



Family Life Education in Chile: A Critical Analysis of Two Programs

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The purpose of this chapter is to provide the reader with a rich understanding of two distinct but complementary programs in Chile that espouse Family Life Education principles (Ballard & Taylor, 2012; Darling, Cassidy, & Powell, 2014; Duncan & Goddard, 2005). One program is called Nadie es Perfecto (Nobody's Perfect), initially developed by the Public Health Agency of Canada in the early 1980s (Skrypnek & Charcun, 2009). Nadie es Perfecto is embedded within a larger national program called Chile Crece Contigo (Chile Grows with You [ChCC]) (Saavedra, 2015), in turn, a component of the Chilean government National Social Protection System responsible for the provision of comprehensive services to families to ensure positive early childhood development nationwide. The second program we describe is the Triple P – Positive Parenting Program developed by

Professor Matthew Sanders and fellow researchers at the Parenting and Family Support Centre at the University of Queensland, Australia (Triple P, 2017). Triple P's goal is to provide parents with strategies and tools to help build strong and healthy relationships with their children and prevent behavioral issues. This program has been implemented in Chile since 2010 in two municipalities: Peñalolen and San Felipe.

Before comparing and contrasting these two programs, we highlight several social, demographic, political, and economic features of the Chilean population. We present these contexts to help readers better understand implementation successes and challenges experienced by those two Family Life Education programs in Chile.

Social, Demographic, and Political Characteristics of Chilean Families

Following the end of a 17 year military dictatorship (1973–1990), Chile has remained a democratic country that for the most part has experienced stable economic and social development (Organisation for Economic Co-operation and Development, 2015, 2016a). Located in the southern cone of South America, Chile's population is estimated at 17.8 million whereby 48% live in urban regions, 16% in intermediate regions, and 35.7% in rural regions (Instituto Nacional de Estadísticas, 2017). About half of

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the population is concentrated in Santiago, the capital.

By 2006, 53.9% of children and youth ages 0–17 lived in traditional nuclear biparental households. However, in nearly a decade, by 2015, the percent of biparental households decreased to approximately 47%, whereas monoparental households increased from 7.8% to 14.4% during the same period (Ministerio de Desarrollo Social, 2015). Similar trends can be seen in the extended biparental households (couples with children) and extended monoparental households (mother or father with children and other relatives) during those years (Arriagada & Aranda, 2004). These variations indicate a change in traditional household norms resulting from a broader movement away from conservative to more progressive or liberal attitudes toward controversial social issues and policies such as drug liberalization, same-sex marriage, abortion, and divorce during the last decades in Chile. For example, with the growing availability of medicinal marijuana in Chile and increasing public opinion favoring legalization, Chilean law changed in 2015 to allow growing up to six plants per home for medical, recreational, or spiritual reasons (Ministerio del Interior de Chile, 2015). Additional examples of changing social attitudes concern the topics of abortion and same-sex marriage. When asked if women have the right to have an abortion in a January 2017 national survey of adults (18 years or older), nearly 80% said yes with 57% indicating they agree “under certain circumstances” and 22% “under any circumstances” (Plaza Pública Cadem, 2017). Approximately 19% answered “under no circumstances,” and about 2% did not know or did not respond to the question. The same survey asked about same-sex marriages. Approximately 64% answered they approve of same-sex marriage though 50% did not think homosexual couples should have the right to adopt children reflecting more traditional conservative views.

Despite the movement toward progressive social policies, religion, through the Catholic Church and, more recently, via Evangelical Churches, continues to be a strong factor influencing society with right-of-center norms,

attitudes, and policy advocacy. Approximately 58% of the population identifies as Catholic, 14% as Evangelical, and 4% as other, and about 24% indicates they do not belong to any religion (Plaza Pública Cadem, 2017). Interestingly, despite the large number of people who identify with a religion, a 2015 Pew Research Center report indicates that in 2015 only 27% of Chileans said religion was very important in their lives, a fairly large drop when compared to the 46% who had answered this question affirmatively nearly a decade earlier in 2007 (Pew Research Center, 2015).

Chilean families have also experienced tremendous changes in gender roles with an increasing number of women being single mothers, living with their partners without marrying, working outside the home, supporting abortion, and increasingly playing a more central role when making decisions in their households and sociopolitical roles. For example, Chile has twice elected a female president, Michelle Bachelet, one of a handful of countries in the Americas to have ever elected a woman as president. President Bachelet has supported making available emergency contraceptives in all pharmacies without a doctor’s prescription to people as young as 14 years of age, a policy that became effective in 2015. These data highlight important differences in attitudes and norms that are in flux and under discussion among families in Chile. Some argue that these social changes, along with rapid economic changes and urbanization, have resulted in more latchkey children and youth, increased drug use, teenage pregnancy, and decreased time children spend with relatives such as with grandparents. In fact, leisure time has been severely curtailed by work-related activities, especially in middle-class and low-income families. This phenomenon is most prevalent in women who must manage more complex roles that include both their families and their jobs. On the other hand, the generally low geographic mobility results in large numbers of Chileans living in the same city, even in the same neighborhood they grew up in, which helps create strong ties with their community, their extended family, and the physical space (Muñoz, 2016).

