



# Perceptions of professionals about factors affecting the implementation of early childhood support systems: A case study evaluation from an ecological perspective

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## ABSTRACT

This evaluation research looked at factors affecting collaboration across the various levels of implementation of early childhood support systems. An ecological conceptual framework was used to examine barriers and facilitators to implementing social and health care services from the perspective of the professionals involved at the national, state, and local level of government. A single case study following a qualitative research strategy was conducted with a total of 29 professionals from social development and health ministries, one municipality and a family health center responsible for implementing the Chile Grows with You system. The results show that at the national level, the main factors include socio-political aspects, funding, and the empathy that professional employees hold for peers who are at lower rungs in the hierarchy. At the state level workplace conditions play a key role. For the local level those factors include information system management and the political support of the local government. The discussion section emphasizes the relevance of considering the interdependence of such factors that influence implementation outcomes and the need to move away from a single program evaluation to a multilevel implementation analysis of public policy.

## 1. Introduction

Implementation processes for early childhood support systems are fundamental to achieving the desired outcomes for children and their families (Durlak, 2015; Payne Simon et al., 2018), especially those who are in a vulnerable position (Hodge & Turner, 2016).

Implementation evaluation helps identifying contextual factors which may have affected the policy delivery process (Dufour et al., 2014; Mingo et al., 2019). Often, these factors operate at multiple levels: individual, organizational, intervention, and system levels (Beidas et al., 2016). In recent years, a range of theoretical models have been developed to identify factors existing at multiple levels that could become barriers or levers for implementing systems of programs and services (Williams & Beidas, 2019). Despite their importance, implementation studies tend to focus primarily on one or a few levels of analysis (e.g., individual, organizational) neglecting system-level factors (e.g., political environment) (McIsaac et al., 2018). Furthermore, these models have been concentrated on programs and services aimed at adults, but they have only recently begun entering the field of early childhood (Halle et al., 2013).

To help fill this gap, this evaluation research conducts a rigorous qualitative analysis of the implementation of an early childhood support systems using an ecological approach. More specifically, a wide range of factors are examined that influence collaboration among professionals responsible for implementing social and health care services from the Chile Crece Contigo support system at the national, state and, local level.

### 1.1. Implementation evaluation of early childhood support systems

Implementation evaluation of early childhood support systems has become quite important in recent years because policy makers must have real evidence of the efficacy of these programs and which of their components are essential for successful execution in diverse contexts prior to a broader nationwide dissemination (Metz et al., 2015).

In fact, implementation evaluation allows to better understand the direct relationship that would exist among factors affecting collaboration among professionals implementing these systems at various levels of government and their efficacy in terms of implementation outcomes (e.g., sustainability over time) and service outcomes (e.g., opportunity and equity in service provision) (Proctor et al., 2009). Diverse models of

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multi-level analysis have been created to examine the implementation of programs and services using an ecological perspective (Aarons et al., 2011; Chaudoir et al., 2013; Damschroder et al., 2015; Durlak & DuPre, 2008). Despite the relevance of these kinds of models, most are created by reviewing the literature, meaning they must then be tested empirically (Franks & Schroeder, 2013). In this article the multi-level collaborative processes model for systems of programs and services in the field of early childhood was used. This model was developed by the lead author of this article based on a foundation of earlier empirical studies (Quiroz et al., 2017; Quiroz Saavedra et al., 2017). This model sets out the three levels involved in implementing early childhood support systems, namely the national, state, and local levels. These levels were defined because they are coherent with the state's structure and management model for this kind of system, and therefore, with the interpretive framework used by the professionals working within them. The *national level* for implementation is tasked with formulating, coordinating, administering, and monitoring the system, especially for the activities of the ministries involved with implementation (e.g., social development, health, education). The *state level* functions include technical advising and monitoring of system implementation done at the neighborhood level. The *local level* functions are coordinating system implementation for the district and conducting direct interventions with beneficiaries (e.g., children aged birth to five years and their families).

The multi-level collaboration processes are situated at the heart of this implementation model of systems of programs and services. The conceptualization of collaborative processes employed by this model sets out two types: standard and emerging. The *standard collaborative processes* are those that are characterized by operations that are predominantly isolated, meaning the system programs and services function in a compartmentalized manner (i.e., silo-based management). The practice of professional teams to limit the sharing of information about beneficiaries is one example of such an operational modality. Collaboration based on standard processes tends to be effective when managing cases with low levels of vulnerability as beneficiaries affected by a reduced number of biopsychosocial risk factors. In contrast, *emerging collaborative processes* are those that are characterized by operations that are predominantly integrated into the system programs and services. The communication method of professional teams that choose to construct shared meanings, use joint planning, and employ collective decision-making is an example of how this operating mode is expressed. Collaboration based on emerging processes tends to be more effective at handling cases with high degrees of vulnerability as beneficiaries affected by a high number of complex risk factors that give rise to a cumulative effect (e.g., children whose mothers have little schooling, no support networks, and live in crowded conditions).

This model suggests that the move from standard to emerging collaborative processes among professionals is conditional upon multiple barriers and facilitators to implementing systems of program and services.

