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THE REALITY OF RURALITY: PARENT EXPERIENCES WITH BEST START IN TWO
RURAL COMMUNITIES

by

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Master of Arts
Early Childhood Studies
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ABSTRACT

Human services literature from a variety of disciplines demonstrates that rural and urban communities pose different challenges and opportunities for service delivery; however, little research specifically explores early learning and care service delivery in rural communities. This qualitative study draws on a critical ecological systems perspective to examine the experiences of rural parents accessing services through a specific service delivery strategy, Best Start networks. Thematic analysis was used to analyze data gathered from two rural communities as part of a larger study examining parent experiences with Best Start in three communities across Ontario (Underwood, Killoran, & Webster, 2010). Three themes emerged that related specifically to the rural experience: (a) Opportunities for Social Interaction; (b) Accessibility of Services; and, (c) Impact of Personal Relationships. Results indicate that certain factors related to rural life and location affected parents' experiences with Best Start services. Drawing on the broadly defined concept of accessibility, implications for rural service delivery are discussed and recommendations for practice and future research are presented.

Key Words:

'accessibility', 'Best Start', 'critical ecological systems perspective', 'early learning and care services', 'rural', 'service delivery', 'parent'

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Dedication

To my parents, who packed up and moved from downtown Toronto to small town Chapleau while expecting their first child and began the many adventures of raising children in rural Ontario.

To families everywhere who balance the ups and downs of life in small towns, on farms and at the end of dirt roads. In particular, for the families whose stories and experiences form the foundation of this research. I hope your voices resonate in every word I have written.

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1. Introduction

Rural and urban parents alike cite small towns as ideal places to raise children because of perceptions of safety, community values and connection to nature (Bonner, 1997; Struthers & Bokemeier, 2000). Yet, this singular image of rural life as “happy, healthy and problem-free” (Cloke & Milbourne, 1992, p. 359) can mask the various differences between rural communities and overlook the unique challenges of living in small towns and remote areas (Struthers & Bokemeier, 2000). Certain issues, such as poverty and homelessness, look different in rural communities and are often hidden from view, or overlooked, by programs and services designed for urban populations (Cloke, Milbourne, & Widdowfield, 2000; Commins, 2004; Fairbairn & Gustafson, 2008; Whitzman, 2006). Canadian and international research has also shown that rural residents tend to be less healthy than urban residents (DesMeules et al., 2006; Dixon & Welch, 2000). Coupled with the above factors are consistent demographic trends showing population decline in rural areas (Slack, Bourne, & Gertler, 2003) leading to service reductions and increased regionalization of services over larger geographic territories (Halseth & Ryser, 2006).

Rural communities face difficulties in ensuring residents have access to needed supports and services. Families often cite access to reliable and appropriate childcare as an issue for parents working outside the home (Berry, Katras, Sano, Lee, & Bauer, 2008; De Marco, Crouter, Vernon-Feagans, & The Family Life Project Key Investigators, 2009; Halliday & Little, 2001) and research in education, health and social services has shown that recruiting and retaining qualified staff is difficult in rural areas (Baumann, Hunsberger, Blythe, & Crea, 2008; Martinez-Brawley, 2000). Various initiatives have been proposed at different times to address some of these issues; however, as Romanow (2002) noted in his review of healthcare in Canada, “many

health care administrators, planners and providers rely on urban-focused approaches instead of developing alternative models to suit the unique circumstances of [rural] communities” (p. 164). Due to their small populations and small institutions, rural areas often do not have the capacity to respond to initiatives in the same manner as larger urban centres (Baumann et al., 2008). These communities are then left attempting to make policies designed for larger centres work within their communities.