As Chilean families struggle to adapt or understand the above changing attitudes and norms, all could benefit from exposure to Family Life Education programs as these programs can help fill the void left by the changes affecting the Chilean populations. The support and skills obtained from FLE-trained persons could prove invaluable for families struggling to meet emotional needs that in the past extended relatives would provide. FLE programs can also help new parents learn parenting skills to engage in healthier parenting practices which can, in the long run, help prevent behavioral problems, including drug use. Reducing or successfully managing behavioral problems can also ensure the child has a better educational experience potentially helping prevent school dropout and better preparing the child for post-high school employment and/or higher education. Since the 1990s schooling levels in Chile have grown significantly especially in higher education. Whereas in the 1980s one-fourth of high school graduates attended a university or technical institute, since 2010 that rate has increased to more than one-half. In fact, a good education is regarded in Chile as one of the best investments a family can offer their children (Espinoza & González, 2013).

Economic Challenges and the Role of Government

In 2007, Chile was invited to join the Organisation for Economic Co-operation and Development (OECD). Chile joined in 2010 making it the first South American country member of this organization that aims to fight poverty through economic growth and financial stability by promoting policies that will improve the economic and social well-being around the world (Organisation for Economic Co-operation and Development, 2016a). Unfortunately, despite the tremendous social and economic progress experienced by Chile in the past decades, the country remains a developing country with high levels of inequality including wide disparities in wages and decreased government support in way of cash transfers (Keeley, 2015).

In Chile, poverty has historically been measured by household income, but in 2015 the government decided to make a change in the traditional way of measuring poverty adding five dimensions of well-being: education, health, work, social security, and housing. This multidimensional approach allows the government to understand poverty from a more comprehensive perspective that better describes the population's living conditions and consequently should serve to better assess needs and influence public policy and services (Ministerio de Desarrollo Social, 2015). Using the new approach, the Survey of National Socioeconomic Characterization (CASEN) indicates that over 20% of the Chilean population (nearly 4 million people) live in multidimensional poverty conditions, while 11.7% (over 2 million) live in income poverty conditions (Ministerio de Desarrollo Social, 2015). The number of people affected by multidimensional poverty increases to 23.2% when children and youth are included. These data point to a significant issue; in Chile children and youth are generally in a more vulnerable position than adults, and if development and inequality issues are to be resolved in the near future, those gaps need to be narrowed. This has important implications for the development and implementation of Family Life Education programs, a point we discuss later in this chapter.

Social Policy and the Social Protection System

Toward the end of the nineteenth and beginning of the twentieth century, children and youth matters fell under the responsibility of philanthropic and charity institutions which limited themselves to attend to basic unmet needs of children through strategies that sought primarily to overcome feeding, accommodation, and clothing needs (Pilotti, 1999). The national government's involvement during those years was limited to providing assistance to these institutions through the assignment of public funds (Pilotti, 1999). When it came to addressing juvenile justice issues, the scenario was quite different whereby

the government took a more prominent role. For example, the government was responsible for the creation of penitentiary institutions to attempt to control and address childhood and youth delinquent behaviors.

This early construction of children and youth matters determined the first childhood and youth policies in the country which were focused on improving the lives of children that lived in poverty given that “the family was considered unsuitable for childcare, because it was the start of a chain that begins with vagrancy and ends in delinquency” (Farías, 2003, p. 196). By the end of the 1960s, the first social reforms were put in place and sought to promote structural changes through empowerment and citizen participation. These changes aimed to create and strengthen social organizations under the premise that structural social changes had to be led by citizens. During these years the first educational reform was enacted, and its objective was to assure equal access to education and, with that, to a protective system that implemented the children care center law and made inroads into the development of a protection system that was state-owned but operated by citizens (Pilotti, 1999).

However, after the military coup in 1973, the country underwent a period of public repression and suspension of political and social advancements on the one hand and the promotion of privatization of public services on the other. This resulted in a generalized breakdown in public sector support for the welfare state, affecting children and youth programs in particular. By the middle of the 1970s and all through the 1980s, the design and implementation of social policy were primarily guided by market forces, privatization of services, and a considerable decrease in the subsidy role of the government in the provision of basic public services to its citizens (Saavedra, 2015). Some of the privatization changes resulted in a healthy decentralization shifting more control of services to municipalities resulting in improvements in the “equity of allocation among rich and poor municipalities, in terms of both transfers from central-government budgets and local taxes allotted to primary care facilities” (Bossert & Leisewitz, 2016, p. 1).