### 1.2. Factors that influence the implementation of early childhood support systems

A great number of factors influencing the implementation of early childhood support systems have been summarized in the literature. However, the larger part of the studies done on this subject focuses on adults as well as any factors that impact the implementation level, especially the micro level, while ignoring the broader levels (McIsaac et al., 2018). This article reviews the literature specifically as it relates to factors that influence the various levels of implementation of systems of programs and services in the field of early childhood. Table 1 presents a summary of these factors:

At the national level, Cunill-Grau et al. (2013) demonstrated that the intersectoral collaboration approach adopted by the early childhood system examined was based on a concept of integration that did not yield to effective collaboration practices. Pérez-Escamilla et al. (2018)

**Table 1**

Factors that affect implementation and interrelationships.

Implementation level	Factor
National (Bedregal et al., 2014; Britto et al., 2014; Corter & Peters, 2010; Cunill-Grau et al., 2013; Del Grosso et al., 2011; Pérez-Escamilla et al., 2018; Purcal et al., 2011; Schmied et al., 2010; Stöbe-Blossey, 2013; Torres et al., 2018; Wong et al., 2012)	Regulatory legal and conceptual framework; decentralization; compatibility and adaptation to the local context; use of a participatory/inclusive/strategic planning approach; awareness of local needs; consideration of district heterogeneity; search for solutions to a lack of services; complexity of interventions; available time and resources; focus on children and their families.
State (Bilodeau et al., 2018; Bilodeau et al., 2019; Britto et al., 2014; Cooksey-Campbell et al., 2013; Cunill-Grau et al., 2013; Pérez-Escamilla et al., 2018; Purcal et al., 2011; Torres et al., 2018)	Training and technical assistance; quantity and quality of professional providers; stability/rotation of staff; workplace conditions; opportunities for professional development; supervision and evaluation of services; availability and access to supervisors; computer system for monitoring and assessment; awareness of needs/community resources;
Local (Acri et al., 2016; Boydell, 2015; Cooksey-Campbell et al., 2013; Corter & Peters, 2010; Espejo et al., 2016; Payler & Georgeson, 2013; Pérez-Escamilla et al., 2018; Press, 2012; Purcal et al., 2011; Riveros, 2012; Schmied et al., 2010; Stöbe-Blossey, 2013; Webber et al., 2011; Winter et al., 2018; Wong & Sumsion, 2013)	Positive work environment; adequate computer systems; governance; leadership; municipal administration; workload; professional culture, identity and boundaries; staff attitude and knowledge; working conditions; clear protocols; shared vision and goals; political support; conflict resolution; clarity around roles and duties.

noted that political support from the political sector (e.g., finding funding) and from the international community (e.g., child rights) is an important enabler in implementing early childhood support systems. Brito et al. (2018) noted how national processes of decentralization in governance created the conditions for local involvement in areas such as budgeting and citizen participation.

At the state level, Purcal et al. (2011) stated that the lack of formal engagement between the state and federal governments was a limitation in engaging state agencies in the implementation of the services. Britto et al. (2014) found that middle levels of government were not part of an intersectoral collaboration to implement programs and services since they believe they are only responsible for facilitating communication within the sector and monitoring operations. As Torres et al. (2018) pointed out, progressive definition of roles and responsibilities of each stakeholder was an important facilitator to scaling-up of the early childhood support system studied. In the study of Bilodeau et al. (2019), planning accountability, and evaluation arrangements for the funding programs made by the state level inhibit collaboration among local stakeholders.

At the local level, Wong and Sumsion (2013) described how differences in terms of professional cultures and identities (e.g., beliefs, values, and knowledge) affected inter-professional practice needed to integrate these services. According to Boydell (2015), the lack of information sharing between service providers represents a significant barrier to identifying and providing services to vulnerable children. Cortínez et al. (2016) identified the political support from the municipal authorities as a factor that may have a positive or negative influence on implementation depending on whether they were in favor or opposed to the services offered to children and their families. Staff knowledge and training concerning mental health treatments was a noted barrier Cri et al.'s (2016) study on health care systems for ethnically diverse children. More recently, Winter et al. (2018) showed that services were well received by families and met their unmet needs because the staff adopted a non-judgmental attitude and was able to provide a quick referral process.

This study introduces an ecological perspective for examining collaboration processes that occur among professionals responsible for implementing an early childhood system.

The purpose of this study is to report findings from an implementation evaluation which sought to identify the factors that influence the collaboration between professionals responsible for implementing an early childhood support system called Chile Grows with You. The questions that guide this research include:

1. Which factors operate as barriers to the collaboration among professionals in social and health care services involved in the implementation of Chile Grows with You System at the national, state and, local level?
2. Which factors operate as facilitators in the collaboration among professionals in social and health care services involved in the implementation of Chile Grows with You System at the national, state and, local level?

## 2. Methods

An exploratory case study was done from June 2018 to January 2019 (Yin, 2014). This method is especially relevant when researchers have no influence over the course of examined events - the system implementation - but at the same time need to increase their understanding of the contextual conditions that affect it (Simons, 2014). Instead of concentrating on a unit of analysis (e.g., NSP), this research takes under consideration various units of analysis within the same system whose components are interrelated to reach the goal.

A triangulation strategy of the perspectives (Flick, 2007) of the interested parties in the system was used, including professionals coming from the various sectors involved in state intervention (e.g., health, social development), organizations (e.g., health center, municipality) and implementation levels (e.g., national, state, and local) involved.

