If It Does Take a Village to Raise a Child, How Should the Village Do It? Insights from the Kids in Places Initiative

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Abstract: Cross-sector collaborations are some of the strategies used to promote early childhood development and wellbeing. Without these collaborations, key services for families with young children may be missed or even duplicated. By drawing from experiences in Canada and Italy, we share findings from a study that aimed to understand the factors that make cross-sector collaborations (CSC) succeed or fail. Specifically, the study focused on understanding how CSC promoting early child development are created, maintained, and consolidated; and on identifying the social psychological, organizational, and economic aspects of CSC that help or hinder their functioning. Based on qualitative analysis of data gathered from four focus groups and thirteen interviews conducted across seven Canadian and Italian communities, we conclude that the success of CSC depend of a series of factors that transcend context, language and culture.

Keywords: cross-sector collaborations, children, wellbeing, community

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Introduction

There are different strategies that communities can use to promote childhood development and wellbeing. To be effective and sustainable, these strategies require the joint efforts of community organizations such as schools, recreational, social, and health services.

A large body of international literature advocates for coordinating efforts through collaborations among different sectors in the community (Mikkonen & Raphael, 2010) primarily because without such collaborations, communities run the risk of missing or duplicating services. But, at the same time, research in social and organizational psychology teaches us that effective collaborations require multiple conditions that go beyond the establishment of collaborative committees (Butterfoss, Goodman, & Wandersman, 1996). For example, to form and maintain effective *cross-sector collaborations* (CSC), members from different organizations must trust each other, be tolerant of different professional cultures and be effective communicators (Lasker, Weiss, & Miller, 2001). CSC, also known as cross-sector actions for health (Dubois, St. Pierre & Veras, 2015), typically take place among members from different organizations operating in various areas of interest. They can take place in management, agriculture, transportation, public health, and any other sector that may draw benefits from putting their efforts together for a common purpose.

The potential value of CSC is acknowledged by intergovernmental agencies such as the World Health Organization (WHO) that supports the formation of partnerships between the health and other sectors to achieve better health outcomes for populations (Kreisel & Schirnding, 1997; Rowe & Stewart, 2009).

The published literature indicates that CSC can offer effective ways to promote the health and education of populations and to reduce social inequalities in a variety of contexts (Whitehead & Dahlgren, 2006; O'Neill et al., 1997).

However, not all attempts to work collaboratively in a community are effective. In fact, research on the effectiveness of CSC shows that collaborating across sectors can be challenging often because of factors related to jurisdictional boundaries, organizational mandates, and funding envelopes.

Such reports, however, are inconsistent with the existing literature on CSC that has attempted to identify what promotes or hinders the ability of groups working across sectors to achieve their goals. For example, in an analysis of eight case studies conducted by the Public Health Agency of Canada (PHAC) Chomik (2007) identified facilitating and limiting factors for CSC. Chomik (2007) found that CSC tend to be most effective in the

presence of a political mandate, efficient coordination of efforts, shared vision for improved efficiency, knowledge about the specific needs of the community, and evidence-based interventions. But Chomik (2007) also found that CSC were limited by the lack of role models, poor leadership, unwillingness among members to recognize the needs to be addressed, the co-existence of numerous and potentially conflicting mandates, the lack of resources, and changes in government and political mandates.

These findings are supported by other studies (Dick, 2002; Feinberg, 2008) including Fawcett et al. (1997) that found that CSC with dedicated staff, a shared vision, and strong leadership are more likely to succeed. Clear objectives, mutual learning and recognition of organizational limits, have also been found to facilitate CSC (Mantoura & Potvin, 2012).

In sum, the existing literature has highlighted that there are several specific conditions that are associated with effective CSC. These conditions can be grouped in three overarching categories of factors: social-psychological, organizational factors, and economic factors. *Social-psychological factors* refer to the inter-personal relationships among members of collaborating organizations. They include trust, mutual respect, sense of responsibility, commitment, and quality of communication. CSC tend to function most effectively if members trust each other, feel responsible and are committed to the CSC aims and objectives, and are able to communicate in a open respectful manner (Sofaer, 2000; Treiter et al., 2018). *Organizational factors* refer to the functioning, views, or mission of the different organizations involved in the CSC. For example, CSC tend to be most effective when different organizations have similar mandates and are able to identify similar priorities. *Economic factors* refer to resource availability such as people, funding and amount of time available, especially where political mandates are concerned. These conditions are similar to the ones emerging in the social psychological literature pertaining to inter-group dynamics (Shulz, Israel, & Lantz, 2003; Israel et al., 1995).

While there is enough literature on effective CSC in general (Chircop, Bassett & Taylor, 2014), more limited is the evidence base in relation to CSC that addresses the promotion of childhood development. When examining the international efforts in the promotion of CSC for childhood development, it appears that some countries are more actively engaged than others. For example, in several Canadian provinces (e.g., Québec, Ontario, British Columbia) there are established CSC involving public health professionals, researchers, policy and non-governmental organizations working together to promote healthy communities, foster cross-sector collaborations and support cross-national communities of practice (Kishchuk, Perrotta, & Swinkels, 2015).

More specifically related to children, in the last two decades Canada has seen the emergence of cross-sector efforts that, in addition to involving health and social services, has also included the active participation of the educational system and community organizations. For example, in 2013 the Ontario Ministry of Education released the Ontario Early Years (OYE) Policy Framework, which outlines the different steps the government plans to be taking in order to improve services for families with children aged 0 to 6. One key aspect of the OYE framework is the role that schools are envisioned to have in the integration of various kinds of service for young children and their families.

The effort towards integration of the educational system into the work of CSC is reinforced by emerging evidence about the gains that children and families obtain as a result of the implementation of such an approach. For example, Mort, Hughes, Dockendorf, Quigg and Hertzman (2008) conducted a study in which they looked at the structure and functioning of four CSC in British Columbia that were created to improve the quality of services for young children and their families. In particular, the study examined the active involvement of school administrators and educators in local CSC, versus those where the educational sector was only part of the cross-sector efforts at a nominal (i.e., formal) level. The in-depth case studies, showed the participation of the educational sector to be essential to ensure that children and their families are provided with high standards of care. Previous studies conducted in different contexts also support these results (Thomas, Rowe & Harris, 2010).

