Findings on Policy Integration and Coordination to Inform the European Child Guarantee

ACRONYMS

ECG	European Child Guarantee
ECEC	Early childhood education and care
EU	European Union
OECD	Organisation for Economic Co-operation and Development
UNICEF	United Nations Children's Fund
REA	Rapid Evidence Assessment

CONTENTS

EXECUTIVE SUMMARY

Background and objectives

The European Child Guarantee (ECG), approved by the Council of the European Union,[1] aims to prevent and combat child poverty and exclusion. To do so, it will enable access for children in need to services and support in five areas: early childhood education and care (ECEC), education, healthcare, healthy nutrition and adequate housing. European Union (EU) Member States are urged to nominate a national ECG Coordinator that is equipped with adequate resources and mandated to enable the effective coordination and monitoring of the implementation of the ECG Recommendation. As part of Phase III of the preparatory action for the ECG, UNICEF's Europe and Central Asia Regional Office (ECARO) carried out a Rapid Evidence Assessment (REA) to help governments, in particular the ECG National Coordinators, to implement and coordinate the ECG.

Policy coordination and integration are sometimes referred to as a whole-of-government or 'joined-up government' approach. This approach spans not only integration within various levels of government, but also collaboration with other stakeholders that are beyond the government structures, but that are involved in the design and implementation of government policies. It can be vertical, implying more systematic, closer cooperation between different levels of government, or horizontal, linking policies designed and implemented by different entities that represent different sectors. While several literature reviews have documented the coordination and integration of children's services in Europe, this is not the case when it comes to studies that focus specifically on the coordination and integration of policies.

This Rapid Evidence Assessment (REA) identifies, assesses and synthesizes evidence on the factors within policy interventions that enable or hinder their coordination and integration across all or some of the five thematic areas of the ECG. It also explores the contexts in which these factors operate as either facilitators or barriers, as well as their interlinkages. More specifically, this REA aims to answer the following research questions.

1. What components within the policy interventions of EU Member States enable or hinder horizontal and/or vertical policy coordination and integration of the ECG thematic areas?

2. How do these components influence such horizontal and/or vertical policy coordination and integration among the stakeholders that implement measures to address the ECG thematic areas?

As its secondary objective, this REA also aims to investigate:

3. What is the impact of horizontal and/or vertical policy coordination and integration of the ECG thematic areas on the accessibility at the service level (e.g., waiting times and quality)?

Overview of sources

Systematic searches identified nearly 1,700 studies by mid-2021, of which 25 were included in this review. This comprised literature identified through academic and grey literature databases, including peer-reviewed scientific articles, reports from think-tanks and policy documents. Bibliographies of the 25 studies that were included were screened for further relevant literature. Most of the studies included in this REA were published between 2011 and 2020. The evidence included analysed policy integration and coordination in 15 EU Member States: Austria, Belgium, Czech Republic, Denmark, Germany, Greece, Finland, France, Ireland, Italy, Lithuania,

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1   Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, ST/9106/2021/INIT OJ L 223, 22.6.2021, p. 14–23 (https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.223.01.0014.01.ENG).

Netherlands, Portugal, Spain, and Sweden.[2] Because dedicated hand searches were conducted in their official languages, Germany (10 studies), Italy (5 studies), and Spain (3 studies) are among the countries featured most frequently. Sweden (5 studies) and the Netherlands (4 studies) also feature prominently.

What facilitators and barriers to policy integration and coordination were identified and in what context?

The REA identified three major categories of factors – with respective themes and sub-themes – that enable or hinder policy integration and coordination across the five thematic areas of ECG: **organizational**, **economic and social-psychological**.

- **Organizational factors** are inter- and intra-organizational structures and processes that hinder or enable policy integration and coordination and include the following four themes: **political climate and involvement, decision-making and management strategies, allocation of roles and tasks,** and **structural aspects and processes.**

- **Economic factors** relate to the allocation of resources. This includes **financial resources, human resources,** and **resource management.**

- **Social-psychological factors** are aspects of social interactions among the members of collaborating agencies and organizations, their expertise and previous experiences of collaboration. They also include personal factors, such as motivation and expectations. These factors are represented by the following themes: **inter-personal interactions**, **knowledge and experience** and **personal characteristics.**

Overall, the results of this REA indicate that organizational facilitators and barriers are the most frequently reported category of factors that help or hinder policy integration and coordination among the included studies (featured in 23 studies), followed by economic factors (18 studies), and lastly, social-psychological factors (16 studies).

The evidence reveals that structural aspects and processes recur most often in 24 studies, followed by facilitators and barriers related to decision-making and management strategies (21 studies), and resource management (16 studies). While no priority 'ranking' can be established as such, the barriers and facilitators that emerge most frequently provide cues for the prioritization of areas that need to be addressed when designing the governance of the ECG at the national level.

Organizational factors

Structural and procedural barriers are the barriers reported most frequently in the literature. They are raised in 15 studies that highlight the critical importance of having a common vision, aligned working approaches, and continuous training and learning opportunities, as well as intra-agency tools for joint planning, communication, and evaluation.

The second and the third most frequently mentioned groups of factors under this category refer to the facilitating and hindering role of decision-making and management. In all, 11 studies mention the related facilitators and 10 others report barriers. This reinforces the importance of a dedicated managerial component, and of sharing responsibility with managers from partner organizations when dealing with horizontal and cross-cutting policy integration.

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2   With the exception of Lithuania, the countries of Eastern Europe are not included in this REA.

Economic factors

Barriers and facilitators related to resource management are quoted in 13 studies, followed closely by the availability of financial resources (11 studies), and human resources (6 studies). The evidence suggests that adequate resourcing is critical for the effective policy integration and coordination of the ECG thematic areas.

Social-psychological factors

Barriers to policy cooperation and integration related to personal involvement and capabilities were mentioned in eight studies, making this the most widely reported factor in the social-psychological cluster. This indicates the need to consider issues such as lack of personal and professional motivation, lack of interest and non-participation in meetings or joint actions when tackling barriers to the design and implementation of the ECG at national level.

The second most reported set of factors within this cluster refers to participants' knowledge and experience as an enabling factor. This was reported in seven studies, which documented the crucial importance of awareness and understanding of the work of others and past experience in working together. Thirdly, the positive impact of effective communication and information exchange among partners was documented in five studies that highlight the importance of consultations and listening to one another.

Key lessons and policy pointers

At the organizational level, the promotion of cross-sector participation and shared actions is vital for successful policy integration and coordination. This includes participation in joint conferences and training, as well as sharing the same working spaces, channels and platforms to allow for cross-sector communication. When designing and implementing the ECG National Action Plans, it is fundamental to identify and foster shared goals and visions, the complementarity and similarities of skills and of working methods among partners. It is also crucial to ensure the availability of training opportunities, evidence-based monitoring and evaluation systems that are up-to-date, and other tools.

Successful policy integration and coordination also requires supportive and shared management, as well as effective leadership at every level of administration. At the managerial level, this includes, among other aspects, assuming responsibility when working collaboratively on policy integration and coordination, as well as effective planning, organization, and supervision. In addition, shared management requires the clarification of roles and objectives in the establishment of policy cooperation and integration from the very beginning. At higher policy levels, it is important to have a favourable and supportive political climate in which policy integration and coordination can take place. This includes both a governmental mandate that is clearly defined and political stability. At the same time, successful policy integration requires flexible multi-level governance at the right scale, and that is adaptable to both the issues and systems at hand. These issues include knowing when to act as a framer/designer and, importantly, when to step back.

At the economic level, in addition to the availability of resources discussed in almost half of the included studies, it is particularly important to dedicate resources specifically to policy coordination. This can be achieved through the establishment of budget lines specific to activities related to integration or through shared financing lines to enable joint action. In a similar vein, resources should be more flexible, particularly at the local level. This applies to both the type of activity that can be financed and who delivers it. While flexibility and adaptability are key to effective service delivery, a certain level of dependability on funds should be maintained. As pointed out by several included studies, sustained financial efforts are needed to promote sustained changes in the ways institutions operate. Furthermore, adequate investment and management of time and staff were seen as important.

Finally, at the level of social-psychological factors, fostering professional motivation, active participation in joint meetings and actions, and encouraging quality professional practice at all administration levels are seen as fundamental for the design and implementation of the ECG National Action Plans, as is promoting awareness and knowledge of the partners' missions, goals, and working practices. The evidence highlights the centrality of the human component behind every collaborative policy action, stressing the need to optimize the quality of social relations among collaborating actors by ensuring effective communication and information flow, and by building trust and reciprocity to create a true 'inter-agency culture' without personal and professional barriers.

Introduction

BACKGROUND AND OBJECTIVES

The European Child Guarantee (ECG) Recommendation states that:

> "With a view to sound governance, monitoring and reporting and taking due account of existing national structures and mechanisms, Member States are recommended to nominate a national Child Guarantee Coordinator, equipped with adequate resources and mandate enabling the effective coordination and monitoring of the implementation of this Recommendation".[1]

The ECG section on the enabling policy framework also recommends:

> "strengthening cooperation with, and the involvement of, national, regional and local authorities, social economy organizations, non-governmental organizations (NGOs) that promote children's rights, and other stakeholders, including children themselves, in the design, delivery and monitoring of policies and quality services for children."

Furthermore, in its opinion about the ECG, the European Economic and Social Committee has stated that:

> "An efficient system will be essential to put in place inter-governmental coordinating arrangements (at national and subnational levels) to develop, implement and monitor the wellbeing of children and to reduce child poverty and social exclusion. It must be ensured that integrated approaches at national level are translated into integrated approaches at regional and local level and that effective arrangements ensure synergies between them." [2]

This Rapid Evaluation Assessment (REA) aims to help governments, in particular ECG national coordinators, to design and/or facilitate the coordination of different stakeholders to ensure effective implementation of the ECG National Action Plans (NAPs). It is a contribution to the evidence on and analysis of existing national policies, identifying the policy factors that enable or hinder cooperation and integration across all or some of the thematic areas of the ECG. While several literature reviews have documented the integration and coordination of children's services in Europe, this is not the case when it comes to studies that focus on coordination and integration at the policy level.

More specifically, this REA aims to answer the following research questions:

1. What components within the policy interventions of EU Member States enable or hinder horizontal and/or vertical policy coordination and integration of the ECG thematic areas?

2. How do these components influence such horizontal and/or vertical policy coordination and integration among the stakeholders that implement measures to address the ECG thematic areas?

As its secondary objective, this REA additionally aims to investigate:

3. What is the impact of horizontal and/or vertical policy coordination and integration of the ECG thematic areas on the accessibility at the service level (e.g., waiting times and quality)?

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2   European Economic and Social Committee, OPINION SOC/682, EU Strategy on the Rights of the Child and a recommendation on the European Child Guarantee [COM(2021) 137 final – COM(2021) 142 final], 23 March 2021 (https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/eu-strategy-rights-childchild-guarantee/timeline).

DEFINITIONS AND SCOPE

Policy integration and coordination are sometimes referred to as whole-of-government or 'joined-up government' approaches. This approach refers to integration not only across the different levels of government, but also to collaboration with other stakeholders outside the government structures that are involved in the design and implementation of government policies. Integration and coordination can be vertical, implying more systematic and closer cooperation across different levels of government, the involvement of non-state actors, and the creation and strengthening of consultative and participatory structures of policymaking and implementation. It can also be horizontal, linking policies designed and implemented by different entities that represent different sectors (e.g., through inter-ministerial bodies or working groups). This REA analyses both types of coordination at both national and sub-national levels.