In opposition to this trend of one-size-fits-all policies, rural communities also experience small scale, single-purpose initiatives designed to address one specific issue. These may provide immediate relief from a lack of services, but do little to meet the long-term needs of communities or to address underlying reasons for lack of access (Taylor, Cloney, Farrell, & Muscat, 2008). Research has suggested that strategies designed to allow communities flexibility in adapting policies and procedures to meet local needs will work best for rural areas (Baumann et al., 2008; Taylor et al, 2008). This approach can be referred to as “community driven” because the strengths and needs of local communities drive the planning, selection and implementation of service delivery strategies. Each community can tailor service delivery to local circumstances. As such, the same program might look very different in rural and urban communities. Best Start is an example of a community-driven strategy for early learning and care services in Ontario that looks different across the province.

Launched in 2004, Best Start networks were created in municipalities across the province with the ultimate goal of creating an integrated and seamless system of early learning and care services for children and families from birth through to Grade One (Ontario Ministry of Children and Youth Services (MCYS), 2005). Each Best Start network was responsible for developing integration and implementation plans that would be responsive to the specific needs of its local

community. As such, Best Start will look different in communities with distinct characteristics and needs. Given their community driven nature, the service delivery models of Best Start networks have the potential to meet the needs of various communities, urban and rural, through local adaptation and flexible implementation.

Best Start is a strategy for integrated service delivery that seeks partnerships with many different stakeholders in the field of early learning and care. This research explores the experiences of one such group of stakeholders, rural parents. A large body of research explores parents' involvement with and experiences of early years and family services, but little of this research specifically addresses rural parents as a unique population. Rural parents are often included out of convenience, or in an attempt to achieve a more representative sample, neither of which are bad practices (Crossnoe, Erickson, & Dornbusch, 2002; Hoover-Dempsey et al., 2001; Law et al, 2003). However, any unique strengths, weaknesses or concerns of rural parents can be lost when grouping all parents together in representative samples. The same could be said for urban populations; but a significant body of research specifically addressing urban parents exists. As rural communities differ from urban communities in many ways, it is important to consider service delivery from the perspectives of rural parents as their experiences may differ in significant ways from their urban peers.

Research Purpose

This research seeks to understand Best Start from the perspectives of rural parents. Its purpose is not to compare urban and rural parents' experiences of Best Start. The data for this project is part of a larger study exploring the experiences of parents in three different communities in Ontario – one urban, one southern rural, and one northern rural (Underwood, Killoran & Webster, 2010). This specific project analyzes data from the two rural communities,

the region of Timiskaming in northern Ontario and the rural communities of Chatham-Kent and Lambton in southern Ontario. The research questions that guided the process of analysis were:

1. What are the experiences of rural parents accessing services through Best Start networks in two rural communities?
2. What factors related to service delivery and rural location affected parents' experiences of and satisfaction with these services?

Philosophical Framework

This research is grounded in a philosophical framework that takes a critical approach to Bronfenbrenner's (1992) ecological systems theory and combines assumptions about the importance of place with an analysis of the ways in which place shapes meaning and experience for rural parents. This framework, referred to as a critical ecological systems perspective, provides an "overall orienting lens" (Creswell, 2009, p. 62) for this work, shaping the research process from topic selection, through analysis of the literature and data, to final interpretations and recommendations.

Ecological systems theory is "concerned with the processes and conditions that govern the lifelong course of human development in the actual environments in which human beings live" (Bronfenbrenner, 1994, p. 1634). The key assumption of this approach is that people must be understood in relation to their environmental context. Context varies from immediate face-to-face systems (school, family, neighbourhood), to broader societal and cultural systems (community, policy, religion) (Bronfenbrenner, 1992). Boundaries between systems are permeable and interactions are multi-directional (Bubolz & Sontag, 1993), such that characteristics of one environment influence other environments and the individual at the centre is not a passive recipient of environmental forces (Darling, 2007). In ecological systems theory,

place matters. This attention to the importance of context and place was instrumental in guiding this research; however, the addition of an explicitly critical approach was also necessary to compensate for certain weaknesses of ecological systems theory.