### 2.1. Sources of information and participants

The fieldwork was begun in May 2018 using a strategy of approach and negotiation simultaneously at the national and local levels of system implementation. First, the lead researcher made contact with the coordinator of the team responsible for implementing the system at the national level, and she authorized the study's execution. Simultaneously, the same researcher contacted the municipal team at the local level with whom a formal agreement was established. Additionally, the researcher got approval from the Municipal Health Corporation of the neighborhood involved through which connection was then made with the family health centers.

A purposive sampling was employed to identify and select information rich cases for the most effective use of limited resources (Patton, 2014). To capture the heterogeneity of perspectives regarding conflicts during the implementation of child development systems, a maximum variation criteria sampling was utilized. The final sample of participants was selected based on the following criteria: work experience (i.e., at least one year of experience implementing the *Chile Grows with You* system); belonging to the different levels of the structure of state administration (i.e., national, state, and local); being responsible for implementing social and health care services within the fourth component of the Chile Grows with You system.

### 2.2. Interviews

Data gathering was conducted from June 2018 through January 2019. A total of 30 interviews were held with the 29 professionals involved in implementing the system at various management levels. Table 2 contains the participants' characteristics:

An interview guide containing topics to direct the conversation was used with the interviewees (e.g., system components, obstacles,

**Table 2**  
Participants.

Characteristic	National Level (NL)	State Level (SL)	Local Level (LL)
n (%)	7 (24%)	4 (14%)	18 (62%)
<b>Sector</b>			
<b>Social Services</b>	4	2	5
<b>Health Care</b>	3	2	13

facilitators). Table 2 contains the participants' characteristics:

### 2.3. Administrative documentation

The documentation produced by the institutions involved was one source of information. The technical guidelines created by the national level teams (e.g., implementation model), studies commissioned by the Ministry of Social Development and the Ministry of Health in relation to the various system aspects (e.g., evaluations), and informal presentations and reports made by the municipal team were also included.

### 2.4. Research setting

This research was conducted in a neighborhood in the southeast area of the Metropolitan Region of Santiago, Chile wherein a national system to support early childhood development called Chile Grows with You [*Chile Crece Contigo* or *ChCC* in Spanish] began in 2007. The goal of this system is to ensure that children reach their maximum development potential by accompanying them from gestation up to four years of age (MSD, 2015).

Chile Grows with You is a subsystem of the Chile Solidario Social Protection System that consists of a set of general and specific multi-sectoral programs and services organized around four components. The first component consists of universal services, including educational tools available online (e.g., material for intellectual stimulation) and a telephone guidance service for parents (e.g., child-rearing). The second component provides services to children cared for in the public health system and has two programs. The first of these is a biopsychosocial development (BDSP) support program, which is carried out by district health services, providing services under a modality of health check-ups from pregnancy through birth and up to five years of age. The second is the newborn support program (NSP), which is implemented on public health maternity wards, providing a kit of useful items (e.g., a crib) and a series of educational activities (e.g., prenatal workshops) to fathers, mothers, and relevant caretakers. The third component is allocated to the most vulnerable 60% of families, providing them with a set of guaranteed services (e.g., free daycare) and preferential access to public services (e.g., workforce entry). The fourth component includes support programs for implementing and managing the subsystem at the local level, for example, the program for reinforcing municipalities (e.g., funding for providers), the intervention fund to support child development (e.g., learning centers and grant competitions for childhood initiatives (e.g., areas for intellectual stimulation in community spaces).

Managing these four components (MSD, 2015) necessitates coordination among the various levels of public administration (central, state, and local) and the range of sectors involved (social development, health, education), in such a way as to create an integrated network of services. The Ministry of Social Development (MSD) is tasked with coordinating the subsystem at the national level via an intersectoral technical committee comprised of representatives from the Ministry of Health (MH) and the Ministry of Education (ME). Furthermore, national teams have been created within the Ministries of Social Development and of Health, in charge of coordinating the subsystem internally as well as among ministries. At the regional level, the Regional Ministerial Secretariats (SEREMI) of Social Development and of Health together with the Chile Grows with You Administrators situated within the health services are tasked with supervising and monitoring the implementation of the

subsystem run by the municipalities. At the local level, a team housed within the municipality is responsible for articulating the Neighborhood Network composed of a basic network in which the municipality, health and education departments participate, and a wider network that includes all actors connected with early childhood in the district (e.g., community bodies, police departments, civil society).

### 2.5. Ethical approval

The research project was approved by the Ethics Committee of the Universidad del Desarrollo. The approved ethics protocol contains the ethical consent for the various participant categories having a total duration of three years covering the period of the study.

### 2.6. Analysis

A thematic analysis was applied to the body of data to identify recurring themes (Guest et al., 2012). First, the interviews were audio recorded and transcribed. Second, each transcription was read several times by the researchers to get familiar with the material and take notes. Third, the information was analyzed using the MAXQDA analysis program. Fourth, the research team conducted an iterative process of inductive coding through which themes were identified and discussed in the event a disagreement arose.

