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Collective Impact Partnership and Backbone Organisations as Enablers of Children's Wellbeing

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Definition

In this article, the question of partnership is approached from a perspective centred around the creation of a common agenda based on trust and from the children's point of view. Partnership and collaboration have traditionally been viewed as mechanisms to create bridges between organisations and institutions from the private, public and non-governmental sectors in order to enhance funder collaboratives, public-private partnerships, multi-stakeholder initiatives, social sector networks and collective impact initiatives. It was not however until Kania and Kramer's (2011) seminal work on collective impact when this subject came to be viewed as a developmental process aiming at the creation of a common agenda and mutually agreed activities and consisting of five integral parts: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and backbone support organisations. This article, based on a systematic review of the topic, maintains that partnership – approached from the point of view of children and through the lens of collective impact – constitutes a crucial mechanism in the creation of safe and comprehensive wellbeing for children. Thus, this article – using Kania and Kramer's (2011) definition of collective impact and focusing on the structure of partnerships and the nature of trust in organisations as the prerequisite for partnership – advocates the importance of the UN SDG17 principle as the bringer of inclusive society built upon principles and values, a shared vision, and shared goals that place people at the centre of human endeavour.

Introduction

The aim of this article is to advance the theorisation of partnership and its links with children's wellbeing with the tools and distinctions provided by the analysis of the more general research problem of collaborative action based on the principles of collective impact (Kania & Kramer 2011). This approach is necessary because the concept of partnership has been and remains ambiguous unless different types of partnerships and backbone organisations are not adequately distinguished, problematised and analysed in detail. This article approaches CI from a system's thinking perspective – i.e. it tries to see CI-initiatives occurring in systems maintaining that a system is an entity that manifests its existence through the mutual interaction of its parts. Systems thinking suggests that one can only understand (and subsequently improve) a system by looking at how all the parts interact with each other and how they are integrated. From this perspective, understanding CI-initiatives proceeds from the whole to its parts, not from the parts to the whole as occurs more generally in respect of knowledge.

This article aims to disentangle the concepts of partnership and backbone organisations – while reaching out towards the phenomenon of organisational trust – from the perspective of children's wellbeing by systematically reviewing 32 articles. In this article, the concept of partnership and backbone organisation is explored through the lens of collective impact, in the context of creating health and wellbeing for human beings and particularly for children. By investigating the structure of partnership and the rationale and logic of trust as the driver for partnership, this article paints a detailed picture of partnership's empirical manifestation. Focusing on partnership structure in CI initiatives aims to provide knowledge about how to encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships, which are essential objectives of the SDG17.

In this article, partnership and backbone organisations, grounded on organisational trust and aiming at collective effects, are considered to act as the drivers or enablers that contribute to children's health and wellbeing as an outcome. This article thus asks how partnerships and the varieties of backbone organisations contribute to children's wellbeing when the outcome (wellbeing) is approached in the light of collective impact (Kania & Kramer 2011): more precisely, this article focuses on the structure of partnership and the rationale and logic of backbone organisations as enabling factors and contributors to children's wellbeing.

The key concepts of this article are defined as follows:

Partnership is a reciprocal engagement among human beings, between human beings and institutions or between institutions *per se* aiming at a better future and wellbeing. Defined in this way, partnership occurs between family members, but also reaches further than the core family to the extended family and beyond, including the institutions of modern society. From the perspective of collective impact, the available research literature offers a set of consistent findings regarding neighbourhood effects and their relevance to children and adolescents (e.g. Sampson et al. 2002; Turner et al. 2012): these effects fall into the categories of social inequality and social and health problems (such as crime, mental health problems and school dropout) and can be traced through the following five interconnected domains: physical, social, service, socio-economic and governance (e.g. Goldfeld et al. 2010). Approached in this way, partnership involves the idea of social change (Clarke & Crane 2018) and requires the adoption of multidisciplinary working methods and co-creation/co-production incorporating citizens, service users and professionals from different sectors to contribute to children's wellbeing (Dolan et al. 2018; Cahn 2004; Fisher et al. 2018; Townsley et al. 2004).