While Canada offers several examples of effective CSC that are concerned with childhood development, in other countries working collaboratively across sectors is not typically done. Italy is one of such countries.

Historically, Italian health, social, and educational services, non-profit organization, businesses and other community services have tended to work independently and although the value of CSC is well acknowledged by the Italian professional community, the idea of actually working in partnership is a relatively new concept (Boccacin, 2010). Exceptions are found in the field of health promotion of adolescents and adults in Emilia Romagna Region, for example, where some experiences of partnerships initiated by the Local Health Services, involving community organizations, schools and municipalities have been implemented with good results (Cicognani et al., 2015; Vanni, 2017).

In Italy, most existing and longer lasting CSC tend to be initiated by non-profit organizations, which include both associations of volunteers and social cooperatives (co-ops), also known in Italy as the "the third sector". Traditionally, the role of these associations of volunteers and social cooperatives was to provide assistance to the most vulnerable populations

(e.g., the elderly, families and children at risk, people with disabilities). In recent years their roles has changed, and other than providing assistance, they are also involved in implementing services and managing interventions. Since their inception in the late 1970s, these organizations have gained respect and credibility among Italian citizens and state organizations (Boccacin, Rossi, & Bramanti, 2011; Rossi & Boccacin, 2006; Seitanidi, 2008) and because of the trust people have in them, they are in an advantageous position to promote and support cross-sector efforts (Boccacin, 2010).

In 2013, Boccacin, one of the leading Italian scholar on Italian CSC, conducted a study in which she assessed the facilitating factors that made it possible for volunteer organizations to form and maintain CSC. She found that, mutual learning, ongoing dialogue among members of the CSC, trust among members, formalization of agreements between the partner organizations, and the recognition among partners were essential to the success of the collaboration. Participants highlighted that the only way to reach the established goals is to collaborate between sectors and organizations. Boccacin's research is unique in that it reveals some insights into CSC in the Italian context where organizations tend to work in isolation (Fazzi, 2011).

The need to work more collaboratively across organizations is well acknowledged by the Italian professional community. For example, Costa, Bass, Gensini, Marra, Nicelli and Zengaroni (2014) in their second report on the social and health inequalities in Italy, stated that, "the best way to disconnect the mechanism that turns social inequalities into health inequalities is to build strong cross-sector collaborations among the health sector and the various sectors operating in the communities".

Costa et al., (2014) also advocate for fair distribution of resources, improvements in evaluation plans at the organizational level, and the creation of partnerships between members from various organizations and sectors including the community and the business and private sectors. Seemingly, they encourage the health system to take a double role: to mobilize and support actions of advocacy and to encourage and support the creation of CSC.

Present study

Aware of the need to promote the creation of CSCs, The Kids in Place Initiative (KIPI) carried out the present study.

KIPI is a Canadian and Italian partnership initiated in 2012 by a governmental agency from the health and social sector (Agenzia Sanitaria e Sociale Regionale – ASSR) of the Italian Region of Emilia-Romagna (North-

ern Italy), and was funded through the Social Sciences and Humanities Research Council, one of the primary Canadian granting agencies. The broader scope of KIPI was to bring together academic, governmental, and non-governmental organizations from both Canada and Italy to study best practices pertaining childhood development.

Why a Canada-Italy partnership?

In the effort to understand the factors that contribute to lifelong wellbeing, it is essential that the broader socio-political context in which children live be examined (Bronfenbrenner, 1986). There are important aspects of the Italian and Canadian socio-political contexts the make this comparative study meaningful and insightful for both Italian and Canadian partners.

Italy and Canada differ substantially in their institutional histories in the ways in which they provide support to families with children. Whereas Italy follows a "European tradition", characterized by a long history of state support for child development (e.g., universal access to childcare), Canada follows a "liberal market tradition", which focuses more on cash transfers to families with children.

In addition, Emilia Romagna is a very unique Region that stands apart from the other 19 Italian Regions, particularly for its progressive practices and policies of socially responsible economic development. Emilia Romagna has been attributed the origins of the co-operative movement (Restakis, 2005; Logue, 2006; Rinaldi, 2002) and is home to unique early childhood education practices (e.g., Reggio Emilia Approach) that are looked upon by the international community with respect and admiration.

Today the Emilia Romagna Region (from here referred to as 'the Region') ranks tenth place of the 122 European Economic regions. In spite of globalization and large corporate takeovers, the Region owes its success to an alternative economic model that fosters and supports small to medium enterprises, with more than 40% of the Region's companies constituted by self-employed artisans in the fine arts and crafts (Restakis, 2007). Interestingly, it is in the same post WWII context that saw the beginning of this type of economic development that the Reggio Emilia Approach to early childhood education emerged, largely thanks to the visionary work of influential child advocates such as Loris Malaguzzi and other influential pedagogues of the time. The ideological grounds that originally allowed the creation of the co-operative movement, the flourishing of small business, and the emergence of the Reggio Emilia approach are, to a significant extent, still present today. For example, to date, a third of the Region's GDP is generated by co-operative enterprises (Restakis, 2007) and the Reggio

Emilia Approach is looked at, worldwide, as the gold standard for early childhood education.

Given these premises, it becomes evident that Emilia Romagna represents an exceptionally interesting context in which to conduct this partnership, in particular because of the unique combination of: 1) the presence of a state wide policy of universal access childcare; 2) the regional presence of a consolidated tradition of co-operative movement; 3) the unique approach to early childhood education in one of the Region's municipalities; 4) the Region's plan to address social inequality by intervening on key social determinants; and 5) the geographical, social and economic realities that differentiate our study communities (Bologna, Cesena, Parma, and Novi di Modena).

This comparative study is also beneficial to Italian policy makers that can learn from their Canadian colleagues especially in the area of cross-sector collaborations and 'ground-up' approaches to policy and program development.

