal on the basis of their shared interests (van Heffen & Klok, 2000). The use and understanding of network theory is essential when it comes to analysing collaboration between professionals within social teams.

H. Know how (Glasbergen, 1987; Lipsky, 1980, Mazmanian & Sabatier, 1980; Mattessich & Monsey, 1992). Professionals need to know what to do and what others (/management) expect of them in order to be able to carry out policy into practice. In relation to the factor 'know how' it is important that professionals have access and are familiar with the established agreements in the policy.

I. Willingness to collaborate and comply with policy agreements (Glasbergen, 1987). If professionals don't feel like complying with the agreements and/or working with another professional or organization it's very likely that general agreements and agreements regarding cooperation are not respected. We can wonder if the professionals have intrinsic motivation to execute the established policy, especially since they are often not involved in policy making and some are placed in social teams by their management, perhaps not even by their own choice. The organization can be fully motivated to join the network, but does this automatically mean that the representative of this organization is fully motivated too? In this research, aspects such as, willingness to participate in the team, willingness to carry out pre-established tasks and the extent of free choice to participate in the team, are taken under study. With the notion that no free choice *can* indicate little willingness to participate, and free choice indicates willingness to collaborate at the start of the social team.

J. Mutual benefits (Fenger & Klok, 2001; Mattessich & Monsey, 1992). For successful cooperation it is important that participants experience more benefits than costs and that all members share a stake in both process and outcome (Mattessich & Monsey, 1992). Fenger & Klok (2001) describe this as 'mutual benefits': to make and keep the network worthy and attractive mutual benefit is desired, so that every actor receives benefit(s) in return of their delivered resources (symbiotic interdependency).

In this respect it is important for this research to study whether or not participants experience advantages (more than disadvantages) as a result of participation in the social team.

K. Face-to-face meetings and feedback (Johnson & Johnson, 1987; Mattessich & Monsey, 1992). Members need to have regular opportunities to meet, with the preference for face-to-face interaction. Collaborative group members interact often, update one another, discuss issues openly, provide feedback and convey all necessary information to one another.

Hypotheses III: If, professionals are not familiar with the policy document and it's content, and/or do not want to implement the policy, and/or don't feel they gather mutual benefits, and/or don't have frequent face-to-face interaction, then the execution in practice will not be conform the directives mentioned in the policy documents.

2.5 Comprehensive model of conformity in policy implementation

To summarize the above-mentioned causes of unconformity between policy and practice, a *comprehensive model of conformity in policy implementation* is drawn (figure 2). The possible causes of the discovered discrepancies between policy agreements and practice will be traced by using this model. It serves as a collection of (explanatory) factors, which are considered to be relevant by several researchers when tracing potential causes of unconformity between policy and implementation. The model is created for the purpose of this research.

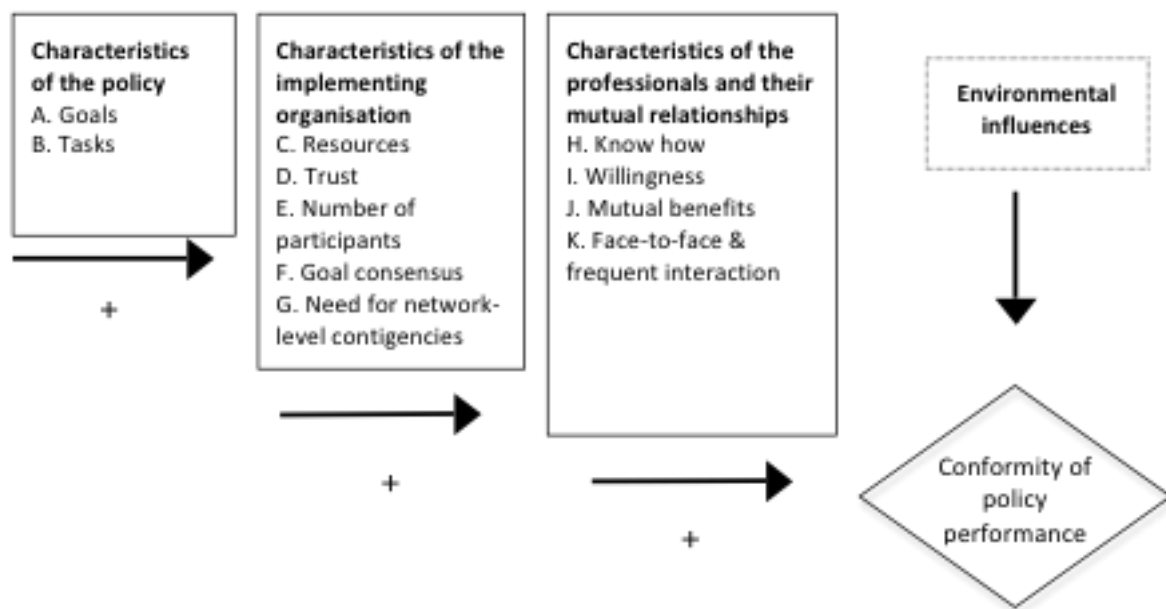


Figure 2 Comprehensive model of conformity in policy implementation

3. Methodological Framework

This chapter describes how this study is developed and conducted. The chapter starts with an elaboration of the general research strategy and an introduction of the chosen cases that are studied. Paragraph 3.3 describes which methods are used to gather the relevant data (the data that is necessary to be able to answer the research questions) and paragraph 3.4 includes a table with the conceptualization and operationalization of the relevant research concepts.

3.1 Research strategy

The general research strategy used to conduct this research is the development of a case study. Two cases are taken under study in order to gain in depth understanding of relationships, experiences and processes within the social teams. Initially we could gain in depth understanding for each case separately. Later on, several connections arose and some interesting findings appeared. The units of analyses of this study are the social teams of two municipalities. To be able to gain deeper understanding 'the functioning' of the social teams and the cooperation between professionals three data collection methods have been used: 1) A document study, 2) A questionnaire and 3) Interviews. In which way these data collection methods are deployed is explained in paragraph 3.3.

3.2 Sampling strategy: case selection

3.2.1 The municipalities of Almelo & Doesburg

This study focuses on social teams within two municipalities: the municipality of Almelo and the municipality of Doesburg. The municipality of Doesburg and the municipality of Almelo are chosen from a selection of municipalities proposed by the host-organisation of this research: Nautus. Both municipalities work with social teams that are delivering (health) care services in the area of the Social Support Act. The social team in Almelo is also responsible for the execution of a part of the Youth Care Act and the social team of Doesburg for the deployment of a part of the Participation Act.

The municipality of Almelo

Almelo is a Dutch city and municipality in the province of Overijssel. Almelo currently has 72.425 inhabitants, which can be divided into 31.443 households (2015, CBS). Of all citizens of the municipality of Almelo 10,4% lives longer than 1 year below the social minimum. Of every 1000 citizens 220 citizens are dependent on social welfare benefits.

The social teams of Almelo are established under a foundation, called: DNO, De Nieuwe Organisatie (*The New Organisation*). This makes the teams relatively independent from the municipality, except that they receive subsidy to be able to carry out their activities related to the social team, and that the municipality monitors and evaluates on the results of the teams. The social team deals with different types of citizens' questions: from questions related to the upbringing of youth to questions related to (mental) health problems of the elderly. In some cases the professional deliver ambulatory care by her/himself; in other situations the professionals refer to another (specialized) organization. All professionals of the social teams of Almelo are employed by DNO.

The municipality of Doesburg

Doesburg is a Dutch city and municipality in the province of Gelderland. Doesburg has a population of 11.336 citizens (2016, CBS) and 5161 households (2015, CBS). The municipality of Doesburg is part of the Arnhem-Nijmegen agglomeration region. Of all citizens of the municipality of Doesburg 8,9% lives longer than 1 year below the social minimum. Of every 1000 citizens, 202 citizens are dependent social welfare benefits.

The municipality of Doesburg uses one social team with 7 professionals, almost entirely from different organizations and with different expertise. The social team of Doesburg needs to deal with specific kind of questions. Questions that are varied e.g. multiple and complex care problems. A complex situation is in the agreement between the municipality and the parent organisation described as 'a situation wherein three or more accurate problems are identified and the deployment of professionals of two or more organizations is required'.

The professionals of the social team of Doesburg are (data from June 2016):

- Team supporter of Stichting Zozijn;
- Social worker of STMR;
- Elderly adviser/social worker of Caleidoz;
- Client supporter of MEE Oost-Gelderland;
- Local nurse of Attent Zorg en Behandeling;
- Wmo (Social Support Act) consultant of the municipality of Doesburg;
- Employment and income consultant of the municipality of Doesburg.

3.2.2 Providing a case study - Social Teams

The municipality of Doesburg used a relatively small amount of documents and agreements, and did not capture any agreements or provisions during the implementation phase of the social team last year. DNO and the municipality of Almelo introduced more policy agreements and provisions and monthly establish(ed) new agreements, conditions and goals in the 'Monthly notifications'. However these latter documents (the monthly notifications) are not used for the selection of (policy) agreements, they can be relevant when it comes to the explanatory factor of H. Know how (page 14) and are in this respect included in this research.

3.3 Data collection strategy and methods

To gain deeper understanding in the cases several data collection methods are used to collect the data (triangulation). The triangulation technique combines two or more data collection methods for 1). Confirmation/control and 2). Completeness. Combining the interview method and the questionnaire method gives a large quantity of information (completeness). And by interviewing (a part of) the respondents of the questionnaire, the researcher can control for threats related to interviewer bias and response-based –errors (confirmation and control) (Arksey & Knight, 1991, p. 23).

The data collection consists of a document study, a questionnaire and semi-structured interviewing. The document study is carried out to be able to answer the first sub-question. During the document study the relevant policy agreements are selected out of the relevant policy. The questionnaire is used to gather the data necessary for answering the second and third sub-questions and the semi-structured interviews mainly functioned as a control mechanism.

Document study

To gather the relevant (policy) documents concerning the *ins and outs* of the social teams I consulted the website of both municipalities (www.almelo.nl & www.doesburg.nl) and the website of the foundation in which the social team of Almelo operates: www.denieuweorganisatie.nu. In addition the program manager of Almelo and the policy advisor of Doesburg were asked to share policy documents that are used for the implementation and development of the social teams.

The following documents are used for the purpose of this research:

Social team of Almelo	Social team of Doesburg
Action plan/policy plan ' <i>Samen meer doen</i> '	Advisory note 'Agreement social team 2015-2016' adopted by The Mayor & City Council Members
<i>Monthly announcements (till may 2016) (only used for answering sub-question 3)</i>	
Functional design (<i>functioneel ontwerp</i>) 1 st design: December 2014 2 th design: May 2016	Agreements between the municipality of Doesburg and the individual participating organizations.
Budget 2014 –2016	

Table 3 Documents used for the purpose of this research

The selection of collaboration agreements is categorized in four subjects: relationships, goals, tasks, and the professional role. The answers given in the questionnaire and the interviews are used to make an inventory whether the agreements of the policy are carried out in practice. Due to the scale of this document analysis, the results of the documentation study are added as an appendix (appendix 1). This means that the answer(s) to sub-question 1 can be found in paragraph 4.1 and appendix 1.

Interviews

Out of each social team (social team Doesburg and social team Almelo) two professionals were individually interviewed. In addition the persons involved in setting up the social teams and/or leading the social teams were asked to explain why and how the teams were created and developed in 2014, 2015 and 2016 (informal conversations). The interviews and informal conversations provide an opportunity to declare the answers given in the questionnaires that were held at least one week before the start of the interviews. Due to the privacy of the interviewees their names and the full transcript of these interviews are left out of this thesis.

The semi-structured interviews were held after the conduction of the questionnaires. This allowed me to include interesting and remarkable results from the questionnaires into the interview questions. Besides of that the interviews functioned as a control mechanism so that I could verify and explore the answers that are given in the questionnaires (control for interviewer-bias and respondent-based-errors). In this way I hope to increase the reliability (are the answers equal to the answers given in questionnaire) as well as the validity (did they understand the terms used in the questionnaire) of this research.

Questionnaire

The questionnaire is developed and spread out via the IGS Survey Server on advice of the University of Twente. Goal was to get a complete respondents rate (response of all professionals of the two social teams), so that I could make sure that I gathered the opinions of all relevant actors. Except for one professional who started in June 2016 (Doesburg) every professional filled in the questionnaire. This means that 8 (including two former) professionals of the social team of Doesburg and 12 (of the 13) professionals of the social team of Almelo are included in this research.

To avoid and minimize the risk on interviewer bias (unclear wording, and subjective questions) the questionnaire is assessed by Prof. dr. Denters and dr. Klok (University of Twente), and tested by two consultants of Nautus.

3.4 Operationalization of the key concepts

To enable measurement of the key concepts, the concepts mentioned in paragraph 2.4 are operationalized; the theoretical background of these key concepts is explained in paragraph 2.4. The dimensions of the concepts form the basis for a list of indicators of the concept shown below.

OPERATIONALIZATION OF THE KEY CONCEPTS – SUBQUESTION 1 AND 2		
Conceptualization Dimension	Measured in policy (document study)	Measured in practice (Questionnaire (QD= Doesburg, QA= Almelo) & interviews (I))
<i>Relationships</i> The state of being related or interrelated with others.	What is written about the structure of the network; a. internal or external governance b. amount of actors that govern the network c. type of support by governing organization (study, workspace, facilities)	a. is the network internally or externally governed? (I) b. how many actors are involved in governing the network? (I) c. is the type of support available in practice? (I)
<i>Tasks</i> A definite piece of work assigned to, falling to, or expected of a person; duty.	What is written about the tasks that the professionals need to execute? a. What tasks are assigned to the professionals; how many hours per week are available for these tasks?	a1. Is every professional carrying out the task(s) that they are supposed to carry out according to the policy? (QD: 6, 8, 11a) (QA: 9, 14a, 14i, 17) a2. Are the professionals spending more, less or the same amount of hours on their weekly tasks for the social team? (QD: 5) (QA: 8)
<i>Goals</i> The result or achievement toward which effort is directed.	What is written about the network goals? a. the goals that the social teams want to strive for that are mentioned in the policy.	a. Are these 'network goals' in practice supported by professionals? (QD: 9) (QA: 12) (I)
<i>Professional role</i> The expected function of the members of the social team.	What is written about the their role a. are the professionals expected to function as a generalist or as a specialist?	a. Are professionals functioning as generalists or specialist? (QD: 4) (QA: 7) (I)
Dependent variable		
Conformity of policy and practice	Full conformity: the above-mentioned concepts are fully carried out in practice or can be fully recognized in practice conform the policy directives.	

OPERATIONALIZATION OF THE KEY CONCEPTS – SUBQUESTION 3	
Conceptualization Dimension	Operationalization
CHARACTERISTICS OF THE POLICY	
<p>A. Goals (SMART)</p> <p>The result or achievement toward which effort is directed.</p>	<p>The policy goals are formulated SMART (specific, measurable, attainable, realistic, timely). Check by professionals Lisette van der Hoeven and Rob Hamminga (Nautus). <i>Scale: Strongly agree – agree – disagree – strongly disagree.</i></p>
<p>B. Tasks (clear and unambiguous)</p> <p>A definite piece of work assigned to, falling to, or expected of a person; duty.</p>	<p>The tasks that are formulated in the (policy) document are formulated in a clear and unambiguous way (according to experts). Check by professionals Lisette van der Hoeven and Rob Hamminga (Nautus). <i>Scale: Strongly agree – agree – disagree – strongly disagree.</i></p>
CHARACTERISTICS OF THE IMPLEMENTING ORGANIZATION	
<p>C. Resources (amount of resources)</p> <p>Stock or supply of money, materials, hours, knowledge, information and other assets that can be drawn on by a person or organization in order to function effectively.</p>	<p>a. Professionals experience a presence of enough resources to complete their own task(s). (Separate questions on money, hours, knowledge, information, meetings & steering). (QD: 11b, 11d, 12, 14) (QA: 14b, 14d, 14h, 16)</p>
<p>D. Trust (among the professional)</p> <p>The willingness to accept vulnerability based on positive expectations about another's intentions or behaviors.</p>	<p>a. The level of trust among all professionals that comprise the team. (QD: 17, 19c) (QA: 15, 16e, 19, 21, 23b)</p> <p>b. The extent to which the professionals trust the teams' management. (QD: 11d) (QA: 16i, 14d, 23c)</p>
<p>E. (Number of) participants</p> <p>Persons that take part in the network.</p>	<p>Number of participants that are involved in the network (<i>Scale: few-moderate-many</i>) (I)</p> <p>a. few: the network consist of seven or less participants</p> <p>b. moderate: 8 to 14 participants</p> <p>c. many: 15 or more participants</p>

<p>F. Goal consensus</p> <p>General or widespread agreement about the results or achievement toward which effort is directed.</p>	<p>Professionals agree on the collective goals that are strived for by the team. (QD: 10) (QA: 13)</p>
<p>G. Need for network-level competencies (Q15) Competencies required to achieve network-level goals.</p> <p>a. Level of agreement on network coordination. b. The difficulty to distribute operational tasks.</p>	<p>a. The team requires specific coordination and guidance skills of actors that are in charge of the coordination within the network. (QD: 11c, 11f) (QA: 14c, 14f)</p> <p>b. the amount of efforts that is required for the distribution of the operational tasks among the participants. (QD: 11e) (QA: 14e, 15)</p>
<p>CHARACTERISTICS OF THE PROFESSIONALS AND THEIR MUTUAL RELATIONSHIPS</p>	
<p>H. Know how</p> <p>a. Extent of professionals that know which tasks they need to fulfil according to the policy documents.</p> <p>b. Extent of professionals that know what their manager expects from them in the team.</p>	<p>A1. Do professionals know what is laid down in policy about the tasks of the social team? (Check by including 10 tasks in the questionnaire, of which 5 are explicitly mentioned in the policy documents) (QD: 21) (QA: 24, 26, 27, 28)</p> <p>A2. Whether or not directives and/or policy made during the process of implementation is established. (Yes/No) (QD: agreement register) (QA: 11, 25)</p> <p>b. Professionals feel that they know what their manager expects from them in the team. (QD: 19b) (QA: 16c, 23d)</p>
<p>I. Willingness</p> <p>The quality or state of being prepared to do something.</p> <p>a. Level of willingness to participate in the team. b. Willingness to carry out their tasks.</p>	<p>a1. The willingness of the professional to participate in the team. (QD: 16, 19d) (QA: 5, 20, 22, 23e, 23f)</p> <p>a2. The degree of free choice whether or not to participate in the team (QD: 3) (QA: 6).</p> <p>b. The willingness of the professional to carry out their tasks. (QD: 18, 19a) (QA: 20, 22, 23a)</p>

<p>J. Mutual benefits</p> <p>Benefits directed and received by each toward the other; reciprocal.</p>	<p>a. The belief of each individual professional that he/she benefits from the cooperation. (QD: 11g) (QA: 14g)</p> <p>b. The belief of each individual professional that his/her organization benefits from the cooperation. (QD: 11h) (does not apply for Almelo, since the professionals of this team have the same employer)</p>
<p>K. Face – to – face meetings</p> <p>Interaction being in the presence of another. Occurring or appearing quite often or at close intervals.</p> <p>a. Frequency per month</p> <p>b. Feedback</p>	<p>a. Number of face-to-face meetings (average times a month) (QD: 13) (QA: 16g, 17)</p> <p>b. Extent wherein professionals do not feel restricted in giving feedback to other professionals (QD: 15) (QA: 19)</p> <p>c. extent wherein professionals rate the face-to-face meetings as useful (QD: 12) (QA: 16h)</p>

Table 4 Conformity of the key concepts

4. Results & analysis

In this chapter the main collaboration agreements of the policy documents, the results of the questionnaires and the results of the interviews are discussed for each sub-question. This clustered way of analysing gives a comprehensive overview of relevant facts and opinions. The interrelationship of the results of the questionnaire and the interview results provide a complete and complementary view on the subjects.