Policy integration and coordination can take many different forms and take place at different levels. As a result, it has been defined using several concepts such as interagency cooperation, one-stop shops, multi-agency working, partnerships, inter-professional collaboration and joint multidisciplinary work. This review focuses on the policy level and includes the service level only when it is combined with policies at the local level (such as partnerships that involve local authorities). Another definition applied here is *"formal mechanisms to ensure that organisations take account of each other's strategies and activities in their own planning"* (Percy-Smith, 2006). Integration happens when responsibilities and resources have been allocated to two or more authorities, and the interaction between them needs to be orchestrated (often by a central or higher-level authority) to ensure that each fulfils their respective roles effectively in pursuit of an agreed goal.

The organizations covered in this REA are public, private (for-profit and not-for-profit) organizations dealing with the five ECG thematic areas at the policy level in the EU27. Public organizations include ministries or state departments and agencies at the national, regional and local level responsible for policies that deal with legislation and regulation, and the organization and financing of service provision. Private (for-profit and not-for-profit) organizations include those that represent service providers and service users at the national and regional level that are involved in the discussions about legislation and regulation, as well as the organization and financing of service provision.

In relation to the secondary objectives – related to changes in the accessibility of services for children – measures to tackle the barriers that prevent access are clearly specified in the ECG Recommendation, which states that the following should be guaranteed for all children in need:

- '**effective access'** to services, defined as a "*a situation in which services are readily available, affordable, accessible, of good quality and provided in a timely manner and where potential users are aware of the existence of these services, and their right to use them*" (paragraph 3.d)

- '**effective and free'** access, defined as services that are, in addition to the above: "*provided free of charge, either through the organisation and provision of those services, either by allocating appropriate aid to cover their costs or expenses, or in such a way that financial circumstances do not impede equal access*" (paragraph 3.e).

METHODOLOGY

Rapid Evidence Assessments (REAs) imply a 'rapid synthesis of evidence' by focusing on specific research questions or objectives. REAs synthesize findings of both qualitative and quantitative studies as quickly as possible to respond to urgent policy questions and use a more systematic and rigorous approach to the collation of studies than traditional literature reviews (Bakrania, 2020). They work to a timeframe that meets operational needs and, as a result, do not fully comply with the standards set by systematic literature reviews. This REA employs the population, intervention, comparison, and outcome (PICO) framework (Richardson et al., 1995) to delineate the scope of the review and eligibility criteria, a structured search and screening methodology, data extraction and critical appraisal protocols, as well as a structured method for data analysis and synthesis (see Table A1 of the Annex). It attempts, therefore, to create a replicable, protocol-led aggregation of all the available evidence on a topic in a timely manner.

Eligibility criteria

The PICO framework outlined in Table A1 forms the basis for the eligibility criteria of this review. Furthermore, the eligible literature was limited to studies published after 2005 to ensure the timely relevance of evidence. Studies also had to report in English, French, German, Italian, or Spanish in order to be included. The type of literature was not limited and comprised academic literature, as well as policy reports, think-tank reports and other grey literature. No study was excluded on the basis of its peer-review or publication status.

Search strategy

The search methodology was structured on the basis of the PICO framework. Systematic searches were carried out in six databases – academic, institutional, and grey literature databases and repositories for the social, political, and educational sciences – covering a wide selection of publication types and thematic areas. The search process was documented by means of a tailored search protocol. The search strings were subject to several adaptations of search terms, keywords and word combinations to comply with each database and to optimize the search process.

Simple and advanced boolean operators were used to connect the search terms structured according to the PICO framework. Truncations and quotation marks were used to perform free and wildcard searches when appropriate. In addition to the database search, the three reviewers hand-searched repositories, websites, and literature lists in English, German, Italian and Spanish. Bibliographies of the 25 included studies were further screened for relevant references. A sample search for the Scopus database is provided in Table A2 of the Annex.

Screening and coding

The retrieved literature was imported to EPPI-Reviewer (Thomas et al., 2010) – a web-based software programme for evidence synthesis – which was also used to reveal duplicates, screening at title-abstract- and full-text levels. A sample of 83 studies (5 per cent of the total of 1,700 studies identified) was initially screened on title-abstract levels by all three reviewers to test for inter-rater coding differences. After convergence was established, title and abstract screening continued in single coding. The full text of the literature included at title-abstract level identified through the database searches was further assessed for eligibility by two reviewers. As a result of language constraints, literature found during hand searches was included on the basis of the assessment of a single reviewer after consensus was established on the studies from the database searches.

Data extraction and critical appraisal

Data extraction was guided by a detailed extraction form, in line with the established objectives of the REA and the PICO framework. First, data from one eligible sample study were extracted by all three reviewers to capture and compare any divergencies. Once agreement was reached, a single reviewer performed the data extraction for each study and provided a critical appraisal. To achieve this, the reviewer first completed the checklist from the grading of recommendation, assessment, development and evaluation (GRADE) in the Confidence in the Evidence from Reviews of Qualitative Research (Lewin et al., 2018). The reviewer then assigned a risk-of-bias rating according to the following categories: low, moderate, high, or critical. Studies found to be at critical risk of bias were excluded from the analysis.

Data analysis and synthesis

The overall approach used to analyse and synthesize the evidence retrieved for this REA was narrative synthesis. Narrative synthesis tends to be used for the data synthesis of systematic literature reviews, REAs and other forms of evidence synthesis when statistical meta-analysis or other specialist forms of synthesis are not appropriate. Narrative

synthesis brings together qualitative findings from multiple studies by relying primarily upon the use of words and text to build an overall picture of the current knowledge in a way that tells a compelling story in relation to the established aim and research questions, aiming to inform policymakers and practitioners (Popay et al., 2006). Thematic analysis was used to effectively identify recurring themes and concepts across the set of included evidence as a way to organize and summarize the findings. Tables, boxes, and infographic descriptions were also used to present the findings in a meaningful and systematic way, and to support the narrative.

Risk of bias

As noted, the evidence base of this REA, including a few studies with a mixed-methods design, was assessed on the basis of the GRADE Confidence in the Evidence from Reviews of Qualitative Research (Lewin et al., 2018). One study coded by all reviewers showed high agreement across domains and in the final rating and the reviewers, therefore, proceeded with single coding. In general, the risk of bias in the identified studies was moderate. Five studies achieved a low risk of bias, and only one study had to be excluded because of its critical risk. Most studies (23) stated their aims clearly, used appropriate methodologies (20 studies), and collected data in a way that addressed the research issue (20 studies). Frequent weaknesses were that studies failed to address ethical considerations explicitly (17 studies), and that the relationships between the researcher and participants were not considered adequately (12 studies). However, the reviewers agreed that these shortcomings carried less weight in terms of increased risk-of-bias ratings than other occasional methodological issues.

Overview of sources

In total, the database search contributed 1,674 reports, while hand searches contributed 21 (see Figure A1, Annex). In the end, 25 studies were included in this REA. This final figure masks the fact that several hundred additional studies were screened during the hand searches. In total, the hand searches and expert-referred studies contributed 13 of the 25 included studies, confirming the need for a diverse search strategy. In general, the reasons for exclusion reflect the complexity of each category. While only one study published before 2006 was included in the set of reports assessed for eligibility on full text, most studies were excluded based on the intervention and/or outcome. These are the categories that are the hardest to assess in full on the basis of bibliographic data alone. In particular, determining whether a report concerned the policy level or exclusively the level of service delivery often required intensive investigation.

Most of the studies were published between 2011 and 2020, with 2016 the average year for publication (see Table A3, Annex). In studies that indicate the date of data collection, the data were collected between 2005 and 2020, with 2013 the average year for collection. This confirms that the identified literature is relatively recent and, therefore, relevant to modern integration initiatives. Eastern Europe, with the exception of Lithuania, is not represented in this REA because no relevant evidence appeared in the searches. Given that dedicated hand searches were conducted in their official languages, Germany (10 studies), Italy (5 studies), and Spain (3 studies) are among the most-featured countries, with Sweden (5 studies) and the Netherlands (4 studies) also featuring prominently.

The three main categories of factors that emerged from the thematic analysis were ***organizational, economic*** and ***social-psychological.*** These factors were reported to operate as either barriers or facilitators to policy integration and coordination across all or some of the ECG thematic areas. In addition, each of the main categories comprised several themes with sub-themes. The findings related to each of these are described in the following sections.

Organizational barriers and facilitators are reported in studies from 11 EU Member States (Austria, Belgium, France, Germany, Greece, Ireland, Italy, Netherland, Portugal, Spain and Sweden). These factors crop up at every level of administration and concern cross-cutting[3] and horizontal policy integration and coordination. The studies that document organizational barriers deal with all five ECG thematic areas and children in precarious family situations, children with a minority racial or ethnic background, as well as children with a migrant background.

Economic factors are also mentioned frequently (71 per cent of the studies included do so), at all administrative levels and across almost all of the EU Member States featured in this REA (Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Lithuania, Netherlands, Spain and Sweden), with the exception of Portugal. Resources play a role in studies about all the areas of the European Child Guarantee with the exception of nutrition, in policies for all the groups of children in need mentioned in the ECG Recommendation, for all types of policy integration and coordination, and at every administrative level. Social-psychological factors are mentioned across all administrative levels in nine EU Member States (Austria, Belgium, Germany, Greece, Ireland, Italy, Netherlands, Spain and Sweden). These factors play a role in policy integration and coordination for most ECG thematic areas (ECEC, education, healthcare and adequate housing) that target different groups of children in need (children with a migrant background, children with minority racial and ethnic backgrounds, and those in precarious family situations) and in addressing horizontal and cross-cutting policy integration and coordination.

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3   In this REA, the term cross-cutting integration is used to refer to both horizontal and vertical policy integration and coordination.

Key findings on organizational factors

In this REA, the inter- and intra-organizational structures and processes that hinder or enable policy integration and coordination belong to one of the following four themes: *political climate and involvement, decision-making and management strategies, allocation of roles and tasks,* and *structural aspects and processes.*

POLITICAL CLIMATE AND INVOLVEMENT

This theme covers a variety of enabling and hindering factors that refer to the political climate and political participation that influences policy integration and coordination.

Five studies included in this REA (Aarts et al., 2011; Bogumil and Seuberlich, 2015; Grohs et al., 2020; Rocca et al., 2020; Schöllhorn, 2011) draw attention to the facilitating role of a positive political climate in establishing horizontal integration across all except one thematic area of the ECG (healthy nutrition). This includes the importance of having a governmental mandate and the support and awareness of policymakers of all sectors involved in cooperation, as well as establishing political frameworks, targets, commitments and rewards.

Semi-structured interviews conducted for a Dutch study by Aarts et al. (2011) on the facilitators and challenges for horizontal coordination to create activity-friendly environments for children (healthcare, sports, education, safety) include the testimony of a municipality policy officer:

> *"We work by order of politics, so if politicians mention in their plans, in their coalition agreement, that the sector spatial planning has to do more to stimulate physical activity, then I am sure that there will be more attention for that"* (p.15).

A study from Portugal by Graça et al. (2020) that analyses central policies on nutrition and their horizontal integration in schools has identified a different facilitator. The authors attribute the sustained existence and implementation success of these policies, in part, to the fact that they are independent from the political cycle in organizational terms.

Another testimony on the importance of having a clear governmental mandate can be found in an Italian study by Rocca et al. (2020) dealing with horizontal integration of healthcare, ECEC, and social services at the regional level. One participant in the study notes:

> *"Having a clear mandate, certainly the drive [of network] must be political-administrative. [The network] in my opinion can only be legitimised [by a political mandate] because [these networks] are not informal like volunteering"* (p. 313).

At the same time, evidence from another seven studies (Aarts et al., 2011; Arces and Chezzi, 2020; Bello et al., 2020; Ceccaroni, 2018; Rocca et al., 2020; Voets et al., 2015; Widmark et al., 2011) sheds light on how an adverse political climate, as well as the absence or weakness of political support and leadership, can hinder horizontal- and cross-cutting integration. A testimony from the Italian study by Rocca et al. (2020) raises key issues related to political instability and its impact on the consolidation of collaboration:

> *"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"* (p. 312).