Backbone organisation is a separate organisation and staff with specific skills designed to promote coordination, cooperation and leadership (Kania & Kramer 2011: 7-8). From the perspective of achieving long-enduring effects, backbone organisations promote facilitation, communication, quality assurance, data obtaining and management, as well as various technological aspects with a view to achieving collective impact. In this kind of operational context, leadership practice must be adaptive and stem from the best use- and understanding of leadership meta-skills to not only be able to navigate in the activity systems that are complex and multifaceted by nature, but also make the best use of human creativity and organisational trust (e.g. Uhl-Bien et al. 2007; Tammeaid et al. 2020). Trust is a support mechanism existing between persons and also between institutions more generally. In order for it to be beneficial to all parties, this mechanism should be reciprocal, thus benefitting all parties involved. Evidence from the existing research literature suggests that trust is a complex, multidimensional construct, rendering it amenable to diverse interpretations in different social situations and differing depending on the stage of relationship development at which it takes place (Fletcher et al. 2000; Kramer & Carnevale 2001). Trust entails generalised beliefs and attitudes about the degree to which other people are likely to be reliable, cooperative, or helpful, independent of the specific context or situation in which an interaction with them might take place (e.g. Wrightsman 1991).

Collective impact (CI) is a theoretical, conceptual and practical entity which has attracted significant attention over the last decade in collaborative and partnership-based activities not only in the domain of families with children but also in relation to various categories of public policies and services at the transnational, national, regional and local levels of governance. The notion of collective impact, which emerged in the early 2010s, postulates that large-scale social improvement entails coordination across various programmes and sectors. CI initiatives have been grounded on Kania and Kramer's (2011) seminal work on collective impact in which collective impact has been viewed as a developmental process consisting of five integral parts: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and backbone support organisations. Acknowledging that not all cooperation necessarily calls for a CI framework to be functional and successful, these five conditions nevertheless point to the thesis that the programmes or interventions have to work with each other to make a collective impact (Gao et al. 2019). Overall, CI is based in systems and complexity theories and therefore it does not function as an evidence-based model, where fidelity to a set of instructions or guidelines leads to success. Rather, the success of CI-based initiatives remains largely elusive, relying on the participants to work together to generate solutions to complex social issues. In their seminal work, Kania and Kramer's (2011) definition of collective impact advocates the importance of the UN SDG17 principle as the promoter of an inclusive society built upon principles and values, a shared vision and shared goals that place people at the centre of human endeavour. Overall, CI adopts a systems perspective and allows evaluators to focus on the processes and dynamics that give rise to synergies beyond individual-level outcomes (for a critique of CI, see e.g. Barata-Cavalcanti et al. 2020; Demant & Lawrence 2018).

Wellbeing is an outcome of a commonly agreed agenda and of commonly or jointly implemented activities. The science of wellbeing and the related academic literature has yielded extensive knowledge and measurement instruments over the last three decades. Wellbeing – and related concepts such as social inclusion and its counterpart social exclusion are context-specific concepts in at least three senses: in normative terms, in cultural/institutional terms, and in geographical terms (where one lives makes a material contribution to wellbeing and happiness, shaping access to material, social, cultural and political resources and increasing the probability of contact with other human beings and communities). At the individual level, a low level of wellbeing occurs as an outcome of the process of declining participation, access, material and spiritual deprivation and solidarity whereas a high or enhanced level of wellbeing refers to a capacity to participate in

normatively expected social activities and to build meaningful social relations (Giugni & Lorenzini 2017). In the context of this article, scientific development in the field of positive psychology has been interesting: focusing on the scientific study of flourishing individuals, institutions, and societies has meant that the field of wellbeing science has evolved and expanded. Wellbeing is now understood not simply as the outward display of positive emotion, but rather, as thriving across multiple domains of life. From this perspective, Seligman's (2011; Forgeard et al. 2011) wellbeing theory has been highly influential by delineating five domains of life that people pursue for their own sake – positive emotion, engagement or flow, positive relationships, meaning or purpose, and achievement – and linking them with Antonovsky's theory of sense of individual and collective coherence (e.g. Eriksson 2006).