For example, unlike Italy, Canada has yet to developed an adequate and comprehensive national strategy for early childhood education and care. While all Canadian provinces have adopted policies and implemented programs for early childhood development and care, there is great provincial variation in such programs and policies. For example, full-day kindergarten is being introduced both in Ontario and

British Columbia (BC). However, the programs offered to children in BC and Ontario are substantially different: in Ontario, but not in BC, an early childhood educator has been introduced in the classroom to work collaboratively with the school teacher. In BC full-day kindergarten begins at age 5 while in Ontario, where there is junior kindergarten, children are offered the program from the age of 4.

In addition to Provincial initiatives like the full-day kindergarten, there is a host of local initiatives in both provinces (e.g., the Understanding the Early Years program and the Best Start networks in Ontario, the Children First networks in British Columbia) that also play critical roles in local communities for early childhood development and care. These 'ground-up' approaches typical of the Canadian context contrast the 'top-down' approach observed in Italy where provision of programs for early childhood is regulated by state level and regional level policies. It is interesting to note that during the seminar in September 2011, our Italian partners were genuinely surprised to hear about the local initiatives that are undertaken in Canada. They noted that such an approach, that is, one where communities 'create' services and programs independently from regional or national governments, is highly unusual, if not unheard of, in Italy.

The Early Development Instrument – Italian version

One of the goals of KIPI was the translation and adaptation into Italian of the Canadian *Early Development Instrument (EDI* – Janus et al., 2007), a population-based tool used to assess children's development at school entry. The ASSR had an interest in the adaptation of EDI because it is a valid and reliable population assessment tool (Janus et al., 2007) that the agency recognized as potentially critical in informing their evidence-based practices in early childhood development.

Given its psychometric strengths and potential usefulness for program planning and evaluation, the EDI has increasingly been adopted and implemented by several countries around the world very much like other population health and social census indicators.

Because of its growing international popularity and the potential for cross-national comparisons, the Offord Centre for Child Studies, which holds the EDI licencing, has developed specific guidelines that assist non English speaking countries in the translation and adaptation process of the EDI from English into other languages. One key aspect of such guidelines is relevant to the work presented here because it requires the establishment of collaborations between sectors to facilitate not only the process of data collection but also the dissemination of results to advance wellbeing of children at the community level.

Therefore, here we report findings from a study we conducted on the barriers and facilitating factors for the creation and sustainability of CSC specifically established to validate, pilot test, and implement the EDI in the Emilia Romagna region, Italy.

This CSC was established by the ASSR in 2013 and consists of representatives from the health, education, and social sectors from four communities: Bologna, Cesena, Parma and Novi di Modena. A total of four CSC were created for each of the four communities with regional representatives from the ASSR sitting at all four community tables.

The Italian CSC were created and coordinated in consultation with the KIPI lead investigator (second author on this paper), an Italian-Canadian researcher with expertise in community resilience and childhood development, and her team. The Canadian team supported the development and implementation of the EDI in Italy drawing from their expertise and Canada's well-established history of collaboration across sectors for programs and services targeted to young children and their families.

The purpose of the study described here was to understand what factors contributed to the success of CSC in Italy, having Canada as a point of reference because of its experience with CSC in the childhood development sector.

To this end the study focused on understanding how CSC promoting childhood development and wellbeing are created, maintained, and consolidated; and identifying the social psychological, organizational, and economic factors that help or hinder CSC's functioning.

Method

Participants

The study took place both in Canada and Italy. In Italy, twenty representatives from various sectors of service provision (health, social and education) took part in focus groups and individual interviews. In Canada nine leaders of CSC focused on childhood development took part in individual interviews. In total 29 service providers from Italy and Canada took part in this study.

Of the nine Canadian participants interviewed, three were managers of non-profit organization for childhood development, two were executive directors for health, one represented the social services and three were coordinators of community-based programs for childhood development.

Of the twenty Italian participants who participated in the focus groups, four were representatives of the health services, eight were teachers and early childhood educators, five were municipal representatives for childhood development services, and three were representatives of the social service. Overall, in both countries, the average age of the participants was 50 years. Twenty-six of the participants were females and three were males.

In each focus group conducted in Italy there were participants who represented the early childhood education sector, the health services, and the social services. Four of the participants who took part in the focus groups were also interviewed individually soon after the completion of the focus groups.

Interview and focus groups questions

Given the landscape of service provision and socio-political context that differentiate Canada and Italy, and to maintain ecological validity, we created interview and focus group scripts depending on where the data collection took place, while keeping consistency with the specific goals of the study. The goal in this study was for the two countries to learn from each other and to this end it was essential that the questions posed to the participant be relevant to their context and professional experiences. At the same time, because the general topic of the research was the same in both countries - cross-sector collaborations-, we knew that we would have been able to explore commonalities and differences that transcended the regional/country-specific context at the analysis level.

In the end, we managed to develop scripts for the interviews conducted both Canada and Italy that included similar questions. In both countries, for

example we asked the following questions, (which were translated in Italian for the Italian participants):

1. Please describe your organization/agency;
2. What is your role within the organization/agency?
3. Do you work in collaboration with other organizations/agencies? Could you expand on your collaborative work? How is it done?
4. Could you give me an example of the agencies you work with?
5. In your opinion, what are the benefits that your organization derives from working with other organizations?
6. In your opinion, what are the factors that make a local coalition successful?
7. In your opinion, what are the factors that threaten the work of coalitions?
8. What role does the EDI play in all your work?

Furthermore, in the focus groups conducted in Italy, the same questions were asked, but they were posed to the group instead of directing them to the individuals participating in the focus groups. However, to respect the participatory process and to encourage open discussion among focus group participants, we introduced the questions in a conversational manner, placing more emphasis on the two questions assessing barriers and facilitating factors for the creation and sustainability of CSCs.

Data Collection in Canada

Participants in Canada were identified using a "snowball sampling" technique (Bowen, 2005). The research team relied on their extensive networks of collaboration to identify individuals who would be expert informants on the topic of CSC for the early years. The sampling process began by asking representatives of organizations familiar with the project - having themselves collaborated in previous projects with the leading investigator – to recommend other representatives (key experts) who worked across sectors in their community.