4.1 Sub-questions 1 and 2

1). Which agreements concerning the collaboration between professionals in the social team are laid down in related policy documents?

2). To what extent are these collaboration agreements carried out in practice?

4.1.1 Document analysis and implementation in practice: Almelo

In the past two years the municipality of Almelo documented several terms and agreements on how the Social Team should be organised and function. Agreements are documented on organisational structure, extent of support, systems to be used, work place and roles in which the professional is expected to function and the tasks he is expected to perform. Are these agreements carried out in practice, or does practice show the opposite?

In a general sense it can be concluded that the professionals and the management honour the collaboration agreements that are mentioned in the policy documents mentioned in paragraph 3.4. The number of professionals to operate within a social team as well as who should perform what task has been gradually emerged as it has not been documented and agreed upon on forehand.

In the documents the municipality (explanation of the GWS-system) and DNO committed training/education to the professionals. Although some courses/trainings are provided, the professionals do experience a lack of education and knowledge.

Furthermore, there is a discrepancy observed in the professional role the professionals are expected to operate. According to the document *Functional design (first version)*, the professionals are expected to carry out their activities as generalistic specialists. However, most of the professionals consider themselves as a generalist. From all professionals, only one professional replied to be a specialist and two to be both specialist as well as generalist.

According to the professionals, all tasks corresponding to their general function of professional of the social team are carried out in practice. Due to the time limit of this study this could, unfortunately, not be measured by own observation of the researcher.

To be able to show the extent of conformity between policy and practice the relevant collaboration agreements and the extent in which they are carried out in practice is set out in table 5. In this table conformity is indicated with a number between 0 and 1 (0 means no conformity and 1 means full conformity). The table shows that the social team of Almelo has a 'conformity-rate' of 76% and also shows that education, availability of time and the professional role are the aspects that are not (fully) translated into practice. In terms of education and available hours this means that the promises in this regard cannot be complied in practice and that in terms of the professional role, professionals feel more like a generalist than a generalistic specialist.

For a complete overview of policy agreements and the translation into practice consult the table below and Appendix 1.

Conformity in policy and practice: Almelo

Measured in policy	Policy Almelo	Practice Almelo	0-1
Amount of participants	Not included in policy	13	‡
Internal or external governance	Internal	Internal	1
Amount of actors that govern the team	2	2	1
Type of support by management	Agreements related to: housing; communication resources; ICT system; education.	Fulfilled: housing; communication resources; ICT system.	0,75
Tasks	For a complete description of the tasks consult Appendix 1	For a complete description consult Appendix 1	1
Amount of available hours	Professionals have contracts that vary from 24 hours to 36 hours a week.	8 of 11 (n = 11) professionals experience sufficient hours to carry out their tasks. No one makes fewer hours than agreed. 3 professionals feel they need to have more hours. $8/11 = 0,727$	0,727
Goals	For a complete description of the (12) goals consult Appendix 1	0,083 x 6 0,0416 x 5 6 agree 5 partly 1 disagree	0,5 0,208
Professional role	Generalistic specialist $1/12 = 0,083$ x 2 = 0,166	2 generalistic specialist 9 generalist 1 specialist	0,166
Total % conformity Full conformity is $\underline{7} = 100\%$			5,351 76,44%

Table 5 Conformity in policy and practice: Almelo

‡ This factor cannot be measured in the case of the social team of Almelo. With that reason this component is excluded from the evaluation and the total number of policy aspects is 7.

4.1.2 Document analysis and implementation in practice: Doesburg

For the purpose of this research the municipality of Doesburg provided two documents. The advisory note 'Agreement social team 2015-2016', and a contract between the municipality of Doesburg and the (health) care organisation Caleidoz[§]). In these documents the agreements between the municipality and participating organisations are documented.

According to experts (appendix 2) the contract between the municipality of Doesburg and the service delivery organisations include less (well-)defined collaboration agreements in that sense that agreements are only limited explained and elaborated. However, did the limited establishment of agreements ensured that there is a high conformity between policy and practice?

In general sense we need to conclude that professionals and managers of the social team of Doesburg honoured only a low amount of agreements. With a conformity-rate of only 43% the social team and its management translated less than half of the agreements. Especially the aspects of governing the organization tend to be different in practice than on forehand was established in policy. At the start of the implementation process the idea of the deployment of a team coordinator did arise, but, has, however, never been employed in practice. Absence of management and a spokesperson for as well municipality and team members led to confusion and frustration on both sides.

According to the results of the interviews and the questionnaires the established policy did not include unambiguous goals and clear tasks. In practice we see that the goals and tasks are not fully carried out in practice (consult appendix 1). Also the education, amount of hours and the professional role are not conform the policy agreements. In terms of education that the promised education is not provided; in terms of hours there are *more* hours available than they have tasks to fulfil (can be explained by the low amount of cases that apply) and concerning the professional role only one professional sees him/herself as a generalist.

To be able to show the extent of conformity between policy and practice the relevant collaboration agreements and the extent in which they are carried out in practice is set out in table 6 shown on the next page. In this table conformity is indicated with a number between 0 and 1 (0 means no conformity and 1 means full conformity).

For a complete overview of policy agreements and the translation into practice consult the table below and Appendix 1.

[§] The municipality has made the same kind of agreements with the other organizations involved in the Social Team

Conformity in policy and practice: Doesburg**

Measured in policy	Policy Doesburg	Practice Doesburg	0-1
Number of participants	7	7	1
Internal or external governance	External	Internal	0
Amount of actors that govern the team	2	0	0
Type of support by governing organization	Agreements according to: housing; communication resources; ICT system; education.	Fulfilled: communication resources; ICT system.	0,5
Tasks	6 main tasks $1/6 = 0,167$ = fully executed $0,5/6 = 0,083$ partly executed 0 = not executed $0,5 + 0,167 = 0,667$ For a complete description of the tasks consult Appendix 1	3 fully executed $3 \times 0,167 = 0,5$ 2 partly executed $0,083 \times 2 = 0,167$ 1 not executed = 0 For a complete description consult Appendix 1	0,667
Amount of available hours	6 per week on average	3,4 a week on average $3,4/6 = 0,566$	0,566
Goals	For a complete description of the (9) goals consult Appendix 1	$0,111 \times 4 = 0,444$ $0,055 \times 2 = 0,111$ 4 agreed 2 partly 3 disagreed	0,555
Professional role	Generalist $1/8 = 0,125$ $\times 1 = 0,125$	2 generalistic specialist 1 generalist 5 specialist	0,125
Total point % conformity Full conformity is <u>8</u> = 100%			3,413 42,66%

Table 6 Conformity in policy and practice: Doesburg

**

It is important to note is that Doesburg included fewer tasks and directives in general in the policy than Almelo did. We need to be aware of the possibility that it was more 'easy' for Doesburg to 'fulfill' these tasks and directives. However, whether or not we take this possibility into consideration: the extent of conformity is still lower than the extent of conformity in Almelo.

4.1.3 Comparison and conclusion document analysis

When we compare the results of the document analysis of Almelo and the results of the document analysis of Doesburg the first thing that stands out is the difference in percentages of the 'conformity-rate'. Where the social team of Almelo carried out 76% of the agreements, Doesburg carried out 43%. Despite the different rate in conformity, there are also similarities between the extent in which certain agreements are carried out. In such a way that in both social teams unconformity can be found in agreements that are related to education (type of support by governing organisation), related to the availability of hours to carry out tasks and the professionals role professionals adopt.

Education

Both teams experience a lack of education. In the social team of Doesburg this is due to the fact that professionals decided to not follow any courses until their role, as a social team would have been made clear. Education is provided in Almelo, however only available for a limited amount of professionals. The increase of the amount of participants of the social team results in the circumstance that not everyone can follow the same course. Eleven out of twelve professionals experience a lack of education. In Almelo the programme manager of the social teams confirmed the absence of sufficient education and also in Doesburg the policy advisor acknowledged that little education is provided.

Availability of hours

In both teams there is no conformity in the amount of available hours. The professionals of Doesburg have 6 hours a week for carrying out their tasks related to the social team of Doesburg, but only spend on average 3,4 hours a week on these tasks. The amount of professionals in the social team of Almelo increased fast last year in order to cope with the long waiting lists that exist in Almelo. With that reason some of the professionals of the social team of Almelo spend more hours on tasks than is established in their job contracts.

Professional role

The policy documents of Almelo prescribe professionals to adopt the professional role of a specialistic generalist. Information derived from the questionnaire however indicated that professionals see themselves more as a generalist^{††}. Also in Doesburg professionals see themselves in a different way than was prescribed by policy, since professionals tend to consider themselves as specialist instead of generalist.

^{††} A side note that needs to be made concerning the interpretation of the results of the professional role is that in the questionnaire the answers were set out as follows: a. Generalist; b. Specialist or c. Other, namely. It is possible that this way of questioning directed professionals to fill in one of the two given answers. Due to this construction professionals might have been/felt restrained to fill in the 'other' option with 'generalistic specialist'.

4.2 Sub-question 3

How can discrepancies between policy and practice be explained?

4.2.1 Explaining discrepancies: Almelo

The amount of cross symbols (X) shown in paragraph 4.2. (under subsection Almelo) indicates to what extent agreements mentioned in the (policy) documents are carried out in practice. The discrepancies between policy and practice are related to the aspect of education (type of support by governing organization) and professional. All agreements concerning the tasks of the team are, according to the professionals, carried out in practice.

Despite the fact that there are only a few discrepancies between policy and practice it is interesting to find out what can explain the origin of these two discrepancies. To understand what circumstances may have led to the present discrepancies, but also to give insights in the current state of the social team when it comes to cooperation, this study has found its sequel in exploring the factors mentioned in the 'comprehensive model of conformity in policy implementation' (figure 2). The relevance of these factors is set out and explained in paragraph 2.4 and 3.4.

To identify the factors that may have influenced the extent in which the agreements in (policy) documents are translated into practice every factor is taken under study. The results are shown below.

4.2.1.1 Characteristics of the policy

To measure to what extent the goals in the policy document of Almelo are formulated SMART^{††} and to what extent the tasks are formulated clear and unambiguous two experts of the company Nautus were asked to analyse the documents and give an answer to the statements mentioned below. The document that is taken under study by the experts concerns the starting documents the social team of Almelo: "The first functional design (*functioneel ontwerp*) of DNO".

- Are the goals included in the documents formulated in a 'SMART way'?
[Fully agree – agree – disagree – fully disagree]
- Are the tasks included in the documents formatted clear and unambiguous?
[Fully agree – agree – disagree – fully disagree]

The table below show the scores that the experts gave to the goals and tasks included in the two documents. For the corresponding explanation of these two professionals, please consult appendix 2.

Municipality		Goals (SMART)	Task (clear and unambiguous)	Conclusion
Almelo	Expert 1	Disagree	Disagree	Goals: not SMART Tasks: not clear and unambiguous
	Expert 2	Disagree	Fully disagree	

Table 7 Experts' opinion tasks and goals: Almelo

Conclusion explanatory factors – policy

Unclear, ambiguous tasks and goals that are not formulated SMART can be explanatory factors for the discrepancies between policy and practice. Interesting to state is that most of the professionals are/were not familiar with these documents (§ 4.2.1.3). We can wonder to what extent these unclear, ambiguous tasks and goals explain the unconformity between policy and practice, when the executing professionals were not even familiar with these established tasks and goals in the first place.

^{††} Specific, Measurable, Attainable, Realistic, Timely

4.2.1.2 Characteristics of the implementing organisation

The implementing 'organisation' is in this case the Social Team of Almelo, part of 'DNO': *De Nieuwe Organisatie*. DNO is the organization (foundation) in which professionals of the social teams, Scoop and social work collaborate. The people managers work under the direction of the Management Team, in which the director has final responsibility. The municipality provides subsidy and monitors results, but is not directly involved in governing the social teams.

According to the *comprehensive model of conformity in policy implementation* the relevant characteristics of the implementing organisation are trust, goal consensus, the need for network level contingencies, the number of participants and the amount of resources. This chapter verifies to what extent the levels of these characteristics match the level that is needed for the specific network structure in which the professionals of the social team collaborate (Provan & Kenis, 2007).

Resources

To be able to carry out the tasks and agreements as mentioned in the (policy) documents professionals need to have 'sufficient' resources to carry out these tasks. Relevant factors related to resources are: money, time, knowledge, (useful) meetings and management. As the results in the table below show: a large majority of the professionals experience enough resources to carry out their tasks. However, also some professionals rated some resources as 'insufficiently' available; in which financial resources and the amount of available hours stands out. The interviews were used to get information on why these resources are indicated as sufficient as well as insufficient. The interviewees explained that the experienced lack of financial resources probably developed due to the fact that only limited education is offered and that there is a long waiting list for citizens of the municipality that asked for support by professionals of the social team. "Probably there is not enough money available to solve or decrease these problems".

Resources	Completely sufficient	Sufficient	Insufficient	Completely insufficient	Don't know
<i>Financial resources</i>	0	6	4	0	2
Amount of available <i>hours</i> per week	0	8	3	0	1
Knowledge of <i>policy</i> and appointments	0	11	1	0	0
Knowledge of <i>tasks</i>	1	11	0	0	0
Knowledge of possible <i>care problems</i> clients	1	10	1	0	0
Knowledge and <i>capabilities</i> of other professionals within the social team	1	10	1	0	0
<i>Background information</i> of the clients	1	9	1	0	1
Amount of <i>meetings</i> with the other professionals of the social teams	0	12	0	0	0
<i>Useful meetings</i> with the other professionals of the social team	0	10	2	0	0
<i>Management</i> by a manager or coordinator	0	12	0	0	0

Table 8 Resources: Almelo

Trust (between professionals)

Trust is measured in terms of feeling comfortable and on ease in the team', 'keeping appointments', 'feeling free to provide feedback' etcetera. As the results of the questionnaire show, professionals tend to be satisfied when it comes to trust within the team and between professionals. We need to note that there is not a fool proof method applied to measure 'real feelings of trust' however we can state that when there was no trust or confidence in the other professionals and/or the team, the below mentioned statements would not have been answered with a full yes or with a 'I (fully) agree', like professionals did in this questionnaire.

Statements related to trust	Yes	No
Most of the time the agreements that I made with other professionals are fulfilled	100 % (12)	0 %
I feel comfortable in the team	100% (6 strongly agree, 6 agree)	0%
I feel free to provide feedback to other professionals	92% (11)	8 % (1)

Table 9 Statements related to trust: Almelo

In addition trust is measured by asking professionals in the interviews how they feel about the 'amount' of trust and confidence between the professionals. In general the professionals are positive about the mutual relationships and the amount of trust that exists between professionals, but the fact that the team has grown in the last months makes it, according to the professionals, harder to know everyone and to directly trust everyone: "I can imagine that now the team has grown not everyone feels enough trust to literally say anything. With one person you feel more comfortable and on ease than with the other".

Number of participants

The social team of Almelo started with 6 professionals on 1 January 2015; currently the amount of professionals within the social team has been increased to 13 professionals. According to the group theory of Belbin (1993) a small amount of professionals (4 - 6) within one team is optimal for a team to successfully cooperate. Researchers also suggest that the best amount of professionals depends on the type of tasks the team needs to fulfil, Belbin says that teams bigger than 11 are risky when the members need to cooperate because the risk is very high that there will be people that disagree with tasks and goals, and do not comply with the working method of the others. Because researchers do not agree upon the exact amount of participants I will not state that 13 professionals is too big for a social team to function. However we must say that (also with respect to the education and trust aspect) the number of participants forms a risk factor for the successful cooperation of professionals within the social team.

Goal consensus

The majority of professionals agree with each other on the goals (8 professionals answered that a majority of the professionals agree; 4 answered 'don't know').

Need for network level competencies

Network level competencies relate (inter alia) to the effort that is needed to divide tasks among the network members, and the specific skills that are needed to govern the network. Since the social team of Almelo cannot be seen as a network, this factor is not applicable.

Conclusion explanatory factors - the implementing organisation

Trust, goal consensus, and the amount of resources cannot be the explaining factors for the discrepancies between policy and practice, however they can be the explaining factors for the limited extent in which these discrepancies occurred. The factor 'number of participants' can be an explaining factor for the discrepancies, however the discrepancies are found in the matter of the professional role, it is unlikely that the 'amount of participants' change their personal view on their own role.

4.2.1.3 Characteristics of the professionals and their mutual relationships

Know how

Know how is measured by controlling the policy and agreements knowledge of professionals. A first question was to answer whether or not the professional thinks he/she is familiar of the content of the two selected documents: 1). the Regulation of social support and youth support (*Verordening maatschappelijke ondersteuning en jeugdhulp 2015*) and 2). the actualization of the functional design Social Teams Almelo (*actualisering functioneel ontwerp Sociale Wijkteams Almelo*). When respondents answered this question with yes or partly they were directed to the next question where a set of tasks, terms and appointments mentioned in the (policy) was presented. Respondents were asked to select the tasks, terms and appointments that were or are in their belief part of the (policy) documents.

Are you familiar with the content of the following documents?

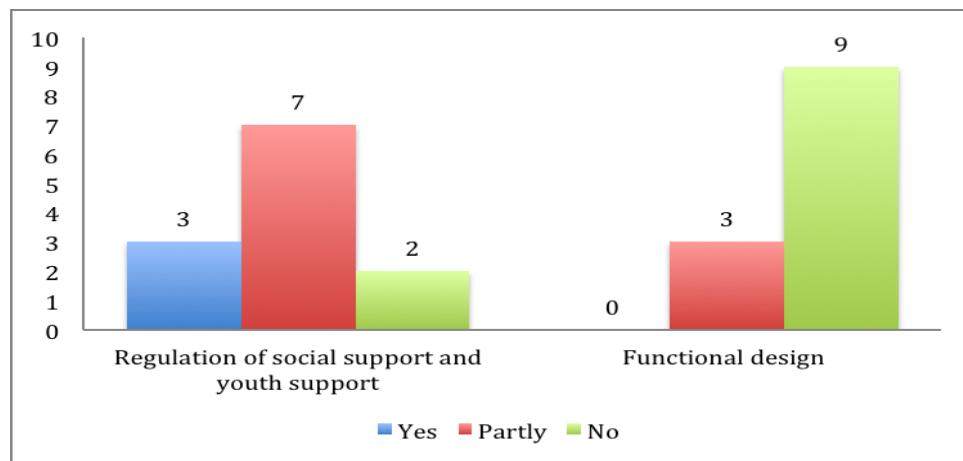


Figure 3 Know how: Almelo

Can you identify what provisions are laid down in the Regulation of social support and youth support?
Two of the possible answers are correct; two are incorrect. 10 respondents were directed to this question. Five out of ten respondents marked both provisions right. One respondent had both provisions false and the other four only marked one right provision as a provision that was in the Regulation of social support and youth support (consult appendix 4 for the provisions and the corresponding results).