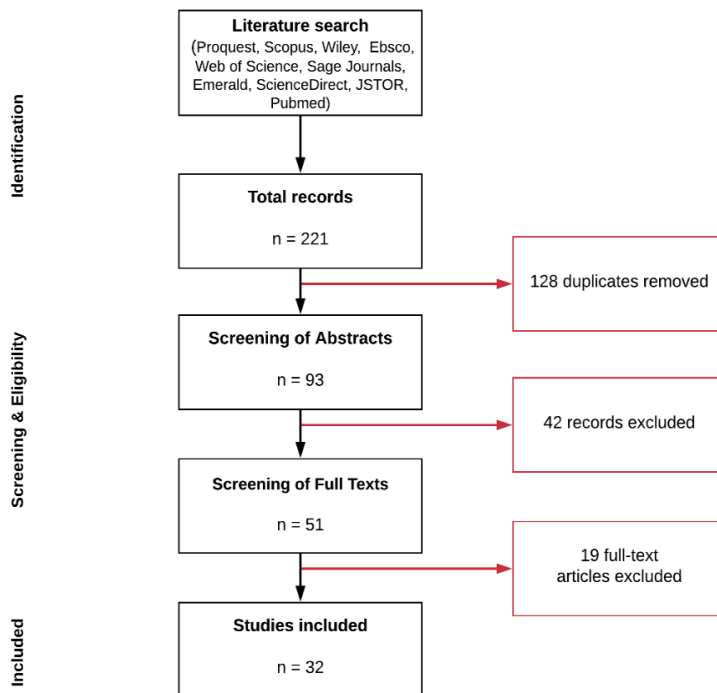
This article progresses as follows. First, the conceptual resources deployed in the article are discussed and the research design is presented. Secondly, the methodology of the systematic review is presented as well as the collation process for the data. Third, findings from the systematic review are reported. Fourthly, the main findings are discussed, and they are linked to the practice of CI. To conclude, the article draws together the main conclusions and sketches out a future research agenda around the topic of partnership as embedded in the creation of wellbeing.

Methodology

This article is based on systematic literature review method (Gough et al. 2012) and more specifically, it deployed the seven-step model put forward by Fink (2013). The review process consisted of seven components, including selecting research questions, selecting article databases and sources, choosing search terms, applying practical screening criteria, applying methodological screening criteria, doing the review and finally synthesizing the results. The review was compiled from the following electronic databases: Proquest, Scopus, Wiley, Ebsco, Web of Science, Sage Journals, Emerald, ScienceDirect, JSTOR, and Pubmed. The article search covered the period 2000-2020 and was focused on academic articles published in the English language. Search terms were applied to abstract titles and key word listings. Only journal articles were considered. The search was carried out in March 2020. The systematic review process is made explicit in Fig. 1 below.

The Boolean search term combinations used were (“CHILD” and “WELLBEING” and “COLLECTIVE IMPACT”). The search produced 221 articles; this was reduced to 93 after removing duplicates (128) using RefWorks. The remaining 93 articles were scrutinised by reading their abstracts in the screening phase of the analysis. The main inclusion criterion was the prevalence of the five CI criteria as put forward by Kania & Kramer (2011) and especially the availability of two main research dimensions in the study – the structure of partnership and the role of backbone organisations. In the screening phase special attention was also given to articles which had taken up the question of organisational trust. As we were interested in the empirical characteristics of partnership and backbone organisations in the literature, we screened the remaining 51 articles to ensure that our study included only empirical cases of partnership with reference to children and with a connection to CI. To meet this criterion, articles needed to contain an explicit reference to methodology for primary data collection and analysis and contain, or refer to, a definition of partnership, wellbeing and CI.

Figure 1. The systematic review process based on the PRISMA flow diagram.



Altogether, 32 articles passed the screening phase's eligibility test and were thus include in the final article sample. The article sample was analysed by reading the full texts and by carrying out a content analysis. The references in the selected articles were also reviewed in order to identify additional relevant publications.

In this article, content analysis refers to systematic analysis of contents drawn out and made explicit by selected article sample (32 articles) by deploying selection criteria which concern CI partnership structure and the functions and role of backbone organisations. In this article, the principles of contents analysis involved the interaction of two interlinked processes – the specification of the content characteristics and the application of the rules for identifying the characteristics when they appear in the articles to be reviewed (see, e.g. Frankfort-Nachmias & Nachmias 1996).

