



The Intersectoral Cascade: a Case Study on Perceived Conflict in Implementing Child Development Systems

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Abstract

This article presents a case study on perceived conflict and its outcomes on implementing a system of programs and services for child development support. A multi-level collaboration model is used to deeply examine aspects of conflicts perceived by professionals responsible for implementing the system at the national, state, and local levels. This research adopted a single case approach with qualitative methods using semi-structured interviews and exploratory thematic analysis. A total of 29 professionals working at social development and health ministries, state departments, and one municipality participated in this study. The results show that professionals perceive one main unresolved conflict at each of the ecological levels. These conflicts are related to an informalized collaboration agreement between the Ministry of Social Development and the Ministry of Education, an interrupted resource flow from the national level to local level, and an unmanageable internal pressure at the state level. Furthermore, the compensatory strategies they use to deal with these conflicts are ineffective and lead to negative implementation outcomes. We suggest that future research should explore systemic conflict for the collaboration processes among the professionals to improve, thus increasing the quality of system implementation.

Keywords Child development support systems · Multi-level collaboration · Perceived conflicts · Case study · Implementation outcomes

Highlights

- Professionals perceive one main unresolved conflict at each of the three ecological levels examined.
- Conflicts are related to informalized agreements between ministries, interrupted resource flow from the national level, and pressure from the local level.
- Professionals use compensatory strategies to cope with unresolved conflicts.
- The compensatory strategies identified are ineffective and lead to negative implementation outcomes.
- Findings reveal opportunities for future research to explore systemic conflict to better understand and improve collaboration processes.

International interest in studying child development support systems has been growing in recent decades

(Metz et al., 2015). A key aspect for ensuring access to these programs and services as well as for increasing their quality and equity is collaboration among the various actors involved in implementing these systems (Black et al., 2017). Thus, opportune and effective collaboration among public entities in different sectors, private organizations, and the community can have a wide range of positive effects on children and their families (Okeyo et al., 2020; Richter et al., 2017). That said, the desired degree of collaboration for implementing child development support systems is difficult to achieve (Bilodeau et al. 2018) and leads to quality assurance obstacles and low access levels, especially for children who are at greater social disadvantage (Britto et al., 2018).

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The scientific literature indicates that conflicts among participants involved in system implementation are quite pivotal and significantly impact the failure of collaboration processes, diminishing the capacity of these systems to produce the desired results for the target group (Yoshikawa et al., 2018). Despite its relevance and with few exceptions (Hudson, 2006), there are limited studies that specifically address the conflicts that arise during the implementation of these kinds of systems. This research aims to help fill that gap by examining a case study and taking a systemic-ecological approach that considers the relationships among the participants of the various sectors and levels responsible for implementing the studied system. The aim is to also assist the decision-making process of policymakers and implementers to improve the functioning and results of the child development support systems (Halle et al., 2013).

The case of focus in this research is the comprehensive early childhood protection system “Chile Crece Contigo”. This system has been in place since 2007 with the goal of contributing to equal rights and opportunities by accompanying children along their biopsychosocial development trajectory for families registered in the public health system. The system management model is based on national coordination together with local networks responsible for implementing a set of programs and services in the various regions of the nation.

Collaboration and Conflicts in Child Development Support Systems

In recent decades, the State has been compelled to design and implement a new generation of early childhood public policies centered on collaboration to more effectively and efficiently address (Purcal et al., 2011) the needs of children and their families (Cecchini et al., 2014). These new policies include child development support systems (Wong and Sumsion, 2013) which are defined as “collaborations implemented by states or localities, which aim to coordinate

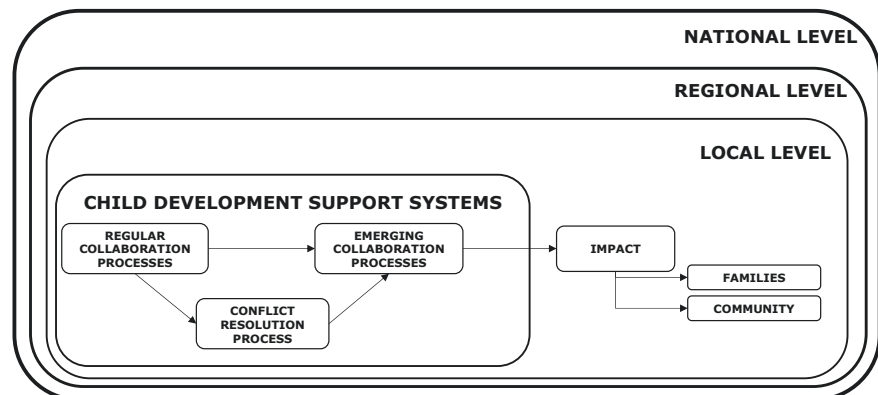
multiple early childhood services—including early care and education—to better promote child development by supporting families and communities” (National Center for Children in Poverty, 2007, p. 1).