Can you identify what tasks are laid down in the actualization of the functional design?
Four of eight possible answers are correct; four are incorrect. 3 respondents were directed to this question. Two out of the three respondents marked the four correct tasks: the tasks that are, in the functional design, mentioned as tasks of the social team. The other respondent correctly marked three out of the four tasks.

In addition the professionals were asked if they feel that they know what is expected of them as a professional in the team. The large majority of the respondents (11 out of 12) answered that they know what is expected of them.

The results above show that the majority of the respondents know what is expected of them although they are not familiar with the content of the (policy) documents. None of the professionals is fully familiar with the content of the functional design, while this document contains most of the tasks and goals of the social team. This is an interesting result since it means that professionals gathered the necessary information to know what is expected of them in a different way.

Willingness

The factor 'willingness' is measured by five statements (results collected via the questionnaire). The statements are shown in the left column of the table below:

Statement	Yes	No ^{§§}
I was free to choose whether or not to participate in the team	92% (11)	8 % (1)
I'm satisfied with the type of tasks I carry out for this social team	100%	0 %
My expertise is sufficiently used in this team	92% (11)	8 % (1)
I feel enough freedom to act and to carry out my tasks at my own discretion	92% (11)	8 % (1)
In my opinion the social team is valuable for the city	92% (11) (3 fully agree, 8 agree)	8 % (1) (Disagree)

Table 10 Statements Willingness: Almelo

What we can see is that the majority of the professionals answered positively on the questions related to willingness. We can deduce from these results that willingness is not an explanatory factor for the 24% unconformity between policy and practice related to the social team in Almelo.

Mutual benefits

The professionals were asked to answer the following statement: *'As a professional I experience(d) more advantages than disadvantages when being involved in the social team'*^{***}. The results show that a majority of the professionals experience benefits of participation in the social team (more than disadvantages); no one said they experienced more disadvantages than advantages.

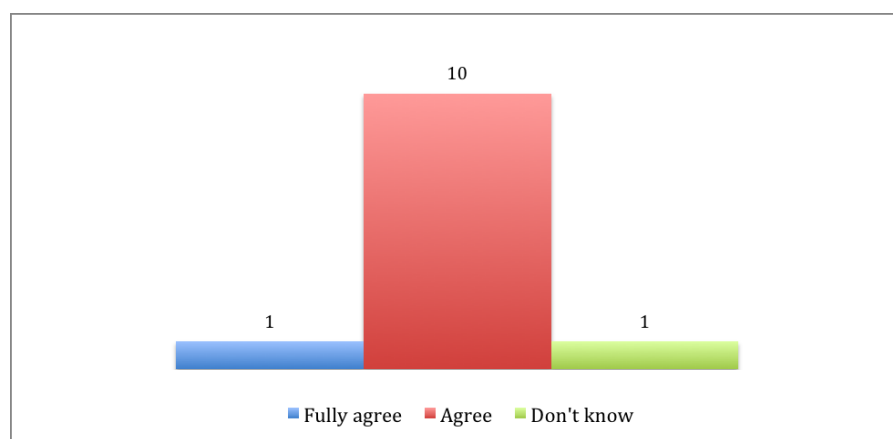


Figure 4 Mutual benefits: Almelo

^{§§} The 'no-answer' does not relate to only one person.

^{***} Because of the fact that the social team of Almelo cannot be seen as a network, the question related to the benefits of their own organisation is left out this discussion (unlike the case of Doesburg).

Face-to-face & frequent interaction

The following (team) meetings are organised and visited by professionals of the social team:

- Weekly team meetings (Mondays).
- Ones in two weeks a process meeting with all social teams of Almelo.
- Casuistry meeting (*casuïstiek bespreking*) ones a month.
- Pilot for substantive work guidance/supervision (available for a limited time for a limited group)

Within these team meetings the large majority of the professionals feel free to provide feedback to other professionals. With the above knowledge we can state that the relevant factors of face-to-face meetings and providing feedback (as set out in paragraph 2.4.3) are met and can thus not be an explanation for the unconformity rate of 24%.

Conclusion explanatory factors – professionals and their relationships

Face to face & frequent interaction, mutual benefits, and willingness cannot be considered as the factors that explain the differences between policy and practice since they are present in a positive way and contribute to conformity. However, they can be the explaining factors for the limited extent in which unconformity occurred. Remarkable in the factors related to the characteristics of the professionals and their mutual relationships is that they do not know the relevant (policy) documents. These documents include the tasks and goals, but also mention the expected/desired professional role to 'adopt'. Would the professionals have been aware of the content of these documents, they probably would have known what professional role they were expected to adopt. The 'know how' factor can thus be considered as the (main) explaining factor for the unconformity between policy and practice since the unconformity is especially shaped by the differences in the professional role.

4.2.2 Explaining discrepancies: Doesburg

An overview of the discrepancies that has been observed between policy and practice related to the social team of Doesburg is given in paragraph 4.1.2 and in appendix 1.

To find an explanation for the present discrepancies (unconformity rate of 57%), but also to give insights in the current state of the social team when it comes to cooperation, this study has found its sequel in exploring the factors mentioned in the 'comprehensive model of conformity in policy implementation' (figure 2). The relevance of these factors is set out and explained in paragraph 2.4 and 3.4.

To identify the factors that may have influenced the extent in which policy is translated into practice every factor of the model is taken under study. The results are shown below.

4.2.2.1 Characteristics of the policy

Goals & Tasks

The document that is taken under study by the experts is the starting documents of the social team of Doesburg: the agreement between the municipality of Doesburg and Caleidoz (the same agreement is used for the other organizations). This is the document in which all the established agreements between the municipality and the professionals' organizations are included, and thus an appropriate document to study and analyse upon SMART goals and clear tasks.

To measure to what extent the goals in these documents are formulated SMART^{†††} and to what extent the tasks are formulated clear and unambiguous two experts of the company Nautus were asked to analyse the documents and give an answer to following the statements:

- Are the goals included in the documents formulated in a 'SMART way'?
[Fully agree – agree – disagree – fully disagree]
- Are the tasks included in the documents formatted clear and unambiguous?
[Fully agree – agree – disagree – fully disagree]

The scores they gave to the goals and the tasks are mentioned in the table below. For the corresponding explanation of these two professionals, please consult appendix 2.

Municipality		Goals (SMART)	Task (clear and unambiguous)	Conclusion
Doesburg	Expert 1	Fully disagree	Fully disagree	Goals: Not SMART at all Tasks: Not clear and unambiguous
	Expert 2	Fully disagree	Disagree	

Table 11 Experts' opinion: Doesburg

Conclusion explanatory factors – policy

Unclear, ambiguous tasks and goals that are not formulated SMART can be explanatory factors for the discrepancies between policy and practice. Interesting to state is that, contrary to the social team of Almelo most of the professional's are familiar with these documents (§ 4.2.3.3). Although they are familiar with these documents and with the content of these documents the conformity rate is low, this can be explained by the (poor) quality of the documents when it comes to tasks and goals.

^{†††} Specific, Measurable, Attainable, Realistic, Timely

4.2.2.2 Characteristics of the implementing organisation

The implementing 'organisation' consists of the social team as a network and the facilitating organisations, in this case the municipality and the 'parent organisations' of the professionals. The municipality pays the wages of professionals. According to the document(s) the municipality is responsible for monitoring and evaluating the results of the team, and the 'the parent organisations' are, in cooperation with the municipality, responsible for education, replacement during illness, individual management when a professional is not functioning 'properly' and facilitating the communication resources (mobile phone, computer etcetera).

To be able to carry out the agreements mentioned in the established (policy) documents and to collaborate as a team it is important that there are sufficient resources and that the extent of trust, goal consensus, the need for network level contingencies and the number of participants is at a level that complies with the level that is needed for the specific network structure wherein the social team collaborates (Provan & Kenis, 2007).

It proved to be difficult to identify the network structure of the social team. The (policy) documents do not give any clarity on who is responsible for the overall management; also the actors involved in this study (the professionals and the policy advisor of the municipality of Doesburg) were not unanimous in their reply. It turned out that, according to the professionals and the policy advisor, clear governing and management was absent in practice, as a result the social team of Doesburg unconsciously has become a self-governed team. Especially in the first year after the start of the social team the professionals decided together what direction to go and what tasks to deploy (although in their opinion it is/was the responsibility of the municipality). The policy advisor states that it has always been the idea that the team would be a self-governed team but that it might not have been properly communicated with the team. As a result, the team has become a self-governed team, whose professionals felt that it was not supposed to be like that, and where the policy advisor felt he was (at least at that moment) not the right person to manage the team: "The organisations of the professionals wanted a Social Team themselves, they should not shift all the responsibility toward the municipality".

Resources

To be able to carry out the tasks and agreements as mentioned in the (policy) documents professionals need to have 'sufficient' resources to carry out these tasks. Relevant factors are: money, time, knowledge, (useful) meetings and management. We can see that professionals experience enough financial resources and available hours to carry out their tasks. The results of the interview showed that this has especially to do with the fact that less cases apply in the team, and professionals thus have less (care) delivery service tasks than expected. A majority of the professionals feel that they have not enough knowledge of policy and appointments and that management by a coordinator is not sufficient enough. As already mentioned in the paragraph above this has to do with no one taking the responsibility for managing the team. An overview of the results related to the sufficiency of resources is given in table 12.

Resources	Completely sufficient	Sufficient	Insufficient	Completely insufficient	Don't know
<i>Financial resources</i>	1	5	0	0	2
Amount of available <i>hours</i> per week	2	5	0	0	1
Knowledge of <i>policy</i> and appointments	0	2	5	1	0
Knowledge of <i>tasks</i>	0	4	3	1	0
Knowledge of possible <i>care problems</i> clients	0	6	0	0	2
Knowledge and <i>capabilities of other professionals</i> within the social team	0	3	3	0	2
<i>Background information</i> of the clients	0	6	2	0	0
<i>Amount of meetings</i> with the other professionals of the social teams	2	6	0	0	0
<i>Useful meetings</i> with the other professionals of the social team	1	7	0	0	0
<i>Management</i> by a manager or coordinator	0	2	3	3	0

Table 12 Resources: Doesburg

Trust, participants, goal consensus, network-level competencies

Despite the lack of clarity regarding the management aspects of the social team, the team is in practice most similar to the shared governance network. According to Provan & Kenis (2007) self-governed teams (shared governance networks) are most effective when trust between the actors is high, there are only a few numbers of participants, there is high goal consensus and the need for network-level competencies is low. To find out to what extent these four factors are present in the case of the social team Doesburg the aspects are illustrated and analysed below. The relevance of the factors is set out and explained in paragraph 2.4 and 3.4.

Participants

The social team of Doesburg started with 7 professionals. The number of professionals within the social team has been decreased with one professional since the 'Work & Income professional' of the municipality of Doesburg has recently left the social team (source: policy advisor of Doesburg, August 2016). Regardless of the fact whether 6 or 7 professionals participate in the team we can state that the amount of participants fit the network governance type in which the social team (co)operates: shared governance. According to Provan & Kenis (2007) a small number of professionals (fewer than 8) within one team fit best in case of a shared-governance network structure. The number of participants cannot negatively influence the conformity rate of the social team of Doesburg.

Trust

Trust is measured in terms of feeling comfortable and on ease in the team', 'keeping appointments', 'feeling free to provide feedback' et cetera. As the results of the questionnaire show professionals tend to be satisfied when it comes to trust within the team and between professionals. We need to note that there is not a fool proof method applied to measure 'real feelings of trust' however we can state that when there was no trust or confidence in the other professionals and/or the team, the below mentioned statements would not have been answered with a full yes or with a 'I (fully) agree', like professionals did in this questionnaire.

Statements related to trust ^{†††}	Yes	No
Most of the time the agreements that I made with other professionals are fulfilled	100 % (8)	0 %
I feel comfortable in the team (N=7)	86 % (6) (1 strongly agree, 5 agree)	14%(1)
I feel free to provide feedback to other professionals	92% (7)	8 % (1)

Table 13 Statements related to trust: Doesburg

Although ‘trust’ is difficult to measure one can derive from the questionnaire results and interviews that professionals experience relatively high trust between professionals within the social team. “Despite the fact that several things were unclear, I have the feeling that the trust is high enough to be critical on one another: the cooperation is good”.

The other aspect of trust in this study is trust towards the governing organisation: in practice professionals felt that the municipality should have carried management responsibility. How much confidence do the professionals have in this municipality? The professionals in the interviews indicated that there was sufficient confidence at the start of the social team; however, the expectations of the professionals were not consistent with the expectation of ‘the municipality’ (Team leader ‘Samenleving’ and the policy advisor). The lack of guidance and the, according to the professionals, ambiguous communication created a lack of confidence and trust. “I got confused and was surprised by the lack of knowledge of the policy advisor; the information he gave us about some important issues was too often contradictory. For example the legal value of our advices on client cases: this is still not clear”.

Goal consensus

The majority of professionals agree with each other on the goals to be pursued (6 professionals indicate that (a majority of) the professionals agree with each other upon the goals; 1 states that the majority disagrees and 1 indicates that he/she doesn’t know whether professionals agree upon the objectives).

Need for network level competencies

Regarding the factor of network-level competencies two elements are important: 1. Whether or not the network requires specific coordination and guidance skills of actors that are in charge of the coordination and 2. The amount of effort that is required for the distribution of the operational network tasks among the network partners. The social team experienced a lack of management and coordination of the team and the tasks: on forehand only limited and, according to the professionals, unclear guidelines were provided. In addition they also have/had the feeling that nothing is/was done with their questions and comments on the documents and the process: something they assumed it was the task of the municipality. With this knowledge we have to be aware that it is likely that the professionals would ‘easily’ indicate that there is a high need of coordination and guidance skills for managing the team. Six of eight professionals answered that for the coordination of the team and their tasks a many expertise is needed. But also said that making a distribution of tasks between the professionals is easy (1 respondent fully agreed and 6 agreed). The two relevant aspects and the related answers are shown in the left column in the table below:

Statements related to need for network level competencies	Fully agree	Agree	Disagree	Fully disagree	Don't know
Our social team requires specific coordination and guidance skills of actors that are in charge of the coordination within the team	0	6	1	0	1
There is a lot of effort required for the distribution of the tasks among all professionals.	0	1	6	1	0

Table 14 Statements related to the need for network level competencies: Doesburg

It is interesting to see that on the one hand, the professionals indicate that coordination and guidance skills are needed for the coordination of the social team, but on the other hand the distribution of tasks among the professionals is relatively easy^{§§§}.

Governance forms	Trust	Number of participants	Goal consensus	Need for network-level competencies
Self-governed/shared governance	<u>High</u> *	<u>Low</u>	<u>High</u>	Low
Lead-organization	Low	Moderate	Moderately low	<u>Moderate</u>
NAO	<u>Moderate</u> *	Moderate to many	Moderately high	High

Table 15 Network governance models (Provan & Kenis, 2007)

*Trust is high among professionals; trust is moderate to low when it comes to the part of the municipality that was involved in setting up and implementing the social team.

Conclusion explanatory factors – implementing organization

Trust, goal consensus, and the amount of participants cannot be the explaining factors for the high level of unconformity between policy and practice, since the value of these factors are positive when it comes to the conformity rate. The lack of knowledge of policy, a lack of management (factor 'resources') and the consideration of professionals that coordination of the team requires specific coordination and guidance skills (what makes the need for network-level competencies 'moderate' – and thus not optimal for a shared governance network) can in a high extent explain the low conformity rate. This is based on the fact that the discrepancies have, among others, to do with the (type of support by the) governing organization.

^{§§§} Whereby must be noted that last year the team had a relatively small amount of cases to deal with.

4.2.2.3 Characteristics of the professionals and their mutual relationships

Know how

Know how is measured by controlling the policy and agreements knowledge of professionals. A first question was to answer whether or not the professional thinks he/she is aware of the content of the two selected documents: 1). the Regulation of social support of the municipality of Doesburg 2016 (*Verordening maatschappelijke ondersteuning gemeente Doesburg 2016*) and 2). the agreement with the municipality and the 'mother organisations' of the professionals. When respondents answered this question with a yes or with the answer 'partly' they were directed to the next question where a set of tasks, terms and appointments mentioned in the (policy) were presented. Respondents were asked to select the tasks, terms and appointments that were or are in their belief part of the (policy) documents.

Are you aware/familiar of/with the content of the following documents?

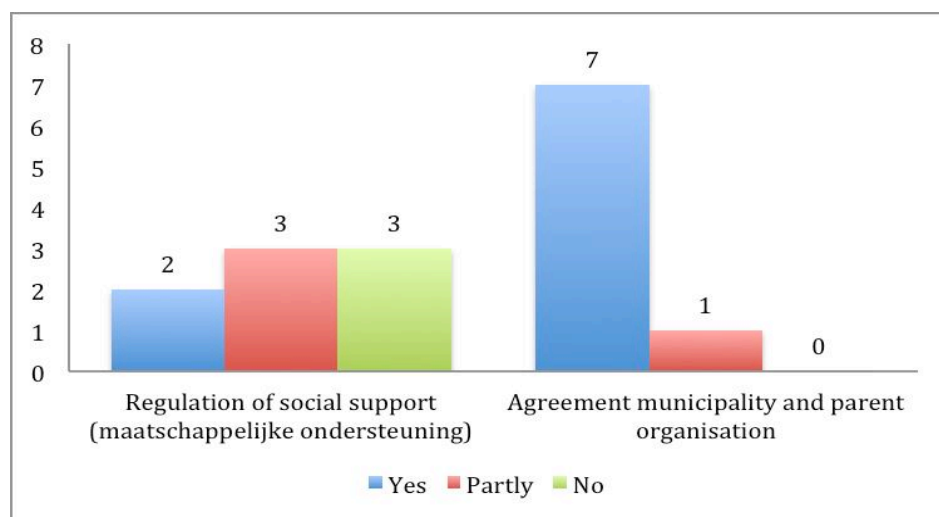


Figure 5 'Know how': Doesburg

Can you identify what provisions are laid down in the Regulation of social support? Four of the possible answers are correct; four are incorrect. 5 of 8 respondents were directed to this question.

One out of 5 respondents marked the four provision right. 3 respondent confused one good answer with one false answer, thereby they marked two false answers. One respondent marked 6 false answered (see Appendix 5 for the provisions and the corresponding results).

Can you identify what tasks are laid down in the agreement between the municipality of Doesburg and the parent organization? Two out of the four possible answers are correct; two are incorrect. 8 respondents were directed to this question.

Except for one respondent (who confused on correct answer with one false answer) all respondents marked the right tasks: the tasks that are, in the agreements, marked as tasks of the social team.