Unfortunately, the significant health improvements accomplished over the past two decades in Chile in, for example, infant mortality and maternal mortality rates, which are among the lowest in the world, (World Bank, 2015a, 2015b), are overshadowed by the extreme rise in income inequality, the highest among OECD member countries (Organisation for Economic Co-operation and Development, 2016b).

Upon Chile’s return to democracy in 1990, the succeeding governments made efforts to expand and include social services for all the populations that were excluded from the system as a result of the earlier policies of the military dictatorship. By the turn of the twentieth century and continuing into the twenty-first, the government has focused on development of social policies aimed at providing as protective a social net as possible. To accomplish these changes, the government began to develop a social protection system for families in poverty situation. This program, established by Law No. 19.494 passed in 2004 was named Chile Solidario (Chile Solidarity) (Ministerio de Planificación y Cooperación, 2004). As described by Saavedra (2015), Chile Solidario is “a management model composed by actions and social services coordinated and implemented by various government agencies aimed to the most economically vulnerable national population that are in need of a concerted action of those agencies to have access to a better living conditions” (p. 20). Essentially, Chile Solidario is a system designed to articulate and ensure the access to social programs, social services, and stipends provided by the government to all vulnerable populations that meet qualifying criteria (Larrañaga & Contreras, 2010). We describe this program first as it serves as the base for the Family Life Education program *Nadie es Perfecto* that is being implemented nationwide.

Chile Solidario has two main features that are worth highlighting. First, it defines poverty from a multidimensional perspective. This means that its approach to reducing poverty involves a comprehensive, intersectoral approach. Its purpose is to transform the relationship between the targeted population and the government by involving and

bringing together different governmental offices such as health and education, among others, through one point of access that can also help coordinate services (Larrañaga, Contreras, & Cabezas, 2015).

Second, it seeks to end extreme poverty through the development and strengthening of capacities and competencies in the most vulnerable population (Larrañaga et al., 2015). For example, the program seeks to not only help improve family functioning but also strengthen the links between families and institutions, empower families to advocate for their rights, increase civic involvement, and enhance health literacy. This social risk management approach is an innovative way of implementing social programs in Chile because it offers a multidimensional understanding and hence a more comprehensive approach to tackle the multiple, interrelated, and complex factors that sustain poverty. With these aspects in mind, we now turn our attention to a description of the development of Family Life Education programs in Chile. This is followed by a detailed description of the two programs we seek to compare and contrast, *Nadie es Perfecto* and Triple P – Positive Parenting Program.

Family Life Education (FLE) Programs in Chile

A number of Family Life Education programs have been implemented in Chile, some are government driven, while others are implemented by nongovernmental organizations (NGOs) and foundations, some of which receive government support and others do not. Examples of governmental programs include Programa Abriendo Caminos [Opening Roads], Programa Acción en Familia [Family Action Program], Apoyo a la Dinámica Familiar Permanente [Family Dynamics Support], and *Nadie es Perfecto* [Nobody's Perfect]. Examples of nongovernmental programs include Juguemos con Nuestros Hijos [Let's Play with Our Children] lead by Fundación Infancia Primero [Foundation Childhood First] and Triple P – Programa de

Parentalidad Positiva [Triple P – Positive Parenting Program]. To our knowledge, these specific programs are not taught in educational settings. However, in some universities, programs exist that teach knowledge and skills for individuals to successfully work with families on parenting, relationships, and children's behavioral matters to strengthen the child's and family's well-being. Though not called Family Life Education per se, these programs' curricula encompass many FLE principles. For example, the School of Social Work at the Pontificia Universidad Católica de Chile offers two academic programs oriented toward that goal. One program, created in 1990, is a continuing educational program named Family Studies that seeks to increase participants' competencies for professional practice with families. The program focuses on assessment, prevention, resolution, and rehabilitation skills. The school's second program is a master's degree in Social Work and Family. The program's aims are to develop the students' professional competencies to creatively intervene with families facing complex needs through prevention, resolution, and rehabilitation actions. We next provide a brief description of various FLE programs before concentrating on *Nadie es Perfecto* and Triple P.

Programa Abriendo Caminos

This program was created in 2008 as part of the National Social Protection System, Chile Solidario. Its objective is to create prevention and reparation actions concerning the social conditions of children and youth in cases where a significant adult has been deprived of liberty (e.g., mother or father is in jail or prison). The types of services provided include psychosocial assessment, monitoring and evaluation of families' trajectories, psychosocial support, socio-labor support, and monetary transfers (Ministerio de Planificación, 2011).