Collaboration is a key aspect for implementation of child development support systems since each of the participants works as part of a system toward a shared goal (Kagan et al., 2019), the collaboration achieved by these actors exerts a strong influence on the implementation of these systems (Durlak and DuPre, 2008), and successful implementation in turn contributes to increasing the impact on children and their families (Okeyo et al., 2020).

Diverse models of multi-level analysis have been created to examine the implementation of collaborative processes using an ecological perspective (Aarons et al., 2011; Chaudoir et al., 2013; Damschroder et al., 2015). Despite the relevance of these kinds of models, most are created by reviewing the literature, meaning they must then be tested empirically (Franks and 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., 2017a, 2017b). Here is the model in Fig. 1:

According to the model, the implementation of systems of programs and services for child development support is influenced by contextual factors that are organized into three levels: national, state, and local. These levels are coherent with the State administration structure. The national level represents the technical-political dimension of implementation because the creation, coordination, administration, and system monitoring are conducted at this tier. The main protagonists at this level are the ministries. The state level is an extension of the national level whose function is technical advising and monitoring of the implementation of the various programs and services of the child development support system. The main protagonists at this level include the Seremi offices (state ministerial secretariats). The duties at the local level

Fig. 1 Multi-level Collaborative Model for Child Development Support Systems (adapted from Quiroz et al., 2017a, 2017b)



include directly coordinating with users and intervening in their lives. The main protagonists at this level are the state public organizations (e.g., the municipality, health centers, kindergartens).

From the perspective of collaboration, which is the foundation for implementing these systems, the two most pertinent processes include regular collaboration and emerging collaborative processes. Isolated work practices predominate in the former method meaning programs and services are implemented separately or with a low degree of collaboration. Derivation between organizations is the most well-known example of this regular process. Collaborative work practices predominate in the latter method in which programs and services are implemented jointly or with a high degree of collaboration. Joint planning among organizations is an example of such collaborative processes (Horwath and Morrison, 2007).

Implementing these systems using regular processes is effective in the interventions with users that have a limited number of risk factors while having limited efficacy when dealing with users who present a greater number of risk factors (He, 2017). In such cases, systems need to move to a modality of emerging processes in which the programs and services can reach a higher level of collaboration, which helps produce improved outcomes for children who receive programs and services implemented through these systems (Darlington et al., 2005), especially for families living in extreme vulnerability (Wessells, 2015).

The move from regular to emerging processes is not automatic; rather, it depends on the conflict resolution that arises through adapting system implementation to the demands of the local surroundings (Quiroz et al., 2017a). According to Matland (1995), conflicts emerge during implementation when participating organizations become aware of the relevance of the other groups to their own interests and when these same organizations have contradictory points of view with respect to policy objectives or measures. Conflict can be conceptualized “as an organizational behavior that occurs and reoccurs during the life of a service delivery system and occurs between individual and organizations [and] organizations as organizations within a collective strive” (Alter, 1990). A significant body of research has shown that conflict plays a key role in implementing collaborative processes in early childhood interventions. In a seminal work, Scott (1997) conducted an ethnographic study aiming to provide a deep understanding of interagency conflict. Her findings reveal many tensions between child protection service and other agencies such as hospital and police concerning gatekeeping disputes (e.g., resistance to accepting notifications from other organizations), dispositional disputes (e.g., statutory interventions recommended) and domain disputes (e.g., overlapping roles). In a review on integrated children’s services, Brown

and White (2006) found that cultural differences (e.g., terminology) between professionals from different agencies create tensions which are not dealt with or resolved. Five years later, a framework on interagency collaboration was proposed by Hsien Tseng et al. (2011) to evaluate the impact of factors and plan changes within collaborative systems. Their results suggest that conflicting perspectives (e.g., values, rules) undermines collaboration between members of an Interagency Coordinating Council. In a similar vein, a review of effectiveness of interagency collaboration made by Boydell (2015) found that conflicts between agencies over areas of responsibilities, purpose and methods hamper decision-making processes and resulted in delays in the implementation of some activities. Recently, in a literature review on early intervention for children with developmental disabilities, Shannon (2021) reported discrepancies among child welfare and early intervention practices related to who was entitled to consent to the intervention for a child (e.g., foster care provider; mandated versus voluntary services).

When revealed conflicts get resolved, the system generates improved conditions for consolidating emerging processes (i.e., a synergy between programs and services). Whenever a system achieves implementation synergy, the likelihood increases that both short-term and long-term positive effects will develop, especially for individuals, families and communities facing serious disadvantages. Quite to the contrary, when conflicts are not resolved, the system must deal with even more barriers to higher-level collaboration. This then affects its capability of producing positive outcomes, especially for individuals, families, and communities in precarious living situations (Ibid).