In addition the professionals were asked if they feel that they know what is expected of them as professionals in the team. The majority of the respondents (5 out of 8) answered that they know what is expected of them. This means that slightly more than half of the professionals now what is expected of them in the team while every professional's states that he is familiar with the contract/agreement of the municipality and their parent organisation. Thus, even though they are familiar with this document (that includes most of the tasks and goals that are established) only 63% knows what is expected of them in the team. Not knowing what is expected of them can be seen as an explanatory factor for the unconformity between policy and practice.

Willingness

The factor 'willingness' is measured by five statements (results collected via the questionnaire). The statements are shown in the left column of the table below:

Statement	Yes	No	Other
I was free to choose whether or not to participate in the team	62% (5)	13% (1)	25% (2)
I'm satisfied with the type of tasks I carry out for this social team	38% (3)	62% (5)	0% (0)
My expertise is sufficiently used when carrying out tasks for this team	100% (8)	0% (0)	0% (0)
I feel enough freedom to act and to carry out my tasks at my own discretion	75% (6)	25% (2)	0% (0)
In my opinion the social team is valuable for the city	13% (1)	50% (4)	37% (3)

Table 16 Statements related to willingness: Doesburg

Mutual benefits

The professionals were asked to give an opinion of the following statements: 1). 'As a professional I experience more advantages than disadvantages when participating in the social team' and 2). 'My parent organization is experiencing more advantages than disadvantages when involved in the team'.

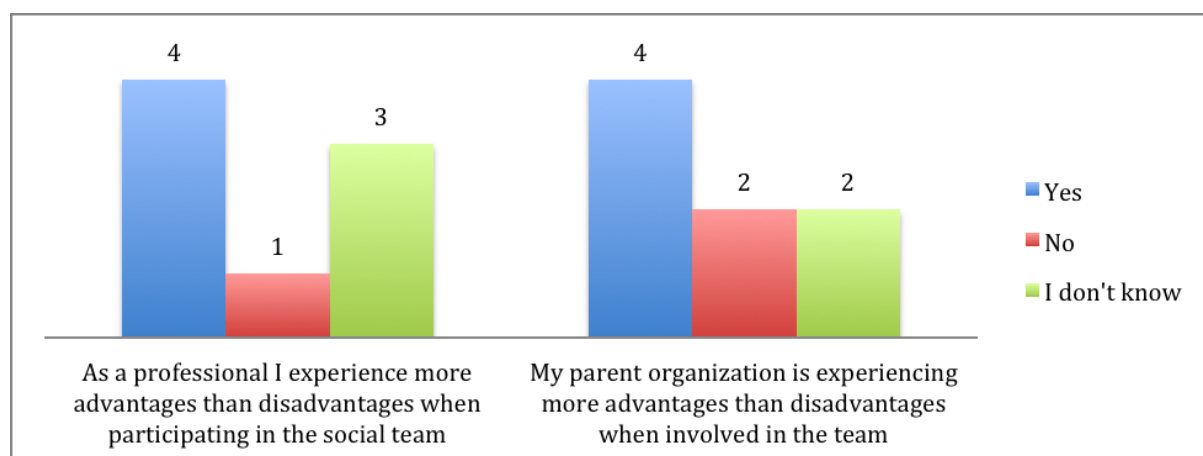


Figure 6 Mutual benefits: Doesburg

About half of the participants state that they experience more benefits than disadvantages by participating in the social team. The other half experience more disadvantages than advantages or do not know whether or not they experience more or fewer advantages than disadvantages.

Face-to-face & frequent interaction

At the start of the social team the professionals had frequent meetings once a week. A few months ago the professionals decided to reduce the amount of meetings to occasional meetings (because of the low number of cases), this means that there are no frequent meetings anymore. The meetings that are held are seen as valuable. The majority of the professionals do not feel limited to provide feedback during these meetings.

Conclusion explanatory factors – professionals and their relationships

Nearly all of the factors related to the characteristics of the professionals and their relationships can be seen as the explanatory factors for the low conformity rate. The 'know how' factor does not seem to be the explanatory factor since professionals are familiar with the content of the 'Agreement municipality and parent organisation'. This is the document that includes the main directives, tasks and goals of the social team. But on the other hand several professionals do not know what is expected of them in the team.

We need to state that most of the professionals are not satisfied with the tasks they carry out for the social team. This can influence the extent in which goals are pursued and can also explain relatively low amount of hours that professionals invest in activities related to the social team. Another, or additional explanation for this is that, there are no frequent face-to-face meetings but also that half of the professionals do not experience benefits from their participation in the network. Why would a professional invest in tasks and goals if he/she is not convinced that there is something 'in it' for him/her?

5. Final conclusion and recommendations

In this final chapter, the answers to the specific research questions of this study are brought together to answer the general research question. Based on the results, recommendations for the social teams are provided. The general research question of this study is: *“To what extent are agreements established in the related policy documents concerning collaboration between professionals in social teams carried out in practice, are there any discrepancies and how can these discrepancies be explained?”*

5.1 Final conclusion

Creating agreements and guidelines and translating it into practice

The first step towards answering the general research question was the conduction of a document study, resulting in the collection of agreements relevant for this study concerning the design and implementation of the social teams. This collection identified the extent in which municipalities (including, in the case of Almelo: DNO) established guidelines for the management and the implementing professionals. The list of appointments and goals that were collected provided the foundation for this study.

At the start of the social teams, the municipality of Doesburg, the municipality of Almelo and DNO invested in setting up agreements and goals related to the social team. However, Almelo provided an update of the managers each and every month, in the case of Doesburg there were only two documents made available for the start of the social team. Intermediate agreements should have been established in the agreements register, however, this never happened. This resulted in the fact that Almelo has more extensive documents and agreements available than Doesburg has.

Explaining the discrepancies

The discrepancies that occurred in Doesburg, and in a limited extent in Almelo, are taken under study in the third step of this research. To be able to explain these differences a comprehensive model of policy implementation is made on the basis of all relevant factors that could be found in the literature.

The study of the social team of Almelo showed that only a few differences between policy and practice occurred, nevertheless is decided to analyse all factors of the model to be able to create a risk analysis for the social team of Almelo: what risk factors might change the current state and condition of the team? The results of this analysis revealed that almost all factors of the social team of Almelo have a ‘high score’, or so to say a ‘positive score’ what means that the current state of the social team does not give reasons to suspect that differences between policy and practice, or problems within the team, will occur in the near future. For the team and the management it may be important to keep the following questions in mind: what if our team will grow, more than it already did? Will professionals still be able to divide the tasks among themselves and give substance to the work by themselves? Will trust still be high when the team has more than 13 participating professionals? How do we communicate, will the meetings still be affective and useful? Where is the line between a functional amount of professional forces and an overcrowded team? These are all questions and issues that the social team of Almelo need to be aware of when the team and their activities will grow. Especially the part related to the amount of professionals and the trust between professional has already been called into question.

Finally, it is important to take a look at the discrepancies between policy and practice that do exist in Almelo. These discrepancies have to do with the professional role and the experienced lack of education. Related to the latter aspect it is important to note that the lack of education is not a case of professionals not willing to follow classes or courses. It is about the limited education that is *offered* (maximum amount of participants) to the professionals. Whether this has to do with the limited amount of financial resources or the willingness of the managers to provide this education cannot be stated with certainty. However professionals state (interviews and questionnaires) that it has to do with the

amount of available financial resources, the programme manager said that in particular it has to do with the limited time to arrange education and the time professionals have to follow a course.

In addition policy and practice is not compatible with regard to the professional role. The majority of the professionals identify themselves as generalist, however in policy documents they are identified as generalistic specialists or T-shaped professionals. This discrepancy can be explained by four potential factors (originating from the conclusions drawn in § 4.2.1; it can be said that the level of the other potential explanatory factors, mentioned in the comprehensive model, are not of such value that these factors can be identified as the explanatory factors for the discrepancies). The four factors are: the lack of clear goals and tasks, the size of the team and the lack of professionals' knowledge of the content of the policy document.

The size of the team has mainly to do with the cooperation and the effectiveness of the team (Provan & Kenis, 2007), so it is highly likely that it is not *the* explanatory factor of the discrepancy. The assumption that goals and tasks are not clearly formulated *might be* the explaining factor for this discrepancy since the specific aspect of the professional role is mentioned, but a clear definition of the term 'generalistic professionals' or 'T-shaped professionals' is absent. As said, this *could be* the explaining factor were it not that the results of this study showed that a large majority of professionals are not even aware of the content or do not even know the existence of the functional designs (the documents in which these terms are mentioned). We need to state that it is highly likely that the discrepancy in the expected and actual role of the professionals derives from the fact professionals do not have sufficient knowledge of the documents in which the role of the professionals are captured. Unlike the other tasks and agreements, this aspect does not seem to be sufficiently emphasized/addressed in the communication between manager(s) and professionals. We can state that communication between management and implementing professionals is essential when it comes to the conformity between policy and practice.

When it comes to the situation in Doesburg we need to state that a number of tasks and agreements are not carried out in practice. Most of them have to do with management tasks and the fact that not as much (complex) cases as expected reached the team. The major difference in documentation with Almelo is that the municipality of Doesburg did not establish the management structure of the team and that they did not establish new or modified agreements since the start of the social team.

Professionals of the social team of Doesburg characterized the agreements in the (policy) documents as 'vague'. This resulted in an increasing demand for coordination of the team and their activities. However, a general coordinator was not allocated and there was nothing captured in the documents. Despite the signals that the professionals gave to the municipality the situation is until now (June/July 2016) still not clarified. Professionals have indicated that this has led to the decrease in trust in (at least that specific part) of the municipality.

For a team, that includes professionals from different organization, it is important that all participants experience benefits of their participation in the team (*Fenger & Klok, 2001; Mattessich & Monsey, 1992*). The results of this study reveal that this is not the case. This can emphatically lead to the breach of agreements: why should I spend much energy on the activities of the social team when I don't even have (personal) benefits of carrying out these activities?

Finally, the social team of Doesburg recently decided (themselves) to abolish the frequent meetings. According to Johnson & Johnson (1987) and Mattessich & Monsey (1992) a questionable decision when it comes to effectiveness of cooperation. But, what is the view of to professionals towards cooperation? It is remarkable that despite the confusion and dissatisfaction about the guidelines and the coordination of the team the professionals are highly satisfied with the cooperation within the team and their relationships with the other professionals (please note that this does not say anything about

the effectiveness of the cooperation). Some even said that the lack of clarity made the bond between the professionals stronger.

In practice, the Social Team appeared to be a self-governed team. This 'network form' is not established and communicated to the professionals, but it arose in a 'natural way'. The internal ratio and the composition of the team lend itself to an *in potential* well functioning self-governed network (aspects such as trust, confidence and consensus on the goals are in this case very important). However, we can question whether it is fair to expect from a team, involving a new partnership structure, relatively new activities and new colleagues, to be self-governing without getting clear guidelines. With today's knowledge we must conclude that it didn't work out the way it was intended to work out. The expectations of the professionals in the team were not in line with the expectations of the professionals of the municipality.

The main conclusion that can be derived out of the results of this study is that management seems to be an indispensable link in the translation of policy into practice. Professionals do not necessarily need to know what is in policy, if only there is one clear coordinator that is the pivot between the policy and the implementing professionals. In addition: successful team needs to have the commitment of all involved parties: teams and their managers need to invest in making the team mutually beneficial. Components such as; high trust, high transparency and openness are indispensable for successful cooperation within a team and indispensable to be able to carry out policy into practice.

Hypotheses

Finally, based on the conclusion drawn above we can discuss whether or not the hypotheses must be considered to be true or false.

Hypothesis I

It is hypothesized that if unclear and ambiguous tasks and goals are included in policy documents, the execution in practice will not conform the directives mentioned in the policy documents. This hypothesis is considered to be true. We have seen in both cases (Almelo and Doesburg) that the tasks are classified as unclear and ambiguous and that goals are not (or only partially) formulated SMART. We have also seen in both cases that there is no full conformity between policy and practice. Almelo has a conformity rate of 76% and Doesburg has a conformity rate of 43%.

Hypothesis II

It is hypothesized that if there are not enough resources available and/or the level of trust, and/or goal consensus is low, and/or the number of participants and/or the need for network-level contingencies does not fit the chosen network structure, then the execution in practice will not conform the directives mentioned in the policy documents. This hypothesis is considered to be true. Especially in the case of Doesburg a lack of resources (management aspects) did not enable the professionals to fulfill the policy into practice.

In case of the social team of Almelo there are sufficient resources, there is a high level of trust and also goal consensus is high. Resources are, contrary to the situation of the social team of Doesburg present. It is possible that this difference in the extent of 'sufficient' resources explain a part of the difference in the conformity rate of Almelo and Doesburg, since the other factors related to the characteristics of the implementing organization are practically equal.

Hypothesis III: If, professionals are not familiar with the policy document and its content, and/or do not want to implement the policy, and/or don't feel they gather mutual benefits, and/or don't have frequent face-to-face interaction, then the execution in practice will not conform the directives mentioned in the policy documents. This hypothesis is considered to be true. There is a remarkable difference between Almelo and Doesburg when it comes to presence of the factors of the characteristics of the professionals and their relationships: know how, willingness, mutual benefits and face-to-face

meetings. The professionals of Almelo are not familiar with the content of the policy, but do have willingness to (co)operate in the team, experience mutual benefits and do have frequent face-to-face meetings. The social team of Doesburg scores 'only' positive on the aspect of 'know how'; the other factors score negative. This possibly explains the differences in conformity rates.

Note: both teams have a conformity rate lower than 100%. The way in which the hypotheses have been formulated result in three hypotheses considered as being 'true'. However we cannot state with certainty which factor had more impact on the conformity rate than the other factor. What we do know is that the factors related to the characteristics of the policy are both negative, and that it is possible that it explains the unconformity. However it will not explain the (big) differences in conformity between Almelo and Doesburg. When it comes to the characteristics of the professionals and their mutual relationships, Doesburg has more factors that score negative than the social team of Almelo. Since the factors related to the characteristics of the policy and characteristics of the implementing organization are (nearly) equal, we must state that the differences in conformity between Almelo and Doesburg can be derived of the differences in the presence of the factors related to the characteristics of the professionals and their mutual relationships.

5.2 Recommendations

On the basis of the aforementioned conclusions the following recommendations can be made:

Almelo

With the knowledge that 1). there is a relatively high conformity rate (extent in which policy is carried out in practice); 2). professionals are very satisfied about the cooperation within social teams and 3). The professionals are satisfied about the functioning of the social team in general; one question remains: are recommendations necessary?

Yes, recommendations are necessary. A change it not directly necessary when it comes to the cooperation between professionals or the extent in which policy is translated in to practice. However, there are some aspects that can influence the success in cooperation and conformity in the future.

To start with the size of the social team: not only the literature, but also the professionals themselves state that the growing amount of participants in the team make it harder to know each other, but also trust each other and cooperate with each other. Of course: it is, taking into consideration the waiting list, desired to have more 'human resources' available, but one must be aware of the risks that can come with the increase of the number of participants. It is recommended to restrict the number of professionals in a team and create another team. The teams can operate in the same way, and can even have the same manager. But prevent that the size of the team will negatively influence trust, (goal) consensus and the extent in which policy can be translated into practice.

In addition safeguard the success factors that can be derive from this research. This can be done by frequently monitoring the factors mentioned in the 'model of conformity for policy implementation' (figure 2). Invest in SMART goals and clear and unambiguous tasks (together with the executing professionals). This is not only useful for measuring the effects and goals of the social team; it can also help a new employee to quickly get to know and to get used to the work processes, the goals and tasks of the team.

Finally, there is one clear need of all professionals: more education, equal and available for every professional of the social team. It is recommended to make an inventory of the (by the professionals) required trainings. With this inventory you can make a selection of suitable courses, and the time it takes and money it costs. It is desirable to provide a training in the upcoming months that meets the needs of the professionals. If this is not feasible (due to time, financial or capacity restrictions), it is important to communicate this with the professionals to ensure open communication.

Doesburg

Mainly there are three aspects that stand out. 1. Lack of clear policy 2. lack of management; and 3. commitment of professionals.

Because of the lack of clear policy one would easily recommend to establish clear policy as quickly as possible. In the case of the social team of Doesburg, however, some key comments need to be made. Unclear and ambiguous policy does not automatically mean that conformity between policy and practice will be very low. The social team of Almelo has also a lack of clear policy but has a relatively high conformity rate. What makes the difference is the degree in which management is exercised.

In case of the municipality of Doesburg there is not a person appointed as manager or coordinator. As a result professionals of the social team were in the assumption that the municipality was responsible for managing the social team; the policy advisor of the municipality had the impression that the team would be a self-governing team. No one felt responsible for managing the team. Because of this, not only questions remained unanswered, but maybe more important with respect to the conformity rate: there was no one 'available' with the ability to make the translation from policy into practice. Combining this conclusion with the fact that there is a lack of clear policy we must state that it can be considered as an impossible job to achieve a high conformity rate.

So, only the establishment of new or modified policy agreements will not fix the problem of unconformity. It might be, when we take a look at the situation of the social team of Almelo not even necessary. It is recommendable to invest in one coordinator that, can guide the team members, is available for questions, and forms the pivot, or better said the translator, between policy and practice.

When you also want to invest in policy, because of clarity and accountability, it is strongly recommended to include professionals in this process of establishing policy. These professionals know the 'working field', but also need to work with this policy. It is important that they *know* the content of the policy, *understand* the content of the policy, but also *support* the content of the policy. My advice is to create a group of manager(s), policy advisors and professionals of the social team in which new procedures, directives, and ways of working can be developed during the upcoming months and years. The field of (health) care services varies and is active; there is not one method or procedure that will be suitable for the upcoming ten years. Create and customize it together and invest in the improvement of trust and confidence.

Finally, a successful team needs to have the commitment of all involved parties: one needs to invest in making the team mutually beneficial. This starts with making an inventory of expectations and desires of the professionals of the social team, the municipality and the parent organizations. To expand the mutually beneficial cooperation the team needs to make sure that the cooperation serves the fundamental interests of all sides. Aiming to be able to serve the (real) interests; components such as; high trust, high transparency and openness are indispensable for successful cooperation within a team and indispensable to be able to carry out policy into practice.

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Appendix

Appendix 1: Document analysis

This document analysis has been carried out to be able to answer the first and second research question of this study.

The first column of the table below summarizes the relevant agreements according to these four subjects. The second column shows whether or not these agreements are fulfilled/carried out in practice. What type of agreements can be considered as relevant in relation to this research is set out in paragraph 3.4 '*Operationalization of the key concepts*'. The agreements that are fulfilled/carried out in practice are provided with a checkmark: V. The agreements that have not been fulfilled/carried out in practice are marked with an X and the issues that are not mentioned in the (policy) documents are marked with a --. The subjects that were not taken under study are marked with a question mark (?). XV means: more professionals answered this question with a no than with a yes. VX more professionals answered this question with a yes than with a no.

Due to the fact that DNO (*De Nieuwe Organisatie*) and the municipality of Almelo '*produced*' several documents throughout the establishment and the implementation of the team only the common mentioned agreements are taken under study.

