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## Collective Impact Partnership and Backbone Organizations as Enablers of Children's Well-Being



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### Synonyms

[Backbone organization](#); [Co-creation of services](#); [Collaboration](#); [Collective impact](#); [Common agenda](#); [Cooperation](#); [Mutual understanding](#)

### Definition

In this entry, the question of partnership is approached from a perspective centered 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 organizations and institutions from the private, public, and nongovernmental sectors in order to enhance funder collaboratives, public–private partnerships, multistakeholder 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 organizations. This entry, 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 well-being for children. Thus, this entry – using Kania and Kramer's (2011) definition of collective impact and focusing on the structure of partnerships and the nature of trust in organizations 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 center of human endeavor.

## Introduction

The aim of this entry is to advance the theorization and conceptualization of partnership and its links with children's well-being 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 and Kramer 2011). This approach is necessary because the concept of partnership has been and remains ambiguous unless different types of partnerships and backbone organizations are not adequately distinguished, problematized, and analyzed in detail.

This entry 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 entry aims to disentangle the concepts of partnership and backbone organizations – while reaching out toward the phenomenon of organizational trust – from the perspective of children's well-being by systematically reviewing 32 articles. In this entry, the concept of partnership and backbone organization is explored through the lens of collective impact, in the context of creating health and well-being 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 entry 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 entry, partnership and backbone organizations, grounded on organizational trust and aiming at collective effects, are considered to act as the drivers or enablers that contribute to children's health and well-being as an outcome. This entry thus asks how partnerships and the varieties of backbone organizations contribute to children's well-being when the outcome (well-being) is approached in the light of collective impact (Kania and Kramer 2011): more precisely, this entry focuses on the structure of partnership and the rationale and logic of backbone organizations as enabling factors and contributors to children's well-being.

The key concepts of this entry 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 well-being. 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 neighborhood 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, socioeconomic, and governance (e.g., Goldfeld et al. 2010). Approached in this way, partnership involves the idea of social change (Clarke and 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 well-being (Dolan et al. 2018; Cahn 2004; Fisher et al. 2018; Townsley et al. 2004).

**Backbone organization** is a separate organization and staff with specific skills designed to promote coordination, cooperation, and leadership (Kania and Kramer 2011, pp. 7–8). From the perspective of achieving long-enduring effects, backbone organizations 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 organizational 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, multi-dimensional 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 and Carnevale 2001). Trust entails generalized 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 programs 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 organizations. 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 programs 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 center of human endeavor. 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 and Lawrence 2018).

**Well-being** is an outcome of a commonly agreed agenda and of commonly or jointly implemented activities. The science of well-being and the related academic literature has yielded extensive knowledge and measurement instruments over the last three decades. Well-being 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/