In order to understand the effects of the collaborative processes more clearly, it is necessary to separate out the results of implementation of the programs and services from the service outcomes (Proctor et al., 2011). While the first are directly associated with implementation (e.g., acceptability, penetration, sustainability) the second refer to the results of services (e.g., service opportunity) as well as the effects observed in the target group (e.g., satisfaction). In pursuance of understanding the implementation outcomes, the black box of implementation processes must be opened (Sullivan et al., 2008) so that the conditions and processes that favor successful implementation can be identified (i.e., achieving the expected effects in the target group).

Despite the importance assigned to this, still very little is understood about the collaborative processes upon which the implementation of systems of support services and programs for child development are based, nor the implementation outcomes that these collaborative processes can enable (Javdani and Allen, 2011). The application of a systemic-ecological approach has a particular contribution to make in terms of progressing toward an understanding of

the contextual variables that influence multiple levels of program implementation, and especially their relationship with implementation outcomes (Durlak and DuPre, 2008). More specifically, this aids in the examination of conflicts that arise among the various participants in the implementation of child development support systems along with the impacts these conflicts have on implementation outcomes of programs and services designed for children and their families.

Brief Description of the Case

This research was conducted in a neighborhood of the southeast area of the Metropolitan Region of Santiago, Chile wherein a national system to support early childhood development called *Chile Grows with You* 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 (MIDESO, 2015).

Chile Grows with You is a subsystem of the Chile Solidario Social Protection System (Raczynski, 2008) 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 (MIDESO, 2015) necessitates coordination among the various levels of public administration (central, state, provincial, 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 is tasked with coordinating the subsystem at the national level via an intersectoral technical committee comprised of representatives from the Ministry of Health and the Ministry of Education. 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 state 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).

Research Goals

The general aim of this study is to understand the multi-level collaborative processes in the implementation of child development support systems from the point of view of the professional participants in the national, state, and local governments. The specific objectives guiding the research include:

1. Documenting unresolved conflicts during the service delivery arrangement preparation phase for implementing systems of programs for child development support from the perspective of the professionals working at the national, state, and local levels.
2. Describe the strategies employed by the professionals for handling the conflicts uncovered during the service delivery arrangement phase for implementing the child development support system.
3. Explore the effects of these conflicts on the implementation of the child development support system from the perspective of the professional participants.

Method

This research was conducted using an exploratory single case study research design (Yin, 2014) based on a qualitative method which included interviews. This research design was used to gain a deeper understanding of the

perceptions of professionals regarding collaborative processes and conflicts during the implementation of child development support systems, phenomenon over which the researcher has no influence.

Reflexivity Statement

I write from the perspective of a community psychology researcher who has worked with public agencies and community organizations serving children from low-income families over more than 15 years. As a community psychologist, I believe that public programs and services targeting individuals often fail to recognize and affect the meso (e.g., social support networks) and macro or structural (e.g., poverty, racism) levels of the ecology of children. Therefore, they tend to blame the victims (e.g., low-income mothers) while ignoring the influence of contextual factors as well as implementation processes and outcomes of early child support systems. I'm also sensitive to power asymmetries between professionals responsible for implementing these systems at national, state, and local levels of public administration which is why this study is focused on conflicts as a way of uncovering hidden disputes and informing policy makers on the potential mitigation and preventive strategies to improve collaboration.

Participants

A total of 29 professionals participated in this study to include the perspectives of all practitioners involved in implementing the *Chile Grows with You System* across different levels of the State administration structure (e.g., national, state, and local) and from different sectors (e.g., social development, health). No professional refused to participate in or dropped out of the study. Table 1 presents the sample details:

Procedure

The case under study was selected through a convenience sampling strategy (Ishak and Abu Bakar, 2014) based on the following criteria: theoretical relevance (i.e., the case pertains to a system of programs and services designed and executed in the field of early childhood whose implementation is conducted at the national, state, and local levels); intrinsic characteristics (i.e., the case was implemented in 2007 as a pilot program within a system that would then become a system in and of itself continuing up until today); practical relevance (i.e., mandated collaboration between different sectors of the state intervention addressing social problems); case access (i.e., access to the case was facilitated to the researcher due to the

Table 1 Characteristics of participants

Demographic variables	National Level (NL) (n = 7)	Regional Level (RL) (n = 4)	Local Level (LL) (n = 18)
Gender			
Male	14.3%	0%	16.7%
Female	85.7%	100%	83.3%
Education level			
Undergraduate	100%	75%	89%
Graduate	0%	25%	11%
Doctorate	0%	0%	0%
Education path			
Social work	28.6%	75%	16.7%
Psychology	14.3%	0%	0%
Medical sciences (nursing, midwifery, occupational therapy)	0%	25%	44.4%
Phonaudiology	14.3%	0%	11%
Public administration	14.3%	0%	5.5%
Education	28.6%	0%	22%

collaborative links that had been built beforehand with the teams responsible for implementing the systems at the national and local levels). After selecting the case, the first researcher began the fieldwork.