Social team of Almelo	
Agreements included in the (policy) documents	-- V X?
Relationships	
a. Amount of actors participating in the social team (Q&I): the term 'compact' is included in the policy documents. But In practice they have 13 participants in one social team.	X
b. <i>Internal or external governance</i> : according to the policy the social team is internally governed. Each social team is governed by one people manager of DNO (' <i>De nieuwe organisatie</i> '). DNO is the organization wherein professionals of the social teams, Scoop and social work collaborate. The people managers work under the direction of the Management Team, wherein the director has final responsibility. The municipality provides subsidy and monitors results, but is not directly involved in governing the social teams. (I)	V
c. <i>Amount of actors that govern the social team (I)</i>	V
d. <i>Type of support by the governing organisation (Q&I)</i> Housing: several location, central location: Office Plesmanweg at DNO Communication resources: laptop/tablet and smartphone. Registration system: 'Mens Centraal' Education: professionals experience a lack of education According to the documents, the following courses should have been presented to the team: - empowerment: how to direct/control instead of care- and service provision. - values and organizational representation - collaboration skills - how to work with the administration system ('Mens Centraal')	V V V X V

Goals included in the (policy) documents	-- V X?
Goals Are these 'network goals' in practice supported by professionals? ⇒ In the questionnaire the professional were asked to nominate 4 goals as the, for them, most important goals when carrying out their tasks on behalf of the social team. The other goals are discussed in the interviews.	
Increasing the participation of citizens and their engagement in their neighbourhoods (Q & I)	XV
Optimizing the empowerment of individuals and families (Q)	V
Creating integral and innovative solutions and/or results. (Q)	V
Costs reduction/reducing expensive care (Q & I)	X
Offering support in several areas (Q & I)	V
Offering custom-made/tailor-made care (Q)	V
Refer clients to appropriate (health) care organizations (Q)	V
Reduce overlap and duplication in (health) care services (Q & I)	XV
Being a point of contact for citizens (Q & I)	XV
Being able to quickly intervene in a crisis (Q & I)	V
Investing in prevention: preventing people from new/worsened problems (Q & I)	XV
Creating a social domain where not more money is spent than necessary (Q & I)	XV
Agreements included in the (policy) documents	--V X?
Tasks	
How many hours per week are made available for the professionals to execute these tasks? Professionals have contracts that vary from 24 hours to 36 hours a week.	V
Visit citizens at home to investigate (care) problem(s) (' <i>keukentafelgesprekken</i> ')	V
<u>Organizing</u> the realisation of care when it comes to, WMO, youth care and/or multi-problem situations.	V
Carry out light ambulatory care	V
Composing a client analysis (Q)	V
Conducting follow-up meetings with a client and giving information and advice (Q)	V
Composing a 'support plan' (' <i>ondersteuningsplan</i> ') (Q)	V
Advising the municipality (legal department)	V
Performing school social work (' <i>schoolmaatschappelijk werk</i> ')	V

Aftercare after second-line intervention (tweedelijnszorg interventie)	V
Indication for youth care	V
Telephone contact at KCC ('Klantcontactcentrum')	V
Assessing care plans ('zorgplannen') after a 'PGB' ('Persoongebonden budget') request	V
Agreements included in the (policy) documents	-- V X?
Professional role Are the professionals expected to operate as generalist of specialist?	
According to the documents the professionals are expected to function as 'generalistic specialists'. The results of the questionnaire show that two professionals consider themselves as 'generalistic specialists'; nine as a generalist and one as a specialist.	X

Social team of Doesburg	
Agreements included in the (policy) documents	-- V X?
Relationships	
<i>a. Amount of actors</i> participating in the social team: 7 actors.	V
<p><i>b. Internal or external governance:</i> In the contracts with the involved organisations the municipality is assigned as the commissioning party and the organisations of the participating professionals as the contractors. The monitoring of the deployment of custom-made care is assigned to the municipality, in the document it is called: the directing role. The responsibility for education, replacement by illness, managing the individual professional and facilitating the professionals with laptop and phone is assigned to the municipality and the 'mother organizations'.</p> <p>Management tasks, such as: what is the organizational structure within and around the team, who makes the (final) decisions, and who coordinates the team and their tasks are not mentioned and not allocated in these documents.</p> <p>To what extent are the management tasks included in the (policy) documents carried out in practice? Directing role: this is not carried out in practice, the municipality is not able to direct and monitor since they were not able to get the relevant details out of the system 'Suite4socialeregie'. The policy advisor of the municipality of Doesburg cancelled evaluation that was planned in December 2015. Replacement by illness: yes. Management on individual level: partly (only by own organization in relation to individual activities)</p>	-- X
<p><i>c. Amount of actors that govern the team:</i> As is mentioned in the row above only a few management tasks are assigned to either the municipality and/or the mother organisation. We could state that in first instance all involved organizations and the municipality were held responsible for governing (a few aspects of) the team.</p> <p>In practice professionals experienced a lack of management: they are positive about the role of their own organization but feel abandoned when it comes to the management activities/role of the</p>	X

municipality. The policy advisor of the municipality of Doesburg agrees that there is/was a lack of management. He does not feel responsible for managing the team and during the implementation of the team no other manager or coordinator was assigned. With this information we can state that the management/governing tasks that were assigned to the municipality are not carried out in practice.	
<i>d. Type of support by governing organization</i> Education: X Professionals experience a lack of education Housing: X According to the contract the team would be located in building 'de Linie 4'. However not every professional of the social team works in this building and not every meeting was held in this building. Registration system 'Suite4socialeregie': V. Communication resources: V.	X V
Goals included in the (policy) documents	-- V X?
Goals Are these 'goals' in practice supported by professionals? In the questionnaire the professional were asked to nominate 3 goals as the, for them, most important goals when carrying out their tasks on behalf of the social team. The other goals are discussed in the interviews.	
Addressing and resolving multiple social problems in an integral, qualitative an innovative way. (Q)	V
Creating integral and innovative solutions and/or results. (Q)	V
Cost reduction (Q & I)	X
Optimizing the empowerment of individuals and families (Q)	V
Increasing the participation of citizens and their engagement in their neighbourhoods (Q & I)	XV
Preventing that professionals work alongside each other (I)	V
Preventing citizens from getting new or worse (care) problems (Q & I)	XV
Preventing or delaying reliance on intensive (health) care or support in the area of the Social Support Act. (Q & I)	X
Minimizing formal support by maximizing informal support (I)	X
Agreements included in the (policy) documents	-- V X?
Tasks	
How many hours per week are made available for the professionals to execute these tasks? 6 hours a week, in practice professionals spend on average 3,4 hours a week on activities related to the social team.	X
Introducing new (complex) cases (Q)	V
Composing a client analysis (Q)	V
Conducting follow-up meetings with a client (Q)	V

	X
Composing a 'support plan' (' <i>ondersteuningsplan</i> ') (Q)	V
Giving integrated advice on complex multi-problem situations (problem on more than three living areas (<i>leefgebieden</i>) of the empowerment matrix (<i>zelfredzaamheidmatrix</i>) and two or more organizations that are involved with this person or family). (Q & I). Important to note is that the social team received fewer cases than expected.	V X
Operating/functioning as a case manager (<i>casusregisseur</i>) on every case (one case manager per team) and functioning as a contact towards other organizations. 📄 Even though it was intended by policy, not every case was provided with a case manager. (Q & I)	X
Agreements included in the (policy) documents	-- V X?
Professional role Are the professionals expected to operate as generalist of specialist?	
According to the document professionals need to function as 'generalistic professionals'. The document does not define what is meant by this term. Six of the eight professionals consider themselves as specialist, one as a generalist, and one person consider his/herself as both a generalist and a specialist.	X

Appendix 2: Expert judgements

Expert 1

Almelo:

- Op onderdelen zijn de doelen onvoldoende SMART maar ik zie tegelijkertijd dat er wel aan nadere uitwerking wordt gegeven (bijvoorbeeld op p.3 staat er: "er worden door de gemeente meetbare indicatoren beschreven"). Overigens is het onduidelijk wanneer dat gaat gebeuren en wie dat (van de gemeente) gaat doen.
- Handvatten voor de professionals (die zitten hebben in het 'sociaal wijkteam') staan in het functioneel ontwerp beschreven, maar zijn wel onvoldoende SMART. Bijvoorbeeld (redenerend vanuit het SMART-principe) rondom beoordelen van de hulpvraag (p.8): wat zijn eenvoudige hulpvragen? Wanneer is iets eenvoudig? Wanneer wordt een hulpvraag als 'complex' beschouwd?
- Het statusdocument is niet helder. Het lijkt op onderdelen op een concept document gezien de doorhalingen en actiepunten die worden benoemd in het stuk.

Goede aanzet, maar op onderdelen onvoldoende SMART.

Doesburg:

De doelen zijn duidelijk onvoldoende SMART. De betreffende overeenkomst is het enige document dat voorhanden is voor de 'professionals' die uitvoering en invulling moeten geven aan de taken van het sociaal team. Deze overeenkomst biedt onvoldoende handvatten om op een effectieve wijze vorm te geven aan deze taak. Op een schaal van strongly agree tot strongly disagree zou ook wat betreft de taken mijn oordeel zijn 'sterk oneens'.

Conclusie expert 1

Almelo

Taken zijn ondubbelzinnig en duidelijk opgesteld: Volledig eens, eens, oneens, volledig oneens

Doelen zijn SMART geformuleerd: Volledig eens, eens, oneens, volledig oneens

Doesburg

Taken zijn ondubbelzinnig en duidelijk opgesteld: Volledig eens, eens, oneens, volledig oneens

Doelen zijn SMART geformuleerd: Volledig eens, eens, oneens, volledig oneens

Expert 2

Almelo:

Het document schiet tekort in SMART-doelstellingen. Een deel van de doelstellingen is weliswaar specifiek en acceptabel (vanuit mijn interpretatie van SMART), maar er ontbreekt vrijwel altijd een meetbare en tijdgebonden component. Voor wat betreft de taken vind ik dat veel taken duidelijk zijn geformuleerd. Echter zorgt het gebruik van 'vage' begrippen ervoor dat ik verwacht dat er meerdere interpretaties mogelijk zijn, of hierdoor zelfs de interpretatie van taken wordt bemoeilijkt. Enkele voorbeelden van deze begrippen zijn: complex, eenvoudig, regievoering, opschalen, passende wijze, vinger aan de pols houden.

Doesburg:

Ik interpreteer de geformuleerde doelstellingen in de zin van een hoofddoelstelling (p.2/9) en een uitwerking in subdoelstellingen (p.5-6). Hoewel deze doelstelling vanuit sociaal oogpunt allemaal een goed doel lijken na te streven, mis ik de concrete SMART componenten. Er is vaak wel een component opgenomen die ingaat op meer/minder, voorkomen/bevorderen, minimaliseren/maximaliseren, maar het ontbreekt aan specifieke en meetbare factoren. Daarnaast heb ik ook geen informatie gevonden over het tijdspad waarbinnen bepaalde doelen moeten worden

bereikt, hoe deze worden gemeten en of dit realistisch en acceptabel is, rekening houdend met de context waarbinnen dit zich afspeelt.

Voor wat betreft de taken die in het document staan, kan ik hieruit opmaken dat er een bepaalde lijn zit in het uitvoeren van taken door bepaalde functiegroepen, die vervolgens dit overdragen aan andere functiegroepen, die daarmee aan de slag gaan, etc. Met andere woorden, het proces (de opvolging van verschillende taken) kan ik opmaken uit de tekst. Ook wie wanneer welke bevoegdheid of verantwoordelijk heeft, staat er veelal bij genoemd. Daarmee vind ik dat voldaan wordt aan het aspect 'duidelijkheid'. Echter, leidt het gebruik van termen en de wijze waarop dingen zijn opgeschreven, soms wel tot dubbelzinnige interpretaties. Ik snap dat er een beroep wordt gedaan op de professionals en hun kennis/vaardigheden om hier goed uitvoering aan te geven, maar taken/opdrachten als 'bevorderen van de uitvoering' en 'optimaal ondersteunen van de cliënt' vind ik voor meerdere interpretaties vatbaar en daarmee dubbelzinnig.

Conclusie expert 2

Almelo

Taken zijn ondubbelzinnig en duidelijk opgesteld: Volledig eens, eens, oneens, volledig oneens

Doelen zijn SMART geformuleerd: Volledig eens, eens, oneens, volledig oneens

Doesburg

Taken zijn ondubbelzinnig en duidelijk opgesteld: Volledig eens, eens, oneens, volledig oneens

Doelen zijn SMART geformuleerd: Volledig eens, eens, oneens, volledig oneens

Appendix 3: Summary for the purpose of the general evaluation of the municipality of Doesburg

Bevindingen onderzoek beleidsuitvoering en samenwerking Sociaal Team Doesburg

Geschreven door: Sjärdé Bolhaar, Junior Adviseur bij Nautus.

Onder begeleiding van: Universiteit Twente & Nautus BV

Dit hoofdstuk betreft een beknopte uitwerking van de resultaten die voortkomen uit het onderzoek naar de interne samenwerking binnen Sociaal Team Doesburg. Het onderzoek is op onafhankelijke wijze verricht en staat daarmee los van de reguliere evaluatie die is uitgevoerd door de gemeente Doesburg.

Inleiding

Het onderzoek binnen Sociaal Team Doesburg is gericht op twee aspecten rondom het Sociaal Team Doesburg: de vooraf opgestelde beleidsdocumenten en de interne samenwerking tussen de professionals werkzaam in dit team.

In het onderzoek staan drie onderwerpen centraal:

1. de analyse van de beschikbare documenten rondom implementatie en uitvoering;
2. de mate waarin de bepalingen uit deze documenten in de praktijk zijn uitgevoerd;
3. de kwaliteit van de interne samenwerking tussen de professionals in het team.

Werkwijze onderzoek

Ten behoeve van de informatieverzameling is er een enquête gehouden onder alle professionals. Twee professionals van het Sociaal Team zijn individueel geïnterviewd. Tevens is in de gesprekken met beleidsadviseur, Harold Dolleman, gesproken over het ontstaan, de vormgeving en de implementatie van het Sociaal Team.

De enquête is ingevuld door alle professionals van het huidige Sociaal Team (exclusief de persoon die begin juni 2016 startte) en twee professionals die onlangs zijn vertrokken uit het Sociaal Team. Daarmee komt het totaal aantal respondenten uit op 8.

Ter voorbereiding op het afnemen van de enquête en de interviews zijn de beschikbare (beleids-)documenten bestudeerd om inzicht te krijgen in de afspraken, werkinstructies en doelen die door de gemeente zijn vastgelegd en meegegeven aan de uitvoering. De relevante documenten met betrekking het Sociaal Team zijn door Harold Dolleman aan ons verstrekt. Het gaat om de volgende documenten:

- ❖ B&W Advies – Overeenkomst Sociaal Team Doesburg;
- ❖ Overeenkomst Sociaal Team – gemeente & betrokken organisaties.

Aan de hand van de resultaten die voortkomen uit de drie hierboven genoemde methoden voor dataverzameling is gekomen tot een bundeling van resultaten en bevindingen. De kern van deze bevindingen staat beschreven op de volgende pagina. In oktober 2016 zal de volledige uitwerking van het onderzoek worden gepubliceerd op de website van de Universiteit Twente.

Bevindingen

Documenten – B&W advies en overeenkomst betrokken organisaties

- De documenten zijn beknopt opgesteld, veel aandacht gaat uit naar de visie rondom de toekomst van het Sociaal Team in Doesburg, minder aandacht gaat uit naar de taken, de voorgenomen werkwijze in de uitvoering en de gewenste resultaten.
- De bepalingen opgenomen in de documenten worden grotendeels in de praktijk ten uitvoer gebracht. Hierbij moet wel worden opgemerkt dat de meerderheid van de professionals in de loop der tijd minder dan 6 uur per week werkzaam is geweest voor het Sociaal Team, met als hoofdreden het wegblijven van voldoende cases passend bij de taakomschrijving van het Sociaal Team (complexe multiproblematiek).
- Een aantal bepalingen in de documenten wordt door professionals als dubbelzinnig ervaren. In de praktijk is tijdens bijeenkomsten van de uitvoerende professionals veel gesproken over de invulling en opvatting van deze bepalingen en is aandacht besteed aan het opstellen van aanvullende formulieren, afspraken en kaders.
- Een aantal managementafspraken ontbreekt: o.a. wie verantwoordelijk is voor de aansturing van het team en haar professionals en bij wie professionals terecht kunnen met vragen en/of opmerkingen.
- In de documenten worden de professionals 'generalistische professionals' genoemd, een meerderheid van de professionals beschouwt zichzelf echter als specialist.

De praktijk

- Het feit dat de afspraken, genoemd in de (beleids-)documenten, door de professionals als 'vaag' worden gekarakteriseerd, maakt dat er veel behoefte is aan afstemming met de gemeente en meer specifiek de afdeling Beleid. Het team geeft aan deze afstemming gezocht te hebben, maar weinig tot geen gehoor te hebben gekregen. Een duidelijk aanspreekpunt in de vorm van een coördinator/manager wordt hierin door de professionals gemist.
- Professionals ervaren een goede samenwerking binnen het sociaal team, er bestaat onderling veel vertrouwen.
- Professionals zijn het onderling eens over de doelen die het Sociaal Team zou moeten nastreven.
- De meerderheid van de professionals geeft aan ontevreden te zijn over de werkzaamheden die zij afgelopen jaar voor het Sociaal Team heeft verricht. Professionals gaven aan dat zij graag meer met 'de inhoud' hadden willen werken. Afgelopen jaar is het team vooral bezig geweest met het ontwikkelen van onder andere het aanmeldformulier, het meedenken in het privacy protocol en het bespreken van vragen omtrent de taken en de werkwijze van het team.
- Uit de enquête blijkt dat de helft van de professionals aangeeft het Sociaal Team op dit moment niet te zien als een aanwinst voor de stad. Drie professionals geven aan niet te weten of het team een aanwinst is voor de stad. Met welke reden professionals op deze wijze antwoorden is niet exact vast te stellen met de informatie die is voortgekomen uit het onderzoek. Een verklaring kan zijn dat professionals hadden verwacht een groter aantal inwoners van de gemeente Doesburg te kunnen helpen met complexe vraagstukken.

Conclusie

In de praktijk blijkt het Sociaal Team een 'zelfsturend team' te zijn geweest. Deze 'netwerkvorm' is echter niet voorafgaand vastgelegd en/of afgestemd, maar lijkt op een natuurlijke wijze te zijn ontstaan. De interne verhouding en de samenstelling van de professionals leent zich er in potentie voor om goed als zelfsturend team te kunnen functioneren (o.a. aspecten als vertrouwen en consensus over de doelen zijn daarvoor zeer belangrijk). We kunnen ons echter afvragen of redelijkerwijs van dit team, waarbij sprake is van een geheel nieuwe samenwerkingsstructuur, relatief

nieuwe werkzaamheden en nieuwe collega's, gevraagd mocht worden om zelfsturend te opereren zonder dat daarvoor duidelijke kaders en richtlijnen voorhanden waren. Met de kennis van nu kan worden gesteld dat de onderlinge verwachtingen over aansturing tussen gemeente en het sociaal team niet met elkaar strookten. Dit heeft aan beide kanten geleid tot verwarring en een beperkte samenwerking tussen de professionals van het sociaal team en de gemeente.