Table 1: Facilitators and barriers related to political climate and involvement

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Favourable political climate	Adverse political context
Political support and awareness	Political instability
Political commitment to prevention	Absence/weakness of political support and leadership
Independence from political cycle	Unclear and competitive legal framework
Political incentives and rewards	Tedious process of obtaining mandate
Governmental mandate	

DECISION-MAKING AND MANAGEMENT STRATEGIES

This theme brings together factors related to managerial processes occurring at all levels of administration, from line management to political decision-making, that play a role in policy integration and coordination.

Eleven studies (Arces and Chezzi, 2020; Bello et al., 2020; Bogumil and Seuberlich, 2015; Grohs et al., 2020; Jugendamt Leipzig, 2009; Küster et al., 2015; Marlier et al., 2015; Rocca et al., 2020; Schöllhorn, 2011; Soto Rosales et al., 2018; Stöbe-Blossey, 2013) report a set of facilitators that is rather diverse in nature. Yet all of them refer to and provide examples of successful managerial strategies and decisions that have been reported to contribute to policy integration and coordination. These facilitators include shared responsibility for cross-sectoral management and regular scheduled meetings (see Table 2 for a full list).

On a more practical level, an Italian study by Bello et al. (2020) has evaluated the outcomes of a nationwide programme to prevent the institutionalization of children ('*Programma di Intervento per la Prevenzione dell'Istituzionalizzazione*'). This study describes how the presence of an 'operational nucleus' in the Municipality of Venice, which supported regional coordination and provided operational support and advice to the participating Territorial Areas (*Ambiti Territoriali*), is seen as a factor that promoted cross-cutting cooperation at the regional level, alongside the establishment of the 'operational referee' connecting Territorial Area referees and the coaches within each participating area.

Another practical example from Germany is illustrated in a study by Stöbe-Blossey (2013) focusing on the implementation of integrated services that provide early support for children and their families as part of the Family Centre Programme. Childcare centres described in the study obtained accreditation based on external evaluation, allowing them to act as accredited family centres, which represents a facilitating factor for joint action across ECEC, counselling, education and healthcare, as highlighted by the following testimony: "*The transparent standards offered by the certificate [accreditation] seem to be a factor in the success of this evolution*" (p.364).

Ten other studies (Bello et al., 2020; Ceccaroni, 2018; Edvardsson et al., 2012; Grohs et al., 2020; Jugendamt Leipzig, 2009; McKeown, 2012; OECD, 2018; Rocca et al., 2020; Soto Rosales et al., 2018; Voets et al., 2015) describe factors related to management strategies and decision-making that are reported to have hindered policy integration and coordination across the ECG thematic areas. For example, cases where lack of effective leadership and management – identified at all administration levels – compromised horizontal and cross-cutting policy integration and coordination are reported in eight studies (Bello et al., 2020; Edvardsson et al., 2012; Grohs et al., 2020; Jugendamt Leipzig, 2009; McKeown, 2012; Rocca et al., 2020; Soto Rosales et al., 2018; Voets et al., 2015).

One example is provided by the study by Voets et al. (2015) on Belgium, which addresses cross-cutting integration at the national level and explores how the government, as a metagovernor[4], can achieve its policy goals by building and managing a collaborative governance regime across healthcare and education. This study illustrates how the Flemish government failed to act as a unified metagovernor – instead operating as:

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4   Metagovernance refers to a particular form of governance focused on the management of self-steering networks.

"a dispersed set of metagovernors that, for various reasons failed to coordinate their actions among themselves and take joint action when required (failing to enact the shadow of hierarchy if horizontal coordination is unsuccessful" and using *"a rather coercive path to deal with region and networks coordination (in a hierarchical and centralistic manner)"* (p.996).

The lack or weakness of a managerial component can manifest itself in different ways: a failure to properly oversee the work required to establish policy coordination and integration; the lack of a figure responsible for coordinating meetings; and a failure to ensure that regulations are respected. These are documented as barriers to working collaboratively in another three studies dealing with horizontal (McKeown, 2012; Rocca et al., 2020) and cross-cutting integration (Bello et al., 2020).

Table 2. Facilitators and barriers related to managerial strategies and decision-making

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Shared responsibility of managers from collaborating agencies	Absence/weakness of leadership and support from managerial component
Dedicated management	Absence/weakness of managerial supervision
Ability to promote participation of actors	Inability to act as a unified metagovernor
Regular scheduled meetings	Failure to adopt outcome-oriented and evidence-based approach
Implementation of experimentation	Failure to include inter-agency assessment in evaluation
Gradual dissemination and application of intervention methods	Enacting coercion when horizontal coordination is required
Establishment of a coordinator responsible for connecting involved actors and addressing concerns	Misaligned incentives
Obtained accreditation	

ALLOCATION OF ROLES AND TASKS

The barriers and facilitators in this theme refer to the distribution and clarity of roles and are summarized in Table 3. Four studies included in this REA (Arces and Chezzi, 2020; Jugendamt Leipzig, 2009; Küster et al., 2015; Rocca et al., 2020) refer to factors associated with a clear definition of objectives and a distribution of roles and responsibilities that contribute to successful horizontal and cross-cutting policy cooperation and integration. It has been important, therefore, to set shared goals and assign specific roles that have "*facilitated common vision and gave identity to the network*" (p. 49), according to participants in the focus groups for an Italian study by Arces and Chezzi (2020). Additional enabling factors are reported by three other studies (Jugendamt Leipzig, 2009; Küster et al., 2015; Rocca et al., 2020) which suggest the importance of clear objectives and organizational mandates (as in being crystal clear about who is in charge). In line with this, one participant in the Italian study by Rocca et al. (2020) states that:

"*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*" (p.314).

The findings of six other studies, however, show how a lack of clarity on the allocation of responsibilities (Ceccaroni, 2018; Soto Rosales et al., 2018; Widmark et al., 2011), the lack of a clear mandate from the respective sector in the steering groups (Voets et al., 2015), the inability to find one's place in a multidisciplinary team (Rocca et al., 2020), and to relate one's work to the work of partner organization (Hendriks et al., 2013) can compromise collaboration. In line with this, a participant in the same Italian study by Rocca et al. (2020) mentions the following:

"*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" (p.312).

Another Italian study by Ceccaroni (2018) indicates how the lack of a clear definition of the various governmental levels, as well as areas, principles, and essential levels of service provision *"[…] reduced the potential incisiveness of State interventions despite substantial funding provided in the recent years"* (p.72). This study evaluates the impact of Legislative Decree No. 65/2017 on the progressive implementation of the integrated system of education from birth to six years of age established as part of the '*La Buona Scuola*' ('Good School') reform (Law No. 107/2015). At the same time, participants in focus groups for a Swedish study by Widmark et al. (2011) on the horizontal integration of healthcare and education *"[…] perceived the ambiguity of the differences in mandates and regulations as an obstacle, and these differences seemed to be implicit and create uncertainty in interactions"* (p.6), according to both unit managers and the personnel of the county councils and municipalities.

Table 3. Facilitators and barriers related to the allocation of roles and tasks

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Clear definition of roles and objectives	Lack of clarity on allocation of roles
Availability of cooperation agreement and organizational mandate	Lack of clear mandate
Availability of strong reference points	Inability to relate to the work of partner agency

STRUCTURAL ASPECTS AND PROCESSES

This theme captures pre-existing inter- and intra-organizational structural characteristics and processes, as well as the availability of tools to support policy integration and coordination.

The results of nine studies (Arces and Chezzi, 2020; Bello et al., 2020; Bogumil and Seuberlich 2015; Graça et al., 2020; Grohs et al., 2020; Jugendamt Leipzig, 2009; Marlier et al., 2015; Soto Rosales et al., 2018; Widmark et al., 2011) mention the facilitating role of factors such as having common goals and vision; attending joint training courses and conferences; sharing working space; and having a platform for joint programming, communication, and evaluation. In contrast, another 15 studies report factors that hinder policy integration and coordination `(Aarts et al., 2011; Arces and Chezzi, 2020; Bello et al., 2020; Buschorn et al., 2015; Ceccaroni, 2018; Edvardsson et al., 2012; Johansson, 2013; Jugendamt Leipzig, 2009; Küster et al., 2015; Rocca et al., 2020; Schöllhorn, 2011; Simovska et al., 2016; Voets et al., 2015; Walter et al., 2020; Widmark et al., 2011) (see Table 4).

The study from Italy by Bello et al. (2020) provides evidence on how sharing the same working environment when operating in multidisciplinary teams is:

"considered essential and central to the project, allowing a real and constant comparison of the actions to be promoted between professionals belonging to different sectors and "worlds", and a monitoring and reflection on their progress. Over the years, generally very cohesive and dynamic working groups have been consolidated, capable of operating in an integrated and collaborative manner according to a common approach and objective" (p.54).

In stark contrast, the lack of a common vision (along with competing goals) is regarded as a barrier by the participants in another four studies that explore cross-cutting and horizontal integration across education, healthcare, ECEC and adequate housing, together with the lack of a joint decision-making platform and the lack of a mechanism to hold networks and steering committees accountable, as well as limited training opportunities (Edvardsson et al., 2012; Küster et al., 2015; Rocca et al., 2020; Voets et al., 2015).

Participants in the Italian study by Ceccaroni (2018) on the implementation of the integrated system for ECEC describe

"the need for multilevel governance, based on a solid and up-to-date knowledge base and supported by a continuous and coordinated monitoring activity, based on complete, comprehensive, updated and timely data" (p.37).

Other facilitators of policy integration and coordination are mentioned in a Belgian study by Marlier et al. (2015) which explores the horizontal integration of healthcare, sports sectors, and youth organizations to increase sport participation rates and physical activity levels among young people in Antwerp. This study refers to the diversity of activities and partner complementarity, which was found to:

"increase the density and sustainability of the network. Diversity of activities entailed the different activities that the CSP [cross-sector partnership] had to offer, which created added value for different partners in the different sectors. This ultimately led to attracting higher number of partners to the network. Partner complementarity and fit related to the composition of network partners and the harmonization between them" (p.6).

In contrast, a number of studies report that pre-existing variations in the characteristics of collaborating bodies can act as barriers to policy integration and coordination. These include differences in the expansion and consolidation of local partnerships, as noted by Arces and Chezzi, (2020): *"traditional organisation of services as 'organ pipes' not communicating with each other, with their own excessively specialised rules, models, tools, and languages"* (Bello et al., 2020, p.12); differences in demographic-, organizational-, and technical set-ups of the agencies; and local availability and fragmentation of services by age (Walter et al., 2020).

This finding is reinforced by an OECD report (2018) on collaborative governance models for local migrant integration in eight EU Member States (Austria, France, Germany, Greece, Italy, Netherlands, Spain and Sweden) that sheds light on the hindering effect of the policy gap in collaboration. This is defined in the OECD questionnaire as:

"sectoral fragmentation of integration-related tasks at central level across ministries, as well as at local level across municipal departments and agencies. Different policy sectors (housing, education, jobs, health, etc.) and related integration-relevant initiatives are sometimes designed using a silo approach, missing cross-sectoral co-ordination and the potential synergies created through more complementary policies" (p. 91).