The fieldwork was started in May 2018 approaching simultaneously the national level and the local level of implementation of the *Chile Grows with You System*. On the one hand, the lead researcher contacted the national coordinator of the system who authorized the study's execution. This authorization allows the researcher to have access to participants (i.e., national team, metropolitan region team). On the other hand, the lead 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 (Maxwell, 2005). 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*); being part of the structure of state administration (i.e., national, state, and local); being responsible for implementing the fourth component of the Chile Grows with You system.

Table 2 Sample codes and definition

Code	Description
Informalized intersectoral agreement	Professional refers to the informalized nature of the interorganizational collaborative arrangements (e.g., resources, planning) between different sectors (e.g., social development, health, education) which do not creates legal obligations on parties to implementing the child development support system.
Unmanageable internal pressure	Professional expresses an experience of overwhelming tension while not having the capacity to meet the demands of teams responsible for implementing the Child Development Support System at the national and local levels.
Interrupted resource flow	Professional refers to the delay in the resource allocation processes from the national level to the local level which limits the continuity of services they provide for children and their families.

The research project was approved by the Ethics Committee of the University for Development. The approved ethics protocol contains the ethical consent for the various participant categories. The informed consent included the purpose of the study; the risks and benefits (i.e., insight into professional practice); confidentiality (i.e., data will be retained for 5 years and will be then destroyed by permanent deletion of all data files); researcher's contact details, and voluntary participation (i.e., participants can withdraw from the study at any point with no repercussion).

Data Production

This study was done using face-to-face semi-structured individual interviews. A total of 30 interviews with 29 professionals were conducted between 2018 and 2019 at the workplace. An interview guide was used with topics pre-defined by the research team (e.g., role of system implementation) and open-ended questions (e.g., What aspects of your work require you to collaborate with professionals from other agencies and/or levels?; What tension have you experienced while collaborating with them? How have you dealt with these conflicts?). Each interview was audio-recorded and subsequently transcribed. Field notes were made after interviews. They are between 31 and 90 min long with a total duration of 1643 min, equivalent to 423 transcribed pages.

All the interviews were conducted by the first researcher, a male psychologist trained in clinical and community psychology who assumed that a major reason that collaboration fails in implementing child development systems is the presence of underlying unresolved conflicts between actors involved.

Data Analysis

The exploratory thematic analysis served as the analytical technique which consists of identifying recurring themes in the body of data (Guest et al., 2012). Each transcription was read several times by the researchers to get familiar

with the material and take notes. The interview transcripts were imported into the qualitative data analysis program MAXQDA to conduct the analysis according to the level of the State administrative structure in which the professionals were involved. The research team worked directly within the same database to codify the material and identify themes through an iterative process of inductive coding. Using In vivo codes at the paragraph level, a subsample of two interviews were codified to develop an initial data-driven code list (DeCuir-Gunby et al., 2011). A group consensus technique (Harry et al., 2005) was employed to review the data-driven code list consistency by determining agreements as well as discussing and resolving disagreements among coders. Several rounds of discussions were held by the team allowing to refine progressively the codes while applying it to the entire data set. Finally, key themes were grouped according to three main categories: a) nature of conflicts, b) the strategies employed by the professionals to cope with these conflicts, and c) the implementation outcomes associated with perceived conflicts. A sample of codes is presented as examples in Table 2.

Results

This section presents the results of the analysis of the collaborative processes focused on the service delivery arrangement preparation stage that precedes implementation of the assessed child development support subsystem. In order to facilitate reading comprehension, the results are presented by jointly incorporating all of the analyses related to each of the specific study objectives. Thus, the analyses conducted with respect to each of the conflicts identified by the professionals at the different levels of system management are presented together in an integrated manner with the presentation of the analysis of each of the strategies employed for dealing with every conflict (see Table 3). Additionally, an analysis of the consequences arising from each of these strategies is included.

National Level Conflict: Informalized Intersectoral Agreement

The first conflict detected by the professionals at this stage concerns the lack of any formalized intersectoral collaboration agreement between MIDESO [Ministry of Social Development] and the education sector. According to the MIDESO system management model, one of its functions is to execute the budget assigned it under the Public Sector Budgets Law for ChCC [Chile Grows with You] by MINSAL and MINEDUC to fund activities that are supplemental to the sectoral service provisions of the system (MIDESO, 2018). However, a gap in the implementation of the intersectoral management model is uncovered in the case of the education sector as a professional at the national remarked:

Since we have a resource transfer agreement with the Ministry of Health, at the base of it there is an intersectoral collaboration guarantee, given that the resource transfer exists and there is an agreement. This agreement places obligations on both sides, meaning you're somewhat obligated, but also certain of what you must achieve. With Education no, with Education, we don't transfer any resources to Education, except for a very small line item from JUNJI [National Early Childhood Education Board] ...that is the only part that we fund, but it's a minor detail of JUNJI operations at the national level.

The fact that there is no resource transfer agreement established between MIDESO and MINEDUC means that the education sector takes on no formal responsibilities in the system, which is why it will not receive any resources earmarked for building collaborative relationships inside the system (Table 3).