Belangrijk om bij bovenstaande conclusie op te merken is het feit dat het Sociaal Team zich tot op heden nog in een ontwikkelingsfase bevindt. Men heeft afgelopen jaar informatie kunnen vergaren over wat wel en niet werkt binnen het team. Het is zaak om deze informatie en bevindingen in overweging te nemen en gedurende de ontwikkelingsfase om te zetten naar bruikbare actie- en verbeterpunten.

Advies

Advies is om in de toekomst vooral aan de start van een nieuwe werkwijze duidelijke kaders en verwachtingen mee te geven aan de uitvoering en daarbij, onafhankelijk van de positie van het Sociaal Team binnen het zorg- en dienstverleningsproces, een coördinator/manager aan te stellen, met als hoofdtaak het verzorgen en het inrichten van de communicatie tussen de uitvoering (het Sociaal Team) en de verantwoordelijke medewerker(s) van de gemeente.

Mocht worden besloten om het team op een andere wijze in het hulp- en dienstverleningsproces te positioneren dan is het zaak om (een deel van) de professionals in de uitvoering mee te nemen in het overleg over de vormgeving en werkwijze van het Sociaal Team. Op deze wijze kan onduidelijkheid en verwarring in een vroeg stadium worden besproken en weggenomen. Daarnaast wordt op deze wijze de expertise van zowel de beleidsmaker, als de expertise van de beleidsuitvoerder optimaal benut.

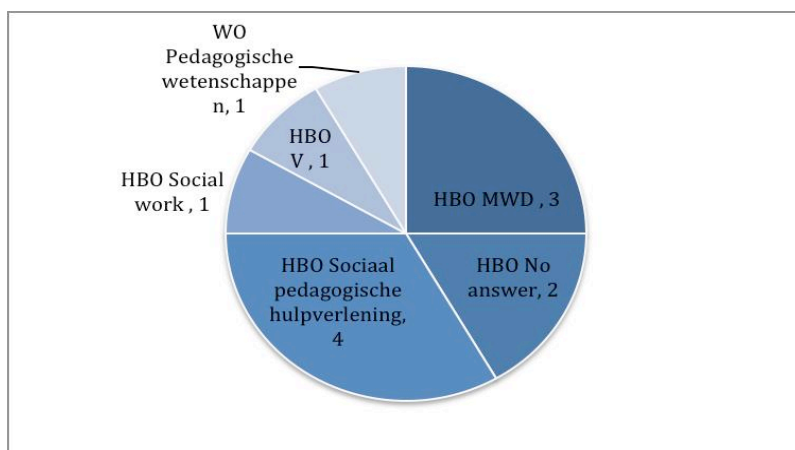
Voor vragen en of opmerkingen in het kader van dit onderzoek kunt u contact opnemen met Sjärdé Bolhaar (s.bolhaar@nautus.nl).

Appendix 4: Data output Almelo

Question 1: First- and last name of the respondent

Due to privacy of the respondents their names are not included in this document

Question 2 What is your education level and type of study?



Question 3 What was your previous job?

Team- zorgcoach
(2 respondents)

Algemeen maatschappelijk werker/
SGMW/Casuscoordinator

Maatschappelijk werker (3 respondents)

Gezinsvoogd

Groepsleider ' Heerenloo

Zorgcoördinator

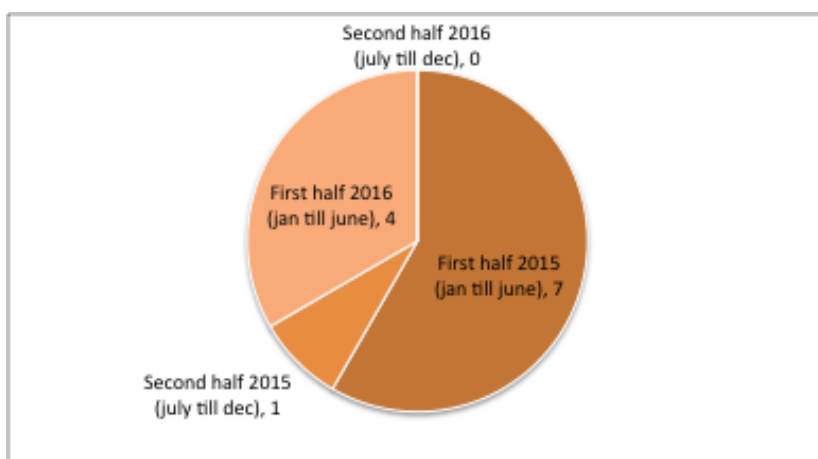
Jeugdbeschermer (2 respondents)

Juridisch medewerker bezwaar en beroep

Orthopedagoog

Question 4

When did you start working for the social team?



Question 5 *What is your motivation for participating in the social team? (N = 11)*

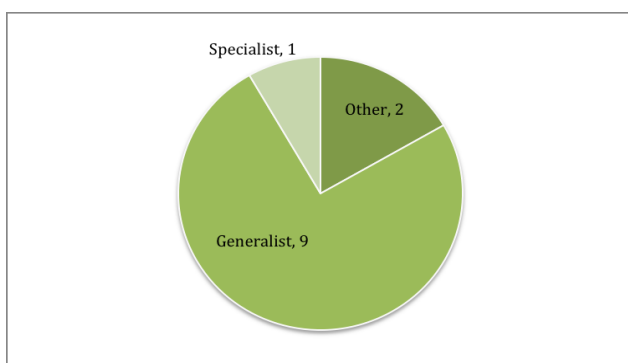
In principle, I am employable for each social team. By chance, I was employed within the city social team (Stedelijk wijkteam) and I am enjoying the work withing the team. One of the reasons is that it consists of multiple villages and cities in the neighbourhood of the city of Almelo. Furthermore, I am deeply interested in the different cultures and the difference between them.
More responsibilities. Proactively act on issues in a voluntary framework. Develop on multiple competencies. Taking preventive actions on social problems.
The function, the challenge and the development.
Started as replacement of maternity leave
Variety of work in multiple places
Contribute to good care in our society. Participate in a system where people get the care they need. Support people to take the opportunities they get and to use the skills they possess.
By accident, I encountered the vacancy, after my last contract was not extended into a permanent contract.
This function and the corresponding activities fit exactly to my previous work experience. The organization decided that I had to join this social team. I was lucky that I ended up in this great and knowledgeable team.
I applied for the job in 2014, because I was likely to lose my former job due to a re-organization. Furthermore, I was up for a new challenge. I do work here with a lot of pleasure.
To connect people and deliver an appropriate solution for each client.
To help and connect people. To guide and motivate people to use their own skills.

Question 6

How did you get involved in the social team?

I was asked by my manager: I had a free choice to participate	1
I was placed by the manager: I had no choice whether or not to participate	2
I contacted the team myself	9

Question 7: *do you consider yourself as a generalist or a specialist?*



Question 8

How many hours a week do you spend on activities related to the social team?

26 hours a week	1
26 hours a week	3
32 hours a week	1
36 hours a week	7

Question 9

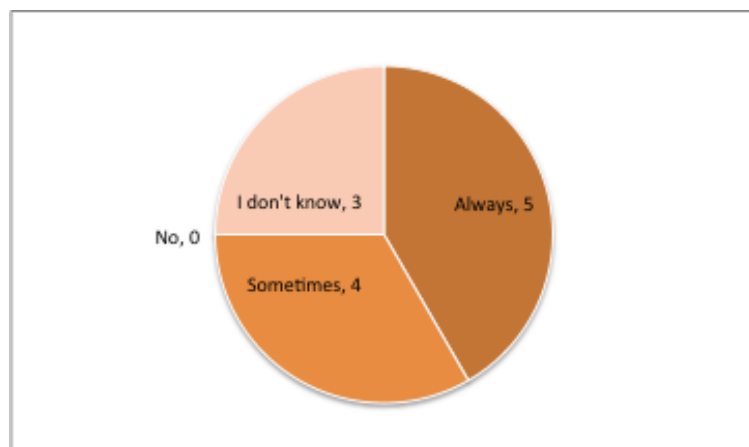
As a professional in the social team, did you carry out the tasks mentioned below?

Tasks	Yes	No	I don't know	No answer
Conducting 'keukentafelgesprekken' with a client	12	0	0	0
Composing a 'support plan' with a client	12	0	0	0
Discussing the 'support plan' with a client	12	0	0	0
Giving 'advice' to the municipality	12	0	0	0
Sharing the 'advice' with the client	12	0	0	0
Fulfilling the role of a case coordinator	9	3	0	0
Having contact with clients via the KCC portal	8	3	0	1
Assessing a care plan when a PGB is requested	12	0	0	0
Indicating/indexing WMO guidance and/or youth support	12	0	0	0
Conducting a 'second opinion'	6	6	0	0
Providing aftercare second-line intervention to the client	8	2	1	1
Maintaining contact with doctors	11	1	0	0
Directing multi-problem families	12	0	0	0

Question 10

Do carry out more, less, or the same amount of tasks compared to what has been agreed in policy and work appointments?

Same amount	3
More	9
Less	0

Question 11 *New or moderate appointments are always captured in a document*

Question 12

Which 4 goals are most important for you when carrying out your tasks on behalf of the social team?

Goals	Important	Less important or not important
Promoting participation and social cohesion	1	11
4). Creating innovative solutions to complex situations together	6	6
2.3). Promoting 'eigen kracht' and self-sufficiency of citizens	8	4
Creating a social domain where not more money is spent than necessary	1	11
Offering support in several areas	3	9
1). Providing custom-made care (maatwerk) to citizens when necessary	11	1
2.3). Referring a client to an appropriate organization with appropriate care	8	4
Investing in prevention: preventing people from new/worsened problems	4	8
Reduce overlap and duplication in services	2	10
Being a 'point of contact' for clients	1	11
Intervene quickly in crises situations	3	9
Reducing expensive care	0	12

Question 13

To what extent do professionals in the social team agree about the common goals of the team?

All professionals agree	1
A majority of the professionals agree	7
A majority disagrees	0
All professionals disagree	0
I don't know: we do not talk about this	4

Question 14

To what extent do you agree or disagree upon the statements mentioned below?

To what extent do you agree or disagree with the following statements?	Fully agree	Agree	Disagree	Fully disagree	Don't know
Our team can quickly respond and appropriately act when it comes to support questions of citizens	1	8	3	0	0
There is much expertise required for managing the team	0	7	4	1	0
The quality of management is sufficient enough to be able to carry out my tasks and activities for the social team	4	8	0	0	0
Making a distribution of work and/or cases between professionals is easy	1	11	0	0	0
The team needs to justify a lot of actions and decisions outside the team	0	3	8	0	1
Participation in the social team provides more advantages than this advantages for me as a professional	1	10	0	0	1
Rarely a privacy issues stand in the way for a optimal cooperation between professionals in the social team	2	8	2	0	0
Crises are almost directly addressed by our social team	5	7	0	0	0

Question 15

There is no required amount of cases that professionals need to carry out, what do you think of this decision? (Open question, the table below is a summarization)

Positive 12

Negative 0

Don't know 0

Question 16:

Are there enough resources to carry out your tasks related to the social team?

Resources	Completely sufficient	Sufficient	Insufficient	Completely insufficient	Don't know
<i>Financial resources</i>	0	6	4	0	2
Amount of available <i>hours</i> per week	0	8	3	0	1
Knowledge of <i>policy</i> and appointments	0	11	1	0	0
Knowledge of <i>tasks</i>	1	11	0	0	0
Knowledge of possible <i>care problems</i> clients	1	10	1	0	0
Knowledge and <i>capabilities of other professionals</i> within the social team	1	10	1	0	0
<i>Background information</i> of the clients	1	9	1	0	1
<i>Amount of meetings</i> with the other professionals of the social teams	0	12	0	0	0
<i>Useful meetings</i> with the other professionals of the social team	0	10	2	0	0
<i>Management</i> by a manager or coordinator	0	12	0	0	0

Question 17

How often is there face-to-face contact?

All respondents (N = 12) gave the answer: ones a week.

Question 18

With which grade do you value the ICT system: 'Mens Centraal'?

Average grade of the grades given by all respondents: 5

Question 19-20-21-22

Do you agree or disagree with the following statements?

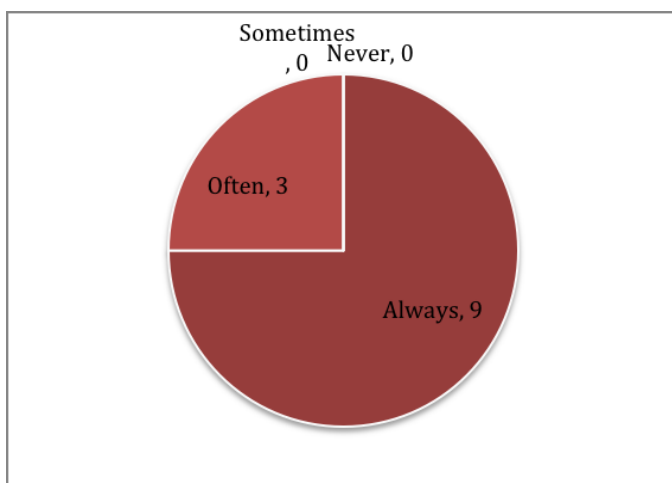
Statements	Agree	Disagree
In the contact with other professionals of the social team I feel free and uninhibited in giving feedback to these professionals	11	1
My expertise as a professional is sufficiently used in carrying out my work for the social team	11	1
Appointments that I make with other professionals are (almost) always kept by these professionals	12	0
As a professional I feel I have enough freedom to act and make decisions by using my own discretion.	11	1

Question 23

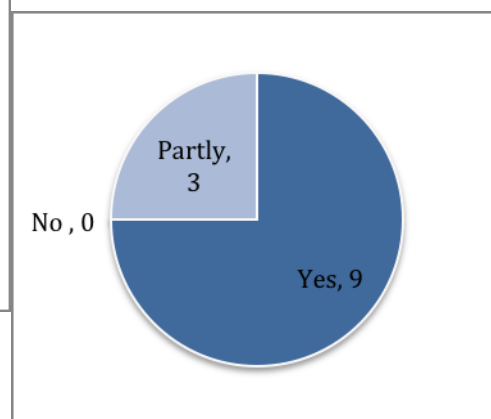
To what extent do you agree with the following statements?

Statements	Fully agree	Agree	Disagree	Fully disagree
I am satisfied with the type of tasks I carry out for the social team	1	11	0	0
When I need help from other professionals they are always willing to help me	6	6	0	0
I get enough education so that I can gather the relevant information I need for carrying out my tasks for the social team	1	0	8	3
I know what is expected from me in this social team	3	8	1	0
I feel 'at home' in this social team	6	6	0	0
I think the social team is an asset to the city	3	8	1	0

Question 24: how often do you read the montly announcements?

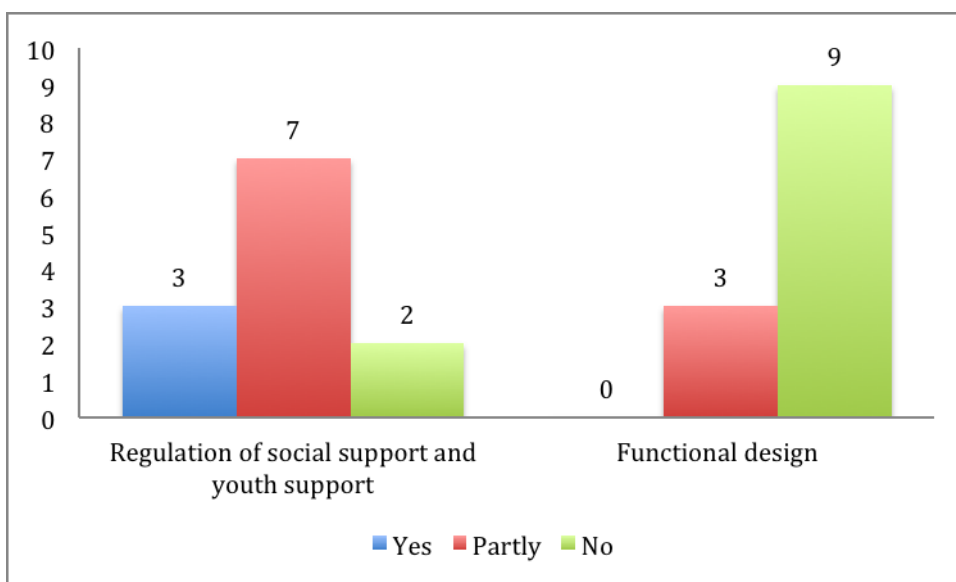


Question 25: do you think the montly announcements are an appropriate method to inform professionals about new developments and agreements?



Question 26

Are you aware of the content of the following documents?



Question 27

Which two, out of the four propositions, are mentioned in the Regulation of social support and youth support? (10 out of 12 respondents were forwarded to this question)

The blue marked propositions are correct (mentioned in the regulation)

Tasks	Yes	No
If a on the individually customized provision is necessary, the board (<i>het college</i>) will provide the cheapest provision.	5	5
A 'support applicant' is not eligible for an individually customized provision for empowerment and participation when the need for support was avoidable and the provision was foreseeable and measures could have been taken to obviate the request for support	9	1
A on the individually customized provision can only be provided in kind (<i>in natura</i>)	1	9
An income-related personal contribution is asked for the supply of 'client support'	5	5

Question 28

Which four out of eight tasks are mentioned in the actualization of functional design? (3 respondents were forwarded to this question).