## 3. Results

This article reports on those factors that have a direct and/or indirect influence on the collaboration processes among the professionals acting at the various utilized analytical levels to address both research questions. Table 3 summarizes the results that are presented below:

### 3.1. National level factors

#### 3.1.1. Barriers associated with policy viability

The first barrier perceived by the professionals is the *latency period* during the initial years of subsystem implementation. As gleaned from the reports of the professionals at the local level, said latency was a result of the limited impetus provided by institutional policy at the

**Table 3**  
Factors affecting implementation.

	Implementation level		
	National	State	Local
Barrier	Policy viability Latency period Lack of national team influence on intersectoral resource distribution Sectoral logic Technical viability Shift in intervention focus Lack of collaborative implementation indicators Funding Insufficient resources Resource reduction for system monitoring Delay in resource transfer	Workplace conditions Overwork	Shared management of the information
Facilitator	Policy viability ChCC teams at ministries Funding Resource transfer agreement Additional resources for programs	Technical assistance Handling complex cases Professional attitudes Empathy	Professional attitudes Commitment and motivation Awareness raising Support of local government

national level:

*...Chile Grows with You is a public policy that began near the end of the second year of Bachelet's first presidency. The implementation period was a year and a half, two, of setting up the public policy, of being able to offer these services, of introducing the matter of intersectorality, of work around healthcare, and the related services. We were going to help effectively create a protection system. That is the logic of the public policy. Well, the fact is that those two years of implementing the public policy only made the slightest advance in my opinion. Then there were four years of Piñera in which the implementation as a whole was entirely on pause... And then there were four years of Bachelet in which the implementation was restarted. In the end we say we've had 11 years of this public policy, but in practice it's been four or five. (LL2)*

Another major barrier in the eyes of the professionals is the *lack of influence that the national team has on the resources coming from other ministries in handling the needs of the most vulnerable families.*

*So, we've also been fighting about that, but how can we be certain of at least having enough spots to ensure the availability of opportunities and livability? It's part of the preferential service offer and part of the role of the central level, so at this point it's out of the hands of Chile Grows with You and has to do with the area of the subsecretary. Whatever the preferential offer is going to be has to be presented to the ministerial committee where we need to put resources so that people can actually access them, but since the resources are always scarce, no answer is even given. Cases become highly complex whenever no answers are available (NL4).*

Another aspect operating as a barrier is the *sectoral logic* underlying the functioning of the state sectors involved with implementing the subsystem. In the words of the same professional at the local level:

*...what's more because this logic of intersectorality begins with the understanding that all of the sectors that should intervene in early childhood have to do so in a joint and collaborative way and whatever else. This goes absolutely against the sectoral logic held by each of the sectors that intervenes with children. So of course, healthcare says that children are part of health, but education says they pertain to education. The municipality or social protection system say they are connected to the benefits and services they offer. (LL2).*

The sectoral logic is conveyed in the focus that the relevant sectors place on the target group at the center of the programs and services, and how this focus spurs them to compete for children instead of concentrating on the particular contribution each sector adds to child development.

#### 3.1.2. Facilitators connected to policy viability

One facilitator underscored by the professionals at the national level is the *existence of teams* tasked specifically with implementing the system within the participant ministries. Just as this testimony of a MSD professional affirms with regard to a counterpart at MH:

*...we can count on having a national team from Chile Grows with You at the Ministry of Health. This enables us to begin addressing all of the issues we want to bring up, but directly within the various health units and departments. This has helped quite a bit... We meet up every other week. We practically build the annual work plans together. (NL4).*

These teams have effectively built a professional link and a work plan that facilitates collaboration between these ministries and also more deeply within them.

#### 3.1.3. Barriers connected to technical viability

The first aspect is raised by professionals at the local level and refers to the deep shift experienced by the intervention model of the subsystem in recent years. It has moved from a *community focus toward case management* based on the identification of individual risk factors. The professionals in charge of local level case management question this shift

because they have witnessed a progressive loss of collaborative practices among institutions and between the institutions and communities in the various regions:

*I mean it started off as very community-oriented with network building that was also community based. It was about building activities for the community, for the children, of shining a light on rights inside the community...From there it began shifting more specifically to case management. So, every year community activities continue diminishing so that resources can be added to case management. This year has seen the most sweeping change. It was like, no more community activities...none. (LL2)*

The difficulties of this shift in the intervention focus is also displayed at the national level. Precisely as one professional on a ministry team states:

*... every ministry or sector individually on its own won't have a way of addressing cases starting at the tactical level so in the end cases will not be managed there. It will only continue at the local level, which is what happens to us in some of the regions. If it remains at the local level, then we'll have the challenge of whether or not the management will be done using the same standards or guidelines set out by the ministries. That's the main thing. (NL2)*

The case management required of the professionals at the local level on its own does not lead to adequate implementation, nor are the national level teams able to put this into practice in terms of inter-ministerial collaboration. One example that clearly illustrates this point is the lack of an overt definition shared by the ministries involved in case resolution managed at the local level:

*...I mean this has always been required by the Ministry of Social Development, which is what the Ministry of Social Development understands as case resolution, when the case is resolved, which is a conversation or a final consensus that we have with Social Development, bearing in mind that the party responsible for intersectoral coordination is the Ministry of Social Development, meaning they are the very entity that should be interested in assessing the impact or effect of intersectoral coordination. (NL2).*

This lack of a definition has broader effects, as it shows a technical gap in terms of building *success indicators for the implementation of the subsystem* of programs and services. It is evident that assessing the results obtained by each of the programs implemented separately continues to take precedence. In other words, there is no collaboration assessment mechanism infused into the subsystem or into the results that such collaboration could enable.