Ecological systems theory has been criticized for being overly descriptive and neglecting the ways in which certain environments and contexts produce or restrict opportunities for individuals in discriminatory ways (Rothery, 2008). A critical ecological systems perspective considers not only the environments that people inhabit, but also the ways in which those environments may be disempowering (Keating, 2008). This perspective retains the importance of place that is central in classical ecological systems theory, but requires a greater focus on inequities and marginalizing processes. The inclusion of a critical perspective requires the researcher to continually question their actions and interpretations. They must ask: “how what is has come to be, whose interests are served by particular institutional arrangements, and where our own frames of reference come from” (Kincheloe & McLaren, 2002, p. 124).

Key Terms

The following terms are integral to this project. Each holds multiple meanings; therefore, it is important to fully define their use in this research.

Rural.

In Canada, there are multiple official definitions of rural, each resulting in quantifiably different ways of segmenting the landscape and population (Douglas, 2010; du Plessis, Beshiri, Bollman, & Clemenson, 2001). The two communities in which data were gathered represent two different rural realities in Ontario, one northern and one southern. A strict operational definition of rural was not needed for this research, as the communities were specifically identified as rural and northern demonstration sites for Best Start (MCYS, 2005). However, additional clarification

was needed to frame the analysis. For this purpose, the Metropolitan Influenced Zone classification system developed by Statistics Canada (2003) was used because it allows not only differentiation between urban and rural areas, but also between rural areas themselves. Metropolitan Influenced Zones, or MIZ, are census subdivisions that have populations of less than 10 000 individuals. These census subdivisions are assigned a category based on the percentage of individuals who commute to work in the nearest urban area. Rural areas with a large percentage (>30%) of residents commuting to nearby cities will be assigned a strong MIZ. Rural areas that have very few residents commuting to nearby cities (<5%) will be assigned a weak MIZ. If fewer than 40 residents commute out of the rural area for work, the census subdivision will be assigned zero MIZ. All census subdivisions assigned an MIZ category are considered rural and the various categories allow for differentiation between rural areas based on proximity to and influence of nearby urban centres.

Demonstration community.

The term 'demonstration community' refers to the three communities selected by the Ontario Ministry of Children and Youth Services to implement fully the Best Start vision by 2007/2008: Hamilton East, rural Lambton/Chatham-Kent, and Timiskaming (MCYS, 2005). These communities received funding from the provincial government to fully implement all aspects of Best Start and act as both evaluation sites and models for how the full continuum of Best Start services could be integrated and implemented.

Early learning and care services.

Early learning and care services, more commonly referred to internationally as early childhood education and care (OECD, 2001a), refers to the full range of programs and services available for children and families from birth to Grade One. Within the Best Start vision, this

encompasses a diverse array of services, from prenatal screening and classes, to early intervention services, to regulated child care and preschool programs (MCYS, 2005). For the full range of services included in the Best Start vision, see Appendix A.

Context of the Research

To understand fully the experiences of the rural participants and to contextualize the following literature review, it is important to understand the environments these participants inhabit. The following section provides a brief snapshot of the demographic and geographic context of rural Ontario and the provincial and local policy contexts of Best Start.

Rural Ontario.

Canada has experienced a steady trend of urbanization over the last century, with the urban population surpassing the rural population in the 1920s, and most recently, the rural population falling to below 20% of the total population (Statistics Canada, 2009a). Ontario and British Columbia have the lowest percentage of rural residents with less than 15% of their populations living outside of cities (Statistics Canada, 2009a). Most rural areas of Ontario have declining populations and almost 100% of the population growth in the province during the 2006 Census period occurred in cities (Slack et al., 2003). However, even with only 15% of the population categorized as rural, Ontario still has more than 1.8 million rural residents (Statistics Canada, 2009b).

The geography of rural Ontario is diverse, resulting in many varied rural communities, often with little in common besides their population counts. As one government website states: “Ontario is a study in contrasts” (Service Ontario, 2010a, para. 1). The rural agricultural farmland of the Great Lakes Basin in southwestern Ontario is sparsely populated in areas, but heavily influenced by its close proximity to multiple border crossings and metropolitan centres.