Invitations were sent to eleven key informants in the provinces of Ontario and British Columbia. Nine individuals (all women) agreed to participate. As per participants' request, the interviews were conducted at their work site in person or via teleconference using Skype. The interview protocol was designed to gather information about how collaborations across sectors that promote the wellbeing of children are created, sustained, and maintained over time.

Data Collection in Italy

In Italy, participants were purposely sampled (Jackson & Verberg, 2007) from a pool of informants who participated in the process the EDI adaptation and implementation that took place as part of KIPI. Participants

were motivated to participate in the focus groups by their desire to share their own views and experiences of working in collaborations with other sectors.

Focus groups. One focus group took place in each of the four communities on four different days over the course of one week. The leading investigator in the study (second author on this paper), a research assistant from Canada (first author on this paper) and one graduate student from Italy led the focus groups jointly. The research assistant and the graduate student's roles were to assist the lead investigator and learn how to conduct focus groups in a community setting. The leading investigator in the study has extensive experience in qualitative research methods and prior to conducting the interviews and focus groups she held training sessions with the research assistant and graduate student to familiarize them with both questions and process.

On the days in which the focus groups took place, participants presented themselves at the chosen location where they were greeted by the research team and invited to sign an informed consent (ethical approval for this study was obtained through the ethics committee at Carleton University, Ottawa, Canada). Each focus group lasted approximately 2 hours, was audiotaped and transcribed verbatim.

Interviews. On the same day of the focus groups, the leading investigator, the research assistant and the graduate student conducted four separate interviews with four directors and managers (3 women and 1 men), each representing one of the four participating communities. Upon signing an informed consent, participants responded to a series of questions that asked them about challenges and facilitating factors for the creation of new CSC facilitated by KIPI.

The interviews took place at the same location and same day of the focus groups. Each interview lasted approximately one hour and a half, was audiotaped and transcribed verbatim.

Data analysis

Given that the leading research team is bilingual (Italian and English) none of the transcripts were translated, but rather analyzed as such. Data was transcribed verbatim from the audio files and then analysed using the NVivo software (2014) and according to procedures of thematic analysis as described by Rubin and Rubin's (2005). Initial data analyses were conducted by the Canadian research assistant (first author on this paper), and then further refined according to discussions around the themes identified with the lead investigator (second author on this paper). Therefore, the themes identified in this analysis are the result of a consensus process that took place between the two primary members of the research team.

Results

Results from interviews conducted in Canada

The goal of conducting interviews with informants in Canada was to gain insights into the expertise and point of views of individuals who have experience working collaboratively across sectors for programs targeted to childhood development. A thematic analysis of the interviews conducted with the nine expert informants revealed that there are common themes in the narratives of this pool of participants. The themes that emerged during the interviews spoke both to the successes and failures of cross-sector collaborations and are grouped into four main categories: *types of CSC*; *benefits drawn from CSC*; *challenges associated with CSC; and facilitating factors to successful CSC*. Each of these themes is discussed in what follows, and quotes are presented without any description of the source to protect anonymity of participants.

Types of CSC: interview participants spoke at length about their current and past involvements in CSC. From the numerous discussions around this theme, it became clear that working in collaboration is a common practice among our Canadian respondents. For the most part, participants described two distinct types of collaborations across sectors: those that have a political mandate (top down) and those that are spontaneously initiated by the community (bottom up). In both cases these collaborations are initiated to respond to a specific problem that is perceived as a priority by the community or the various levels of government. Participants offered detailed accounts of these two kinds of collaboration as described below.

Politically mandated CSC: CSC with a political mandate (top down) were described by participants as arising from a priority established by the federal, provincial or municipal government, and requiring the collaboration of different sectors towards the solution of a common problem. These CSC often emerged as necessary conditions for community agencies to access funding envelopes that would otherwise be unavailable if a service provider was to work towards the solution of the problem in isolation. Examples of these (top down) politically mandated CSC include poverty reduction strategies, programs designed to support families with young children, and programs designed to prepare children for school. A participant from Ontario explained the nature of such collaborations:

> "(…) because our funders said that we need more collaboration that everybody said, okay, we have to do it more. So, whatever encourages them to see either benefits], great, but it has been a longer road than it could have been. I think that there could have been opportunities to do that work. For example, take Best Start. When Best Start first came out it was for Ottawa to work collaboratively, it was to create a system to better services and to strengthen organizations."

Another participant from British Columbia said:

> "So when the government announced that funding, some of our community members saw money "oh, the government is going to give us money!" Yes, that's great! However, our community is not ready. We have to be able to show that we have done some integrated service, even if it is just collaboration, around early years hubs, one stop shop (...) Municipalities across the province are the ones, currently mandated through the legislation, to deliver childcare services."

Self-initiated CSC: unlike politically mandate initiatives, self-initiated CSC were described as those spontaneously created by one or more organizations with the purpose of tackling an issue that is perceived to be of priority interest for the community and that it is believed to be better resolved by the whole community of service providers. A participant from British Columbia talked about why self-initiated CSC are valued by various community members:

> "After many years of working as a community developer and the support from the community, from the integration team makes it possible for us to have the trust of agencies, government, businesses, although businesses are still a tough road to have them connected."

A participant from Ontario also talked about the positive value of CSC to various community agencies:

> "(...) We start collaborations according to the need. Some are short-term other long-term. The collaboration with Growing up Great is more strategic, with a long view and then it becomes stabilized, something that has always new objectives (...) I think that in Ottawa we have a very healthy community that is a nice size and that has a very nice collaborative approach to the work."

Benefits drawn from CSC: participants provided an extensive list of advantages that are believed to benefit themselves as professionals and their organizations when involved in cross-sector collaborations. Participants felt that they gained in terms of sharing of knowledge and expertise by collaborating with professionals from other organizations. They felt that this sharing of knowledge granted them access to information about best practices that would otherwise not be available to them and allowed them to expand their views on the issue at hand by seeing how the same problem is tackled by organizations with complementary expertise. Informants sometimes also mentioned that cross-sector collaborations could lead to sharing of costs for program delivery or increase chances for obtaining access to funds that are specifically allocated for projects that are carried out by more than one community organization. In addition to benefits to themselves and their organization, participants also spoke about advantages to the families and children

who receive better-coordinated and more efficient services as a result of a community's cross-sector work.