#### 3.1.4. Barriers connected with funding

The first identified financial barrier is an insufficient level of *available resources* for adequately implementing case management of users that present biopsychosocial risks. One professional states this as follows:

*There are approximately 1800 cases each year for children with the remainder being expectant mothers... this is more or less the percentage we have of people entering the platform. So, one has to consider that each pregnancy that is added does not always have attendant risk. There are some that have no risk, but other cases with one or even seven risk factors... in the end you do the math regarding resources... we allocate about 300 pesos per risk factor (LL3).*

Funding assigned by the central level does not cover the demand for the required human resources for managing the high volume of cases that have to be handled by the local team.

Another financial barrier to local level implementation comes from the monitoring system used at the national level to measure the performance of the local team.

*They measure us using the gaps in the collected information and in risk alert resolution... This year we lost seven million pesos, and I'll tell you why we lost it... if it is a program that is already the law...I think at the very least the minimum we should maintain would be the previous budget, not to lower it, I mean they could allocate more, but if they aren't going to allocate more, the least they could do is to maintain what had already been assigned, because it's as if they're saying, "You know this year you'll get this particular salary, but next year it will be less although you're doing the same work (LL3).*

The professionals at the local level question the mechanism of compensation and penalties employed by the national level. On one hand, the thinking is that there is no respect for the law that set up the system in terms of public policy, or to give it stable funding. On the other hand, because team workloads continue to be the same despite results that reflect the performance indicators.

Lastly, the largest financial barrier is the *delay in the resource transfer* from the national level for implementing the local level subsystem.

*The program... ended on March 31st of 2018, and the resource transfer finally arrived on July 19th, which meant we could only begin at that point and no earlier, so there are two months lost right there (LL14).*

Having shortened the implementation cycle of local level programs from twelve down to eight or nine months, adverse effects are created such as a reduction in the contractual period of professionals responsible for direct intervention and of the time available for handling cases (LL17).

#### 3.1.5. Facilitators connected with funding

The first financial facilitator is the resource transfer agreement, a mechanism through which the MSD coordinates inter-ministerial management.

*...because we have a resource transfer agreement with the Ministry of Health essentially there is a guaranteed intersectoral collaboration given the transfer of resources, and there is an agreement, and this agreement has obligations for both sides. So, it compels you somewhat and ensures that you get results (NL8).*

According to this professional, one of the reciprocal obligations set up by these agreements is positioning teams within the relevant ministries, which would facilitate coordination among programs and services.

Professionals at the central and local levels concur that one facilitating factor for implementing case management in the subsystem include *additional resources* that have been made available to neighborhood teams. One professional at the family health center points out that before the subsystem was set up, they only had "sector" meetings in which Chile Grows with You cases were additional to all the others, whereas now they have the resources to hold meetings exclusively with the Chile Grows with You team. These meetings benefit internal coordination since they have the participation of a multi-disciplinary team comprised of a nurse, midwife, doctor, social worker and psychologist who assess cases and plan the interventions together.

Another resource listed as supportive is the coordination of the allocation of a local administrator with a half workday exclusively set aside for system management at the municipality.

*The local administrator has a number of roles, so if that person doesn't have anything concrete saying they have to take on so many hours each week for Chile Grows with You, it will be lost, so that's what we did, at least 22 h contractually earmarked for the local administrator (NL4).*

With that measure the MSD ensures that the local team of Chile Grows with You has a coordinator with enough hours available to fulfill the duties.

### 3.2. State level factors

#### 3.2.1. Barriers connected to workplace conditions

*Excessive workload* is a barrier whose effects are reported by professionals at the national, state, and local levels. As can be gleaned from the accounts of the professionals, there would be an insufficient allocation of professionals at the three levels under examination. However, the situation would be especially critical at the regional level:

*It's not because of a lack of effort. We are trying to get it done, but they are equally overloaded as we are. Another thing is that those of us dedicated exclusively to this job aren't even enough, but in other cases they aren't even working on just one thing. There are no managers whatsoever solely dedicated to Chile Grows (RL2).*

As indicated by the interviewed regional level professionals (RL2), at the SEREMI for Social Development in the Metropolitan Region there are four professionals who are handling the administration of approximately 12 neighborhoods in that region. The healthcare sector at the regional level is in a similar situation. Each professional must take charge of managing around three programs in each of the neighborhoods they are assigned (RL4; RL1). The sum total of administrative tasks involved in program implementation for each sector ends up diminishing the collaborative capacity of these professionals at the regional level, as well as their technical support capacity for the local teams (RL1; RL2).

#### 3.2.2. Facilitators related to technical assistance

Technical advising is part of the regional level role, which is named as one of the strategies that has been beneficial for intersectoral collaboration:

*... when we hold videoconferences now after a while, we suggest inviting the local administrator from that neighborhood, the municipality and healthcare. So, we start to get them together, as if that were our role, connecting them to each other... so when they realized it was about complex cases that nobody could solve...we would say we're not here to judge the work. We're here to co-create a new way of doing it (NL4).*

As demonstrated with the quoted statements, this kind of technical guidance has primarily been aimed at improving the upward coordination of the system in order to support local teams to address what are called complex cases that surpass local capabilities.

#### 3.2.3. Facilitators related to the attitude of the professionals

One key element that would facilitate collaborative work among the various levels of system implementation is the *empathy* that the professionals at the regional level hold for their peers.