Table 3 Number of participants who identified conflicts

Conflict	Number of participants per level	Total number of participants
Conflict at the national level:	National level: 3 Regional level: 3 Local level: 3	9
Local level conflict:	National level: 2 Regional level: 2 Local level: 4	8
Regional level conflict:	National level: 2 Regional level: 3 Local level: 5	10

So, this gets translated into very concrete things. There is a national Chile Grows with You team at the Ministry of Social Development and the Ministry of Health, but not at the Ministry of Education. The same thing goes for the regions. In general, the Municipality gets funding from us for the Chile Grows with You community coordinator, and Health typically has a Chile Grows with You point person and professionals hired by Chile Grows with You, but not at Education. So, we've operated more or less on a joint collaboration basis because we believe in shared goals with JUNJI, with INTEGRA, especially with JUNJI. Local regions also participate in community networks and everything, but without any mandate for joint work beyond the intention to collaborate. We always say that Education has been somewhat forgotten, when really Health and Social Development are in the same condition..." (professional, national level).

The compensatory strategy adopted by MIDESO for handling this situation consists of setting up informal collaboration based on shared objectives, but in this case not by both ministries; rather, exclusively between MIDESO and JUNJI (National Early Childhood Education Board), which is a dependent service of MINEDUC in charge of the public nursery schools and kindergartens in Chile.

Even though the adopted strategy enables the creation of collaborative activities between the system and the education sector, the inequality in resource availability persists and affects the construction of intersectoral relationships among the three ministries. This is another shortcoming with respect to the management model of ChCC in which MIDESO, MINSAL, and MINEDUC have the duty of working together to provide support and assistance to the teams operating at the local level (interview, national level professional). Thus, while the presence of a national ChCC team helps MIDESO and MINSAL construct technical (e.g., intervention models) and strategic agreements (e.g., shared information management), this does not happen with MINEDUC (interview, national level professionals). The same thing occurs both at the state and local levels, wherein the professionals also perceive the lack of participation of education sector representatives while carrying out intersectoral work. As stated by a professional from the state level, "Yes, we can reach an agreement. There are always the three counterparts of Health, the Municipality and us, and yeah, Education is missing, which is a thing because we have to reformulate how we will integrate it once again at meetings and at technical workshops".

Local Level Conflict: Interrupted Resource Flow from the National Level

The second conflict identified by the professional participants at the service delivery arrangement preparation stage is the delayed resource flows from MIDESO to the municipalities for implementation of component 4¹ programs. In the words of a professional working at the local level, “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 in which we could have covered more nursery schools and felt calmer about it”.

From the perspective of the national team, the delay in resource transfer to the local level is a consequence of the scheduling mismatch that begins to desynchronize during the last phase of the public sector budget cycle prior to launching the ChCC system implementation cycle. Then this divergence grows due to the very bureaucracy built into the state apparatus at the national level to which the resources allotted to ChCC have to be submitted before being approved for transfer to the regions. In words of one of the national team members:

The administrative process, because we can't process anything without the budget law, and the budget law only recently, like DIPRES [Budget Directorate] just shared it like maybe the first week of January. It was only then that we sent in all the documents to the auditor. This budget law requires an internal request for a budget availability certificate. This admin stuff is kind of boring, but necessary, and so we send that to the auditor, and they review the action plan and send it for revision to at least six different departments or units... after the ministry, the auditor reviews it, first it leaves here from this division, then the auditor reviews it. If they have any observations, they'll return it. It gets worked on with the lawyer. This lasts for a week or sometimes two, depending on the workload the lawyers have for the various procedures and action plans because in January everyone sends in everything for administrative processing, which means they have a great deal of work at that time of year. And after everything is approved, then you can tell each area to start all the paperwork with like...the operations department or whatever, and it gets returned to our division. From the division supervisor it goes to the cabinet supervisor of the assistant secretary. The assistant secretary signs it and it goes to

the ministry. The minister signs it and returns it and the assistant secretary must sign it after the transcription, which is what they call it when the resolution is already... the resolution is issued for the action plan. The process is super long and can take two or three months”.

The ChCC teams have developed compensatory funding strategies to handle the resource transfer delay and the aberrant effects it has on implementation. One tool is the “automatic extension” created by the national MIDESO team.

She [the lawyer] says to me, you know what? We're going to try to set up an action plan that doesn't have to be processed annually unless modifications need to be made. It's like an automatic extension, but this one has to truly be an automatic extension, because we had an automatic extension in the past that still required a resolution that took too much time. The big promise from the municipalities was the extension, and everyone says great, finally an extension, and it turns out that the extension ends up having the same problem.

As can be gleaned from the following statement, this is a top-down strategy that has not been able to resolve the problem it was created to address, which is why the local level has had to design its own compensatory strategy.