Table 4. Facilitators and barriers related to structural aspects and processes

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Shared goals and vision	Lack of common vision
Diversity of activities	Competing goals and tasks
Partner complementarity and fitness	Differences in working approach and methodology
Availability of training opportunities	Limited training opportunities
Shared plan, training, conferences, and space	Demographic, organizational and technical set-up differences
Centrality of multidisciplinary team	Segregated organization of services
Co-designing and collective decision-making	Limited decision-making and implementation power
Ability to work and plan across departments	Inability to transcend professional boundaries
Ability to involve peers from partner sectors independently	Differences in degree of expansion and consolidation of networks
Staff continuity	Difficulties involving other sectors
Intra-agency platform for communication, joint programming and evaluation	Staff turnover and insecurity
Availability of a solid up-to-date evidence base and monitoring system	Professional hierarchies
	Lack of joint decision-making platform

SUMMARY OF THE FINDINGS ON ORGANIZATIONAL FACTORS

The organizational factors covered in this chapter point to a wide range of barriers and facilitators to policy integration and coordination that need attention when designing and implementing the governance of the ECG at the national level.

The hindering factors that relate to structural and procedural issues represent the most widely reported set of factors within this cluster, with 15 studies drawing attention to the crucial role of, for example, having a common vision and aligned working approaches, as well as the availability of continuous training and learning opportunities, and intra-agency tools for joint planning, communication and evaluation. All studies on the barriers to structural aspects and processes deal with both horizontal and cross-cutting integration across all except one thematic area of the ECG (healthy nutrition) and concentrate primarily on the second subnational level and lower, with only two studies focusing on the national level of administration.

The second and the third most frequently mentioned factors in the organizational category refer to the facilitating and hindering role of decision-making and management, with 11 studies mentioning facilitating aspects and 10 others reporting barriers. This reinforces the importance of dedicated managerial components, as well as the sharing of responsibilities among managers from partner organizations when dealing with horizontal and cross-cutting policy integration. Studies on the factors related to this theme deal mostly with the horizontal level of integration and, similarly to the factors related to structural aspects and processes, tend to focus on four out of five thematic areas of the ECG, mostly at the second subnational level.

Key findings on economic factors

Economic factors refer, in broad terms, to all aspects related to the allocation of resources. They include *financial* as well as *human* resources. Three distinct topics are captured under this theme: *financial resources* (referring to the availability of funds); *human resources* (referring to the additional time staff can use to work on tasks); and *resource management*, which refers to the way in which resources can be and are used.

FINANCIAL RESOURCES

The lack of sufficient financial resources as a barrier to policy integration and coordination is mentioned in six studies (Aarts et al., 2011; Bello et al., 2020; Ceccaroni, 2018; Rocca et al., 2020; Stöbe-Blossey, 2013; Walter et al., 2020). The same number of studies reported the presence of adequate finance as a facilitator (Buschhorn et al., 2015; Johansson, 2013; Marlier et al., 2015; OECD, 2018; Rocca et al., 2020; Soto Rosales et al., 2018). The finding that a lack of financial resources inhibits collaboration emerges from only three countries (Germany, Italy and the Netherlands), while adequate funding that has a facilitating effect is reported across a wider range of nine countries (Austria, Belgium, France, Germany, Greece, Italy, Netherlands, Spain and Sweden). Most countries reporting finance as an enabler, however, are represented in just one multi-country study (OECD, 2018). The facilitating role of financial resources is mentioned at the subnational level, while the lack of sufficient finance is mentioned in studies dealing with all administration levels. All studies look at horizontal and cross-cutting integration as the outcome. Studies mentioning the subtheme of financial resources look at the integration of four of the five ECG thematic areas: ECEC, education, healthcare and adequate housing.

Stöbe-Blossey (2013) concludes that resources have been shown to be a restraining factor for a programme in Germany that offered up to €14,000 for the conversion of regular ECEC day care centres into accredited family centres. These family centres are defined by links to a more comprehensive set of services, such as healthcare, education, and other ECEC services – an example that signals the way in which a complex service landscape can be managed. Another report (OECD, 2018) also finds that financial incentives matter for the coordination of healthcare, education, and adequate housing services for children with a migrant background across eight EU Member States (Austria, France, Germany, Greece, Italy, Netherlands, Spain and Sweden), concluding that:

"*although there is not an ideal level of available funding for integration policy at the local level, the survey's findings show that funding can work as strong leverage for coordination in this area*" (pp. 98-99).

Table 5. Facilitators and barriers related to financial resources

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Access to financial resources	Inadequate resourcing
Presence of money	Absence of budget
Funding as a driving factor	Struggle to secure funds

HUMAN RESOURCES

While not mentioned as often as financial resources, human resources are often described separately, either as an opportunity to advance policy coordination and integration (Buschhorn et al., 2015; McKeown, 2012; Soto Rosales et al., 2018) *or* as a challenge (Aarts et al., 2011; Küster et al., 2015; Schöllhorn, 2011). The studies that mention this aspect hail from four EU Member States (Germany, Ireland, Netherlands and Spain). They concentrate on the subnational levels, and, with the exception of one study that looks at cross-cutting integration (Soto Rosales et al., 2018), evaluate the effective horizontal integration of services for ECEC, education, healthcare and adequate housing.

A study from Ireland by McKeown (2012) on the horizontal integration of healthcare and education, lists the investment of adequate time and staff in its compendium of '15 features associated with good practice in inter-agency cooperation'. One interviewee in a study by Schöllhorn (2011) on the local horizontal integration of healthcare with ECEC for children in precarious family situations experienced issues with lack of time:

> "Cooperation. The draw-back is that it takes time. Somebody has to organise the meetings. And that's usually me. That doesn't always work out" (p. 89)

A high and unbalanced workload is a related barrier that is documented in a study from Italy by Bello et al. (2020) evaluating the implementation outcomes of a nationwide programme to prevent the institutionalization of children, which led to irregular attendance at multidisciplinary meetings, while also "causing holes in the mesh of the network into which children and families often fall instead of finding help" (p.12). Participants who are often required to play different roles and hold different responsibilities can find it difficult to reconcile everyone's administration, time and the demands of the collaboration programme – a widespread obstacle reported by officers from almost all Territorial Areas (such as subnational level subdivisions) across Italy in a study evaluating the outcomes of the National Project for Inclusion and Integration of Roma, Sinti, and nomad children and adolescents (Arces and Chezzi, 2020).

Table 6. Facilitators and barriers related to human resources

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Investing adequate time and staff	High and unbalanced workload
Sufficient time and personnel	Insufficient personnel and time
	Coordination not billable and not in job description

RESOURCE MANAGEMENT

Even more often than the availability of resources, the studies included in the REA mention the effective management of resources as the make-or-break factor for effective policy cooperation and integration. While the willingness to share resources (Marlier et al., 2015; Rocca et al., 2020), the reliability of funds (OECD, 2018; Walter et al., 2020), and the explicit dedication of funds to service integration (Grohs et al., 2020; OECD, 2018) were seen as effective policies, resources that are not dedicated explicitly to policy integration and coordination (Buschhorn et al., 2015; Edvardsson et al., 2012; Hendriks et al., 2013; Schöllhorn, 2011; Voets et al., 2015), inflexible (Schöllhorn, 2011; Stöbe-Blossey, 2013), fragmented (Ceccaroni, 2018; Grohs et al., 2020), and unreliable (Küster et al., 2015) are often cited as barriers.

This theme is the most prevalent in this category. Resource management is an issue across a variety of contexts, occurring in 14 of the 15 EU Member States represented in this REA (the exception being Portugal) across all administrative levels, all types of integration and concerning all ECG thematic areas (except nutrition) and with various groups of children in need. Effective resource management also appears to be difficult to get right, with nine studies (Buschhorn et al., 2015; Ceccaroni, 2018; Edvardsson et al., 2012; Grohs et al., 2020; Hendriks et al., 2013; Küster et al., 2015; Schöllhorn, 2011; Stöbe-Blossey, 2013; Voets et al., 2015) mentioning it as a barrier to the effective integration of services and only five studies (Grohs et al., 2020; Marlier et al., 2015; OECD, 2018; Rocca et al., 2020; Walter et al., 2020) outlining its facilitating role.

The explicit dedication of resources to the integration of activities is particularly pertinent to the effective integration of services. Seven studies (Buschhorn et al., 2015; Edvardsson et al., 2012; Grohs et al., 2020; Hendriks et al., 2013; OECD, 2018; Schöllhorn, 2011; Voets et al., 2015) mention this topic, most of them concluding that a specific budget line to accommodate these activities is necessary to advance coordination. A study on the local, horizontal integration of healthcare and education in Sweden by Edvardsson et al. (2012) finds that "conflicting financial incentives for performance in dental services were examples of such competing demands" that inhibit effective cooperation and coordination. Many study participants say that they carry out coordinating activities during their spare time, on top of other commitments and without immediate reward. In another study describing challenges in the conversion of

day-care centres into family centres with comprehensive links to other services (Stöbe-Blossey, 2013), one centre director states:

> "In fact, I have two jobs. I am director of a day care centre and I am director of a family centre. Following the legal framework […] a certain number of hours is allocated to the directors for the direction and the administration of the centre […]. This number of hours is not extended when the centre develops into a family centre." (p. 363)

A study from Germany (Schöllhorn, 2011), also finds that the lack of staff time dedicated to service integration harms the setting up local prevention networks: "The dependency on private initiative regarding participation contravenes a systematic development of a prevention network" (p. 138).

Some organizations appear to respond to this misaligned management of financial resources and incentives by trying to shift the burden of coordinating activities to other organizations. The study by Grohs et al. (2020) on "how to make prevention work" by integrating services across ECEC, education, healthcare and adequate housing at the national level in nine EU Member States (Austria, Czech Republic, Denmark, Finland, France, Germany, Ireland, Lithuania and Netherlands) and with a special focus on Germany finds that:

> "Some actors can act as burden-shifters as they try to shift responsibilities onto other actors in an effort to protect their own resources. This is an issue, for example, in institutional battles between education and social security systems or between healthcare and social assistance providers" (p. 146)

This issue appears to be particularly severe when budgets are fragmented or inflexible (Ceccaroni, 2018; Grohs et al., 2020; OECD, 2018; Schöllhorn, 2011; Stöbe-Blossey, 2013). While also appearing in an Italian study by Ceccaroni (2018) and a multi-country study by Grohs et al. (2020), this issue appears to be particularly problematic in Germany (Grohs et al., 2020; Schöllhorn, 2011; Stöbe-Blossey, 2013). This is the result, in part, of German federalism where "tax-based welfare benefits are administered by municipal authorities, while health, pension, unemployment and accident insurance benefits are administered by contribution-based national social insurances" (Grohs et al., 2020, p 145). The evaluation of an Italian policy initiative for the cross-cutting integration of ECEC by Ceccaroni (2018) also finds that highly fragmented funding is a challenge.

Some limitations of fragmented and small budgets can be overcome when there is greater willingness to share resources. As documented in two studies by Marlier et al. (2015) and Rocca et al. (2020) on subnational horizontal integration of healthcare and education in Belgium and Italy, a willingness to share can facilitate overcoming administrative difficulties. In Belgium, Marlier et al. (2015) find that:

> "The analysis highlighted that the larger the interdependence and the perceived need to collaborate between the partners, the larger the willingness to share human, financial and infrastructural resources." (p. 5)

There is also ambiguity in the study on Italy by Rocca et al. (2020) on whether scarcity leads to the need to share resources and to increase collaboration; whether sharing resources facilitates collaboration; or whether there is a virtuous cycle between collaboration, resource efficiency and resource sharing. This is voiced by the study participants who "talked about the advantage of sharing resources at a time when these are increasingly fewer […]" (p. 311) and also mentioned that "scarcity of resources may also motivate organizations to initiate [cross-sector collaborations]" (p. 318).

Policy integration and coordination demands sustained resourcing. In this context, the reliability of funds appears as a theme in three studies (Küster et al., 2015; OECD, 2018; Walter et al., 2020). One of the studies (OECD, 2018) analyses the integration of services for migrant and refugee children across eight EU Member States (Austria, France, Germany, Greece, Italy, Netherlands, Spain and Sweden) finding that

> "multi-year and flexible funds for integration purposes available at the local level can increase co-ordination across levels (i.e., regional, national, supranational) with the ultimate goal of aligning integration objectives." (p. 99).