*I deeply appreciate the experience I had at [name of one neighborhood] because I know what it's like to be in their shoes. I know there are some extremely difficult processes. I know that with some things no matter how many guidelines you give, when you have to ask the sectoralists to give support or when building a network, that is done in the field... so I think that has given me an extremely high level of empathy with the neighborhoods and to try to figure out how we can go about fixing a great deal of issues (RL2).*

The source of this capacity for empathy would be having held implementation roles at any of the levels that are subordinate to the roles these professionals currently occupy. The empathy then would be expressed in the emphasis given by the empathic professionals when building a positive relationship with the professionals working at lower hierarchical levels, promoting support in the adequate addressing and resolving of problems. This empathy also would manifest itself in the relationship of the professionals with direct intervention with the families (RL2).

### 3.3. Influential factors at the local level

#### 3.3.1. Barriers connected with the shared managing of information

Perhaps one of the most difficult barriers facing the professionals at the local level that also has wider effects on system coordination is the shared management of user information:

*We work with this platform that is called the registration, derivation and follow-up system [the SRDF]. The aim of this platform in very idealistic, romantic terms is to be able to track the development path of these children prenatally up to four years of age... so we could be able to see in that platform... all of the actions taken by healthcare...however, the platform was designed in such a way that the information provided by healthcare its platform which is that of MH, and social development has a different one, which is a horrible sticking point (LL2).*

Another barrier the professionals at the local level face is the early detection ability of the system as it relates to the psychosocial risks for children and their families.

*[At the Cesfam there is] little inquiry into developmental changes...with risks, time lags or delays...there are two things in which a percentage of development assessments being applied are not what is expected, especially with the older children because of the low attendance at healthcare check-ups, and the other thing is the children that I assess, I'm investigating very little.the biopsychosocial risks are not inquired into much either (NL1).*

In other words, the biopsychosocial risks are under-detected, which would especially affect the most vulnerable families.

#### 3.3.2. Facilitators related to the attitude of the professionals

Among the facilitators described by teams at all levels, the *experience, motivation and commitment* of the professionals involved in the subsystem are consistently brought up.

*Because if I am able to find a kindergarten for a child, for a family in a complicated position that has nowhere to leave their child because the person they had been leaving them with is infringing on their rights...for me this is change, and it's what motivates me (LL3).*

For this professional the implementation of the system is seen as a way to create an impact on children's daily living conditions and in this way to transform society. This commitment extends throughout the local network and is made manifest in the importance they attribute to childhood, to the proper care of children and the respect for their rights (RL2; LL3).

Lastly, the professionals mention that one factor facilitating the implementation of the subsystem is the *awareness raising* done by professionals with the local teams in the organizations where they work. It is about transmitting their commitment to early childhood with other professionals, to decision-makers and the families.

*...these days we are also thinking about the subject of early childhood more than before. Today we all talk about the topic of lactation, for example, when in the past there were professionals who weren't interested in the matter. There's also a lot of discussion about intellectual stimulation for children.So, there is more team awareness around early childhood...I see families taking greater action, for example. Before I'd never seen a father come to a prenatal check-up (NL10).*

#### 3.3.3. Facilitators connected with the political support of local government

Professionals from all three levels under study agree on the high importance of *support provided by local political authorities* for system implementation. From the point of view of the same professionals, this support can take various forms:

*The political will of the local authority is fundamental...it's evident when a mayor gives priority to early childhood...we know that if they don't*

*have something that only Chile Grows with You has, they're going to go seek it out elsewhere and they won't go/turn to the regional or even national level because they're going to try to solve it there, or they'll have a special fund to resolve it (NL4).*

This political support can translate into funding agreed upon by the mayors for the system implementation from the municipality, or in a preferential management? of the local offer? for families entering the system.

#### 4. Discussion

Our findings highlight that the ecological perspective employed in this evaluation is key to examining the factors that influence the implementation of early childhood support systems at multiple levels as noted in previous studies (Cook & Kilmer, 2010; Hunter et al., 2017; Rowley et al., 2015). In effect, this model has enabled a differentiated analysis of the conditions that facilitate and hinder the implementation of Chile Grows with You at the national, state, and local levels of state administration. Furthermore, this model helps make such reflections more coherent to the institutional context in which the child development support system is implemented. Distinguishing between the national, state, and local levels makes it possible to better understand how the tripartite management structure of the state affects the system implementation functions, such as design, management and execution of the programs involved. This helps bring to light phenomena such as the sectorial logic that strongly limits the capacity of the system for planning and evaluating its functioning under an authentically collaborative prism (Cunill-Grau et al., 2013; Park & Turnbull, 2003). Along with the above, it is presumed that the national, state, and local differences expressed by an ecological perspective are more coherent with the perspective of professionals carrying out specific roles at every one of these levels. In such manner, the aim is to continue advancing on the creation of this empirical model (Franks & Schroeder, 2013), and on a more comprehensive understanding of the system rooted in the daily experiences of those who play a role in it (Ng et al., 2017).

Also, interesting to note is that most of the identified factors in this study have previously been described in the literature related to evaluating and implementing programs and systems in the field of early childhood development (Cortínez et al., 2016; Horwath & Morrison, 2007; Press, 2012; Purcal et al., 2011; Siraj-Blatchford & Siraj-Blatchford, 2009). This is the case of SRDF of MSD, which represents an obstacle to collaboration at the local level rather than a benefit. In fact, SRDF even competes with other sectorial information management systems such as that of healthcare. To the contrary, these kinds of instruments should provide understandable and timely information for guiding decision-making to improve system implementation and the effects on users (Bertram et al., 2014). In fact, some studies document how these systems have been modified with the participation of administrators, supervisors, and members of the families themselves. This has led to an increase in the trust and skills of the local teams as well as a boost in the system's capacity to provide "immersive" services that cover all the needs of children and their families, thus helping achieve expected outcomes (Bertram et al., 2014).