Participants include all children and youth, caretakers, and elderly that maintain a significant relationship with a person deprived of liberty and children that are born after the mother has been

incarcerated and reside with their mothers in penitentiaries. Program participants are invited to join by a social services professional within the penitentiary center or by recommendation of a Ministry of Social Development professional after a home visit and evaluation of the relationship between the child and the incarcerated adult (Ministerio de Desarrollo Social, 2017).

The main benefits offered by the program to the children include professional accompaniment and tutoring related to the needs expressed in a first evaluation what might include psychological attention, after-school tutoring, personal development, affectivity, and activities related to art, sports, community, and culture all from a children's rights perspective that actively incorporates children's opinions, interests, and strengths. In the case of caregivers, the program provides counseling and orientation regarding parental abilities and competencies, family counseling to improve well-being and integral development, and socio-labor assessment to promote employability and access to services, funds, and monetary transferences. The program is run by municipalities and NGOs with emphasis in children, youth, and family services (Ministerio de Desarrollo Social, 2017).

Programa Acción en Familia

Also a governmental program, Programa Acción en Familia seeks to strengthen family life by providing social support for the transfer of skills and tools to generate family capitals (Fondo de Solidaridad e Intervención Social, 2017). The program's focus is on families that are considered at risk based on selected characteristics such as the number of people in the household, number of adults in household, and income level. Another characteristic is the extent of social and economic vulnerability of the neighborhood where families reside. It is the local government's task to identify the families that are going to participate in the program. This means that families do not apply to the program as they are identified via the "Registro Social de Hogares" [Social Registry of Homes], a social security system and database

that collects socioeconomic information of families that seek social services (Fondo de Solidaridad e Intervención Social, 2013).

The program has three main components: family life strengthening, community life strengthening, and self-management strengthening. The first component aims to provide parental skills knowledge to help parents learn best practices to face family conflicts, optimally develop household chores, and manage a family business. The second component provides an opportunity to strengthen the family's social network and community life through the implementation of "mesas de trabajo comunitario" (loosely translated as community roundtables). These groups, which may include community leaders, neighbors, and social and civic organizations, meet on a regular basis to develop projects to promote innovation and empowerment that serve to improve their communities and hence their families. The third component is financial which provides families with an opportunity to materialize their ideas by funding their family and self-managed community projects.

Apoyo a la Dinámica Familiar Permanente: Fundación Promoción y Desarrollo de la Mujer [Family Dynamics Support: Foundation for the Promotion and Development of Women]

This program is implemented by the nonprofit organization Promoción y Desarrollo de la Mujer (PRODEMU) in collaboration with the Social Development Department of Chile Solidario. It provides psychosocial support to help families achieve minimal social conditions through the strengthening of their parental skills, prevention of neglect and violence, and promotion of healthy communication (Promoción y Desarrollo de la Mujer, 2016). To accomplish its goals, the program provides training on communication skills to solve daily and complex problems, time management, and the importance of education and equitable distribution of household tasks, among others. The program also informs fami-

lies about opportunities and services available to them by their local government (e.g., municipalities). Trainings are provided via ten workshops of 3 h each that are implemented over a period of 2–3 months (Promoción y Desarrollo de la Mujer, 2016).

The program is implemented at a national level; therefore, to coordinate the number of families benefited by the program, PRODEMU works with a list of participants provided by the Ministry of Social Development. Subsequently, PRODEMU and the Ministry communicate with each regional office the number of participants agreed by both institutions and distribute the resources to those families that have manifested an interest in working on different dimensions of family dynamics (Promoción y Desarrollo de la Mujer, 2016). Each regional office's professional team coordinates a first group meeting with approximately 20 participants.

Nadie es Perfecto

Nadie es Perfecto [Nobody's Perfect] is a governmental program that provides support for new parents through the first 3–5 years of the child's life. Initially developed by the Public Health Agency of Canada in the early 1980s (Skrypnek & Charcun, 2009), and first implemented in Chile in 2010, after 2 years of adapting the materials, this community-based program consists of a series of trainings to help parents develop parenting skills according to the child's developmental stages. The trainings include specialists such as pre-k educators, kinesiologists, psychologists, social workers, and nurses, among others, as well as parents and other caregivers, to promote the sharing of experiences so participants can learn from others and receive orientation on specific issues. Trainings center on the following topics: mental development; physical development; father, mother, and caregiver roles; and challenges, security, and prevention; and behavior. Each training is devoted to one topic, and supporting reading materials are provided at the training sites which are also available at the Chile Crece Contigo webpage (Chile Crece Contigo,

2017). This program was adopted in Chile by a group of professionals from the Mental Health Department of the Chilean Ministry of Health with the authorization of the Public Health Agency of Canada.

Two examples of nongovernmental programs are *Juguemos con Nuestros Hijos* and Triple P – Positive Parenting Program. We describe these next.