Results

General characteristics

This section contains the main findings of our systematic review. The reviewed articles were first authored by scientists from the USA (N=20), Canada (N=5), Australia (N=5), New Zealand (N=1) and Finland (N=1). The reviewed CI initiatives were undertaken in the same countries represented by the first author of the papers, except for one paper that reported on a CI initiative that was undertaken in seven South East Asian countries: Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, Thailand, Vietnam, and Timor-Leste (Michaud-Létourneau et al. 2019). The reviewed articles were published in journals covering disciplines such as public- and maternal health, pediatrics, management sciences, prevention science, social sciences, psychology, and psychiatry. The vast majority of the reviewed articles were however published in public health journals.

Next, we report on the objectives and structures of the partnerships described in the reviewed CI initiatives. We categorise the reviewed CI initiatives into international initiatives and national initiatives that included both regional and local partnerships. Some CI initiatives were also operated as multi-regional partnerships. We also report on the multi-regional and local partnerships further based on the focus area of the initiative. At the end of each category of partnerships we describe the structure of the backbone organisations supporting the type of CI initiatives discussed.

International partnerships and their backbone structures: two case studies

The results of our review show that only two studies addressed international CI initiatives. These CI initiatives utilised two international programmes; the Alive & Thrive (Michaud-Létourneau et al. 2019) and the 1000 days movement (Ritte et al. 2016).

The Alive & Thrive CI initiative was established with a focus on enhancing the feeding policies of seven countries in Southeast Asia. The partnerships involved A&T and UNICEF as well as national partners in each country (Michaud-Létourneau et al. 2019). The national partners were sought and incorporated into the CI initiative by using a stepwise process to initially form a national layer of partnerships. During the next phase, a second layer of partnerships was formed internationally from the seven participating countries. A&T's role in the CI initiative was to serve as a backbone organisation, with staff on the ground in each participating country. In its backbone role, A&T organised large events in each of the participating countries in order to create momentum for the initiative, provided funding for the local actions within the initiative and supported capacity building activities as well as the local policy advocacy processes. Furthermore, as part of its backbone activities, A&T served as a data manager, making use of the data to form key messages and materials for advocacy.

The goal of the CI initiative utilising the 1000 days movement was to enhance early childhood wellbeing among Australian indigenous families. The initiative was prepared in a process where members of indigenous communities from Indonesia and Norway were in dialogue with Australian key indigenous stakeholders (e.g. organisations and families), as well as with researchers, policy-makers, professional associations and human rights activists to define "what the Australian interpretation of the first 1000 days might look like". The CI initiative was operated as a series of symposiums that, through an iterative process, developed an adaptation of the 1000 days programme suitable for Australian indigenous families. Though not explicitly calling itself a backbone organisation, participating indigenous scholars together with Australian Indigenous organisations held the role of a backbone supporting the dialogue process with all of the participating stakeholders.

Multi-regional and local partnerships and their backbone structures: case examples from three thematic CI-areas

Thematically, most of the reviewed articles consisted of CI initiatives related to (1) *children's nutrition, food and obesity*. For example, enhancing healthy eating and breastfeeding, healthy food consumption, obesity reduction and assessing the impacts of nutrition related CI-initiatives provided the primary focus for the majority of the reviewed CI initiatives (Amed et al. 2015; Amed et al. 2016; Barata-Cavalcanti et al. 2019; Blake-Lamb et al. 2018; Bonnevie et al. 2020; Christens et al. 2016; Grumbach et al. 2017; Leruth et al. 2017; Herrmann et al. 2017; Meinen et al. 2016). All CI initiatives related to food and nutrition, except for one which dealt with breastfeeding promotion (Leruth et al. 2017), covered multiple regions and included local partners.