The blue marked propositions are correct (mentioned in the functional design)

Propositions	Yes	No
Debt counseling	0	3
Support voluntary work- and informal care (<i>mantelzorg</i>)	1	2
Prolonged ambulant care	0	3
Indication domestic care	0	3
Conducting 'keukentafelgesprekken'	3	0
Early detection/signaling (<i>vroegsignalering</i>)	3	0
Joining the youth district consultation (<i>jeugdwijkoverleg</i>)	3	0
Maintaining contact with doctors	2	1

Appendix 5: Data output Doesburg

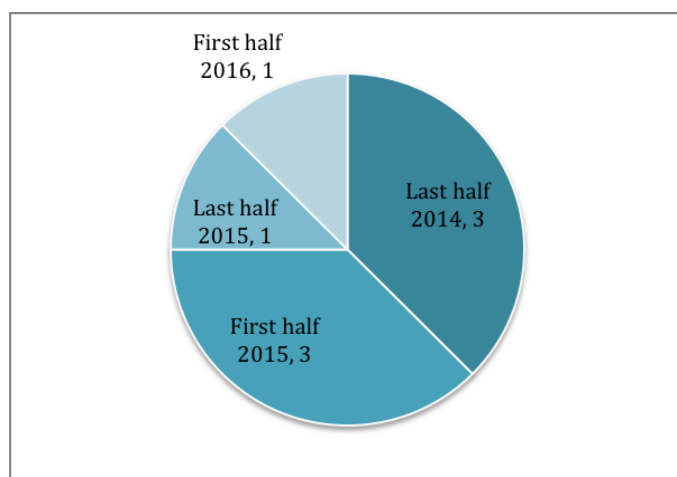
Question 1: *First- and last name of the respondent*

Due to privacy of the respondents their names are not included in this document

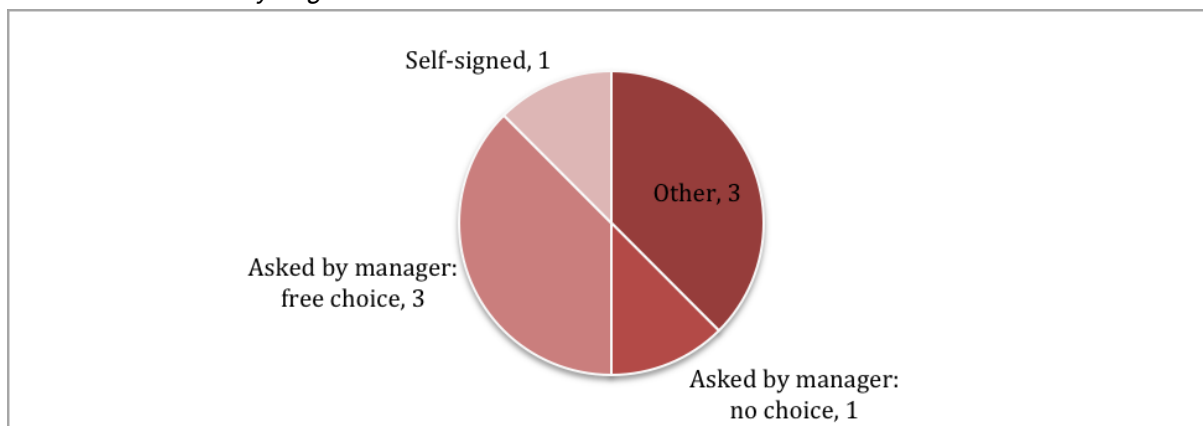
Question 2: Job title of respondents

Job title of respondents and name of related organisation
Cliëntondersteuner van MEE Oost-Gelderland
Consulent Werk en Inkomen gemeente Doesburg (2 respondents)
Maatschappelijk werker van STMR
Ouderenadviseur/welzijnswerker van Caleidoz
Teamondersteuner op pad van Stichting Zozijn
Wijkverpleegkundige van Attent Zorg en Behandeling
Wmo consulent van gemeente Doesburg

Question 3 *When did you start working for the social team of Doesburg?*



Question 4 *How did you get involved in the social team?*



Question 5

Do you consider yourself as a specialist or a generalist?

Specialist 5
Generalist 1
Other 2

Question 6 *How many hours do you spend on average each week on the activities on behalf of the social team?*

Amount of hours (on average) a week	N
Two hours	1
Three hours	4
Four hours	2
Five hours	1
On average:	3,4 hours a week

Question 7

As a professional within the social team: did you carry out the tasks mentioned below?

Tasks	Yes	No
Making a client analysis	7	1
Conducting follow-up meetings with clients	5	3
Conducting a 'support plan' for the client	6	2
Discussing the 'support plan' with the client	4	4
Giving advice to the municipality and the client	5	3
Fulfill the role as a casemanager	6	2
Introducing new cases	8	0
Delivering 'after care' (<i>nazorg</i>) to the client	2	5

Question 7

Do you carry out more, less, or the same amount of tasks compared to what has been agreed in policy and work appointments?

Same amount 2
 Less 2
 More 4

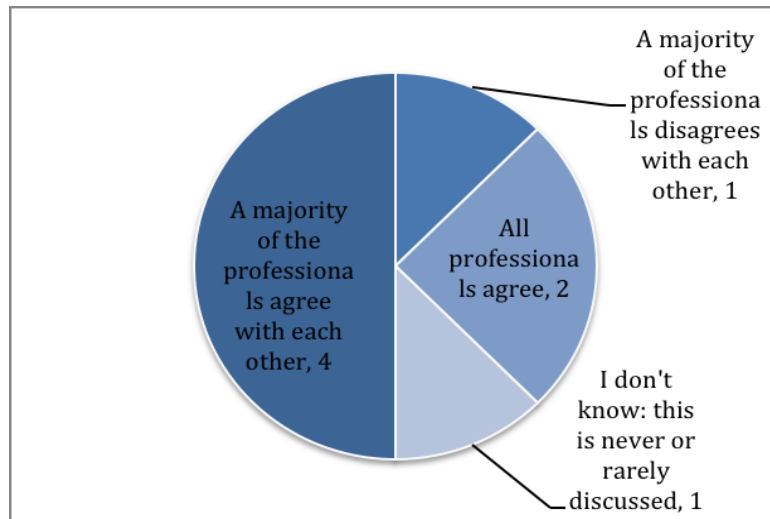
Question 8

What goals are most important for you when carrying out your tasks on behalf of the social team (choose three)

Goals	Yes	No
Increasing participation and/or social cohesion	1	7
(1) Creating innovative solutions in complex situations together	7	1
Investing in prevention: preventing people from new/worsened problems	3	5
(2) Promoting empowerment and self-sufficiency of citizens	5	3
Referring a client to an appropriate organization with appropriate care	3	5
Reducing specialistic and expensive care	0	8
(3) Offering intergral, multidisciplinary care and support to citizens	5	3
Creating a cost reduction in the social domain	0	8

Question 9

To what extent do professionals agree with each other upon the goals?



Question 10

To what extent do you agree or disagree with the following statements?

Statements	Fully agree	Agree
Our team only deals with complex and multisided questions.	2	3
Our team is able to act quick and adequately to the needs of the inhabitants.	0	3
A lot of expertise is required to guide the social team and its corresponding tasks and activities	0	6
The quality of the guidance is sufficient to perform my tasks and activities within the social team	0	1
To devide the workload among the professionals is an easy job.	1	6
The social team has to be accountable to a lot of people or organizations outside the social team.	0	2
Participation in the social team has more advantages than disadvantages for me as a professional.	3	1
Participation in the social team has more advantages than disadvantages for my organization.	2	2

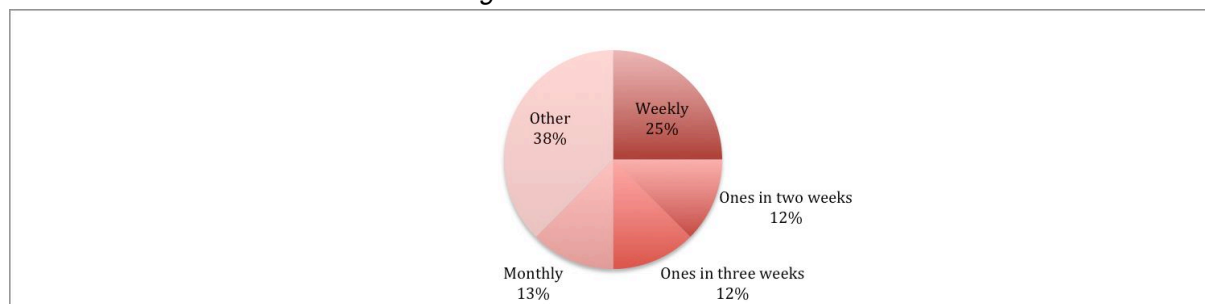
Question 11

To what extent do you have sufficient resources to carry out your tasks for the social team?

Resources	Completely sufficient	Sufficient	Insufficient	Completely insufficient	Don't know
<i>Financial resources</i>	1	5	0	0	2
Amount of available <i>hours</i> per week	2	5	0	0	1
Knowledge of <i>policy</i> and appointments	0	2	5	1	0
Knowledge of <i>tasks</i>	0	4	3	1	0
Knowledge of possible <i>care problems</i> clients	0	6	0	0	2
Knowledge and <i>capabilities of other professionals</i> within the social team	0	3	3	0	2
<i>Background information</i> of the clients	0	6	2	0	0
Amount of <i>meetings</i> with the other professionals of the social teams	2	6	0	0	0
<i>Useful meetings</i> with the other professionals of the social team	1	7	0	0	0
<i>Management</i> by a manager or coordinator	0	2	3	3	0

Question 14

How often are there face-to-face meetings within the team?

**Question 15** With what grade do you rate the performance of the ICT system 'Suite4socialregie'?

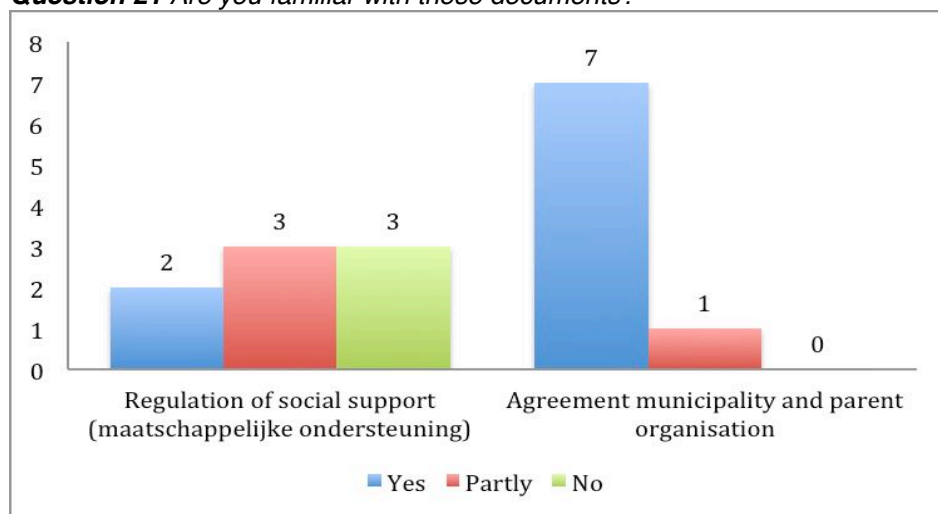
Average grade given by the professionals: 5,6 (out of 10)

Question 16 -17-18-19

Do you agree or disagree with the statements mentioned below?

	Yes	No
I am able to provide feedback freely and without any constraint to the other professionals within my social team when we have time for discussions.	7	1
While performing my activities for the social team, all my expertise as a professional is fully utilized.	8	0
Nearly all of the commitments with other professionals from the social team are honoured.	8	0
I experience sufficient freedom to act and make choices to my own insight.	6	2
Question 20	Fully agree	Agree
<i>To what extent do you agree or disagree with the following statements?</i>		
I am satisfied with the type of work I have to perform for the social team	0	3
Within the social team, I do know what is expected from me.	0	5
Within the social team, I feel at home.	1	5
The social team is an enrichment for the city	0	1

Question 21 Are you familiar with these documents?



Question 22 Which four of the 8 provisions mentioned below are included in the Regulation Social Support municipality of Doesburg 2016?

	Yes	No	N.A.
Mayor and City counsel provide a written report of the research to the support plan.	4	1	3
After the conversation with the client regarding the support plan, the Mayor and City counsel provides a report to the client within 16 days.	0	5	3
Mayor and City counsel provides a signed version of the support plan if the client has indicated this on the plan.	5	0	3
Customized care-facility can only be provided in kind	2	3	3
The social team collects all relevant data about the client and his situation in the preliminary investigation.	3	2	3
Mayor and City counsel confirm that a request for help is received by oral or written confirmation.	2	3	3
When a customized facility in 'nature' (natura) is provided also other relevant facilities are mentioned in the individual decision	2	3	3
A request for help can be reported to the Mayor and City counsel by or on behalf of the client	3	2	3

Question 23 Which two of the four tasks mentioned below are included in the contract of the municipality and the parent organisation(s)?

	Yes	No
Together with the social team the client will make an analysis of the situation by clarifying his questions for care (vraagverheldering) and by filling in the indepenence matrix (zelfredzaamheidsmatrix)	8	0
The social team will visit the home of the client and redirect the client inter- or externally if necessary.	0	8
The coordinator of the case and the social team will develop an action plan together. This will be advised and provided to the client and the municipality.	7	1
The social team will support the living environment of the client, such that his environment can possitively contribute to the process of (help)care delivery.	1	7

Appendix 6: Questionnaire Social Team Doesburg

Onderzoek naar samenwerkingsaspecten Sociaal Team Doesburg. In opdracht van: Universiteit Twente en adviesbureau Nautus.

Beste professional van Sociaal Team Doesburg,

Allereerst wil ik u hartelijk danken voor deelname aan dit onderzoek. In opdracht van Universiteit Twente en adviesbureau Nautus wordt in Doesburg onderzoek gedaan naar verschillende samenwerkingsaspecten binnen Sociaal Team Doesburg.

Alle vragen zijn gericht op uw rol en invulling van taken binnen Sociaal Team Doesburg. Het gaat hier dus *niet* om de rol die u in uw eigen organisatie inneemt.

Het invullen van de enquête kost 15 tot 20 minuten van uw tijd. Er zal vertrouwelijk met uw gegevens worden omgegaan en de resultaten zullen geheel anoniem worden verwerkt.

Mocht u nog vragen of opmerkingen hebben over het onderzoek: u kunt contact met mij opnemen via telefoonnummer (06) 83573596 of per mail, via s.bolhaar@nautus.nl

Er zijn 23 vragen in deze enquête

Introductievragen

1. Vult u hieronder alstublieft uw voor- en achternaam in

Vul uw antwoord(en) hier in:

- Voornaam:
- Achternaam:

Er zal vertrouwelijk met uw gegevens worden omgegaan en de resultaten zullen geheel anoniem worden verwerkt.

2. Wat is uw functie in het sociaal team? *

Kies één van de volgende mogelijkheden:

- ☐ Cliëntondersteuner van MEE Oost-Gelderland
- ☐ Consulent Werk en Inkomen gemeente Doesburg
- ☐ Maatschappelijk werker van STMR

- ☐ Ouderenadviseur/welzijnswerker van Caleidoz
- ☐ Teamondersteuner op pad van Stichting Zozijn
- ☐ Wijkverpleegkundige van Attent Zorg en Behandeling
- ☐ Wmo consulent van gemeente Doesburg
- ☐ Anders namelijk:

3. Sinds wanneer werkt u voor het sociaal team? *

4. Hoe is uw rol bij het sociaal team tot stand gekomen?

Kies één van de volgende mogelijkheden:

- ☐ Ik ben door mijn leidinggevende in het sociaal team geplaatst; ik had geen keuze om wel of niet deel te nemen.
- ☐ Ik ben door mijn leidinggevende in het sociaal team gevraagd; ik had de keuze om wel of niet deel te nemen.
- ☐ Ik heb mijzelf aangemeld om deel te nemen aan het sociaal team.
- ☐ Anders namelijk:

5. Beschouwt u uzelf als een specialist of een generalist?*

***Als specialist bent u een expert in een bepaald vakgebied, u kunt problemen in dit vakgebied gericht aanpakken. Als generalist hebt u brede kennis van het sociaal domein en benadert u problemen vanuit verschillende invalshoeken.**

Kies één van de volgende mogelijkheden:

- ☐ Specialist
- ☐ Generalist
- ☐ Anders namelijk:

6. Hoeveel uren besteedt u in de praktijk per week gemiddeld aan uw werkzaamheden bij het sociaal team? *

7. Heeft u als professional in het sociaal team onderstaande taken uitgevoerd?

Kies het toepasselijke antwoord voor elk onderdeel:

	Ja	Nee	Weet ik niet
Opstellen van een cliëntanalyse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voeren van vervolgesprekken met de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het opstellen van een ondersteuningsplan voor de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het bespreken van het ondersteuningsplan met de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitbrengen van advies aan de gemeente en de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het vervullen van de rol als casemanager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het aanleveren van nieuwe cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het bieden van nazorg aan de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van nuldelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het regisseren van nuldelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van eerstelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het regisseren van eerstelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van tweedelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het regisseren van tweedelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Aanvullende informatie:

- Nuldelijnszorg: mantelzorg, eigen kracht, ondersteuning.
- Eerstelijnszorg: vooral taken gericht op maatschappelijke ondersteuning.
- Tweedelijnszorg: meer specialistische zorg.

Regisseren: regie voeren, u voert de taak niet zelf uit, maar houdt de regie. Het gaat om toezicht houden en eventueel aansturen.

8. Houdt u zich als professional in het sociaal team in de praktijk met meer of minder taken bezig dan van te voren (in beleid en/of werkafspraken) is afgesproken?

Kies één van de volgende mogelijkheden:

- ☐ Meer
- ☐ Minder
- ☐ Dezelfde hoeveelheid

9. Afspraken over nieuwe of aangepaste taken die tussentijds worden gemaakt, worden vastgelegd in een afsprakenregister.

- ☐ Altijd
- ☐ Af en toe
- ☐ Nooit
- ☐ Weet ik niet

10. Wat zijn voor u de belangrijkste doelen voor het uitvoeren van uw werkzaamheden binnen het sociaal team? Kies exact 3 doelen. *

- ☐ Bevorderen van participatie en/of sociale samenhang
- ☐ Samen innovatieve oplossingen bedenken in complexe situaties
- ☐ Preventie: voorkomen dat inwoners nieuwe/verergerde zorgvragen krijgen
- ☐ Bevorderen van eigen kracht en zelfredzaamheid van inwoners
- ☐ De cliënt doorverwijzen naar een passende organisatie met passende zorg
- ☐ Specialistische, duurdere zorg verminderen/terugdringen
- ☐ Integrale, multidisciplinaire dienstverlening kunnen bieden aan de inwoners
- ☐ Het bewerkstelligen van kostenreductie binnen het sociaal domein

11. In hoeverre zijn de professionals van het sociaal team het met elkaar eens over de gemeenschappelijke doelen die door het sociaal team zouden moeten worden nagestreefd? *

Kies één van de volgende mogelijkheden:

- ☐ Alle professionals zijn het hierover met elkaar eens
- ☐ Een meerderheid van de professionals is het hierover met elkaar eens
- ☐ Een meerderheid van de professionals is het hierover met elkaar oneens
- ☐ Alle professionals zijn het hierover met elkaar oneens
- ☐ Dat weet ik niet: hierover wordt zelden tot nooit gesproken

12. In hoeverre bent u het eens of oneens met onderstaande stellingen?

	Volledig oneens	Oneens	Eens	Volledig eens	Weet ik niet
Ons team behandelt uitsluitend complexe, meervoudige vraagstukken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanuit ons team kan er snel en passend ingespeeld worden op de hulpvraag van inwoners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voor de aansturing van het sociaal team en haar werkzaamheden is veel expertise nodig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De kwaliteit van aansturing is voldoende om mijn taken en werkzaamheden in het sociale team te kunnen verrichten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het maken van een verdeling van werkzaamheden tussen professionals is gemakkelijk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het sociaal team moet veel verantwoording aan personen of organisaties buiten het sociaal team afleggen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deelname aan het sociaal team levert voor mij als professional meer voordelen dan nadelen op	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deelname aan het sociaal team levert voor mijn organisatie meer voordelen dan nadelen op	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Beschikt u voor de uitvoering van uw werkzaamheden over voldoende financiële middelen, uren, kennis, informatie, contactmomenten en aansturing?