Juguemos con Nuestros Hijos

This program belongs to the organization called “Fundación Infancia Primero” [Foundation Childhood First], an organization that promotes holistic development of vulnerable children. The program aims to strengthen the interaction between parents and children through the promotion of parental skills. *Juguemos con Nuestros Hijos* was first implemented in 2006 and consists of group work sessions once a week as well as home visits and individual interviews whereby parents and caregivers are encouraged to play with their children and learn to understand them and connect with them through playful activities. The program also includes a set of games that are designed to promote language skills and a group conversation between parents and a professional on a variety of parenting-related topics such as nurturing (Infancia Primero, 2017).

The program is implemented every year from March to December in three family health centers associated with the Department of Family Medicine of the Pontificia Universidad Católica. Program beneficiaries are children ages 0–4 and their caregivers. Caregivers use one of the three family health centers, two of which are located in some of the most socially and economically vulnerable municipalities in Santiago: La Pintana and Puente Alto (Infancia Primero, 2017).

Triple P: Positive Parenting Program

Triple P is a program developed by researchers at the University of Queensland, Australia. In 2001 it was granted a worldwide license as a social

enterprise, Triple P International (TPI), to allow for easier dissemination of the program. Its objective is to prevent and treat behavioral, social, and emotional problems of children and youth through the strengthening of knowledge, abilities, and self-confidence of their parents and caregivers (Purga, 2014; Sanders, 2008; Sanders, Kirby, Tellegen, & Day, 2014). The program is sold to both governmental and nongovernmental organizations and is now implemented in Chile and many other Latin American countries.

Having provided a synopsis of governmental and nongovernmental Family Life Education programs available in Chile, we now compare and contrast the structure and services offered by the governmental program *Nadie es Perfecto* and the nongovernmental program Triple P – Positive Parenting Program. For each program we provide a general description, a specific description of the activities for families, implementation challenges, and information on the evaluation of these programs. The comparison will serve to illustrate Chile's experimentation with two unique programs.

A Comparison of *Nadie es Perfecto* with Triple P – Positive Parenting Program

***Nadie es Perfecto* [“Nobody’s Perfect”]: A National Governmental Program**

General Description

As indicated earlier, *Nadie es Perfecto* is administered under the Chile Crece Contigo (ChCC) system of comprehensive protection of infants under the National Social Protection System, Chile Solidario. Created in 2006 under the administration of President Michelle Bachelet, ChCC was approved 3 years later by the national Congress in August 4, 2009 (Bedregal, Torres, & Carvalho, 2014). We highlight ChCC because its origin stems from the first intersectoral social policy in the country that takes into account the development of early childhood. By intersectoral we mean that it manages to bring together and

coordinate services from different administrative governmental systems such as health, education, social protection, social justice, and labor (Bedregal et al., 2014; Cunill-Grau, Fernández, & Thezá Manríquez, 2013). This intersectoral approach seeks to maximize children and families' potential development by working closely with families from pregnancy through entrance into the school system with the most socioeconomically vulnerable population in the country (Saavedra, 2015).

Although a nationally directed program, it is implemented through municipalities. The benefits offered to families are organized into three main components – health, education, and social network (Bedregal et al., 2014). Health is a central element because it brings access to a number of services and benefits that aim to offer a personalized accompaniment in the developing child. To meet health needs, ChCC offers the Support for Biopsychosocial Development Program [Programa de Apoyo al Desarrollo Biopsicosocial] (PADB). Specifically, this program seeks to support the development of children from the first gestational control to entry into the school system by covering such topics as attachment, preparation to motherhood, and parenting and support guidelines for child development. To meet educational needs, it offers free access to childcare and daycare centers for children living in households in the lowest 60% of vulnerable social conditions. For its social network component, ChCC offers preferential access to social programs and benefits such as financial aid for housing and family care, education for adults, job training and helping individuals network with potential employers, and legal aid (Bedregal et al., 2014).

Before proceeding with the specific description of the *Nadie es Perfecto* program, we highlight the fact that the Chilean government's choice of *Nadie es Perfecto* is influenced by its philosophical orientation to promote a set of services that address social determinants of health and that are inclusive and comprehensive and in concert with the United Nations Convention on the Rights of the Child (United Nations International Children's Emergency Fund, 2014). That is, the program goes beyond teaching

parents good parenting skills through the promotion of a holistic view of the child under a “subjects with rights” perspective as opposed to children being considered “objects of rights,” the perspective that existed prior to Chile signing the UN Convention (Oyarzún, Dávila, Ghiardo, & Hatibovic, 2008). This is an important distinction because when children are considered to be “subjects with rights,” it means that they are “...considered people, not objects, and may therefore exercise rights, and perhaps more importantly, society must ensure that their rights are maintained” (Reyes Quilodrán, Guerra Aburto, Sanhueza, Jones, & Delva, 2017, p. 434).