The local collaborative partners involved in these regional CI -initiatives were typically local government (Amed et al. 2015; Amed et al. 2016), community stakeholders such as schools, community services, local media, NGOs (Barata-Cavalcanti et al. 2019; Blake-Lamb et al. 2018), healthcare professionals such as community health centres (Meinen et al. 2016; Landry et al. 2020;

Weaver et al. 2017) and/or organisations directly serving low-income, ethnic minority populations (Leruth et al. 2017; Blake-Lamb et al. 2018) and local businesses such as store owners providing 'healthy products' (Bonnievie et al. 2020). Some of the reviewed CI initiatives were structured such that the local partnerships were connected to a wider, multiregional network, for example through the use of a widely used intervention or programme (Amed et al. 2015; Amed et al. 2016; Blake-Lamb et al. 2018; Bonnievie et al. 2020; Leruth et al. 2017). One article described a CI initiative that had partnered with a previously constructed large coalition, aimed at disseminating best practices to improve maternal- and child health. The pre-existing coalition began to utilise the CI approach in the collaboration with the help of an intermediary organisation (see Weaver et al. 2017).

The second most common focus area of the reviewed CI initiatives related to (2) *supporting children's and families' health and psychosocial wellbeing*, typically describing partnerships between various regional actors. Many of the CI initiatives in this category were related to supporting psychosocial wellbeing among families with children with various adversities such as homelessness and adverse childhood experience- factors such as parental mental health problems, poverty and violence (Cox 2018; Cox et al. 2018; Evans et al. 2014; Cutuli-Willard 2019; Forstadt et al. 2015; Cohen & Price 2015; Homel et al. 2015, Niemelä et al. 2019; Terrile 2016; Wills et al. 2019).

In this thematic area, partnerships included social and healthcare professionals as in the case of one CI focusing on crime prevention (Homel et al. 2015) and one CI dealing with childhood trauma (Wills et al. 2019). Other partners outside the traditional service providers included all available nongovernmental organizations like churches and NGOs (Niemelä et al. 2019) and local libraries (Terrile 2016). All CI initiatives were related to psychosocial wellbeing and health, except for two (Terrile 2016; Cox 2018; Cox et al. 2018) which were operated in multiple regions and included local partners.

Improving specifically the health of children or their parents (oral health, maternal and child health, chronic disease prevention, early childhood development) was the objective for the following partnerships reported by Grumbach et al. (2017), Morgan et al. (2020), Wilk & Cooke (2015), Gillam et al. (2016), Vermilya & Kerwin (2017), Weaver et al. (2017), Landry et al. (2020), and Morgan et al. (2020). Some of these health focused CI initiatives' stated goal was to reduce health- or developmental disparities among minorities (Grumbach et al. 2017; Wilk & Cooke 2015). Within these articles, partnerships varied and included local professionals such as local health departments (e.g. Morgan et al. 2020), but also, for example, experts outside the community giving lectures on the health-related topic that was relevant to the local community (Wilk & Cooke 2015). One report included a description of the specific 'site-coordinator' who was actively searching for collaborative partners among local health service providers (Wilk & Cooke 2015). This was found to be time consuming, but nevertheless crucial in achieving the aimed impact. Another article described the 'partnership working groups' formed for each initiative (Grumbach et al. 2017). The partnership working groups aimed to "develop and implement action plans emphasizing feasible, scalable, translational science-informed interventions and consider sustainability early in the planning process by including policy and structural interventions". The partners represent core social- and health service organisations.

Some CI -initiatives, focusing on support for early childhood development and maternal- and child health had, in addition to a local collaborative structure between local hospitals and local community organisations, an additional collaborative structure across several districts (Gillam et al. 2016; Landry et al. 2020; Morgan et al. 2020, Weaver et al. 2017). In these multiregional CI initiatives, the local stakeholders highlighted the significance of policy mandates and informal relationships between partners as having a positive impact on collaboration between partners (Gillam et al. 2016). In addition, 'an influential champion' - a recognised expert in the field - was

seen as a key person to help bring the required partners together to engage in collaboration (Landry et al. 2020).

Moreover, CI initiatives were reported on injury prevention, where a partnership was created between hospital and community organisations (Peterson et al. 2016), one was focused on HIV prevention through a partnership of local government, university and local civic stakeholders (Buchbinder & Havlir 2019). The 'Getting to Zero' San Francisco CI was a city-wide (together with San Francisco county) initiative launched by a small group of academic, civic and community leaders (public and private) with the shared goal of having zero HIV infections, zero HIV-related deaths, and zero HIV stigma and discrimination (Buchbinder & Havlir 2019). The injury prevention CI initiative was conducted in a single district (Peterson et al. 2016).