However, this extension has only worked on paper because in the end when they say, I don't know, in January they should have the guidelines for the next budget round ready for us by the last month of the project and be creating the next annual project and not have any shortcomings, it's not like that. So in the end what happens is the project ends and one or two months go by and they finally start the next round with the guidelines ready so we can present the new project and get approval and then we can get the resources transferred, and then just like for the entire process, we have four wasted months in the end” (professional, local level).

Some of the ChCC neighborhood teams have turned to a municipal financing solution. These professionals at the local level state this in clear terms:

P1: For example, 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 in which we could have covered more nursery schools

¹ Component 4 is comprised of the following programs: Municipal Strengthening, Interventions fund in Support of Child Development, and Funding Competition for Childhood Initiatives (MIDESO, 2015).

and been more relaxed, with flexible make-up dates for nursery schools who weren't included initially because of a strike, an anniversary or any other factor, but there also is a...

P 2: That too is a decision that comes entirely from the directors because the municipality has had to be flexible for four years and provide the money, the professionals, so we have some kind of continuity, so it really happens mostly because of decisions taken by higher-ups than us...

P 3: In reality the focus is on providing continuity for the team as a matter of quality service and it's also because the experience of how to manage the program is understood because in reality like everything else there is no other option. If someone new comes in, you have to start training all over again and everything. It's complicated.

While the loans provided by the municipality to the ChCC teams is an informal strategy, it helps cover the salary compensation of the professionals in charge of conducting direct intervention with system users. This strategy does achieve continuity in the implementation of component 4 programs, which helps prevent or mitigate potential negative consequences connected to delays in resource transfer.

That said, insofar as these resources are delayed in leaving the top point of the system (national level) to reach the base of the pyramid (local level), the professionals have observed a series of aberrant effects both upon system implementation as well as the services offered to its users. In other words, the delay in resource transfer is created at the national level of system implementation; however, the consequences are felt at the local level of implementation.

State Level Conflict: Unmanageable Internal Pressure

The third conflict that came out of this analysis has a direct relationship to the above-described consequences. This refers to the fact that professionals at the state level perceive these effects as conflict in and of themselves, since they are the ones with the role to "download" and "upload" information from the national level to the local one and vice versa. One of the professionals at the state level expressed in this way:

The local areas have started pressuring us because our execution period is coming to an end and we must

keep paying salaries, but we don't know when the budget renewal will go into effect. So, the local teams put a great amount of pressure on us, and we in turn put that same pressure on the national level. This means that since these kinds of things are hard to manage because it does not depend completely on them, they have to get the agreements signed, get budget approval and then both we and the local areas keep waiting, so it has a cascade effect.

The call for budget renewal is an activity that initiates the service delivery arrangement stage at the national and local levels, which is where the ChCC municipal teams apply for funding renewal granted annually by MIDESO for component 4 programs. Delays in the call for renewal sub-stage helps understand the subsequent pervert effects, since this funding extension depends upon the continuity of implementation of these programs from one year to the next. Given that the call for budget renewal is not done in January or February, which are the months leading up to the start of implementation, instead happening later on, this means the transfer agreement and actual resource transfer are then also behind schedule.

We're getting to mid-year with the funds, meaning in the end, a 10-month project is carried out in six, and at the heart of it clearly there are problems with coverage. Sometimes they compete over kids in the regions" (Professional, national level).

This year the professionals went three or four months without any salary because of the issue with the budget renewal...one of the greatest challenges with all of the social programs is the turnover of professionals, which happens precisely because of this, because the programs end and then the resource transfer doesn't happen right away...In those three or four months we lose a large number of professional workers who have already built a connection with the kids and their families (Professional, state level).

Unfortunately, those who had worked on earlier projects have a really bad image of FIADI [Intervention Fund for Child Development Support] because of this exactly. The resource transfer and the professional continuity aspect meant they were not very committed, so whatever was promised to the nursery schools or the users themselves then would not line up because the professionals would leave, money never arrived, therapies weren't done, the workshops weren't held, etc. (Professional, local level).

Resource transfer delays from the national level leads to aberrant effects on two distinct, yet intimately connected, aspects. One such aberrant effect is found within implementation itself (i.e., delayed start-up of system programs and services), and by extension, effects on the teams tasked with implementation such as deteriorating work conditions and professional turnover. Aberrant effects upon system implementation thus in turn cause further negative effects for system users. This means users cannot get timely services and when they do receive them, they do not measure up to the quality needed to be effective.

Discussion

Three main conflicts are identified upon analyzing the results. The professionals at the national, state, and local levels witness such conflicts during the service delivery arrangement preparation stage prior to implementing the studied sub-system.

Funding plays a key role in all three of the identified conflicts. This finding is consistent with diverse studies showing that funding is one of the most important factors for successful system implementation and sustainability from the perspective of early childhood interventions, implementation science and systems of care (Brashears et al., 2012; Fixsen et al., 2005; Nores and Fernandez, 2018; Stroul & Manteuffel, 2007). Furthermore, in many cases funding is a source of conflict among participants (Henderson et al., 2013).