Kies het toepasselijke antwoord voor elk onderdeel:

	Ruim onvoldoende	Onvoldoende	Weet ik niet	Voldoende	Ruim voldoende
Financiële middelen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aantal inzetbare uren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over het beleid en werkafspraken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over de taken die ik moet uitvoeren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over zorgproblematiek van cliënt(en)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis en vaardigheden van de andere professionals uit het sociaal team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Achtergrond) informatie over de cliënt(en)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aantal contactmomenten met andere professionals uit het sociaal team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waardevolle contactmomenten met andere professionals uit het sociaal team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aansturing door een leidinggevende	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Hoe vaak vindt er face-to-face overleg plaats tussen het gehele team? *

Kies één van de volgende mogelijkheden:

- ☐ Nooit
- ☐ Dagelijks
- ☐ Een aantal keren per week
- ☐ Wekelijks
- ☐ Tweewekelijks
- ☐ Driewekelijks
- ☐ Maandelijks
- ☐ Anders namelijk:

15. Met welk cijfer beoordeelt u het functioneren van het ICT systeem 'Suite4socialeregie'? (1: ruim onvoldoende - 10: uitmuntend)

Kies één van de volgende mogelijkheden:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

16. In de contactmomenten met andere professionals uit het sociaal team voel ik mij vrij en ongeremd in het geven van feedback aan andere professionals *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

17. Mijn expertise als professional wordt voldoende benut bij het uitvoeren van mijn werkzaamheden voor het sociaal team *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

18. Afspraken die ik met andere professionals uit het sociaal team maak worden bijna altijd nagekomen *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

19. Als professional uit het sociaal team ervaar ik voldoende vrijheid om te handelen en keuzes te maken naar eigen inzicht *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

20. In welke mate bent u het met onderstaande stellingen eens of oneens?

	Volledig oneens	Oneens	Weet ik niet	Eens	Volledig eens
Ik ben tevreden over het type werkzaamheden dat ik voor het sociaal team verricht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik weet wat er in het team van mij wordt verwacht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel mij thuis in dit sociaal team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het sociaal team is een aanwinst voor de stad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Bent u op de hoogte van de inhoud van de volgende documenten? *

Kies het toepasselijke antwoord voor elk onderdeel:

	Ja	Gedeeltelijk	Nee
Verordening Maatschappelijke Ondersteuning gemeente Doesburg 2016	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het contract tussen uw organisatie en de gemeente Doesburg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Welke 4 van de onderstaande 8 bepalingen worden volgens u genoemd in de Verordening Maatschappelijke Ondersteuning gemeente Doesburg 2016?

Beantwoord deze vraag alleen als aan de volgende voorwaarden is voldaan:

Antwoord was 'Gedeeltelijk' of 'Ja ' bij vraag '21 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? (Verordening Maatschappelijke Ondersteuning gemeente Doesburg 2016))

Kies 4 antwoorden

- ☐ Het college zorgt voor schriftelijke verslaglegging van het onderzoek in het ondersteuningsplan
- ☐ Na het gesprek verstrekt het college binnen 16 dagen aan de cliënt een verslag van het gesprek omtrent het ondersteuningsplan
- ☐ Het college merkt een ondertekend ondersteuningsplan aan als aanvraag als de cliënt dat op het plan heeft aangegeven
- ☐ Een maatwerkvoorziening kan slechts in natura worden verstrekt
- ☐ Het sociaal team verzamelt bij het vooronderzoek alle voor het onderzoek relevante gegevens over de cliënt en zijn situatie
- ☐ Het college bevestigt de ontvangst van een melding hulpvraag mondeling of schriftelijk
- ☐ Bij het verstrekken van een maatwerkvoorziening in natura wordt in de beschikking in ieder geval vastgelegd: welke andere voorzieningen relevant zijn of kunnen zijn
- ☐ Een hulpvraag kan door of namens een cliënt bij het college worden gemeld

23. Welke 2 van de onderstaande 4 werkzaamheden worden volgens u genoemd in het contract dat gesloten is tussen uw organisatie en de gemeente Doesburg? *

Beantwoord deze vraag alleen als aan de volgende voorwaarden is voldaan:

----- Scenario 1 ----- Antwoord was 'Ja ' bij vraag '21 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? (Het contract tussen uw organisatie en de gemeente Doesburg))

----- of Scenario 2 ----- Antwoord was 'Gedeeltelijk' bij vraag '21 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? (Het contract tussen uw organisatie en de gemeente Doesburg))

- ☐ Het sociaal team maakt samen met de cliënt een analyse van de situatie door middel van vraagverheldering en door het invullen van de zelfredzaamheidsmatrix
- ☐ Het sociaal team legt zo nodig huisbezoeken af en verwijst de cliënt, zo nodig, intern of extern door
- ☐ De casusregisseur en het sociaal team stellen samen een plan van aanpak op en brengen dit als advies aan de cliënt en de gemeente uit
- ☐ Het sociaal team ondersteunt de leefomgeving van cliënt, zodanig dat deze leefomgeving een constructieve bijdrage kan leveren in het hulpverleningsproces.

Mocht u nog vragen of opmerkingen hebben over het onderzoek: u kunt contact met mij opnemen via telefoonnummer (06) 83573596 of per mail, via s.bolhaar@nautus.nl

Bedankt voor uw deelname aan deze enquête.

Appendix 7: Questionnaire Social Team Almelo

Onderzoek naar samenwerkingsaspecten binnen het Stedelijk Wijkteam Almelo. In opdracht van: Universiteit Twente en adviesbureau Nautus.

Beste professional van het Stedelijk Wijkteam Almelo,

Allereerst wil ik u hartelijk danken voor deelname aan dit onderzoek. In opdracht van Universiteit Twente en adviesbureau Nautus wordt in Almelo onderzoek gedaan naar verschillende samenwerkingsaspecten binnen het Stedelijk Wijkteam Almelo (hierna: het Stedelijk Team).

Het invullen van de enquête kost 15 tot 20 minuten van uw tijd. Er zal vertrouwelijk met uw gegevens worden omgegaan en de resultaten zullen geheel anoniem worden verwerkt.

*In de enquête wordt de term 'professional' gebruikt, u mag dit ook lezen als: 'wijkcoach'.

Mocht u nog vragen of opmerkingen hebben over het onderzoek: u kunt contact met mij opnemen via telefoonnummer (06) 83573596 of per mail, via s.bolhaar@nautus.nl

Er zijn 29 vragen in deze enquête

Introductievragen

1. Vult u hieronder alstublieft uw voor- en achternaam in *

Vul uw antwoord(en) hier in:

- Voornaam:
- Achternaam:

Er zal vertrouwelijk met uw gegevens worden omgegaan en de resultaten zullen geheel anoniem worden verwerkt.

2. Welke opleiding(en) heeft u op MBO, HBO en/of WO niveau afgerond? *

Vul uw antwoord hier in:

3. In welke functie bent u werkzaam geweest alvorens u ging werken bij het stedelijk team?

Vul uw antwoord hier in:

4. Sinds wanneer werkt u voor het stedelijk team? *

5. Wat is uw motivatie voor deelname aan het stedelijk team?

Vul uw antwoord hier in:

6. Hoe is uw rol bij het stedelijk team tot stand gekomen? *

Kies één van de volgende mogelijkheden:

- ☐ Ik heb op eigen initiatief gereageerd op een vacature/advertentie
- ☐ Ik ben gevraagd voor deze functie; ik had zelf de keuze om wel of niet deel te nemen
- ☐ Ik ben in dit stedelijk team geplaatst; ik had geen keuze om wel of niet deel te nemen
- ☐ Anders namelijk:

7. Beschouwt u uzelf als een specialist of een generalist?*

***Als specialist bent u een expert in een bepaald vakgebied, u kunt problemen in dit vakgebied gericht aanpakken. Als generalist hebt u brede kennis van het sociaal domein en benadert u problemen vanuit verschillende invalshoeken.**

Kies één van de volgende mogelijkheden:

- ☐ Specialist
- ☐ Generalist
- ☐ Anders namelijk:

8. Hoeveel uren besteedt u in de praktijk per week gemiddeld aan uw werkzaamheden bij het stedelijk team? *

Vul uw antwoord hier in: ... uren per week

9. Heeft u als professional in het stedelijk team onderstaande taken uitgevoerd?

Kies het toepasselijke antwoord voor elk onderdeel:

	Ja	Nee	Weet ik niet
Het onderzoeken van ondersteuningsvragen van inwoners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het voeren van keukentafelgesprekken met de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het opstellen van een ondersteuningsplan voor de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het bespreken van het ondersteuningsplan met de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitbrengen van advies aan de gemeente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het mededelen van het advies aan de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het vervullen van de rol als casuscoördinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cliënten telefonisch te woord staan via het telefonisch portaal van KCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het beoordelen van een zorgplan wanneer een PGB wordt aangevraagd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het indiceren van Wmo-begeleiding en/of Jeugdhulp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van een 'second opinion'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het bieden van nazorg na tweedelijsinterventie aan de cliënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het onderhouden van contacten met (huis)artsen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regievoeren in multi-probleemgezinnen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van nuldelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Het regisseren van nuldelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van eerstelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het regisseren van eerstelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het uitvoeren van tweedelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het regisseren van tweedelijnszorg*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Aanvullende informatie:*

- *Nuldelijnszorg: mantelzorg, eigen kracht, ondersteuning.*
- *Eerstelijnszorg: vooral taken gericht op maatschappelijke ondersteuning.*
- *Tweedelijnszorg: meer specialistische zorg.*

Regisseren: regie voeren, u voert de taak niet zelf uit, maar houdt de regie. Het gaat om toezicht houden en eventueel aansturen.

10. Houdt u zich als professional in het stedelijk team in de praktijk met meer of minder taken bezig dan van te voren (in beleid en/of werkafspraken) is afgesproken? *

- ☐ Meer
- ☐ Minder
- ☐ Dezelfde hoeveelheid

11. Afspraken over nieuwe of aangepaste taken die tussentijds worden gemaakt, worden vastgelegd in een voor iedere professional te raadplegen document of systeem *

- ☐ Altijd
- ☐ Af en toe
- ☐ Nooit
- ☐ Weet ik niet

12. Wat zijn voor u de belangrijkste doelen voor het uitvoeren van uw werkzaamheden binnen het stedelijk team?

Kies exact 4 doelen die voor u het meest van toepassing zijn. *

- ☐ Bevorderen van participatie en/of sociale samenhang
- ☐ Samen innovatieve oplossingen bedenken in complexe situaties
- ☐ Duurdere zorg verminderen/terugdringen
- ☐ Bevorderen van eigen kracht en zelfredzaamheid van inwoners
- ☐ Het bewerkstelligen dat in het sociaal domein niet meer geld wordt uitgegeven dan nodig
- ☐ Ondersteuning kunnen bieden op meerdere gebieden
- ☐ Maatwerk kunnen bieden aan inwoners die dat nodig hebben
- ☐ De cliënt doorverwijzen naar een passende organisatie met passende zorg
- ☐ Investeren in preventie: voorkomen dat inwoners nieuwe/verergerde zorgvragen krijgen
- ☐ Overlap en dubbeling in dienstverlening verminderen
- ☐ Een aanspreekpunt voor cliënten kunnen zijn
- ☐ In crisissituaties snel kunnen ingrijpen

13. In hoeverre zijn de professionals van het stedelijk team het met elkaar eens over de gemeenschappelijke doelen die door het stedelijk team zouden moeten worden nagestreefd? *

Kies één van de volgende mogelijkheden:

- ☐ Alle professionals zijn het hierover met elkaar eens
- ☐ Een meerderheid van de professionals is het hierover met elkaar eens
- ☐ Een meerderheid van de professionals is het hierover met elkaar oneens
- ☐ Alle professionals zijn het hierover met elkaar oneens
- ☐ Dat weet ik niet: hierover wordt zelden tot nooit gesproken

14. In hoeverre bent u het eens of oneens met onderstaande stellingen?

	Volledig oneens	Oneens	Eens	Volledig eens	Weet ik niet
Ons team behandelt uitsluitend complexe, meervoudige vraagstukken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanuit ons team kan er snel en passend ingespeeld worden op de hulpvraag van inwoners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voor de aansturing van het stedelijk team en haar werkzaamheden is veel expertise nodig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De kwaliteit van aansturing is voldoende om mijn taken en werkzaamheden in het stedelijk team te kunnen verrichten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het maken van een verdeling van werkzaamheden en/of cases tussen professionals in het stedelijk team is gemakkelijk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het stedelijk team moet veel verantwoording aan personen of organisaties buiten het sociaal team afleggen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deelname aan het stedelijk team levert voor mij als professional meer voordelen dan nadelen op	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zelden treedt er een privacy vraagstuk op dat een optimale samenwerking tussen professionals uit het stedelijk team in de weg komt te staan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanuit ons stedelijk team worden crisiszaken vrijwel direct opgepakt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Binnen het stedelijk team bestaat er geen verplicht aantal te behandelen cases per professional (per week/maand). Hoe ervaart u deze vrijheid?

16. Beschikt u voor de uitvoering van uw werkzaamheden over voldoende financiële middelen, uren, kennis, informatie, (waardevolle) contactmomenten en aansturing? *

Kies het toepasselijke antwoord voor elk onderdeel:

	Ruim onvoldoende	Onvoldoende	Weet ik niet	Voldoende	Ruim voldoende
Financiële middelen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aantal inzetbare uren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over het beleid en werkafspraken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over de taken die ik moet uitvoeren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis over zorgproblematiek van cliënt(en)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kennis en vaardigheden van de andere professionals uit het stedelijk team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Achtergrond) informatie over de cliënt(en)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aantal contactmomenten met andere professionals uit het stedelijk team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waardevolle contactmomenten met andere professionals uit het stedelijk team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aansturing door een leidinggevende	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Hoe vaak vindt er face-to-face overleg plaats tussen het gehele team? *

Kies één van de volgende mogelijkheden:

- ☐ Nooit
- ☐ Dagelijks
- ☐ Een aantal keren per week
- ☐ Wekelijks
- ☐ Tweewekelijks
- ☐ Driewekelijks
- ☐ Maandelijks
- ☐ Anders namelijk:

18. Met welk cijfer beoordeelt u het functioneren van het ICT systeem 'Mens Centraal'? (1: ruim onvoldoende - 10: uitmuntend)

Kies één van de volgende mogelijkheden: schaal 1 t/m 10.

Verwachting en tevredenheid

19. In de contactmomenten met andere professionals uit het stedelijk team voel ik mij vrij en ongeremd in het geven van feedback aan deze professionals *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

20. Mijn expertise als professional wordt voldoende benut bij het uitvoeren van mijn werkzaamheden voor het stedelijk team *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

21. Afspraken die ik met andere professionals uit het stedelijk team maak worden bijna altijd nagekomen *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

22. Als professional uit het stedelijk team ervaar ik voldoende vrijheid om te handelen en keuzes te maken naar eigen inzicht *

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Nee

23. In welke mate bent u het met onderstaande stellingen eens of oneens?

Kies het toepasselijke antwoord voor elk onderdeel:

	Volledig oneens	Oneens	Weet ik niet	Eens	Volledig eens
Ik ben tevreden over het type werkzaamheden dat ik voor het stedelijk team verricht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Als ik voor de uitvoering van mijn werkzaamheden hulp nodig heb van andere professionals uit het stedelijk team zijn zij altijd bereid mij te helpen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik krijg voldoende trainingen/cursussen aangeboden zodat ik de voor de uitvoering van mijn werkzaamheden relevante kennis kan vergaren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik weet wat er in het stedelijk team van mij wordt verwacht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel mij thuis in dit stedelijk team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik vind het stedelijk team een aanwinst voor de stad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Hoe vaak leest u de 'maandelijkse mededelingen wijkcoaches'? *

Kies één van de volgende mogelijkheden:

- ☐ Altijd
- ☐ Vaak
- ☐ Zelden
- ☐ Nooit

25. Vindt u de 'maandelijkse mededelingen wijkcoaches' een passend middel om professionals in te lichten over nieuwe ontwikkelingen en afspraken? U kunt uw antwoord in de kolom hieronder toelichten.

Kies één van de volgende mogelijkheden:

- ☐ Ja
- ☐ Gedeeltelijk
- ☐ Nee
- ☐ Weet ik niet

Geef hier een toelichting op uw antwoord:

26. Bent u op de hoogte van de inhoud van de volgende documenten? *

Kies het toepasselijke antwoord voor elk onderdeel:

	Ja	Gedeeltelijk	Nee
De verordening maatschappelijke ondersteuning en jeugdhulp gemeente Almelo 2015?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(De actualisatie van) het functioneel ontwerp (mei 2016)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Welke 2 van de onderstaande 4 bepalingen zijn volgens u in de Verordening maatschappelijke ondersteuning en jeugdhulp gemeente Almelo 2015 opgenomen?

Beantwoord deze vraag alleen als aan de volgende voorwaarden is voldaan:

Antwoord was 'Ja ' of 'Gedeeltelijk' bij vraag '26 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? (De verordening maatschappelijke ondersteuning en jeugdhulp gemeente Almelo 2015?))

Kies 2 antwoorden

Selecteer alle mogelijkheden:

- ☐ Als een op het individu toegesneden voorziening noodzakelijk is, verstrekt het college de goedkoopst adequate voorziening
- ☐ Een ondersteuningsvrager komt niet in aanmerking voor een op het individu toegesneden voorziening met betrekking tot zelfredzaamheid en participatie als de noodzaak van ondersteuning vermijdbaar was, en de voorziening voorzienbaar was en maatregelen konden worden getroffen om de hulpvraag overbodig te maken
- ☐ Een op het individu toegesneden voorziening kan alleen worden verstrekt in natura
- ☐ Een inkomensafhankelijke eigen bijdrage is verschuldigd voor cliëntondersteuning

28. Welke 4 van de onderstaande 8 werkzaamheden worden volgens u in (de actualisering van) het functioneel ontwerp genoemd als werkzaamheden van het stedelijk team? *

Beantwoord deze vraag alleen als aan de volgende voorwaarden is voldaan:

----- Scenario 1 -----

Antwoord was 'Ja ' bij vraag '26 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? ((De actualisatie van) het functioneel ontwerp (mei 2016)?))

----- of Scenario 2 -----

Antwoord was 'Gedeeltelijk' bij vraag '26 [kennisbeleid]' (Bent u op de hoogte van de inhoud van de volgende documenten? ((De actualisatie van) het functioneel ontwerp (mei 2016)?))

Kies 4 antwoorden

- ☐ Schuldhulpverlening
- ☐ Vrijwilligers- en mantelzorgondersteuning
- ☐ Langdurige ambulante begeleiding
- ☐ Indicatiestelling huishoudelijke hulp
- ☐ Voeren van keukentafelgesprekken
- ☐ Vroegsignalering
- ☐ Deelnemen aan jeugdwijkoverleg
- ☐ Onderhouden van contacten met (huis)artsen

29. Indien u naar aanleiding van de enquêtevragen en/of de door u gegeven antwoorden nog vragen of opmerkingen heeft kunt u deze hieronder vermelden en toelichten.

Vul uw antwoord hier in:

Hartelijk dank voor het invullen van de enquête. Mocht u nog vragen of opmerkingen hebben over het onderzoek: u kunt contact met mij opnemen via telefoonnummer (06) 83573596 of per mail, via s.bolhaar@nautus.nl