This focus on children as individuals with human rights versus individuals with unmet needs that must be met is an important and unique philosophical distinction. As such, *Nadie es Perfecto* is implemented with the goal of helping parents become better parents and encouraging them to relate with their children from a human rights perspective while also empowering parents to be more engaged in civic life to improve their social and economic conditions. The underlying assumption is that social and economic improvements will be conducive to improvement in family functioning and health.

Specific Activities for Families

In terms of concrete services currently available, ChCC has multiple offerings grouped according to the age of the child – gestation and birth, 0–2 years, 2–4 years, and 4 years and older. Examples of services for those in gestation through birth include personalized pregnancy and birthing care, maternity workshops, and a program for promoting active parenthood. For parents with 0–2-year-old children, ChCC offers the *Nadie es Perfecto* [Nobody’s Perfect] program for the development of parental nurturing skills, educational interventions, and health services. Parents with 2–4-year-old children receive the same services as those with 0–2 plus specialized attention to children with delays in their development. And, for parents of 4-year-old and older children, services include mental health support, programs for the promotion of physical activity and healthy eating, and a program for the

development of skills for life (Chile Crece Contigo, 2017). Materials provided to parents by program facilitators, and those available on the program’s website, are easy to read to purposely reach as wide a population as possible nationally. Facilitators have also expressed there is a good communication flow between the central government and the municipalities where they work (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013).

Nadie es Perfecto [Nobody’s Perfect] consists of a series of meetings among parents, caregivers, and/or counseling personnel that come together to share experiences of parenting and learn from one another, receiving feedback and guidance to resolve specific behavioral problems. For example, discussions might center on ways parent may encourage cooperative behavior or may calm a child who is crying without the use of spanking or yelling. Supporting materials include five books about different aspects of caregiving and child development to help parents and caregivers enhance their comprehension of children’s developmental stages during the first 5 years of life (Chile Crece Contigo, 2015). Specifically, the program includes the following components:

1. Behavior: provides information and guidelines to encourage cooperative behavior in children and strategies to solve behavioral problems.
2. Safety and prevention: information and guidelines about accident prevention, house risks, first aid training, and emergency care.
3. Parents and caregivers: provides self-care tools and guidelines to be an active parent or caregiver and offers a guide for requesting help when needed, tips to choose an educational service or child daycare, theoretical elements about child abuse, and what to do in case of neglect. In the last version of this book, there is also an entire chapter about the importance of an active father’s role in the parenting process.
4. Mental development: provides information regarding the learning process of a child, children feelings, the importance of playing and recreation, and recommendations for educational toys and activities.

5. Physical development: provides information and advice about growth and child development and how to encourage a healthy lifestyle and elements about different recurring diseases in early childhood.

Implementation Challenges

To implement the *Nadie es Perfecto* program in the poorest and most vulnerable neighborhoods, the principal challenges are related to local management capacity (Valenzuela, 2017). Essentially, municipalities (local governments) with less resources have fewer professionals trained to implement the program and also fewer adequate venues. Each municipality is allowed to choose how to spend the funds allocated to them. They can use the funds for construction and to create the appropriate spaces for early psychomotor stimulation, a toy library, on-wheels educational service, extension and improvement of the services provided, and training for workers implementing the program or home visit for early stimulation for children. Depending on the municipalities' revenues, some may be more pressed to spend on infrastructure projects than on the training and support of the professional themselves. In fact, municipalities do not have access to the same types of professionals resulting in considerable variations on how the program is implemented across municipalities. In addition, there is a high attrition among professionals due to budgetary and bureaucratic constraints municipalities face. In many cases, professionals are not given working contracts or are contracted for short periods of time resulting in an ongoing revolving door problem with large amounts of time spent trying to fill vacancies (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013).

Evaluation

Prior evaluations of the program have found evidence of its effectiveness with Canadian families (Chislett & Kennett, 2007; Kennett & Chislett, 2012; Skrypnek & Charcun, 2009; Vollman, 2001). In Chile, less research is available to document its effectiveness. According to an unpublished report by the government, between 2010

and 2016, over 14,000 workshops with over 1000 facilitators were conducted (Vergara, 2016). The number of workshops increased every year from 578 in 2010 to 2,722 in 2014, ending with approximately 1,700 workshops in 2016 (Vergara, 2016). The total number of participants reached 88,936 which means that on average, approximately 6 persons attended each workshop. Most participants were mothers (89%), followed by grandparents (5%) and other types of caregivers (3%), and only 3% were fathers (Vergara, 2016).