Table 7. Facilitators and barriers related to resource management

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Reliable funds	Unreliable resources
Dedication to integration of funds	Resources not specific to integration
Willingness to share resources	Fragmented budgets
	Inflexible funding

SUMMARY OF THE FINDINGS ON ECONOMIC FACTORS

There is wide agreement across the studies included in this REA that adequate resourcing is critical. While financial resources are mentioned rather more often as a factor than the availability of human resources, this may well be because financial resources are often convertible to additional human resources. Effective resource management is featured in more studies than either human or financial resources.

Ineffective resource management represents the most widely reported barrier to successful integration, relating to issues such as a lack of dedicated funds for service integration, as well as resources that are inflexible, fragmented and unreliable. Resource management concerns emerged in 10 of the selected studies. These studies cover all forms of integration, of all considered services with the exception of nutrition, in nine EU countries (Austria, Belgium, Czech Republic, Denmark, Finland, Germany, Italy, Netherlands, and Sweden), and at all administrational levels. The second, third and fourth most frequently mentioned topics, looking at barriers and facilitators separately, were related to effective resource management as a facilitator, the availability of resources as a facilitator, and the lack of adequate resources as a barrier, each being mentioned across six studies.

Key findings on social-psychological factors

The studies included in this REA refer to social-psychological factors such as aspects of social interactions among members of collaborating agencies and organizations, their expertise and previous experiences of collaboration, as well as to a variety of personal factors, such as motivation and expectations. These factors are captured in this REA under the following themes: *inter-personal interactions*, *knowledge and experience* and *personal characteristics.* The theme covering *interpersonal interactions* includes, in addition, two sub-themes: *communication and information exchange*, and *social dynamics. The personal characteristics* theme, in turn, consists of two sub-themes: *involvement and capabilities,* and *expectations and fairness.*

INTERPERSONAL INTERACTIONS

As noted, this theme brings together two factors that can help or hinder policy integration and coordination of the ECG thematic areas. The first concerns the quality of communication and information exchange among the involved actors, with the literature reporting a range of facilitators (Arces and Chezzi, 2020; Bello et al., 2020; Bogumil and Seuberlich, 2015; Jugendamt Leipzig, 2009; Widmark et al., 2011) as well as barriers (Bello et al., 2020; OECD, 2018; Widmark et al., 2011). The second refers to the enabling role (Buschhorn et al., 2015; Jugendamt Leipzig, 2009; Marlier et al., 2015; Widmark et al., 2011) and the hindering role (Bello et al., 2020; OECD, 2018; Rocca et al., 2020) of the dynamics that frame the social interactions of stakeholders (such as mutual appreciation and trust). The findings related to the two sub-themes are described below.

Communication and information exchange

Five studies (Arces and Chezzi, 2020; Bello et al., 2020; Bogumil and Seuberlich, 2015; Jugendamt Leipzig, 2009; Widmark et al., 2011) highlight the role of effective communication and information exchange between partners, which is seen as a major facilitating factor when it comes to policy cooperation. A study from Sweden by Widmark et al. (2011), for example, explores the perceptions of obstacles to collaboration among healthcare professionals working at the county council, social services staff at the local level, and education staff in an administrative district of the city of Stockholm. They perceive mutual listening and consultations to share expertise as both facilitating horizontal and cross-cutting integration and reducing obstacles.

A report from Italy by Arces and Chezzi (2020), which evaluates the outcomes of the national project for Inclusion and Integration of Roma, Sinti, and Nomad children and adolescents suggests that *"information flow and exchange […] reinforces the objectives and coordinates them with greater effectiveness, both on the territory and from the school perspective"* (p. 50). Another Italian report that evaluates the implementation of a nationwide programme to prevent the institutionalization of children by Bello et al. (2020) mentions the value of shared communication channels (such as WhatsApp groups, telephone and email contacts, and meetings) in helping to promote joint action and territorial cooperation, and to improve the quality of interaction between the actors involved in ECEC, education and healthcare.

In contrast, a lack of communication, or communication that is difficult or ineffective, is cited as a major barrier to collaboration as reported by the informants in three studies by Bello et al. (2020), OECD (2018) and Rocca et al. (2020). For example, an 'information gap', defined in the OECD report (2018) as "a*symmetries of information (quality, quantity, type) between different stakeholders involved […]"* (p. 84) ranks as the highest barrier to collaboration related to multi-level governance by the informants representing various agencies responsible for migrant integration policy in eight EU Member States (Austria, France, Germany, Greece, Italy, Netherlands, Spain and Sweden) at all administrative levels. The report brings together perspectives of informants from education, healthcare, and housing that are involved in migration integration policy, reporting that *"information is*

not always shared efficiently and sufficiently between local authorities and higher levels of government (local, regional, national and European levels)" (p. 84).

Similarly, interviewees and participants in focus groups and interviewees for the Italian study by Rocca et al. (2020) on the factors in the success or failure of the Kids in Place Initiative (KIPI) at the regional level[5], which coordinates healthcare and ECEC policies to promote early childhood development, report the following:

> *"[…] when in September they do the day of associations […], 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"* (p. 313).

Social dynamics

Participants in four of the studies included in this REA (Buschhorn et al., 2015; Jugendamt Leipzig, 2009; Marlier et al., 2015; Widmark et al., 2011) report enabling factors related to social dynamics that have helped to establish inter-agency dialogue – with each factor reflecting elements of mutuality and reciprocity among the partners. Mutual appreciation, respect, and the interdependence of the network (e.g., the need for collaboration) are factors seen as important by the informants of two studies dealing with horizontal integration by Buschhorn et al. (2015) and Marlier et al. (2015). The study from Belgium by Marlier et al. (2015) explored how cross-sector partnerships build capacity at horizontal local level to promote sports activities and health of young people through a community sport programme. The authors stated that:

> *"mutuality describes the interdependence of the network partners–the larger the interdependence and the perceived need to collaborate between the partners, the larger the willingness to share human, financial and infrastructural resources"* (p.5).

In addition, some studies mention that having good access to each other facilitates effective collaboration (Jugendamt Leipzig, 2009; Widmark et al., 2011). This is illustrated by a participant in the study about the Youth Office (Jugendamt) in Leipzig (Jugendamt Leipzig, 2009):

> *"The officers at the [Child Welfare Office's General Social Service] have very diverse approaches to get in contact with their collaboration partners. Every officer has already independently more or less formed their own networks, to establish contact, when needed. Primarily, social workers seek contact with the hospitals, representing an important interface between the Child Welfare Office and hospitals"* (p. 63).

At the same time, poor interpersonal relationships and group dynamics – which include arguments, conflicts, criticism and a lack of trust, as well as prejudices and stereotypes towards coalition members – are seen as hampering cross-sector collaboration by the participants of two studies by Rocca et al. (2020) and Widmark et al. (2011). One focus group participant in the Italian study by Rocca et al. (2020) raises the following issue in relation to cooperation among healthcare and ECEC sectors:

> *"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"* (p. 312).

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5   KIPI coordinates ECEC and healthcare policies to promote early childhood development.

Table 8. Facilitators and barriers related to inter-personal interactions

Sub-themes	Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Communication and information exchange	Mutual listening	Lack of or scarce communication and information exchange
	Effective communication	Information gap
	Information flow and exchange	
	Shared communication channels	
Social dynamics	Mutual appreciation	Lack of trust
	Interdependence	Conflicts
	Having good access to each other	Criticism
		Prejudices and stereotypes

KNOWLEDGE AND EXPERIENCE

This theme refers to factors related to participants' knowledge and their previous experience of being involved in vertical and/or horizontal policy integration and coordination. Eight studies report a range of factors that help or hinder in relation to this theme. Participants from seven studies refer to knowledge and experience as an enabling factor (Aarts et al., 2011; Arces and Chezzi, 2020; Bello et al., 2020; Buschhorn et al., 2015; Jugendamt Leipzig, 2009; Marlier et al., 2015; Widmark et al., 2011), while one study (Johansson, 2013) reports that these can hinder to policy integration and coordination.

Three of the studies that mention knowledge and experience as an enabling factor (Aarts et al., 2011; Arces and Chezzi, 2020; Jugendamt Leipzig, 2009) illustrate how awareness and understanding of the expertise and activities of other partner institutions is fundamental for successful cooperation across different sectors. This observation was made in Germany, Italy and Netherlands in studies analysing horizontal policy integration and coordination at local level in education, healthcare and housing. Just how deep and structural this knowledge needs to be is illustrated in the study from Germany (Jugendamt Leipzig, 2009), which examined an integration project between the municipal child welfare office, psychiatrists, and schools in the city of Leipzig to support children in precarious family situations. The study revealed the importance of:

> "[…] knowledge about the cooperation partner means information and sensitisation for the respective working methods and structures. For example, common training, symposia, and working groups have the potential to ameliorate this knowledge" (p. 59).

Results from the study by Bello et al. (2020) on the outcomes of the nationwide programme to prevent institutionalization in Italy also show how participating actors at national, regional, and provincial levels in relevant sectors (ECEC, education and healthcare) see the sharing of work-related knowledge, methods, and philosophy with each other as crucial for successful policy cooperation. Having previous knowledge and experience of collaboration is seen as another enabling factor. It appears that the longer the duration and the greater the continuity of collaboration experience, the greater the potential to build capacity and improve the quality of interaction between partners over time (Bello et al., 2020; Buschhorn et al., 2015; Jugendamt Leipzig, 2009; Marlier et al., 2015). As reported by the Belgian study by Marlier et al. (2015) on how cross-sector partnerships (CSP) build capacity at horizontal local level to promote sport activities and health of young people:

> "[…] most partners expressed a growing interest and belief in the CSP as the relationship matured. This enhanced the legitimacy of the CSP and in turn attracted other organisations to work together with the CSP" (p.6).

In line with this, the study from Sweden by Johansson (2013) on preconditions for cross-cutting collaboration between ECEC, education and healthcare reports that:

> "[…] It is interesting, and also encouraging to note that the proportion of respondents who perceive major collaboration barriers decreased between 2007 and 2009; this applies to all identified barriers. The most obvious interpretation is that as staff gain experience with cooperation within the Västbus framework[6], they tend to discern more opportunities and place less emphasis on difficulties" (p. 283).

The same study also portrays the lack of knowledge about partner organizations and responsibilities as the main obstacle to dialogue between stakeholders. The second most prevalent barrier that emerged from a questionnaire completed by representatives of agencies from 49 municipalities and county-level healthcare agencies in Västra Götland is the lack of experience in collaboration. It must be noted, however, that these perceptions are not substantial across various agencies, with colleagues from basic-level agencies reporting a slightly higher level of perceived obstacles than those from the specialist-level agencies.

Table 9. Facilitators and barriers related to knowledge and experience

Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Knowledge and understanding of partner organizations and their missions	Lack of knowledge of partner organiza-tions and their responsibilities
Previous knowledge and experience of collaboration	Lack of collaboration experience
The sharing of working knowledge and philosophy	

PERSONAL CHARACTERISTICS

This theme covers factors related to the personal, inner characteristics that can enable or hinder policy integration and coordination. These factors encompass two sub-themes: involvement and capabilities; and expectations and fairness. The first refers to partners' involvement in collaborative action and individual capabilities across different sectors and levels of integrated actions. The results from three of the studies for this REA (Arces and Chezzi, 2020; Bello et al., 2020; Hendriks et al., 2013) shed light on a range of related facilitators, while several barriers are revealed in eight studies (Arces and Chezzi, 2020; Bello et al., 2020; Hendriks et al. 2013; Johansson, 2013; McKeown, 2012; Rocca et al., 2020; Voets et al., 2015; Widmark et al., 2011). As for the second sub-theme, two studies by Bogumil and Seuberlich (2015) and Schöllhorn (2011) shed light on expectations and fairness as facilitating policy integration and coordination, while two others, Küster et al. (2015) and Rocca et al. (2020), refer to perceived barriers.