Chile Grows with You has opted for an integrated funding modality at the national level that gets decentralized, meaning funding is issued from a single ministry (MIDESO), and is then transferred to other ministries (e.g., MINSAL) or to the local level (e.g., municipalities) to carry out programs and services. While this method may be more efficient when handling resources, since its administration depends upon a single ministry, the lack of any formalized collaboration with the health sector and delayed resource transfers to the municipalities has other negative consequences for system implementation. Thus, the priority granted to efficiency in the use of resources at the national level appears to be contrary to or inconsiderate of other relevant aspects of the studied sub-system functioning, such as (dis)continuity in implementation or the (lack of) opportunities in local level service provision.

It is essential to note that the conflicts identified by the participants have not been resolved over the course of system implementation. Taken together this seems to indicate the presence of chronic, dysfunctional conflicts (Pondy, 1967). The conflicts appear to be chronic given that they persist after 13 years of having implemented Chile Grows with You. They would be dysfunctional insofar as they

obstruct planning by the three key sectors (Social Development, Health, and Education), weakening not only the integrity of sub-system implementation (e.g., zero participation of Education at the national, state, and local levels), but also at the same time the capacity to improve comprehensive childhood development (Cunill-Grau et al., 2013). In other words, the unresolved nature of the conflict would be working against the logic that has given rise to its creation and implementation in the first place.

The interviewed professionals place the source of the conflict squarely on the administrative structure of the national level of the State. In effect, resources assigned through the public budget to the studied system must first go through “administrative processing” in various departments within MIDESO before getting the green light for transfer to the local level. This description coincides with the definition of what is understood as a bureaucratic organizational structure, which are characterized by a high degree of central control (e.g., one ministry makes the decisions), verticalism (e.g., hierarchical relationship among implementation levels), formalization and “administrative processing” (e.g., rigid rules and paperwork) (Crosby et al., 2017; Rainey, 2009). Even though policies, programs, and services could not dispense with public bureaucracy for their implementation, some aspects have negative impacts on implementation such as administrative delays, that in turn cause impediments to resource transfers, as is shown in the case study (Bozeman and Scott, 1996; Kaufmann et al., 2019; Newton and Van Deth, 2005).

The results of this study demonstrate the strategy with which the system handles the identified conflict. Basically, conflict is not directly addressed within the system. Instead, the various implementation levels adopt independent compensatory strategies that are not aligned with each other. At the national level, MIDESO has installed a top-down bureaucratic strategy that has failed. In contrast to what went on at the national level, the municipality in the case study created its own compensatory strategy for dealing with the challenge of timely access to resources, which has been successful.

How can this pattern of conflict reconciliation inside of the system be explained? One way to understand it is to consider the perception of the conflict that predominates within the system. In this case it seems that the predominant viewpoint is that successful implementation is achieved by reducing or avoiding conflict in such a way as to preserve a rational model of decision-making (Matland, 1995). This hypothesis gets support from the idea that the state level serves as a conflict “circuit breaker” for system implementation. These professionals lack the powers to provide a resolution for the conflict, so they must limit themselves to containing it and transferring the “pressure” to the national level coming to them from local teams in the face of

delayed delivery of the resources committed for the programs. In such a manner it becomes possible to keep the decision-making process intact along with the criteria used in this process by the national level team in allocating resources to the municipalities.

An additional hypothesis derives from the first one, which is the lack of specific mechanisms that enable proper management, and in particular, the prevention of this type of conflict. In essence, the interviewed professionals do not identify channels of communication among the various levels, especially between the local and national ones, that allow for conflicts that arise during implementation to be expressed and to then be guided through a negotiation process (Ross, 2009). Prevention strategies are detected that help anticipate divergences between the different levels for conflict resolution prior to them becoming dysfunctional, and for building trust and collaborative relationships among the various implementation levels based on early and productive reconciliation of potential conflicts (Curşeu and Schruijer, 2017).

Looking at system implementation from the perspective of internal resource management, one can see that the identified conflict reduces the capacity for collaboration among all levels involved, and as a result, the capacity for resolving the very problems created by the system. Although delays can simply be seen as a systemic level factor that undermines interagency collaboration at the local level, it represents a pattern of limited exchanges and interactions across management levels over time. In fact, this conflict occurs year after year raising the tension between professionals at the national, state, and local levels, but without getting resolution through “compensatory strategies” (e.g., automatic extension). This suggests that professionals have been unable to mix their resources during the service delivery arrangement preparation stage, which is a critical ingredient for successful collaboration since it enables the creation of synergy among all participants (Weiss et al., 2002) and connects collaboration processes to their expected outcomes (Thomson et al., 2014).