Other benefits mentioned by the participants included networking (the opportunity for partners to establish new relationships with other community-based groups); better coordination of interventions that are facilitated by a common purpose; the emergence of new and innovative ideas (stimulated by the diverse expertise partners brings to the table); understanding of priorities across sectors (what are other partners' priorities?); filling in existing gaps in the delivery of services, valuing the perspective of different members; and creation of a network to move the agenda forward (unite for the same cause).

These last two points (creation of a network to move the agenda forward and filling in existing gaps in the delivery of services, thanks to the inclusion of different perspectives) were well captured by one participant in particular who said:

> "There are still a few gaps [in the delivery of services] and that is why we continuously say that we need new members. Having these different perspectives means that we can do the job right. If the perspective is not there, I know some of the issues but I'm not directly affected by it. So, having those voices will help."

Another participant commented on the benefits organizations derive from networking with other organizations. These benefits refer to reciprocity, mutual help, increased effectiveness and coordination, avoiding replication and resource loss:

> "I think that there are so many benefits. I think that one is that you get the information that you need in order to deliver your services and it is up to date, it is current, and you have connections in the community to be able to contact and get the support you need in order to deliver your service. The second is that you are able to identify if you need to coordinate services or be able to improve or not offer a service because somebody else is delivering it and so you use that service. Or together work on getting work done."

Participants also spoke at length about the benefits that working collaboratively across sectors bring to the community itself. As described by one participant:

> "For the community the programs are free, they have access to more services. We are able to provide some seamless services as well, which is great. They [community members] have access to information that supports health and wellbeing. They can have access to information about themselves, about the family, and if we don't have it here, then we can contact one of our partners and say 'I'm looking for this particular information, do you have it or do you know where I can refer

this family to?' So, there are a number of benefits around working in partnership."

Particular emphasis was placed by participants on the access to a wider variety of services and easier access to such services, especially when cross sector collaboration leads to the creation of hubs where all services for families and children are offered at a centralized location. One of the participants described this idea of the hub as "one-stop shop for family resource support and for a feeling of connection with the community."

Challenges associated with CSC: this theme refers to a series of factors that participants identified as limiting their ability to achieve successful collaborations across sectors. Although the analysis clearly revealed that working collaboratively is the preferred choice among participants, limiting factors were nonetheless identified. In particular, participants identified administrative challenges, cultural challenges, and funding challenges.

Administrative challenges: participants pointed out that CSC almost always require the coordination of a committee and that such committees must include an administrative component that is responsible for managing the group, encouraging discussions, defining goals, and creating equal opportunities for participation from all members. When discussing these administrative challenges participants spoke about the lack of leadership often due to the inability or lack of willingness of the group to appoint a member of the CSC as chair or leader of the group, to effectively support and lead. As a result of this lack in leadership, participants spoke about the difficulty keeping partners up to date, which in turn tends to lead to poor communication and increased potential for conflict and inefficiency. Furthermore, participants reported that not having a lead administrative figure for the partnership could result in unclear goals and objectives for the partnership itself, the inability to evaluate priorities and adjust personal priorities accordingly, and potentially also favouritism or unequal opportunities for participation among the various members:

> "(…) That's a problem in our sector. Typically we have been very under supported in that kind of administration piece. You know, everybody talks about the need for collaboration and integration and I think that we all really believe in that but when you leave the meetings with homework, that's the problem, that's the burden, that is what causes people to disconnect."

> "We find, and we call it a backbone, to really affect change you need to have almost an agency or a group that provides the structure behind the collaborative work, because if you are really trying to have an impact you have to be able to organize and measure whether you are effectively doing that."

Cultural challenges: different work cultures were mentioned by participants as potentially key challenges and barriers to successful cross sector collaborations. When partners decide to work together, they bring with them their organization's culture and values, their professional worldviews, the expertise of their specific discipline, and their technical language. All of these could potentially and unintentionally clash with other organizations' cultures, values, language etc,. This because they may not be openly addressed in the tables, remaining implicit and working in the background.

Participants also focused on the potentially limiting factors of organizational rigidity or inflexibility where even when people are sitting around a collaborative table, they still end up working in silos because they are limited by their organization's inability to remove existing rules and protocols that work against cross sector collaborations. Participants also spoke about the role of scepticism, where participants in a collaborative effort may create mistrust towards their partners' motivations, and lack of transparency about other organizations' motives for participation in the partnership. Other cultural challenges include the potential for organizations' self-interests and their inability to compromise; the clashing of views that could stem from different organizational mandates: the inability of members of the cross-sector table to remain objective regardless of the issue at hand; the inability to accept opposing views regarding potential approaches or solutions; and the inability to embrace change. These points were well summarized by two participants who said:

> "One of the larger barrier is around individual agendas, turf and dollars. People might come with that resistance at the table. But I don't think that it happens a lot. Sometimes it happens in the first one or two meetings and then people who can't really get over those barriers they remove themselves from it and then the people who are there because they are open to the concepts and idea, they continue."

> "We have new phases, we have some new people who have great ideas but we also have people who have been there for a long time and they know this old system, the one that they really like and have ways of doing things that are not supportive sometimes. So, there are people who have been around, wanting to do good work, but not necessarily see this new system as 'we need to move forward'. They say they do but it is not always the case because, again, it goes back to 'protect what I have and not lose what I have' and so, it does cause challenges."

Funding challenges: not surprisingly, the issue of resources and the lack thereof showed up repeatedly in the data analysis. Participants spoke about the fierce competition among organizations to secure the increasingly scarce resources. One participant reported the following:

> "I think that in (…) we are fairly competitive. Unfortunately, is it not as collaborative as it could be. It has always been very competitive. There are so many of us, there are a lot of organizations and we often compete for the same funding, we often apply for the same grant".