Involvement and capabilities

Two studies that deal with horizontal policy integration and coordination (Arces and Chezzi, 2020; Hendriks et al. 2013) and one study that examines cross-cutting approaches (Bello et al., 2020) show how strong motivation, proactiveness, and participation in the network can be enabling factors. For example, the interest of regional administrations and authorities in Italy's P.I.P.P.I. Programme[7] has helped to promote cooperation across actors aiming to prevent the institutionalization of children, as well as the enthusiasm of local operators and managers, according to Bello et al. (2020). This is one of two studies from Italy, the other being Arces and Chezzi (2020), that outline other factors that

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6   The Västbus governance model is a regulatory framework for inter-agency cooperation when working with children and adolescents who have complex psychiatric and social needs.

7   Programme of Intervention for Prevention of Institutionalization (www.rcis.ro/en/current-issue/2235-pippi-programme-of-intervention-for-prevention-of-institutionalization-capturing-the-evidence-of-an-innovative-programme-of-family-support.html).

facilitate cooperation and that are related to individual skills and capabilities, such as self-reflection, the capacity to innovate, and a focus on systemic actions. Another study looking at health in all policies to prevent childhood obesity in a Dutch municipality by Hendriks et al. (2013) finds that motivation varies across technical disciplines. One interviewee from the youth services department noted that:

> "It's often a matter of character […] people with a background in technology take a different view on people […] they have very different characters." (p 6)

In contrast, a lack of personal and professional motivation and interest is a barrier to cooperation as illustrated by the findings of three of the included studies (Rocca et al., 2020; Voets et al., 2015; Widmark et al., 2011). Focus groups and interview participants for the Swedish study by Widmark et al. (2011), which explored the factors that enable or hinder collaboration among professionals in healthcare (county council), social services (municipality), and schools (municipality) on the mental health of young children stated that: "*if one party in an interaction was perceived as uncommitted, the uncertainty of the interplay was reinforced*" (p. 5).

An Irish study by McKeown (2012) sheds light on other barriers to cooperation by analysing the effectiveness of a five-year initiative to develop inter-agency collaboration across sectors targeting vulnerable children (10–18-year-old) in a disadvantaged area of Dublin. The results reveal weaknesses in professional practice as well as barriers such as absenteeism and non-participation at case meetings, withholding information on cases, reluctance to get involved in actions and to adequately follow up, as well as a failure to keep records on meetings. Similarly, when asked about perceived obstacles to collaboration, participants in two Italian studies report lack of punctuality when attending meetings (Arces and Chezzi, 2020) and a reluctance to accept and apply national guidelines (both at the top and at the operational level) (Bello et al., 2020). Participants in another two studies by Hendriks et al. (2013) and Johansson (2013) lamented the way in which the inability to relate one's work to the work of partners or to transcend professional boundaries presents a major barrier to joint action.

Expectations and fairness

Participants in two German studies by Küster et al. (2015) and Schöllhorn (2011) on the establishment of an early childhood intervention (*Frühe Hilfen*) report enabling and hindering factors related to expectations that have an impact on horizontal integration at the local level. Schöllhorn (2011), for example, investigates conditions for successful interdisciplinary and interinstitutional collaboration between healthcare and child welfare agencies working to prevent child maltreatment. Semi-structured interviews revealed that clear expectations about the benefits of service integration were perceived as an important facilitator. The author concludes that:

> "When professionals must act under time or emotional pressure, there is no space to first build a common foundation or to thoroughly discuss aims and expectations regarding cooperation. As the results of this study show, this makes misunderstandings and dissatisfaction significantly more likely." (p. 127).

The other study from Germany, by Küster et al. (2015) shows how vague or contradictory expectations on the part of those involved about the role of the office coordinating early childhood services were perceived as a barrier to joint action by services for ECEC, education, healthcare and housing for families in need of assistance.

Finally, two more factors related to perceived fairness in relation to equal opportunities are reported in two other studies dealing with horizontal integration by Bogumil and Seuberlich (2015) and Rocca et al. (2020). The lack of equal opportunities among actors in ECEC and healthcare is reported to be a barrier to joint action at the regional level, according to the participants involved in the study in Italy by Rocca et al. (2020) (see section 1.2.). However, equal involvement and fair treatment promoted effective collaboration at the local level, as illustrated by one of the participants of the German study by Bogumil and Seuberlich (2015), who noted that:

"All actors relating to the area of activity should be involved equally in the communication. That way, conflicts can be avoided, and the number of veto players minimised" (p. 52)

Table 10: Facilitators and barriers related to personal characteristics

Sub-themes	Facilitators (successful collaboration)	Barriers (unsuccessful collaboration)
Involvement and capabilities	Interest and motivation	Lack of personal and professional motivation
	Proactiveness	Lack of commitment
	Active participation	Absenteeism
	Self-reflection	Withholding information
	Innovation	Scarce or irregular meeting attendance
	Attentiveness	Reluctance to get involved
		Resistance to comply with guidelines
Expectations and fairness	Clarified expectations	Contradictory expectations
	Equal involvement	Unequal opportunities

SUMMARY OF THE FINDINGS ON SOCIAL-PSYCHOLOGICAL FACTORS

First, barriers to policy cooperation and integration related to personal involvement and capabilities were mentioned in eight of the selected studies, making it the most widely reported factor in the social-psychological cluster. This signals the need to consider issues such as lack of personal and professional motivation, a lack of interest and not participating in meetings or in joint actions when tackling barriers in the design and implementation of the ECG at the national level.

The second most reported set of factors within this cluster refers to participants' knowledge and experience as an enabling factor. This was reported in seven studies, which documented the crucial importance of having an awareness and understanding of the work of others and past experience in working together. Third, the positive impact of effective communication and information exchange between the partners is documented in five studies that highlight the importance of consultations and listening to one another.

Links and interactions between the factors identified

It is important to consider three interdependences across the three categories of factors when interpreting the findings of this REA. Causal pathways are identified across organizational, economic and social-psychological facilitators and barriers and can be observed across the findings of all 25 of the studies included in this REA. The reciprocal influence between the factors leads not only to changes in policy integration and coordination, but also to changes in the accessibility of services and support across the five thematic areas of the ECG.

One example of such causal pathways is provided by a study from Sweden by Widmark et al. (2011) looking at horizontal integration across education and healthcare. Here, the authors find that differences in mandates and priorities among partner agencies (**organizational factors**) compromise communication between stakeholders (**social factors**), leading to further frustration (**psychological factors**).

Another study illustrates the links across a different combination of factors (this time looking at facilitators). Marlier et al. (2015) examine the horizontal integration of healthcare, sports sectors, and youth organizations to increase sport participation rates and physical activity levels among young people from Belgium. This study finds that a higher level of interdependence and perceived need for collaboration among partners (**social-psychological factors**) is associated with a greater willingness to share human, financial, and infrastructural resources (**economic factors**).

Although this REA focuses primarily on the assessment and synthesis of qualitative evidence, some of the studies included also draw upon a mixed-methods design to provide quantitative confirmation of the relationships between the main categories of factors. A study from Germany by Buschhorn et al. (2015) on the horizontal integration of ECEC and education reports significant associations between cooperation satisfaction and mutual appreciation (correlation 0.48, significant at $p<0.01$) (**social-psychological factors**), as well as the availability of resources (correlation 0.35, significant at $p<0.05$) (**economic factors**).

Furthermore, such pathways across barriers and facilitators can be captured within the themes and sub-themes belonging to the same categories of factors. For example, the Italian study by Arces and Chezzi (2020) on horizontal integration relates to **social-psychological factors**. This study suggests that awareness of partner public and private bodies and the tools available to them (**knowledge and experience**) makes it possible to avoid false expectations (**expectations and fairness**). As important as the definition of shared objectives (**structural aspects**) and assignment of specific roles (**allocation of roles and tasks**) is the ability to promote the activation and participation of actors (**decision-making and management**) to generate a common vision and give the network an identity (**structural aspects**).

In terms of changes in the accessibility of services, the study by Bello et al. (2020) in Italy on the cross-cutting integration of ECEC, education and healthcare refers to the traditional organization of services as "organ pipes" that do not communicate, and that have their own rules, models, tools and languages that are excessively specialized. Other challenges noted by the authors include staff turnover and insecurity; professional hierarchies; parallel mandates (**organizational factors**); and budget cuts and unbalanced workloads (**economic factors**) that make it harder to converge and trigger mutual delegations. This, in turn, leaves holes in the mesh of the network through which children and families often fall instead of finding the help they need. Another study from Italy (Arces and Chezzi, 2020), however, illustrates how the quality of communication between the various services operating in the area and across the various officers has made it possible to build pathways that are as complete and connected as possible, and that are no longer sectoralized by area of competence.

Key findings on changes in the accessibility of services

Out of the 25 studies included in this REA, only 6 deal with changes in service accessibility (Arces and Chezzi, 2020; Bello et al., 2020; Ceccaroni, 2018; McKeown, 2012; Soto Rosales et al., 2018; Walter et al., 2020). No study establishes an explicit and well-documented link between a facilitating factor or barrier that generates a change in integration that leads, in turn, to a change in service accessibility.

The studies that evaluate comprehensive programmes to improve and integrate services tend to find a modest or strong improvement in service accessibility (Arces and Chezzi, 2020; Bello et al., 2020; Ceccaroni, 2018; Walter et al., 2020). However, the study by McKeown (2012) on the establishment of a network in Ireland showed that

> *"a number of participating agencies either do not consider the network to be relevant to their client group or that they experience other significant barriers"* (p. 194).

Two studies from Italy (Arces and Chezzi, 2020) and Germany (Walter et al., 2020) on the effects on service accessibility in relation to the provision of housing, report marked improvements as a result of comprehensive programmes that integrate services horizontally for children from a migrant, refugee or minority background. The study by Arces and Chezzi (2020) on the local, horizontal integration of education, healthcare, and housing services finds that this integration has generated a more than five-fold increase in the coverage of the target group. Similarly, the study by Walter et al. (2020) on Germany's horizontal integration of ECEC, healthcare, and comprehensive housing services finds that this approach reached 15,632 children, 99 per cent of the targeted number, and connected 86 per cent of them successfully to services – far exceeding the original target of 50 per cent.

Other studies find more modest success in the increase in service coverage. Ceccaroni (2018) on the integration of ECEC at the national and regional levels in Italy finds that the objectives set have been achieved, but that territorial inequalities in service accessibility have not been reduced significantly. Furthermore, a lack of sustainability can become all too clear when a programme disappears once the funding runs out. Similarly, Bello et al. (2020), who have looked at all administrational levels in Italy and the integration of ECEC, education and healthcare, have a generally positive view of the impact of the integration programme on service accessibility, but also find increases in programme dropouts in participating families. The Spanish study by Soto Rosales et al. (2018) on the cross-cutting integration of ECEC and healthcare mentions only briefly that most study participants felt that the main groups of children were covered.

Across the board, therefore, the studies included in this REA made a strong connection between facilitators and barriers with successes in service integration, while little to no space was awarded to further making the connection to service accessibility.

Conclusions

This REA has explored 25 studies that cover 15 EU Member States to assess and synthesize evidence on the organizational, economic, and social-psychological factors that help or hinder policy integration and coordination across the 5 thematic areas of the European Child Guarantee (ECG). It has also provided information on the context in which these facilitators and barriers occur, as well as on the interlinkages across these three factors. In addition, this REA has reported changes in the accessibility of the services that are at the very heart of the ECG.