That same report indicates that an impact evaluation was conducted from 2011 to 2014 using a randomized longitudinal study with three stages (baseline in 2011, intervention in 2011 and 2012, follow-up in 2014). The study was conducted with 162 health centers across the country with a sample of nearly 3,000 families and 3,650 children. The conclusions from that study are divided in three categories: parents and caregivers, interaction, and children. Preliminary results from the evaluation suggest that in the parents and caregivers' category, the main takeaways were that the workshops generated substantial improvements in beliefs, expectations, and self-sufficiency. The workshops also seemed to have improved parents' perceptions of social support they receive from neighbors and friends. In the interaction's category, results showed improvements in affective and cognitive stimulation practices while reducing the use of negative disciplining practices. Finally, in the children's category, there was a significant impact on language development, particularly among children whose parents had not completed secondary or higher education, and improvements in executive functioning and cognitive flexibility among children whose parents had low educational level. The results also seem to indicate that the workshops favored improvements in female children (Vergara, 2016). A qualitative study with program providers (facilitators, supervisors) conducted in 2013 by the Centro de Estudios de Desarrollo y Estimulación Psicosocial [CEDEP] [Center for Developmental Studies and Psychosocial Stimulation] identified as primary challenges work overload and problems with par-

ticipants' (parents and caregivers) low attendance, low adherence to the protocol, and high dropout rates (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013). This evaluation did not interview participants limiting what can be concluded about its effectiveness.

Triple P: Positive Parenting Program

General Description

Triple P is a program designed to implement proper parenting skills in order to decrease the prevalence of child and adolescent behavioral issues and promote confidence in parenting skills. The program seeks to strengthen parenting through a set of trainings that are designed to be flexible to parents' unique needs such as first aid trainings, group discussions, small and large seminars, private consultations, and online self-help (Sanders, 2008; Sanders et al., 2014). Clients in these programs are parents whose children are between 0 and 12 years old. For clients who have special circumstances, Triple P provides specialist programs including Stepping Stones for parents of children with a disability, Family Transitions for parents going through separation or divorce, and Lifestyle for parents of children who are overweight, among others. Across the globe, Triple P may be funded by private and/or public sources. In the USA, Triple P has been funded by such programs as Medicaid and Title IV-E via the Department of Education, the Centers for Disease Control and Prevention, and the Department of Women, Infants, and Children. However, grants from private sectors such as foundations have also been allocated toward Triple P.

Specific Programs for Families

The program includes components to reach a large population with messages about positive parenting to more specific interventions based on the degree of behavioral problems exhibited by the child and social and mental health problems by the parents (Sanders et al., 2014). Triple P has materials to communicate broadly to large audiences the importance of positive parenting

through the program's website and other public means such as radios, newspapers, and magazines (Sanders et al., 2014). Beyond providing a general message about the importance of positive parenting, the program has developed brief parenting interventions to promote healthy child development via 90 min parenting seminars and brief face-to-face or phone consultations. Triple P also has developed interventions for families experiencing problems of low to moderate intensity for parents with children experiencing specific problems that combine advice, rehearsal, and self-evaluation with 3–4 individuals for 80 min face-to-face or via the phone. For families experiencing problems of moderate to high intensity, Triple P has a 10 h program with delivery options that include ten 60 min individual sessions or five 2 h group sessions with three brief telephone or home visit sessions, among other delivery variations. Triple P also has an effective program for families with children with developmental disabilities (Skotarczak & Lee, 2015). Finally, Triple P also has a program for families experiencing high-intensity problems meaning those whose children have behavioral problems and whose parents are also experiencing mental health problems or high stress or are at risk of child maltreatment.

Implementation Challenges

In Chile, Triple P has been implemented in two municipalities free of charge to all community members in Peñalolen and San Felipe. To coordinate such an implementation, the Triple P team meets with the professionals in the municipalities that are going to implement the program. The meeting is to train them about the specific characteristics of the community in which Triple P is going to be implemented and provide advice and guidelines about the possibilities and limitations of the program. Together, the municipal and Triple P teams develop strategies and guidelines to present the program to the families.

Triple P faces two important implementation challenges when implemented in the public sector (Castillo, 2017). One of these challenges is staff turnovers in the presence of shortage of resources. In Chile, appointments of elected offi-

cials in municipal governments are for 4 years. These officials have the chance to continue serving for additional terms if reelected. However, the turnover rate for professional staff is quite high as professionals are always on the lookout for higher paid opportunities elsewhere. This means that investment in training these professionals to implement the Triple P program is a high-risk decision for the municipality resulting in many municipalities deciding not to acquire the program. From our perspective, after carefully reviewing all of the documentation about the program, a second challenge is that Triple P is not a program that aims to attend to larger societal and structural challenges of marginalized communities' experience. We recognize that the financial challenges facing Chile pose a serious limitation to Triple P being adopted more widely beyond the two communities. But, we also believe that its philosophical paradigm – central focus being on parenting behavioral changes – makes it less appealing to be adopted by organizations that work with families who face severe adversity such as illiteracy, unemployment, unmet health and mental health problems, and discrimination and abuse by police, among others. Our critique is not intended to suggest that Triple P should attempt to address structural challenges. We recognize this goal is beyond the purpose of the program and could make it less effective in attempting to do too much. However, we bring this issue to the forefront because this may be an important reason Triple P has only been implemented in two municipalities in Chile despite the strong evidence of its effectiveness.