It is necessary to focus on the effects of this conflict upon system implementation itself. Notably in the case of the studied system, a supply-side funding mechanism is used (resource transfer from MIDESO to the municipalities) whose goal is to ensure the availability, stability, and quality of services, especially for the target groups (Kagan et al., 2019). However, the resource transfer delay impedes this mechanism from achieving these objectives. To the contrary, negative effects are observed upon both the implementation outcomes (e.g., staff turnover) and the service outcomes (e.g., lack of opportunity and continuity of services). Although the studied municipality has created over time a compensatory strategy for mitigating or eliminating these aberrant effects, the funding delay can equally

provoke uncertainty and administrative difficulties at the local level. This does not consider the persistence of such effects upon other municipalities that do not have the financial capability to utilize this compensatory strategy. Ultimately, the negative effects connected with the resource transfer delays from the national level to the local one affects the continuity and quality of system implementation and could lead to negative outcomes for program and service users.

Lastly, our analysis leads one to consider that we are in the presence of a systemic conflict produced by patterns of practices and institutional values that operate as conditions that are beyond the individual organizations or teams (Gadlin and Sturm, 2007). In this case, the delay in transferring resources to the local level is a problem that involves all three system implementation levels and gets repeated year after year due to the administrative bureaucracy that the system’s allotted resources are destined to traverse, but it could also be due to other conditions such as the concentration of decision-making at the national level, the sectorialization of the State apparatus, the absence of direct communication channels between the local and national levels, or a lack of formal conflict resolution mechanisms inside the system (Cunill-Grau et al., 2013; Grenier and Denis, 2018). This is depicted quite clearly in the experience of one professional at the state level who states that this conflict is truly symbolized as a “cascade” that cuts across the system from top to bottom in the face of which they have no influence at all.

Strengths and limitations

This qualitative study specifically examined for the first time, to the best of our knowledge, the conflicts that arise during the implementation of a child development support system from a systemic-ecological approach. In fact, our study considered the point of view of professionals at the local, state and national levels, offering a more nuanced understanding of sources and roles of conflicts in implementing these kinds of systems. Thus, these findings could lead to further research on the relationship between conflicts, implementation outcomes and service outcomes for families. Additionally, our inquiry could inform policy makers’ decisions about preventing conflicts and improving interagency arrangements to support families in accessing needed resources in a coordinated and integrated manner.

That said, some limitations should be noted. First, our sample was composed exclusively of professionals and excluded other stakeholders. Although the perspective of professionals is relevant in understanding the identified conflicts, we suggest using caution when interpreting these results. Provider characteristics can act as enablers or barriers to working collaboratively with other professionals,

parents, and children (Beidas et al., 2016; Hunter et al., 2017). Future research should include not only professionals, but also parents and children served by the system. A second limitation concerns the small sample size within the context of a case study design, which reduces the ability to generalize the results to other settings. However, our findings are in line with previous studies showing that conflicts are a key factor for the successful implementation of integrated services for children and their families (Atkinson et al., 2007; Stöbe-Blossey, 2013; Yoshikawa et al., 2018). A third limitation concerns the fact that our analyses focused on the service delivery arrangement preparation stage that precedes implementation of the assessed child development support system. Therefore, our results give us a limited picture of the functioning of this kind of system. Future studies can expand pertinent knowledge by investigating the conflicts that arise during the collaborative processes through which services and programs are implemented.

Conclusions

The conflicts that were identified as occurring during the service delivery arrangement preparation phase of the studied system are closely connected to funding. This should get the attention of policymakers with respect to the relevance of the processes that precede it and also upon which the execution of the programs and services offered to children and their families in the regions is modeled. This is not merely about managing public resources (e.g., allotment, transfer), but rather the early creation of the right conditions so that all participants can achieve greater levels of collaboration leading toward synergy (Weiss et al., 2002). Reaching this depth of collaboration is essential for co-creating new and better responses to highly complex problems, especially in the case of the communities most affected by inequality.

The studied system demonstrates its incapacity to resolve such conflicts. This provides further evidence of how the lack of resolution of this type of conflict significantly affects the collaborative processes among participants, as well as the expected outcomes of proper system functioning and of user services. This study offers additional evidence that confirm earlier findings (Quiroz et al., 2017a, 2017b) that it is insufficient to assess these systems from the point of view of coverage and activities execution. This highlights that the challenge for research into public policies is to design and apply assessments with an ecological-systemic approach that gives rise to an understanding of the evolution over time of the collaborative processes within the system of programs and services, and the outcomes resulting from them (Quiroz and Fernández de Rota, 2020).

Finally, the institutionalization of conflict resolution mechanisms for this kind of highly interdependent system appears urgent to strengthen both horizontal and vertical collaboration among all levels involved. This implies considering strategies directed at building opportunities for constant negotiation among institutional and professional participants (Kazepov, 2010), as well as encouraging the active and direct participation of children and young people (van Bijleveld et al., 2015), families (Toros et al., 2018), communities and regional organizations (Douglass, 2011; Nelson et al., 2001) in the collaborative processes. Thus, the findings of this study can help researchers to better understand the role of conflicts in implementing early childhood support systems, and policymakers to improve collaborative strategies across sectors and the implementation outcomes of public programs and services serving children.

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Compliance with Ethical Standards

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