In addition to the many challenges that participants identified, a great deal of discussion took place around the need to change the collective organizational culture around collaborative work so to encourage individuals and organizations to become more involved and better able to effectively work in teams across the different sectors to address a common issue of interest. These participants' quotes summarizes well the sentiment most participants felt about CSC:

> "(…) Like many communities we have a lot of silos, we have a lot of mistrust among agencies and a lot of that is based on fear of loosing funding. So, in order to build trust it is necessary to engage partners in some honest dialogue. And one of the struggles often is that an agency sends someone who doesn't have decision-making powers. I struggle to get those who have the ability to make decisions."

> "(…) I think the challenge is try to engage people in conversation where they themselves are challenged to try to step out of that advocacy role and really look at things as objectively as possible from a program management and system perspective."

Facilitating factors to successful CSC*:* Participants talked at length about the factors they perceived as conducive to successful collaborations. These factors included the presence of clear terms of reference for the partnership where rules and roles are agreed upon and collectively identified; open and respectful communication among partners; a fair distribution of tasks; the existence of clear objectives to work towards; and the presence of a plan for evaluation of the partnership and the programs that derive from it.

> "I think that what makes this partnership work is that the individuals at the table are leaders in the sense that they can make decisions, they don't have necessarily to go back. We can make decisions at the table, we all bring in different levels of expertise. There is directors at the table, there are managers, coordinators, a few frontline workers, the chair is a strong leader as well, so, she keeps us on track, focused: this is the agenda, these are the minutes, the meeting reminder, that we have a room. That is key, because at that particular work group there are a lot of us around the table, an average of 15 people. And when you have 15 people around a table, she, the chair, keeps us on track, ongoing, open communication, feedback, those type of things which I think are crucial."

Results from focus groups and interviews conducted in Italy

The aim of the focus groups and interviews conducted in Italy was two-fold: to understand the involvement of Italian organizations in cross sector collaborations; and to gather participants' perceptions on the factors that contribute to the success of CSC with a particular focus on the newly established KIPI collaboration.

For convenience we present the results of the thematic analysis on this topic for the focus groups and interviews combined since the themes that emerged in the two modes of data collection are comparable.

Before delving into the results, however, it is important to discuss an issue of terminology that arose soon after we begun interacting with the Italian participants. As we asked about their views about working collaboratively across organizations it became clear that participants struggled on the term to use to describe this type of collaboration. Therefore we spent considerable time clarifying such terminology and to identify the best terms that our participants recognized as descriptive of CSC. Several words were considered including: collaborazione (collaboration), lavorare in rete (networking), partenariato (partnership). We finally settled on the use of the term networking (lavorare in rete), which was acknowledged as the most appropriate by most participants.

Just like the analysis based on Canadian interviews, four main themes emerged from the analysis of the Italian transcripts: types of CSC; benefits drawn from CSC; challenges associated with CSC; and facilitating factors to successful CSC.

Types of CSC: when asked about their involvement in networks, most participants reported that at some point in their career they had participated in community programs that had been mandated by the government. Examples of such networks included those established to support families at risk, teaching how to administer drugs in schools, providing support to immigrant families, protecting children at risk, or providing programs related to reducing vulnerabilities among youth, and programs established in response to natural disasters.

It is worth noting that none of the participants gave examples of self-initiated collaborations such as spontaneous collaborations to confront a particular issue, nor did they provide examples of proactive collaborations in response to a need identified by the community (bottom up). In other words, our thematic analysis revealed that CSC in Italy are only politically mandate (top down).

Nonetheless, some participants gave examples of small, short lived, informal collaborations between schools and "special interest group" (e.g., parents association) or collaborations among paediatricians and schools. In one

of the focus groups, participants talked about collaborations taking place between parental associations and schools or the association of volunteers (NGOs/third sector) and recreational services, and in most cases, the purpose of these informal and short-lived CSCs was to support families with young children and sensitize the community about specific issues faced by the community at a particular point in time.

When the discussion turned to the newly formed network that was part of KIPI, participants offered several insights about what factors they thought might help contribute to its success or failure. These factors are discussed below.

Benefits drawn from CSC: Italian participants, like their Canadian counterparts, indicated to value CSC and talked about its many potential benefits. These included improved efficiency, competence and opportunities for learning. Participants also talked about the advantage of sharing resources at a time when these are increasingly fewer. In one participant's words:

> "I believe that networking has several benefits. In a network the work becomes more efficient, it becomes a way to share perspectives and positively evaluate ideas and people. Belonging to a network improves your competence, it increases your desire to learn, to get your hands dirty but also to study and to build your own body of knowledge. [Networking] is also more economical because at a time when resources are meagre networking becomes fundamental."

Challenges associated with CSC: The analysis of data revealed several challenges that participants believe have the potential to limit CSC. These include both administrative-organizational factors (e.g., lack of leadership; lack of a common vision; stakeholders' focus on their own agenda rather than on a common agenda) and interpersonal-relational issues (e.g., prejudice and preconceptions towards coalition members; lack of trust; lack of personal/professional motivation).

Administrative-organizational factors: the need for leadership, the necessity of appointing a person who takes on the responsibility of coordinating meetings and to ensure that regulations are respected was recognized as one of the primary liming factors of working collaboratively across sectors. The following quote illustrates the need for partners to have strong points of reference:

> "One of the objectives [of networking] is to consolidate us as a group. In fact, our manager has foreseen the role of a supervisor. We have a supervisor the whole year. It is beautiful to have someone that helps us becoming a group and to manage difficult situations. Therefore, on one hand there's the work that needs to be done on the network and on the other hand one of our objectives is to confront each other

on the various aspects of our work, from the disabled children to the difficult groups [of children] in childcare or school."

Some participants also talked about their difficulty finding their place in the network:

"In any collaborative project, we need to understand who the points of reference are, so that our roles also become clear. When we were in one of the projects, it was often difficult for us to intuitively know to whom we were supposed to talk, to whom to address our issues or concerns."

Other participants described the process of obtaining a mandate tedious and not conducive to operational collaborations. The following quote quite effectively summarizes this concept:

"Networking only happens at the organizational level, and not at the operational level."