Spatial analysis undertaken by the Ontario Ministry of Natural Resources shows that 82.4% of the land in southwestern Ontario is within 0.5 kilometers of a road and 99.1% of the land is within 1 kilometer of a road (Graham, 2011). This geography stands in stark contrast to the largely undeveloped wilderness and widely dispersed population of northern Ontario (Ontario Ministry of Northern Development and Mining (MNDM), 2007). Containing almost 90% of Ontario's landmass, but only 6% of its population, northern Ontario has a population density of one person per square kilometer, compared to 115 people per square kilometer in southern Ontario (MNDM, 2010). The families in this study come from two distinct rural communities, one in the southern part of the province and one in the northern part. A detailed description of both communities will further highlight the differences between rural communities within Ontario.

Timiskaming.

The district of Timiskaming, near the Quebec border in northeastern Ontario, consists of small communities geographically dispersed over a large area, including the town of Kirkland Lake in the north and the city of Temiskaming Shores in the south. This region has large Francophone and Aboriginal populations. These communities are characterized as being low to moderate metropolitan influenced zones (MIZ), with few people commuting out of the district for work (Natural Resources Canada, 2004; Temiskaming Shores, 2010). Temiskaming Shores is categorized as a city (with a population just over 10 000), and this may explain the designation of moderate MIZ in some areas, rather than zero or low MIZ across the region. Outside of Temiskaming Shores, the nearest urban centres in Ontario are North Bay, Timmins and Sudbury, all located at a distance of more than 150 kilometers.

Like most of northern Ontario, the main industries for this region are resource based, including agriculture, mining, mineral aggregate extraction and forestry (ServiceOntario, 2010b; Temiskaming Shores, 2010). Across the district of Timiskaming, 12.8% of the labour force is employed in primary resource industries, more than four times the provincial average (Temiskaming Shores, 2010). Most of the arable land is used for agricultural purposes, involving a mix of livestock (beef, dairy, sheep) and cash crop enterprises (Temiskaming Shores, 2010). There have also been recent investments in forestry and mining that continue to create jobs (MNDM, 2011b). Continued growth in these industries is expected, with significant input and investments from all levels of government to ensure sustainable development over time (MNDM, 2011a).

Rural Chatham-Kent and Lambton.

In contrast to the somewhat remote district of Timiskaming, the rural areas of Lambton and Chatham-Kent are designated as moderate to strong metropolitan influenced zones (Natural Resources Canada, 2004). Located in the heart of southwestern Ontario, they are heavily influenced by their close proximity to the cities of Windsor, Sarnia and London. This area is one of the oldest European settlements in Ontario and was a key stop on the Underground Railway, providing refuge for escaping slaves from the United States. Harriet Beecher Stowe's famous novel *Uncle Tom's Cabin* was based on the autobiography of an escaped slave who settled in Dresden, near Chatham.

Agriculture plays an important role in the rural areas of Chatham-Kent and Lambton, but manufacturing is the key industry for this area (Chatham-Kent Best Start, 2009; Lambton Best Start, 2008). The manufacturing sector in southern Ontario has experienced significant challenges recently, resulting in widespread job losses that are reflected in the higher than

average unemployment rates for these communities (9.9% compared to a national average of 6.6%) (Chatham-Kent Best Start, 2009).

The district of Timiskaming and the rural areas of Chatham-Kent and Lambton share certain rural characteristics; however, they are very different regions within Ontario and have their own unique sets of opportunities and challenges in integrating early learning and care services and implementing their Best Start plans.

Best Start.

Since its launch, Best Start has been referred to as a plan, strategy, network and vision. Each of these words has its own unique definition and the use all of these labels to refer to a single entity creates confusion around the definition of Best Start. Yet despite differences in language, its goals have remained as follows:

Children in Ontario will be ready and eager to achieve success in school by the time they start Grade 1.