A collaborative partnership to address complex health risks was described in one article. The CI -initiative was conducted with a broad network which was established previously and included both regional- and provincial senior managers from 11 child and youth service sectors. The specific focus of this CI initiative was to provide support in complex health risk situations among minority populations which individual agencies were not able to address effectively alone (McPherson et al. 2017). The key actors in these CI -initiatives were the robust network of community-level stakeholders and target population-specific services such as regional school boards, child welfare agencies, regional health boards, youth criminal justice programmes, family resource centres and several government departments (McPherson et al. 2017). The network was described as a long-lasting partnership that nevertheless operated on a voluntary basis.

Thirdly, one of the reviewed articles focused on (3) *education-related CI initiatives*. Support for young people at risk of disengaging from education was addressed in an article describing a broad community level partnership (Demant & Lawrence 2017). The CI initiative was undertaken as a local collaboration between city mental health- and drug treatment and housing services, the police, local government and the Department of Health and Human Services and the Department of Education, Employment and Training (Demant & Lawrence 2017). The authors highlighted a need for multi sectoral partnerships to enhance education among groups of young people at risk of dropping out of the education system.

The structures of backbone organisations in the multiregional and local CI initiatives

The backbone organisations supporting national or multi-regional CI initiatives had several different structures. The most common backbone structure was a programme under the auspices of a participating university hospital (e.g. Amed et al. 2016) or university department (e.g. Meinen et al. 2016; Weaver et al. 2017) with staff dedicated specifically to help coordinate, support continuous communication and manage data used for the programme evaluation.

For some CI initiatives, an executive committee consisting of representatives of the participating organisations took on the role of the backbone organisation (e.g. Blake-Lamb et al. 2018) while in other multiregional CI initiatives backbone support was organised locally with added support provided by a university team across regions functioning as an academic-practice partnership (e.g. Christens et al. 2016, Morgan et al 2020). In one CI initiative a multi-agent management group (MMG) including leaders from all relevant sectors, such as social and health services, education, early childhood education, local NGOs and the churches and also supported by a private consultant, was acting as the initiatives backbone. Backbone organisations supporting local CI initiatives were most commonly constituted as a set of staff members from a public services department, such as social services (e.g. Homel et al. 2015), local health department (e.g. Morgan et al. 2020) or a local health board (e.g. Wills et al. 2019). Sometimes the backbone structure was very streamlined with only one to two staff members, with additional help provided by volunteers from the organisations participating in the initiative (Buchbinder & Havlir 2019). From the perspective of capacity-

building – which is an important content for SDG17 – this finding is important. It seems that capacity-building is not sufficient in the reviewed articles and calls for further scrutiny.

The tasks performed by the backbone structure varied across the reviewed initiatives, but mostly related to the provision of a guiding vision and strategy, supporting partners aligned activities, establishing shared measurement practices, building public will, advancing policy and mobilising funding. Overall, the structure and objectives of the backbone organisation in the CI initiatives outlined here were described in only approximately one third of the reviewed articles.

The role of CI-initiatives in systemic society

Seeing partnerships and institutions as systems can be categorised in multiple ways, but analytically in the case of CI these varieties fall into two main categories: closed and open systems (e.g. von Bertalanffy 1956; 1968). Closed and open systems share common features but also differ from each other in significant ways. For instance, closeness means that a closed system is responsive only to changes initiated by its own elements whereas an open system receives inputs from its environment. To conceive of CI-initiatives as open systems would help to understand the role of CI in a novel way – as a tool to interconnect with other systems, thus laying the foundation for complex systems that are hard to predict because they are difficult to engage and often very hard to understand.

CI-initiatives also bring to life the individual and collective actors existing on the boundaries of public policy. Approached from the point of view of policy analysis and process perspectives, Schneider (2020: 60-61), for instance, has recently underlined an important point by “bringing in individual, collective and institutional actors” to the public policy domain. Schneider (*ibid.*) argues that it would be particularly important to embed the analysis of actor constellations into structures of societal differentiation on the macro level. In addition, actor positions with regard to specific network roles should also be taken into account.