Another relevant factor identified by this study was the funding assigned for system implementation. Researchers such as Beidas et al. (2016) found evidence that supports their findings, establishing that the investment made at the national level facilitated the implementation via access to training and technical support. However, it also made implementation difficult because the resources provided by the entity under study was not enough to cover all the operation costs stemming from the care services provided outside of the institutions. This problem is clearly observed in the Chile Grows with You system, in which an inferior allotment of human resources at the three management levels represent a crucial stumbling block, especially for those professionals at the regional level in charge of technical support for the local team. It is also

necessary to consider the positive impact that funding specifically earmarked for coordination activities (e.g., joint planning, conflict resolution, training) may have on the quality of services and the depth/intensity of collaboration among local organizations (Purcal et al., 2011). This would also be the case in this study in which the resources allotted for a local coordinator of the system and for the establishment of Chile Grows with You teams at the involved ministries seems to facilitate collaboration among sectors and organizations from the perspective of the actors in the process.

Political support of the local government is one of the critical factors influencing collaboration processes for implementing early childhood support systems (Cortínez et al., 2016; Cunill-Grau et al., 2013; Schmied et al., 2010). Just as various professionals at the central, state, and local levels pointed out several times, the mayors that have been sensitized about the issue of early childhood offer various kinds of support to the work of the local team housed at the municipality. In the studied case, an early childhood local policy has been created that enables planning strategies for the medium and long terms and also makes available the resources necessary for implementation.

Furthermore, the availability of services is a critical factor for system implementation and its effects (Gardner, 2003). From the perspective of the professionals at all levels, having the needed resources at the right time encourages successful implementation of the system. However, the persistence of an isolated and rigid management style of sectoral resources at all three studied levels is evident. This extends from the use of resource transfer agreements from MSD to MH to the isolated administration of resources done by each sector at the local level. This logic contradicts international evidence showing the benefits of moving toward a flexible and innovative resource management approach. This would include inter-organizational collaboration agreements around matters such as shared budgets and teams working at various organizations (Bachmann et al., 2009). Such practices may help local teams come up with solutions to complex problems, which sometimes are created by the very restrictions imposed by the bureaucracy. They can also ready more resources for addressing the needs of the populations they serve (Cameron et al., 2014; Campbell, 2012; Hudson et al., 2002).

The role played by the local performance monitoring system designed and administered at the central level has grown in importance. Whether it is due to competing with other information systems, because of its high degree of standardization, or technical failures, this monitoring system has become a hindrance to local level operations. The professionals recognize the need to be able to monitor and assess the system functioning as such, as well as its capacity to respond and adapt to the implementation context, especially in the case of families living in the most vulnerable communities (Ghate, 2016). The challenge is not only to evaluate the efficiency and efficacy of sectoral programs, but also to examine the systems (Halle et al., 2013), i.e., interactions among programs and communities at the various implementation levels and with the distinct results that can arise from these interactions. Furthermore, monitoring and assessing the early childhood support systems should carefully observe the coordination capacity among the involved sectors working with the same user group, the capacity to improve marginalized groups' access to available resources, or delays in service provision to children facing a cumulative set of psychosocial risks, including prior to birth (Coffman, 2012).

It should be noted that the results suggest the existence of interrelations among some factors that impact the various system implementation levels from the perspective of actors in the process, which happens over time. For example, the delay in national level resource transfer to municipalities (Brown & White, 2006; Sloper, 2004) creates a lag in local level system implementation, worsens the workplace conditions for professionals working with the families (Cunill-Grau et al., 2013), and increases team turnover rates (Atkinson et al., 2007; Johnson et al., 2003). Another potential interrelationship is the influence of political factors the national level has over the next levels downstream in system implementation in handling what are called complex cases.

When the local teams feel overburdened by the situation of families with a cumulative set of risk factors (e.g., overcrowding, drug use, unemployment, or low educational level), they escalate the case to the regional level in search of assistance. However, the regional level with a limited response capacity in turn tends to scale it up to the national level. On this point, the professionals of the Chile Grows with You teams admit they have no influence over the resource distribution that is in the hands of the ministerial committee. This lack of a response to a request for upstream collaboration helps clarify the relevance given to the political decision-making that is situated at the cusp of the state management structure upon which this type of system rests. The lack of institutional mechanisms for effective intersectoral collaboration is what prevents the ministries involved from sharing their resources in aid of those families that need it most (Polanco, 2011).

Lastly, it is important to bear in mind that the literature on this subject currently offers robust empirical evidence for hypothesizing that the negative implementation results of the studied system associated with these explored multilevel interrelationships can negatively affect the intervention quality and its effects on users (Durlak & DuPre, 2008). Therefore, it is essential to extend this study using an ecological perspective of the factors that influence the implementation of a system such as Chile Grows with You, to examine the implementation processes, their results and their relationships to the impact had on children and their families, especially the most vulnerable.