Political instability was discussed extensively in the focus groups and interviews as a critical limiting factor for CSC. Participants underscored the fact that organizations that require a government mandate in order to operate in the community also require political stability to be able to do their job. Unfortunately Italy does not provide such stability. As stated by one participant:

"We had approval at the political level, a political mandate. Then the mayors changed, we had elections in May, therefore all mayors changed in our nine territories thus we absolutely must ask again for a political mandate. So we thought to restructure our work this way: ask for political mandate, maybe present it again, then meet as a group to schedule activities and interventions, then present the project [KIPI] to the sub-groups of schools directors and from there try to extend the partnership."

Interpersonal-relational issues: another limiting factor of successful CSC that was identified by our participants was related to the interpersonal relationships and group dynamics between the various members of the network. These issues are well summarized in the following account:

"The difficulty is certainly to accept criticism that comes from other services. There are prejudices and cultural stereotypes about health and social services that sometimes lead to relational incidents. That's it, accept this [reality] and try to understand the other and not only be on the defensive, [try to understand] the arguments that are presented and where these declarations come from and not always act defensively but search for the strategy that brings you close to the other."

Other limiting factors lamented by the participants included scarcity of resources; lack of a common vision; and lack of effective communication among the organizations involved in the networks. The following are accounts from participants who spoke about these limiting factors; the first two refer to resources while the other two refer to communication issues:

> "In a situation of impoverishment, because we are a country that is becoming impoverished, because this is our reality, in which social inequality increases, this naturally creates pathology and a poor country that runs after pathology does not have the time for prevention. It's a vicious cycle."

> "If there are funds, these must be distributed, not that they should go to the social only, or the educational only. Funds to allow participation [in networking] must be distributed because obviously someone can do something with these resources."

> "It's as if there were two worlds that do not meet. Actually, they are often in contrast"

> "Yes, when in September they do the day of associations, is full of these things, they all do the same thing and you say, gosh, if only they got together, if they spoke to each other instead of putting together small resources each. But if they came together they would do something more."

Facilitating factors of CSC: The analysis of the data revealed similar facilitating factors of working across sector as those identified in the analysis of the Canadian transcripts. Italian participants felt that having a governmental mandate, clear objectives, strong points of reference and the willingness of stakeholders to share funds (resources) were essential for successful networking. These quotes illustrate how important a political mandate is for our Italian participants in order to establish CSC:

> "Having a clear mandate, certainly the drive [of network] must be political-administrative. [The network] in my opinion can only be legitimized [by a political mandate] because [these networks] are not informal like volunteering."

> "I wanted to say that the identification of a goal and achievement of that goal in a multi-professional and multi-cultural table is perceived from different angles. Therefore the synthesis must be done by institutional levels that also give directives for operation."

> "It starts from politicians and downward. Then there are the networking tables. One of these is the table for minors to which I didn't par-

ticipate until now because I sat at the table for handicap…somebody must take the initiative"

Participants also talked about the importance of having *clear objectives* that should be established by the partners of the collaborations, so to efficiently deliver programs to the community. As illustrated by one participant:

"We meet monthly. We have these meetings that we time with the first few days of the month and all the coordinators meet exactly to share experiences, find common objectives, evaluate needs of the community but also to share objectives."

Other topics discussed included the need for: a strong point of reference, that is, the need to know who the people in charge are, so to ensure that the collaboration among the partners and the services that derive from it are coordinated; the willingness of sharing funds as a way to provide targeted services and combine competences for the greater good; and program evaluation, that is, the ability to assess the impact programs have in the community. As said by one participant:

"Another important aspect [of networking] is program evaluation. Unless we are able to evaluate our programs, the chain breaks. That is why we need to take the situation in our hands, assess the problem and together find a solution."

Participants also talked about the importance of school participation. Including schools in conversations that concern the wellbeing of children was perceived by several participants as critical, and felt that "the innovative aspect of KIPI is to bring together education with health and social services."

Discussion

The main objective of this study was to understand how cross sector collaborations that promote childhood development and wellbeing are created and maintained in Canada and Italy. Specifically, the study focused on understanding how CSC are created and maintained in Italy, and on documenting what social psychological, organizational and economic factors help or hinder CSC's functioning in Italy and Canada.

Focus groups and interviews revealed that both Canadian and Italian participants had experiences of CSC that included partnerships between government and non-government organizations such as health and social services, community, businesses, and volunteering associations (NGOs). Canadian participants provided numerous examples of well-established and successful CSC, both government-mandated and self initiated. Italians provided examples that were for the most part related to government-mandated CSC but gave little information about their successes or failures. Italian par-

ticipants struggled on the term to use to describe CSC and did not speak of self-initiated collaborations that went beyond small and short-lived efforts often initiated at the school level. These results are consistent Boccacin's (2010) findings about the inclination among Italian organizations to work independently.

In Canada and Italy participants identified factors that contribute to the good functioning of CSC and those that instead they believe hinder their functioning. Both Canadian and Italian participants identified benefits and challenges related to CSC, which are consistent with past research (Hargreaves, 1995; Klipsch, 2011). According to the participants' assessment, CSC can improve organizations' ability to efficiently provide their services, to share knowledge, to create strong relationships among partners and consequently to gain a deeper understanding of community priorities. Participants consider CSC to be conducive to better coordination of services and sharing of funds, which in turn can result in the implementation of a wider variety of targeted services for the community. But participants also talked about how often lack of leadership, unclear objectives, unequal opportunities among members and lack of communication can hinder effective and successful collaboration.

In Italy, participants reported that for CSC to be initiated, they have to receive a political mandate that must be periodically established by one or more levels of government (e.g., regional, provincial, or municipal). The need for a political mandate was voiced in all the focus groups and interviews and was particularly emphasized in reference to KIPI, a newly formed CSC (mandated by the regional government in partnership with Canadian researchers) and still in the process of consolidating.

Participants also spoke about the involvement of volunteerism (NGOs or third sector) in Italian CSC but they were not clear about the role that these played in the collaborations that were brought up as examples of networking efforts. Further studies could examine the role that these volunteer associations play in the formation of CSC in Italy.

With respect to limiting factors of effective CSC, Italian and Canadian participants also identified similar factors. For example they both spoke about mistrust, lack of motivation, competition among organizations, prejudices, lack of leadership, lack of a common vision and the problem of depleting resources as critical challenges for cross-sector collaborations. The similarities in response among participants in Canada and in Italy suggest that some factors may be universal.