To make Ontario an international leader in achieving the social, intellectual, economic, physical and emotional potential of all its children. (MCYS, 2005, p. 9)

Best Start is a community driven strategy, meaning that each community designs and implements its own integration and implementation plans that are relevant and responsive to local needs. Provincial direction comes from the Ontario Ministry of Children and Youth Services (MCYS), which has as its vision “an Ontario where all children and youth have the best opportunity to succeed and reach their potential” (MCYS, 2008, p. 2). Created in 2003, this Ministry is dedicated to not only better outcomes for Ontario’s children and youth, but also a better service experience that is seamless and easy to navigate (MCYS, 2008). In partnership with other ministries who also provide and fund programs for children and families (e.g., Education, Health and Long Term Care and Community and Social Services), MCYS launched Best Start in 2004

and led its implementation across the province (MCYS, 2005). After both provincial and regional consultations, MCYS designed and released the Implementation Planning Guidelines for Best Start Networks to provide an overview of the Best Start strategy and guide communities in establishing their own networks (MCYS, 2005). Unless otherwise noted, all information pertaining to Best Start at a provincial level comes from this document.

Best Start is a “comprehensive, evidence-based early learning and care strategy designed to help give Ontario’s children the best possible start in life and help them achieve success in school” (MCYS, 2005, p.4). It differs from other initiatives in several notable ways, largely through its focus on the integration and strengthening of existing programs and services and its requirement for collaboration at all levels of government and service delivery. Best Start was designed for a phased in implementation over a ten-year period. All communities began to implement certain components of the Best Start strategy when it was launched, but only the three demonstration communities received funding for accelerated implementation of the entire vision.

The implementation of Best Start is centered on several key strategies outlined by MCYS. Each community is responsible for developing its own Best Start network with diverse composition that reflects local characteristics and needs. These networks could include representatives from early intervention and health services, child care services, early learning and preschool programs, school boards and community services. Additionally, parents are key members of these networks. Across the province, 47 Best Start networks were established (one per municipal planning zone), led by Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs). To meet the needs of the French-language population in Ontario, four additional Regional French Language Best Start networks

were established by MCYS with the expectation that local Best Start networks would work closely with these Regional networks to meet the needs of French families in their area.

Once established, these networks assumed responsibility for ensuring the implementation of the remaining components of Best Start, such as the establishment of neighbourhood early learning and care hubs. According to the provincial guidelines, these hubs are sites where parents and families can access core early learning and care services and link to more specialized services offered elsewhere; however, not all communities implemented these hubs as set out in the guidelines. In the first phase of implementation, Best Start networks were required to identify what model would work for their community and where hubs might be well placed. Only one of the demonstration sites claims to have a true hub model.

The final key strategy for communities was the establishment of an integrated early learning program combining preschool and kindergarten with quality child care in non-school hours and the development of a universal half-day preschool program for 2.5 to 4 year olds. Included in this strategy was a substantial increase in licensed child care spaces, both home and centre-based, targeted at wrap-around care for children in kindergarten. The ultimate goal is a seamless day for 4 and 5 year olds and a gradual expansion of licensed child care spots for children under the age of 4, with an additional long term goal of having “a single integrated early learning and care program that is developmentally appropriate for children ages 2.5-5 years” (MCYS, 2005, p. 14). The three demonstration communities each developed a preschool early learning program. This program, referred to as the Early Learning Program in both Timiskaming and Chatham-Kent and Lambton, is a half-day preschool program for children aged 2.5 to 4 that is run by qualified early childhood educators at numerous sites in both communities. It is offered at no-cost to parents.

The key strategies undertaken by MCYS and other ministries act to support communities in their implementation of the Best Start vision. Two tools were made available for communities to use in evaluation and planning, the Early Development Instrument and the Community Services Inventory, and enhanced funding was provided for key early identification and intervention programs, with a focus on healthy development for all children. An Expert Panel on the 18 Month Well Baby Visit was created and reported back in 2005 with recommendations supporting the implementation of this universal screening tool. Additionally, MCYS undertook a review of policies and procedures with the aim of removing any barriers to integration.