Evaluation

A unique and important aspect of Triple P is that it provides the implementation entity, the municipalities in the case of Chile, with the opportunity to conduct formative and impact evaluations of their program. Triple P allows professionals who are implementing the program to incorporate indicators in a web system for an ongoing and permanent compilation of information and assessment data. This approach to evaluation is of considerable benefit to the municipality as it is a low-cost and efficient way of evaluating one's

program in real time while contributing to a worldwide evaluation effort of the program. Essentially, evaluation of this program has been made simple through the administration of questionnaires by practitioners to their clients before and after their trainings. The questionnaires serve to gather data to evaluate family functioning and behavior. The data are then entered into a computerized scoring application on Triple P's provider network website. At the local level, providers can use this information to improve the day-to-day implementation of the program. Globally, the data can be utilized to compare Triple P's effectiveness across countries and contexts (Morawska et al., 2011).

Results of a comprehensive meta-analysis of over 100 studies reveal that Triple P is indeed effective in improving parenting behaviors and consequently children's behavioral outcomes (Sanders et al., 2014). Triple P has also been shown to be effective in reducing disruptive behaviors of children with disabilities (Skotarczak & Lee, 2015). These reviews do not appear to include any evaluative studies conducted with Chilean parents and children limiting what one can conclude about its effectiveness in Chile. However, data on Triple P's implementation and impact in the two Chilean communities are being collected and will be available for analyses in the near future.

Conclusions and Recommendations

In this chapter, we provide as detailed a description as possible of two unique programs that espouse Family Life Education principles in Chile that share some goals but differ in several aspects. The description is embedded within a larger discussion of the social, political, and economic contexts facing families in Chile. Both programs have been found to effect changes in parenting behaviors via a number of parenting enhancing educational and skill building activities, but *Nadie es Perfecto's* philosophical approach in Chile is one that encourages attention to social disparities of health. This is the reason that it is believed the program was adopted

by the Chilean government for national implementation.

Both programs provide evidence of being effective in helping parents improve their parenting skills and improve outcomes with their children. The evidence available documenting Triple P's effectiveness is considerably more extensive than what is available for *Nadie es Perfecto* (Sanders et al., 2014). The research documenting the effectiveness of Triple P is based on a larger number of studies with scientifically more rigorous research designs. However, to our knowledge, no such research has been conducted to assess Triple P's effectiveness with Chilean families. On the other hand, the Chilean government sponsored a large study of the effectiveness of *Nadie es Perfecto* that points toward its effectiveness with Chilean families (Vergara, 2016), but the full results are not yet available for public review.

Both programs experience a number of challenges that include the perennial ebb and flow of financial support, the recruitment and retention of qualified professionals, and the complex needs of socially and economically marginalized populations. Theoretically, the *Nadie es Perfecto* program seems to be better positioned to promote positive changes among parents living in marginalized conditions; however, more research is needed to determine if indeed the program is as effective as it is claimed to be. On the other hand, there is considerable evidence that Triple P's programs are effective in changing children and parental behaviors; however, their effectiveness with marginalized populations with complex needs remains to be documented in Chile and potentially other developing countries.

The Future of FLE in Chile Over the Next 20–30 Years

There is a clear trend in Chile to value and increase investment in child and family educational programs. However, the content and future of these programs will depend on the ideological positions of future governments. As of this

writing, the country is preparing for elections to take place. Chile's current electoral phenomenon is such that the two primary candidates reinforce the idea of increasing funding for the program "Chile Crece Contigo," described earlier. However, one of the candidates speaks about traditional family values, while the other explicitly calls to include "all" kinds of families. That is, while both candidates see the value of continuing to support FLE programs, the extent to which these are inclusive of, or seek to tailor their services to, diverse populations will depend on who is elected. In addition, independent of governmental ideology, the future of FLE programs will also depend on the extent to which workforce development plans emphasize increasing the number of professionals trained in FLE. In Chile, the education of helping professions outside medicine, psychiatry, and psychology tends to focus on understanding and addressing social and economic inequalities and social determinants of health. That is, students' education favors learning strategies to influence structural and political systems (e.g., changing laws, modifying policies) through social and political advocacy, activism, and community organizing. With these characteristics in mind and the importance of FLE programs, we surmise that there will be a slow to moderate growth in FLE programs in Chile in years to come.

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