The evidence base for this REA points to factors that enable or block policy coordination across all five thematic areas of the ECG, concerning three of the six groups of children in need mentioned in the ECG Recommendation: children in precarious family situations, children with a minority racial or ethnic background, and children with a migrant background. Most of the studies included have looked into horizontal integration, and while some have investigated cross-cutting integration, no study has focused on the purely vertical level of integration of the ECG thematic areas. Indeed, most of the evidence included in this REA surveyed only the lower administrative levels.

Overall, the results of this REA indicate that organizational barriers and facilitators are the factors reported most frequently as playing a role in policy integration and coordination among the included studies (23 studies), followed by economic factors (18 studies), and social-psychological factors (16 studies). Regardless of the category, the evidence reveals that factors related to structural aspects and processes represent the most frequently recurring theme featured in 24 studies, followed by barriers and facilitators related to decision-making and management strategies (21 studies), and resource management (16 studies) (see Table 11). Strictly speaking, no priority 'ranking' can be established, yet some facilitators and barriers do emerge more often and provide signals about what should be prioritized when the governance of the ECG is being established at the national level.

In all, this REA has covered a total of three main categories (organizational, economic and social-psychological) further divided into ten themes and four sub-themes. In each case, it has examined the facilitators and barriers to policy integration and coordination. This has enabled the authors to identify the three themes that have recurred most frequently across all themes as either facilitators or barriers, as shown in Table 11.

Table 11. Number of studies reporting facilitators and barriers of the three most recurring themes

Theme	Total number of studies
Structural aspects and processes	24 (9 as facilitator; 15 as barrier)
Decision-making and management strategies	21 (11 as facilitator; 10 as barrier)
Resource management	16 (6 as facilitator; 10 as barrier)

In terms of the secondary objectives, only six of the studies evaluated accessibility changes in the services that are the focus of the ECG. While some modest to strong effects were reported, the main emphasis of these studies was on connecting facilitators and barriers with successes in service integration, giving little or no attention to how these are connected with service accessibility.

KEY MESSAGES AND POLICY POINTERS

At the organizational level, **structural aspects and processes** are the factors mentioned most frequently, appearing in 20 of the 25 studies. Based on the patterns that have emerged from this synthesis, the promotion of cross-sector participation and shared actions is crucial for successful policy integration and coordination. This includes participation in joint conferences and training, sharing the same working spaces, and mobilizing channels and platforms for cross-sector communication, as well as joint planning and evaluation. The design and implementation of the ECG National Action Plans should, therefore, identify and foster shared goals and visions, complementarity and similar skills and working methods among partners, and ensure the availability of training opportunities, as well as up-to-date evidence-based monitoring and evaluation systems and other tools.

In terms of frequency, facilitators and barriers relate to **decision-making and management** (reported by 16 studies), **political climate and involvement** (11 studies), and **allocation of roles and tasks** (9 studies). The assessed evidence suggests that successful policy integration and coordination requires supportive and shared management, coupled with effective leadership at all administration levels.

At the managerial level, this implies – alongside other core tasks and competences – assuming responsibility for the implementation of policy integration and coordination, as well as effective planning, organization, and supervision. In addition, shared management includes clarifying roles and objectives from the very beginning. As highlighted in the pan-European study by the OECD (2018):

> *"together, all partners must be able to envision what successful integration should look like, communicate this vision and implement it. To achieve this, all stakeholders need reliable evaluation tools and stronger data on how integration measures are working on the ground, at the regional and local levels"* (p. 39).

The evidence included in this REA also draws attention to the crucial role of effective leadership at the higher policy levels, emphasizing the importance of a favourable and supportive political climate in which policy integration and coordination can take place. The lessons learned that are reflected in the studies show the need for a clearly defined governmental mandate and for political stability, as well as flexible and multi-level governance that can address policy integration and coordination at the right scale, and that can adapt to the issues and systems at hand, e.g., knowing when to act as a framer or designer and, very importantly, when to step back.

Economic factors are the second most recurring category of factors, appearing in 18 of the 25 studies analysed in this REA. Within this set of factors, **resource management** is quoted as a facilitator or barrier in most studies (13), closely followed by **financial resources** (11), and **human resources** (6).

Within the theme of **resource management**, it appears to be particularly important to dedicate resources specifically to policy cooperation and integration. This could take the form of budget lines for activities related to this or financing lines that are shared among institutions to enable joint action. In a similar way, resources can be made more flexible, especially at the local level. This applies to both the type of activity that can be financed and who delivers it. While flexibility and adaptability are vital, a certain level of dependability on funds should always be maintained. As multiple studies point out, sustained financial efforts are needed for sustained changes in the way institutions operate. **Effective resource management**, of course, is only relevant if there are resources in the first place. In practice, this is not a given, with almost half of the studies discussing challenges related to resourcing.

In terms of **social-psychological factors**, facilitators and barriers to policy integration and coordination related to **involvement and capabilities** (under the theme **personal characteristics**), and **knowledge and experience** were the most widely reported, with both of these sub-themes featuring in eight studies. This indicates that fostering personal and professional motivation, active participation at joint meetings and actions, and encouraging quality professional practice at all administration levels, are as valuable for the design and implementation of the ECG at national level as promoting awareness and knowledge of the partner's mission, goals, and working practices. In line with this, one study recommends the securing of commitments from staff at all levels (strategic, operational and service delivery) and effective representation and participation in inter-agency working groups/teams.

These themes were followed by another five sets of factors: **communication and information exchange** (featuring in seven studies), and **social dynamics** (five studies) – both of them related to **interpersonal interactions**, and **expectations and fairness** (under the theme of **personal characteristics**) and were reported in three studies. The evidence, therefore, highlights the very human component that underpins any collaborative policy action, suggesting that it is individuals who push forward any inter- or intra-agency work, that they have their own expectations, and that they need to be treated fairly. This reinforces the need to optimize the quality of social relations among collaborating actors, by ensuring effective communication and information flow, and by building trust and reciprocity to create a true 'inter-agency culture', free from any personal or professional barriers.

STRENGTHS AND LIMITATIONS OF THIS REA

The key strengths of this REA are its timeliness and its wide coverage, including topical evidence from across the EU27. It feeds directly into the improvement of policy processes and, therefore, represents a demand-driven synthesis of evidence. Key quality markers have also been maintained, with the broad eligibility of studies and the adequate coverage of the search strategy being particularly noteworthy. Through its broad interpretation of the PICO framework, its coverage of four languages, and a 15-year publication window, this study makes great efforts to ensure that no relevant evidence is excluded arbitrarily. Similarly, a full structured database search, complemented by auxiliary search techniques is even more comprehensive than that of many full systematic reviews. As a result, this REA identifies more studies from more diverse contexts than any evidence assessment on the topic before.

At the same time, however, this REA is constrained by factors inherent to the methodology: any evidence review is only as good as the underlying evidence. Only five of the studies included in this review achieve the standards for low risk of bias. Even those studies, being predominantly based on interviews with those involved in policy integration and coordination, run the risk of reflecting staff wishes or their most salient issues, rather than the actual – and most relevant – factors for policy integration. This field of evidence is characterized by the lack of robust, counterfactual studies, such as well-designed or natural experiments. This is in addition to substantial evidence gaps. For example, there is a lack of studies from Eastern Europe, as well as studies on the policy integration of interventions that foster healthy nutrition with other areas of the ECG.

In addition, the identified studies rarely establish the full connection between integration facilitators and barriers and service accessibility. As a result, some of the practical lessons emerging from this review depend on the assumption that enhanced policy integration and coordination is always linked to better services.

Finally, while the authors are highly confident of the replicability of the other stages of the REA, it is hard to ensure replicability in the case of the narrative synthesis. Detailed instructions in the protocol and documentation of meticulous compliance are available for stages such as the database search. As others have noted (Popay et al., 2006), this is not feasible for the meaningful synthesis of qualitative evidence. Therefore, while other authors equipped with the same protocol might have arrived at the same set of studies, the extracted evidence and its interpretation have been entirely dependent on the judgement of the authors.

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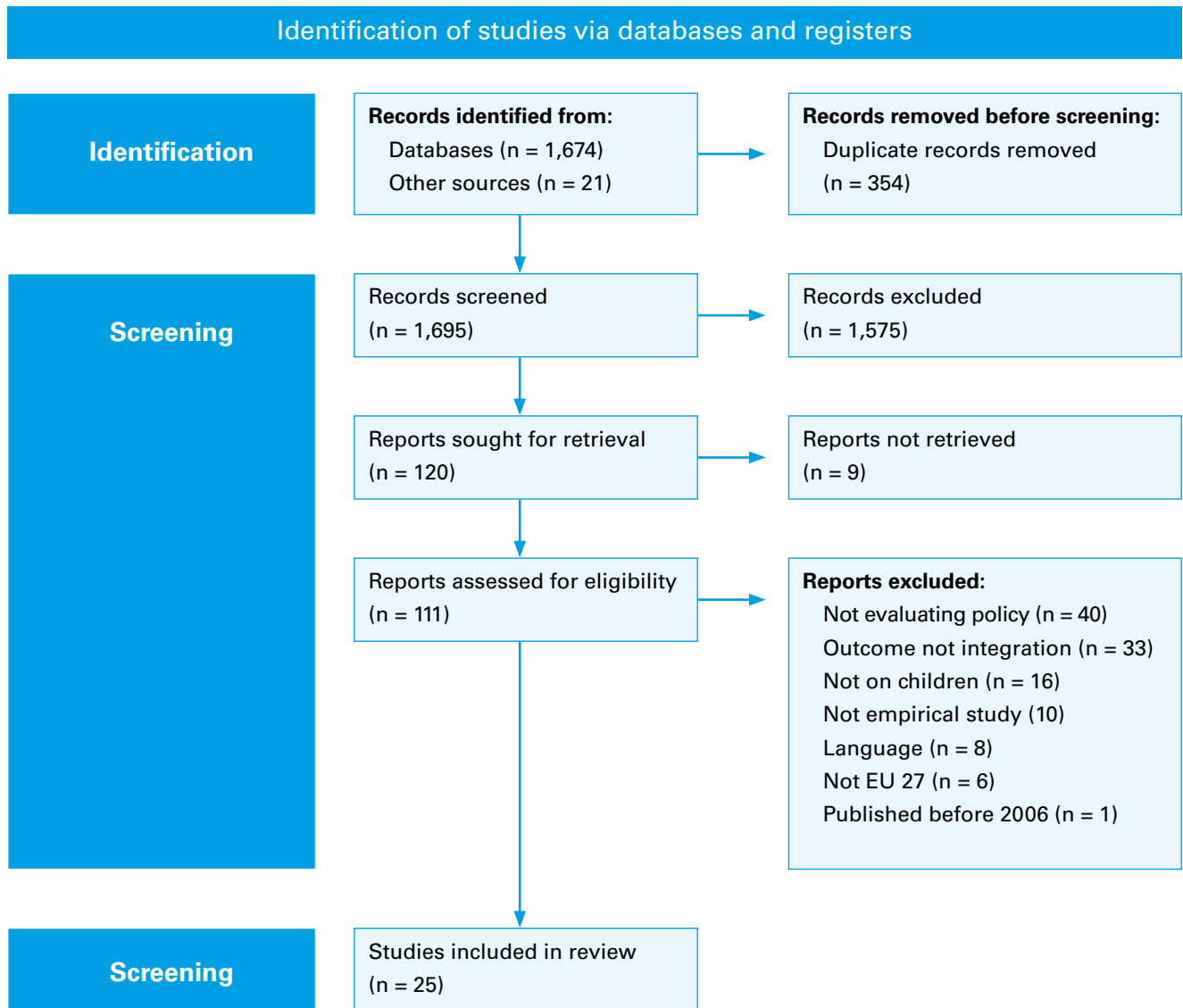
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Annexes