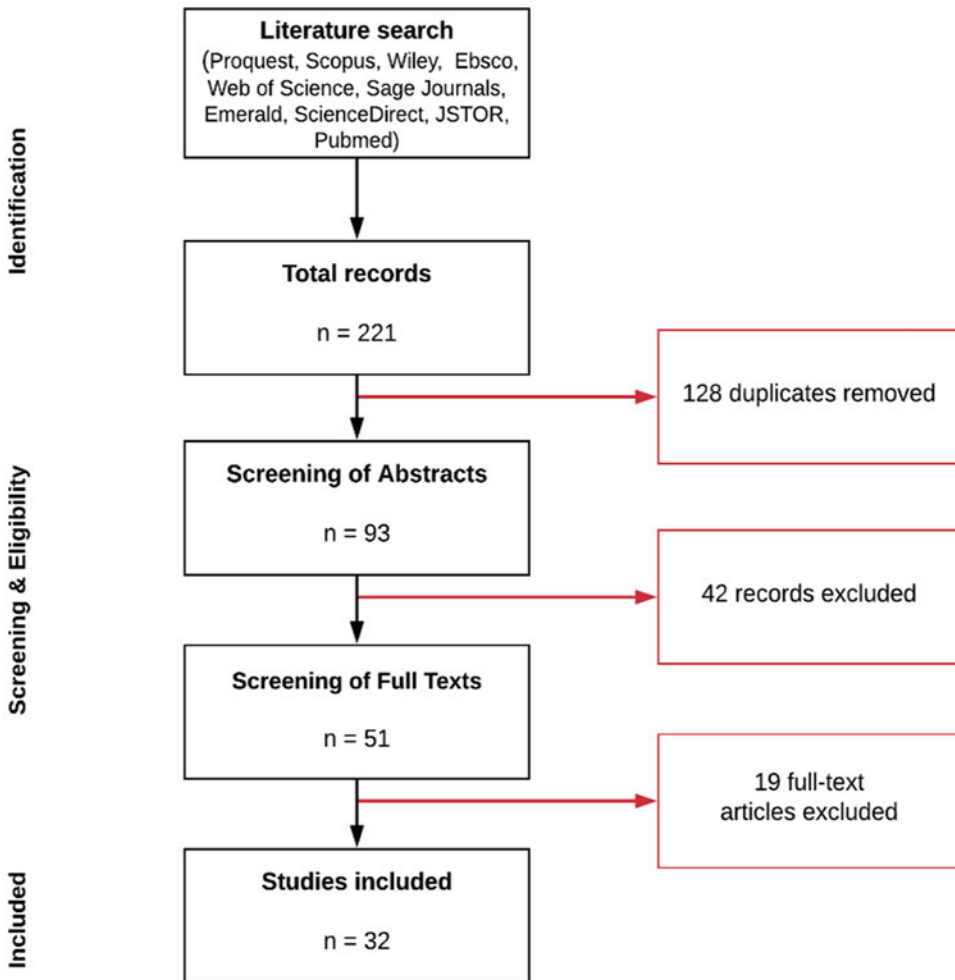
institutional terms, and in geographical terms (where one lives makes a material contribution to well-being and happiness, shaping access to material, social, cultural and political resources and increasing the probability of contact with other human beings and communities). At the individual level, a low level of well-being occurs as an outcome of the process of declining participation, access, material, and spiritual deprivation and solidarity whereas a high or enhanced level of well-being refers to a capacity to participate in normatively expected social activities and to build meaningful social relations (Giugni and 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 well-being science has evolved and expanded. Well-being 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) well-being 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 and Lindström 2006).

This entry 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 entry draws together the main conclusions and sketches out a future research agenda around the topic of partnership as embedded in the creation of well-being.

### **Data Collation Process for the Referenced Scientific Literature**

This entry follows the idea of systematic literature review method (Gough et al. 2012) and more specifically, it deploys 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 entry 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 “WELL-BEING” and “COLLECTIVE IMPACT.” The search produced 221 articles; this was reduced to 93 after removing duplicates (128) using RefWorks. The remaining 93 articles were scrutinized 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 and Kramer (2011) and especially the availability of two main research dimensions in the study – the structure of partnership and the role of backbone organizations. In the screening phase, special attention was also given to articles which had taken up the question of organizational trust. The remaining 51 articles were screened to ensure that this entry 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, well-being, and CI.



**Collective Impact Partnership and Backbone Organizations as Enablers of Children’s Well-Being, Fig. 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 analyzed 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 entry, 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 organizations. 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 and Nachmias 1996).

## Collective Impact Partnerships Contribute to Children’s Well-Being

### General Characteristics

This section contains the main findings from the data collation process. 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, the objectives and structures of the partnerships described in the reviewed CI initiatives are reported. The reviewed CI initiatives can be categorized into international initiatives and national initiatives that included both regional and local partnerships. Some CI initiatives were also operated as multiregional partnerships. The structure of the backbone organizations supporting the type of CI initiatives is also described.

### **International Partnerships and their Their Backbone Structures: Two Case Studies**

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

The Alive and 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 organization, with staff on the

ground in each participating country. In its backbone role, A&T organized 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 utilizing the 1000 days movement was to enhance early childhood well-being 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., organizations 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 program suitable for Australian indigenous families. Though not explicitly calling itself a backbone organization, participating indigenous scholars together with Australian Indigenous organizations held the role of a backbone supporting the dialogue process with all of the participating stakeholders.

### **Multiregional and Local Partnerships and their 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, 2016; Blake-Lamb et al. 2018; Bonnevie et al. 2020; Christens et al. 2016; Grumbach et al. 2017; Leruth et al. 2017; Hermann 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, 2016), community stakeholders such as schools, community services, local media, NGOs (Blake-Lamb et al. 2018), healthcare professionals such as community health centers (Meinen et al. 2016; Landry et al. 2020; Weaver et al. 2017) and/or organizations 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 program (Amed et al. 2015, 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 preexisting coalition began to utilize the CI approach in the collaboration with the help of an intermediary organization (see Weaver et al. 2017).