CI-initiatives are then located at the heart of societal institutions building bridges between various actors. Our point here is that cross-sectoral collaboration is a promising route to solving complex problems, but we need stronger partnerships where local practice issues become questions for academic research. Questions surrounding the CI initiative issue however remain scientifically under-theorised and thus require more research. Moreover, it would be additionally advantageous if the pertinent questions in relation to this task were derived from real-world practice.

An investigation of the relevant research literature by means of a systematic review, however, helps one to realise that systems thinking has a lot to offer in terms of implementation and research in relation to CI initiatives. According to analysis in this article, place-based or local CI initiatives are important (i.e. a common local agenda has to be accepted locally), but when using systems thinking we know that the work is not over after one system wide issue has been (temporarily) resolved, as new issues emerge and the boundaries of the system expand, or pressures from national actors to step in increase. This suggests to us that there should be a vertical governance and meta-governance structure that helps to deal with at least the national level pressures and help solve the local problems that the locals themselves cannot address on their own (e.g. lack of qualified staff and insufficient capacity-building).

As the results of this article suggests, the reported CI initiatives’ partnerships included local level stakeholders (including target populations) in the design and creation of the initiative’s aims and actions. This practice of co-creation helps in and of itself to generate social inclusion, an integral aspect of wellbeing at the local level. At the same time, if the local level CI initiatives do not have a vertical meta-governance and governance structure, they face the risk that local level questions become marginalised in relation to national level decision making processes, thus increasing social exclusion.

In the context of reviewed CI initiatives in this article, an important question relates to policy coherence, which is highlighted profoundly in SDG17 ideology.

Namely, one key finding from the research literature relates to fact, that across all CI-initiatives, regardless of their system-level base (international, regional or local), the formation of the partnership builds upon common agendas and jointly agreed goals, which enhances policy coherence. In the reviewed articles, the key stakeholders were identified based on the objective of the initiative and the partners were sought based on their ability to contribute to the shared goal. Several of the reviewed CI initiatives also established their partnerships based on existing networks and refined their prior goals and actions utilising the CI approach. Some existing networks also added new partners during the formation of the CI initiative. In terms of innovativeness, this indicates that CI-initiatives have relied more on ‘the usual suspects’ rather than on ‘out-of-the-box partisans’, which definitely is a challenge for policy coherence.

Secondly, the two most common focus areas through which CI-initiatives have been put together in order to help the children concerned are, children’s nutrition, food and obesity and children’s health and psycho-social wellbeing.

Third, it is apparent that the adoption of systems thinking would benefit CI partnerships in achieving jointly planned goals and the implementation of agreed common agendas by creating most appropriate cooperation networks aiming at best possible implementation of CI initiatives.

Table 1. Key findings in this systematic review and their relevance to other selected SDGs related to the outcome (*children’s wellbeing*) of this systematic review (authors’ interpretation).

| Key finding | Relevance of this systematic review’s key finding with other SDGs from the perspective of targeted outcome (children’s wellbeing) | | | | | | | |
|---|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | SDG1 | SDG2 | SDG3 | SDG4 | SDG5 | SDG10 | SDG11 | SDG16 |
| 1. The identification and selection process of stakeholders to contribute common goals and agenda | Strong relevance | Strong relevance | Strong relevance | Strong relevance | Strong relevance | Strong relevance | Medium relevance | Medium relevance |
| 2. The most common focus areas of CI partnerships relate to children’s nutrition, food and obesity and children’s health and psycho-social wellbeing. | Strong relevance | Strong relevance | Strong relevance | Strong relevance | Medium relevance | Medium relevance | Weak relevance | Weak relevance |
| 3. The adoption of systems thinking in achieving best results from CI partnerships | Strong relevance | Strong relevance | Strong relevance | Strong relevance | Medium relevance | Medium relevance | Medium relevance | Weak relevance |

Finally, table 1 summarises the findings in this literature review vis-à-vis other relevant SDGs from the perspective of the outcome of this systematic review (children’s wellbeing). Table 1 also makes explicit the need to boost policy coherence as the key ingredient and goal of SDG17 to enhance cooperation networks working together to alleviate effects of social exclusion, poverty and low-quality education.