Table A1. Population, intervention, comparison, and outcome (PICO) framework

PICO	Summary	Detail
Population	Organizations working on ECG thematic areas	Public and private organizations Operating in the EU27 Working at the policy level
Intervention	Changes in policy integration and coordination	Policy term used broadly, including legal, regulatory, behavioural, and organisational mechanisms, as well as barriers and facilitators of integration more widely Excluded are service delivery mechanisms
Comparison	Situation without those policies	Counterfactuals could be constructed by authors with liberty
Outcome	Primary: Horizontal and vertical integration of ECG thematic areas Secondary: Service accessibility	Primary outcome forms part of inclusion criteria and search strategy, while secondary does not Service needs to primarily benefit children under 18 Wide conceptualization of integration used, including coordination and cooperation

Figure A1. Identification of studies (PRISMA flowchart: Preferred Reporting Items for Systematic reviews and Meta-Analyses[9])

Identification of studies via databases and registers		
Identification	**Records identified from:** Databases (n = 1,674) Other sources (n = 21)	**Records removed before screening:** Duplicate records removed (n = 354)
Screening	Records screened (n = 1,695)	Records excluded (n = 1,575)
	Reports sought for retrieval (n = 120)	Reports not retrieved (n = 9)
	Reports assessed for eligibility (n = 111)	**Reports excluded:** Not evaluating policy (n = 40) Outcome not integration (n = 33) Not on children (n = 16) Not empirical study (10) Language (n = 8) Not EU 27 (n = 6) Published before 2006 (n = 1)
Screening	Studies included in review (n = 25)	

9   See Page et al. (2021).

Table A2. Search strategy

A sample search string for Scopus
TITLE-ABS-KEY ((Austria* OR Belgi* OR Bulgari* OR Croatia* OR Cypr* OR Czech* OR Denmark* OR Danish* OR Estoni* OR Finland* OR Finnish* OR France* OR French* OR German* OR Greece* OR Greek* OR Hungar* OR Ireland* OR Irish* OR Italy* OR Italian* OR Latvia* OR Lithuania* OR Luxemb* OR Malta* OR Maltes* OR Netherlands* OR Dutch* OR Poland* OR Polish* OR Portugal* OR Portuguese* OR Romania* OR Slovak* OR Slovenia* OR Spain* OR Spanish* OR Swed* OR "European Union"* OR "EU27"* OR Europe* OR "EU") AND (legal* OR law* OR Policy* OR Polici* OR framework* OR regulation* OR organisation* OR organization* OR govern* OR enable* OR barrier* OR hindering* OR facilita* OR funding* OR budget* OR mechanism*) AND ((minstr* OR administra* OR commission* OR department* OR agenc* OR organisation* OR organization* OR govern* OR sector* OR institut*) W/4 (integrat* OR coordinat* OR cooperat* OR collab*)) AND (Child* OR adolescent* OR minor OR minors OR youth* OR boy* OR girl* OR infant* OR toddler* OR teen* OR offspring* OR neonate* OR kid* OR pediatr* OR paediatr* OR family* OR famili*) AND (Health* OR educat* OR school* OR teach* OR learning* OR learner* OR tuition* OR ECE OR ECEC OR care* OR preschool* OR "pre-K" OR nurse* OR kindergarten OR "Child development" OR housing OR accommodation* OR dwelling* OR residence* OR home* OR shelter* OR house* OR nutri* OR food* OR feed* OR diet* OR meal* OR subsistence* OR service*)) AND PUBYEAR > 2005

Table A3. Characteristics of the included evidence

ID	Citation	Publication status	Countries	Study year	Administrational level	Integration type	ECG thematic areas	ECG Target group	Facilitators/barriers identified
1	Aarts et al. (2011)	Journal, peer-reviewed	Netherlands	2009	Second subnational level or lower	Horizontal integration	Healthcare Education	NA	**Organizational factors** o Political climate and involvement o Structural aspects and processes **Economic factors** o Financial resource endowment o Human resource endowment **Social-psychological factors** o Knowledge and experience
2	Arces and Chezzi (2020)	Evaluation report	Italy	2017-2020	Second subnational level or lower	Horizontal integration	Healthcare Education Adequate housing	Children with a minority racial or ethnic background	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Social-psychological factors** o Inter-personal interactions • Communication and information exchange o Knowledge and experience o Personal characteristics • Involvement and capabilities
3	Bello et al. (2020)	Evaluation report	Italy	2018-2020	National level and lower	Cross-cutting integration	Healthcare Education ECEC	Children in precarious family situations	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Structural aspects and processes **Economic factors** o Financial resource endowment **Social-psychological factors** o Inter-personal interactions • Communication and information exchange o Knowledge and experience o Personal characteristics • Involvement and capabilities
4	Bogumil and Seuberlich (2015)	Think tank report	Germany	2014	Second subnational level or lower	Horizontal integration	Healthcare Education ECEC Adequate housing	NA	**Organizational factors** o Political climate and involvement o Decision-making and management strategies • Structural aspects and processes **Social-psychological factors** o Inter-personal interactions • Communication and information exchange o Personal characteristics • Expectations and fairness
5	Buschhorn et al. (2015)	Think tank report	Germany	2013	Second subnational level or lower	Horizontal integration	Healthcare ECEC	NA	**Economic factors** o Financial resource endowment o Human resource endowment o Resource management **Social-psychological factors** o Inter-personal interactions • Social dynamics o Knowledge and experience
6	Ceccaroni (2018)	Evaluation report	Italy	NA	National and first subnational level	Cross-cutting integration	ECEC	Children in precarious family situations	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Economic factors** o Financial resource endowment o Resource management
7	Edvardsson et al. (2012)	Journal, peer-reviewed	Sweden	2010	Second subnational level or lower	Horizontal integration	Healthcare Education	NA	**Organizational factors** o Decision-making and management strategies o Structural aspects and processes **Economic factors** o Resource management

8	Fischer and Geene (2019)*	Article in edited volume	Germany	NA	Second subnational level or lower	Horizontal integration	Healthcare Education ECEC Adequate housing	NA	NA
9	Graça et al. (2020)	Journal, peer-reviewed	Portugal	2007-2020	National level	Horizontal integration	Education Healthy nutrition	NA	**Organizational factors** o Political climate and involvement o Structural aspects and processes
10	Grohs et al. (2020)	Think tank report	Austria, Czech Republic, Denmark, England, Finland, France, Germany, Ireland, Lithuania, Netherlands, Spain, Sweden	2016-2019	National level	Horizontal integration	Healthcare, Education ECEC Adequate housing	NA	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Structural aspects and processes **Economic factors** o Resource management
11	Hendriks et al. (2013)	Journal, peer-reviewed	Netherlands	2011	Second subnational level or lower	Horizontal integration	Healthcare Education	NA	**Organizational factors** o Allocation of roles and tasks **Economic factors** o Resource management **Social-psychological factors** o Personal characteristics • Involvement and capabilities
12	Johansson (2013)	Journal, peer-reviewed	Sweden	2007-2009	First subnational level and lower	Horizontal integration	Healthcare Education ECEC	NA	**Organizational factors** o Structural aspects and processes **Economic factors** o Financial resource endowment **Social-psychological factors** o Knowledge and experience o Personal characteristics • Involvement and capabilities
13	Jugendamt Leipzig (2009)	Evaluation report	Germany	2007-2009	Second subnational level or lower	Horizontal integration	Healthcare Education	Children in precarious family situations	**Organizational factors** o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Social-psychological factors** o Inter-personal interactions • Communication and information exchange • Social dynamics o Knowledge and experience
14	Küster et al. (2015)	Think tank report	Germany	2013-2014	Second subnational level or lower	Horizontal integration	Healthcare Education ECEC Adequate housing	Children in precarious family situations	**Organizational factors** o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Economic factors** o Human resource endowment o Resource management **Social-psychological factors** o Personal characteristics • Expectations and fairness
15	Marlier et al. (2015)	Journal, peer-reviewed	Belgium	NA	Second subnational level or lower	Horizontal integration	Healthcare	Children with a minority racial or ethnic background	**Organizational factors** o Structural aspects and processes **Economic factors** o Financial resource endowment o Resource management **Social-psychological factors** o Inter-personal interactions • Social dynamics o Knowledge and experience
16	McKeown (2012)	Journal, peer-reviewed	Ireland	2005-2010	Second subnational level or lower	Horizontal integration	Healthcare Education	Children in precarious family situations	**Organizational factors** o Decision-making and management strategies **Economic factors** o Human resource endowment **Social-psychological factors** o Personal characteristics • Involvement and capabilities

17	OECD (2018)	Think tank report	Austria, France, Germany, Greece, Italy, Netherlands, Scotland, Spain, Sweden	2016-2018	Second subnational level or lower	Cross-cutting integration	Healthcare Education Adequate housing	Children with a migrant background	**Organizational factors** o Decision-making and management strategies o Structural aspects and processes **Economic factors** o Financial resource endowment o Resource management **Social-psychological factors** o Inter-personal interactions • Communication and information exchange

18	Rocca et al. (2020)	Journal, peer-reviewed	Italy	NA	First subnational level	Horizontal integration	Healthcare ECEC	NA	**Organizational factors**
									o Political climate and involvement
									o Decision-making and management strategies
									o Allocation of roles and tasks
									o Structural aspects and processes
									Economic factors
									o Financial resource endowment
									o Resource management
									Social-psychological factors
									o Inter-personal interactions
									  • Communication and information exchange
									  • Social dynamics
									o Personal characteristics
									  • Involvement and capabilities
									  • Expectations and fairness

19	Schöllhorn (2011)	Dissertation	Germany	2007	Second subnational level or lower	Horizontal integration	Healthcare ECEC	Children in precarious family situations	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Structural aspects and processes **Economic factors** o Human resource endowment o Resource management **Social-psychological factors** o Personal characteristics • Expectations and fairness
20	Simovska et al (2015)	Journal, peer-reviewed	Denmark	NA	Second subnational level or lower	Cross-cutting integration	Healthcare Education	NA	**Organizational factors** o Structural aspects and processes
21	Soto Rosales et al. (2018)	Evaluation report	Spain	2018	First subnational level and lower	Cross-cutting integration	Healthcare ECEC	NA	**Organizational factors** o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Economic factors** o Financial resource endowment o Human resource endowment
22	Stöbe-Blossey (2013)	Journal, peer-reviewed	Germany	2007-2012	First subnational level	Horizontal integration	Healthcare Education ECEC	NA	**Organizational factors** o Decision-making and management strategies **Economic factors** o Financial resource endowment o Resource management
23	Voets et al. (2015)	Journal, peer-reviewed	Belgium	2009-2013	First subnational level	Cross-cutting integration	Healthcare Education	NA	**Organizational factors** o Political climate and involvement o Decision-making and management strategies o Allocation of roles and tasks o Structural aspects and processes **Economic factors** o Resource management **Social-psychological factors** o Personal characteristics • Involvement and capabilities
24	Walter et al. (2020)	Evaluation report	Germany	2017-2020	Second subnational level or lower	Horizontal integration	Healthcare ECEC Adequate housing	Children with a migrant background	**Organizational factors** o Structural aspects and processes **Economic factors** o Financial resource endowment o Resource management

25	Widmark et al. (2011)	Journal, peer-reviewed	Sweden	2009	Second subnational level or lower	Horizontal integration	Healthcare Education	Children with disabilities	**Organizational factors**
									o Political climate and involvement
									o Allocation of roles and tasks
									o Structural aspects and processes
									Social-psychological factors
									o Inter-personal interactions
									  • Communication and information exchange
									  • Social dynamics
									o Knowledge and experience
									o Personal characteristics
									  • Involvement and capabilities

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