#### 4.1. Limitations of the study

The study solely collected the professionals' perception with respect to the implementation of the systems of support services and programs for child development under study. It does not look at the user point of view, which means there may be a blind spot relative to factors associated with interactions between professionals and families. This is the reason why the second stage of this study takes an ethnographic approach (Aronson et al., 2007) to conduct follow-up with mothers who utilize the system as of the eighth month of pregnancy and through the end of the first series of medical check-ups with their newborn.

The number of studied cases is limited, meaning the results cannot be generalized. However, some mechanisms have been applied to ensure the applicability of the conclusions. For example, an exhaustive review of the scientific literature has been done to identify factors that affect implementation specifically in support systems for early childhood development. In future studies, including other professionals from other bodies that collaborate with the studied system is suggested to broaden the diversity of viewpoints around implementation. Lastly, the studied case has exceptional characteristics. The neighborhood where the examined system was implemented served as a pilot region in 2007. This means the neighborhood has had the system in place for more than ten years, a period during which it was possible to reach a greater degree of maturity with respect to other districts. That is why it would also be interesting to learn about the factors affecting the neighborhoods that are currently in the earliest stages of the implementation process (Fixsen et al., 2005). Additionally, another possibility would be to include a sampling strategy of extreme cases that could cover neighborhoods in which the program functions below expected standards. The factors identified in this sample case could then be compared, increasing the transferability of the obtained results.

#### 5. Conclusions

The results of this study confirm the relevance of examining factors that influence the collaboration processes at the various implementation levels of early childhood support systems such as the studied one. More broadly, the identified factors and their interrelationships suggest that the implementation of the system and the context are inextricably interconnected. The analysis gives evidence on how sociopolitical factors at the national level, the work overload at the state level, or the

infrastructure and the characteristics and needs of the communities at the local level shape collaboration among the professionals responsible for system implementation, as well as the results brought about by implementation.

That said, identifying and understanding these factors in greater detail necessitates replacing the classic perspective of sectoral programs, which is widely known and applied in the field of public policy and program evaluation. More progress must be made on building and adopting a true ecological-systemic perspective itself that understands the implementation as a dynamic process of interactions among actors involved on multiple levels simultaneously.

Considering the foregoing, it becomes necessary to introduce an evaluation of the implementation processes for early childhood support systems. This kind of assessment is especially pertinent when it seeks to understand "how" programs are implemented, and not only what has been achieved as a result or an effect - efficacy and effectiveness. Observing the processes enables an understanding of whether, or not, these systems are capable of operating in a manner that is sensitive to the situation to successfully adapt to it. This is the reason why the focus of these kinds of studies is placed precisely on the adaptation processes of systems that aim to innovate in the context where they are implemented.

#### 6. Lessons learned

First, the results of this study demonstrate to policy makers and planners the importance of considering the factors that affect the implementation of systems of programs and services at multiple levels of state management. Usually, the analysis of program implementation is focused on the local level, neglecting the state, and national ones. Doing so not only leads to biased results, but the hands-on professionals also tend to get blamed for any implementation failures uncovered in these systems of programs. However, when the three levels at play are examined, gaining a more comprehensive portrait of program implementation becomes possible. This is especially useful when it comes to monitoring and executing improvements in the systems of programs whose implementation depends upon collaboration among the professionals at these three distinct levels.

Furthermore, the study provides valuable clues for strengthening collaboration among the professionals involved in the implementation of systems of programs and services, and in such manner, to increase the quality of implementation and outcomes garnered by the target group. The tendency is for the professionals in each sector (e.g., social development, health care) and at each level (e.g., national, state, local) to work in isolation using a top-down approach. Such an implementation rationale limits the quality of collaboration among professionals and may have harmful effects on the users of the programs and services. By understanding these factors affecting collaboration, planners can set out more effective management strategies to promote implementational fidelity to the technical guidelines issued at the national level. It can also facilitate implementational adaptation to the specific conditions of the local context where it is carried out.

For researchers, the study shows the necessity of evaluating the multilevel collaboration processes and attendant results of implementation and the systems of programs and services. Despite its relevance, this kind of assessment presents numerous challenges to evaluators. One of the most significant ones is understanding how these collaboration processes function and the manner in which they give rise to expected implementation outcomes. To make progress along this line, the experience gained during this evaluation indicates that it is useful to begin by conducting a qualitative exploratory case study prior to pursuing a confirmatory study of broader scope (Mertens, 2014). A qualitative exploratory study would bring understanding of the meaning that the actors positioned at various institutions and implementation levels attribute to the experience of being part of these complex collaboration processes. Taking these meanings as the foundation, the studied collaboration process could be deductively rebuilt (e.g., intervening

factors, relationships among these factors within and across settings, sub-processes over time), thus generating the conditions for constructing a hypothesis with higher explanatory capacity, and in general, a more robust confirmatory assessment design.

### CRedit authorship contribution statement

Conception and design of study: Rodrigo Quiroz. Acquisition of data: Rodrigo Quiroz. Analysis and/or interpretation of data: Rodrigo Quiroz, Jaime Alfaro, Matías Rodríguez. Drafting the manuscript: Rodrigo Quiroz. Revising the manuscript critically for important intellectual content: Rodrigo Quiroz, Jaime Alfaro. Approval of the version of the manuscript to be published: Rodrigo Quiroz, Jaime Alfaro, Matías Rodríguez.

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