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

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 organizations, 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 recognized 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 organizations (Peterson et al. 2016), one was focused on HIV prevention through a partnership of local government, university, and local civic stakeholders (Buchbinder and 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 and 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 programs, family resource centers, 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. The CI initiative was undertaken as a local collaboration between city mental health and drug treatment and housing services, the police, local government, the Department of Health and Human Services, and the Department of Education, Employment, and Training. The authors highlighted a need for multisectoral partnerships to enhance education among groups of young people at risk of dropping out of the education system.

### **The Structures of Backbone Organizations in the Multiregional and Local CI Initiatives**

The backbone organizations supporting national or multiregional CI initiatives had several different structures. The most common backbone structure was a program 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 program evaluation.

For some CI initiatives, an executive committee consisting of representatives of the participating organizations took on the role of the backbone organization (e.g., Blake-Lamb et al. 2018) while in other multiregional CI initiatives backbone support was organized 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 multiagent 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 organizations 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 organizations participating in the initiative (Buchbinder and 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 mobilizing funding. Overall, the structure and objectives of the backbone organization in the CI initiatives outlined here were described in only approximately one third of the reviewed articles.

### **The Role of Collective Impact Initiatives in Systemic Society**

Seeing partnerships and institutions as systems can be categorized 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, pp. 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. The point addressed here is that cross-sectoral collaboration is a promising route to solving complex problems, but there remains the need for stronger partnerships where local practice issues become questions for academic research. Questions surrounding the CI initiative issue, however, remain scientifically under-theorized are 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 realize that systems thinking has a lot to offer in terms of implementation and research in relation to CI initiatives. According to analysis in this entry, 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 entry 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 well-being 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 marginalized in relation to national level decision-making processes, thus increasing social exclusion.

In the context of reviewed CI initiatives in this entry, 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 utilizing 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 psychosocial well-being.

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.

Finally, Table 1 summarizes the findings in this literature review vis-à-vis other relevant SDGs from the perspective of the outcome of this systematic review (children’s well-being). 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 multistakeholder 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 entry, partnership is essential in strengthening children’s well-being. Partnership – supported and framed by backbone organizations – constitute a crucial element of all reviewed CI studies. The downside 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 program 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 organizations were rather poorly described in the reviewed referenced literature. As the role of backbone organizations has been highlighted in the study “when collective impact has impact” as a key factor in their success (Lynn and Stachowiak 2018), it is noteworthy to draw attention to the need to describe the structure and objective of the backbone organization 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.”

**Collective Impact Partnership and Backbone Organizations as Enablers of Children’s Well-Being, Table 1** Key findings in this systematic review and their relevance to other selected SDGs related to the outcome (*children’s well-being*) 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

From the perspective of organizational theory, the question of trust is essential in developing partnership and backbone organizations. 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 behavioral impact in CI initiatives. Gillam 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. Gillam et al.’s (2016, p. 4) conclusion is that trust among partners is a key factor that facilitates or impedes effective interagency 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 emphasizes 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 in interpreting the referenced research literature in this entry. First, most of the reviewed studies came from North America which certainly gave to the body of research literature the heavy focus on the United States (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 organizations were scrutinized 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 entry 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 organizational 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 organizational meta-skills, strategic sensitivity in organizations, and ethical frames that could be seen as *counter-poison* in alleviating the effects of organizational malevolence and inefficiency in CI initiatives. In addition, studying the role of children as beneficiaries, participants, and co-creators of services and programs also merits more extensive empirical research.

## Cross-References

- ▶ [Accountability Frameworks for Partnership Toward Sustainability](#)
- ▶ [Achieving the United Nations Sustainable Development Goals: The Role of Transnational Governance](#)
- ▶ [Creating Sustainable Public Systems for Sustainable Development: Inevitable Global Norms and Partnership for National Implementation](#)
- ▶ [Cross-Sector Partnerships: Role Toward Achieving the UN Sustainable Development Goals](#)
- ▶ [Inclusive Partnerships: A Key to Achieving Sustainable Development](#)
- ▶ [International Governance of Global Commons in the Context of SDG 17](#)
- ▶ [Public-Private Partnerships and Sustainable Development](#)
- ▶ [Supporting the Sustainable Development Goals Through Partnerships and Local Development](#)
- ▶ [Traditional and Local Knowledge for Sustainable Development: Empowering the Indigenous and Local Communities of the World](#)
- ▶ [Transdisciplinary Collaborations for Achieving the SDG](#)
- ▶ [Universal Health Coverage: Healthcare System for Universal Health Coverage Under Partnerships](#)

- ▶ [Women-Led Partnerships and the Achievement of the Sustainable Development Goals](#)

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