Conclusions – partnership is crucial for CI-initiatives

SDG17 strengthens sustainable development by putting together multi-stakeholder partnerships, based on cooperative networks, that mobilize and share knowledge, expertise, technology and financial resources. Without partnerships, CI initiatives cannot operate. Moreover, according to this

article, partnership is essential in strengthening children's wellbeing. Partnership – supported and framed by backbone organisations – constitute a crucial element of all reviewed CI studies. The downside of our research is that there remains a paucity of research around the topic of partnership within the context of CI-initiatives which is odd given that the ideology of CI rests upon ideas related to cooperation, mutual understanding and creating common agendas to help children and their families.

Backbone support for the reviewed CI initiatives most commonly involved a programme or dedicated staff within a university- or public service department, or a formation where the executive board of the CI initiative, either by itself or supported by a consultant or volunteers, took on the role of backbone support. Overall, the structures of these backbone organisations were rather poorly described in the reviewed articles. As the role of backbone organisations has been highlighted in the study “when collective impact has impact” as a key factor in their success (Lynn & Stachowiak 2018) we would like to draw attention to the need to describe the structure and objective of the backbone organisation more thoroughly. This would allow CI- initiative planners to learn from the experiences of previous CI-initiatives, highlighting their key success factors. One potential explanation for this finding is offered by Weaver et al. (2017 p. 69): "However, despite the rich theoretical underpinnings of coalitions and collaboratives, many intermediary organizations struggle when describing, reporting and highlighting their successes."

From the perspective of organisational theory, the question of trust is essential in developing partnership and backbone organisations. Trust – or the lack of it – was discussed in some of the reviewed articles for this study but somewhat surprisingly not in a profound or extensive manner. Weaver et al. (2017), for instance, forward the idea that effective responses, such as feelings of trust, can serve as important mediators of cognitive and behavioural impact in CI-initiatives. Gilliam et al. (2016) concluded from their quasi-experimental study on the role of collaboration facilitators that the only significant predictor of collaboration is informal relationships. Their analysis suggests a hybrid process of partnership creation combining key elements of CI with a focus on relationship building, to support effective collaboration practices. Gilliam et al's (2016, p. 4) conclusion is that trust among partners is a key factor that facilitates or impedes effective inter-agency coordination. Communities in which there are personal relationships among partners or where there is a history of collaboration have more success (Bunger, 2010). Bunger (2010, p. 393) further emphasises this issue, noting that “[t]he personal relationships that providers develop with one another are key drivers of service coordination” (p. 393).

There are limitations of this systematic review that should be taken into consideration when interpreting the results. First, most of the reviewed studies came from North America which certainly gave to the body of research literature the heavy focus on the US (and North America) context. This literature review excluded non-English publications and those studies which were not published in peer-reviewed journals. The evidence of non-English countries has most likely been published in local publication forums and in non-English languages. Second, the reviewed studies included used varying study settings, which may have affected the way partnership and backbone organisations were scrutinised in the selected articles. Thus, selection bias of included studies may have affected the conclusions. Third, this systematic review was based on peer-reviewed publications, which meant that working papers and non-peer reviewed reports were left out from the sample.

This article highlights various challenges involved in embarking upon future research in this area. These include the need for a more detailed empirical cultivation of the role of trust in putting together and implementing partnerships designed to get the best out of interconnected network actors around the CI-initiative topic. Moreover, further elaboration on the issue of selection processes for partnership structure would help to understand the role and nature of innovativeness in CI-initiatives. Such analysis would necessarily involve investigating what processes trigger the

emergence of a partnership shaped by trust and how organisational processes pave the way for the best possible outcomes in implementing CI-initiatives. It is assumed that important research themes and topics from this perspective relate to organisational meta-skills, strategic sensitivity in organisations, and ethical frames that could be seen as *counter-poison* in alleviating the effects of organisational malevolence and inefficiency in CI-initiatives. In addition, studying the role of children as beneficiaries, participants and co-creators of services and programmes also merits more extensive empirical research.

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