The main facilitating and limiting factors identified in this study can be referred back to the three categories discussed in the Introduction: organizational, social psychological and economic factors.

Organizational factors: The data analysis in both countries revealed that, in order for an CSC to function well, partners in the collaboration need to establish clear objectives from the onset, they need to be willing to share resources and they have to establish a systematic method to evaluate programs and their delivery. To these factors, Canadian participants added the need for innovation and distribution of task among partners. Italians further identified the need for government mandates, clear objectives and the inclusion of local schools in the CSCs.

Social psychological factors: The social psychological factors identified were for the most part related to aspects that may hinder the success of CSC. In both countries the most prevalent aspects identified were lack of communication among partners, poor leadership and mistrust, lack of motivation, competition among organizations and prejudices. Kim (2001) argued that in the presence of trust, more individuals will become involved making the group richer and more diverse in perspectives and leading to a greater sense of ownership. As Edmondson's (1999) findings also suggest, partners in collaborative endeavours need to foster rich environments in which members feel free to disagree and learn from each other.

Economic factors: Another common factor that emerged from the analysis was the struggle CSC face to secure funds. Although participants in both countries reported on the difficulty they face to secure funds, the issue was of higher concern among Italian participants. Italy's lack of political reforms and the new challenges emerging from the long years of recession make it difficult for community organizations to respond to the needs of their communities. The meagre governmental funds available to Italian professionals have forced organizations to close their doors and the few services offered in the increasingly impoverished communities are simply not enough to respond to the needs of their population. One could speculate that the lack of trust and motivation reported by Italian participants in the study could be a consequence of the political unrest within the country. Foster-Fishman, Berkowitz, Lounsbury, Jacobson, and Allen (2001) and Feinberg, Chilenski, Greenberg, Spoth, and Redmond (2007) found that communities with poor functioning institutions tend to have a history of mistrust, which can effect the proper functioning of CSC.

KIPI and its newly formed CSC: A central strategy of KIPI was to bring the EDI to the Emilia Romagna Region and a part of that process envisioned the creation of an CSC that involved the participation of service providers from all sectors (health, educational, and social services). Such CSC was mandate by the regional government, however the political mandate that legitimized its creation and existence only came a few years after its inception.

At the time of the study the political mandate was weak and only enough to allow the regional government to take a step at a time over the three years

duration of the research project. This is why participants in the interviews and focus groups spoke at length for the need of a clear political mandate to support KIPI and its CSC in the four participating communities. Participants' accounts revealed that member of the KIPI CSC struggled to understand who the people in charge (leaders) were and what their own role in the collaboration was supposed to be. It was clear that, from the participants' responses, the collaboration was not yet well consolidated at the time of data collection.

Butterfoss and Kegler (2002), in their Community Coalition Action Theory identify three stages to creating and maintaining successful CSC: the formation stage, maintenance stage and institutionalization. In the formation stage, partners in the collaboration assess community needs; in the maintenance stage, partners implement strategies to address the identified needs and they do so through strong leadership, devoted work time, access to technical assistance, frequent communication and the establishment of clear roles, rules and procedures. Successful maintenance then leads to institutionalization.

Based on participants' accounts, the KIPI CSC at the time of data collection can be placed at a stage in between formation and maintenance. The key factors identified by Butterfoss and Kegler (2002) as being necessary to move from the formation stage to the maintenance stage parallel with those identified by our participants. It would be interesting to conduct a follow-up study to determine the degree to which KIPI CSC was a success and to reveal what factors were put into place to guarantee such success.

Furthermore, of the sectors involved in the KIPI CSC, the education sector in particular struggled the most to self-identify as a KIPI partner. One reason could be that the KIPI initiative was their first CSC experience and so they did not know what to expect, or it could also be that the other sectors involved in the collaboration had yet to learn how to include schools in the discussions. Yet, the data revealed that Italian participants in the study valued the participation of teachers and school principals in child centred CSC. Teachers in particular, were perceived as valuable partners who, more than others, may be attuned with the diverse needs of families and children.

Canadian participants were less forthcoming about the participation of teachers' in the CSC and commented mostly on the importance of creating centralized community services in school settings, consistent with the idea of schools as community hubs, a popular concept in contemporary Canadian policy for the early years.

Conclusion

Working in cross-sectors collaborations is perceived by participants as a rather complex endeavour where interpersonal, organizational and econom-

ic factors are intertwined. These findings offer an initial understanding of the roles that Italian regional and municipal governments play in the context of building community-based cross-sector collaborations.

Key results of this study are that regardless of people's commitment and dedication, funding remains one of the driving factor that eventually determines the continued viability of collaborations, although, in some cases, as reported by participants in the study, scarcity of resources may also motivate organizations to initiate CSC. This finding is supported by growing evidence indicating that communities that form partnership are also more likely to secure funds for their projects (Shrestha, 2013). Regardless, our participants perceived that working in collaboration was the most effective and efficient way to address community needs and that working in collaboration requires commitment and dedication that often goes beyond initial political mandates.

There was a strong desire especially among Canadian participants to talk about their stories of CSC. Despite the fact that participants identified many challenges related to working among different sectors, they nonetheless recognized several benefits that overall were believed to outweigh the challenges. The same was observed among our Italian participants who, despite the difficulties they encounter in recognising themselves as working in CSC, continue to invest time and effort on cross-sector actions geared towards the wellbeing of families and children. A salient example is the KIPI project that is gradually evolving into a fully functioning CSC.

This study has its limitations. First, participants in the study were not comprehensively representative of Canadian and Italian CSC. In Canada we interviewed CSC's members of two provinces, Ontario and British Columbia, in Italy we conducted focus groups and interviews with CSC representatives of four communities from the Emilia Romagna Region only. Second, we used interviews to triangulate Italian participant's accounts collected with the focus groups but we did not use the same approach in Canada.

Despite these limitations, we believe that this study can assist community organizations interested in engaging in cross-sector work to foresee common challenges of such work and help identify essential conditions to support the successful establishment and maintenance of this kind of collaboration.

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