Timiskaming Best Start.

Timiskaming was selected as a demonstration community because of its rural, northern location and significant Francophone and Aboriginal populations. Rather than a system of physical hubs, the network in this region implemented a virtual hub model. In this philosophy of people linking people, any community site, from the grocery store to the park, can be an access point for information and services. Community Liaison Workers (CLWs) were hired to assess the gaps and needs of the district and continually connect families to the services they need. The CLWs are hosted in existing organizations and represent the diversity of Anglophone, Francophone and Aboriginal populations in the area. They act as a link between the community and the Best Start network. By developing relationships with families and service providers, the hope is that CLWs will help break down barriers and disseminate information so that all families can access the services they need. As an additional component of the virtual hub model, a website was created to house information on the array of programs and services available through the Best Start network (Timiskaming Best Start, 2008).

According to their website, the core services of Timiskaming Best Start are enhanced 18 Month Well Baby Visits, post partum mood disorder services, preschool speech and language services, special needs resourcing for staff in licensed child care centres and the Early Learning Program (Timiskaming Best Start, 2008). Additionally, parents in this research made use of child care, drop-in programs and parent workshops. The Early Learning Program runs for a half-day, five days a week, for the duration of the school year at various sites throughout the region. It is available to all 2.5 to 4 year old children at no cost to families. To meet the needs of its rural and remotely located communities, Timiskaming Best Start implemented transportation services for certain Early Learning Programs to facilitate access for all families. They are also the only network in Ontario to pilot a rural home based Early Learning Program (Timiskaming Best Start, 2008).

Chatham-Kent and Lambton Best Start.

Chatham-Kent and Lambton are two different municipalities in southwestern Ontario that constitute one Best Start demonstration community. This demonstration community only includes the rural areas of these counties, and not the two major cities of Sarnia and Chatham. An integrated steering committee with membership from both counties was established to set the vision and strategic direction for Best Start, but specific decision-making was left to separate implementation groups in each county. The core services of Best Start in rural Chatham-Kent and Lambton include licensed child care, developmental screenings and early identification services, early learning programs, recreation and library programs, Junior and Senior Kindergarten and parent/caregiver workshops (County of Lambton, 2011; Municipality of Chatham-Kent, 2009). These services are typically delivered from physical hubs located throughout the region.

Chatham-Kent and Lambton implemented a hub model for service delivery, with Best Start Hubs most often located in or near elementary schools. Some of these hubs are full service and offer the entire complement of Best Start services from one location. Other hubs are secondary, or satellite sites. In addition to locating regular programs and services within hubs, assessments by and referrals to specialized services located in nearby cities (such as speech pathology, physiotherapy or children's mental health) are run as drop in programs (Municipality of Chatham-Kent, 2009). Parents can then access these services within their local community.

Where is Best Start today?

Important changes occurred in the years following the launch of Best Start, and these changes have had a significant impact on what the vision looks like today. The planned funding base for Best Start was comprised of federal funds coming to the province from a five-year bi-lateral funding agreement on Early Learning and Child Care signed in 2005 (ELCC) (MCYS, 2006). This funding was terminated soon after the agreement was signed and ended in 2006/2007. The province allocated funding to cover the lost federal dollars over the remaining life of the original agreement, but this funding ended in 2010 (MCYS, 2006). Responsibility for child care began its transition to the Ministry of Education in April 2010 and Dr. Charles Pascal was named special advisor to the Minister for Children and Youth Services (Ontario Ministry of Education, 2010). MCYS announced its intent to "embark on the process of creating an integrated system of services that support children's earliest development" and engage in further consultations with communities and experts (Brotten, 2010, para. 42); however, at present, little is known about the future of Best Start.

Literature Review

Human service delivery in rural communities.

Rural areas and small communities present different challenges for service delivery due to geographic and demographic characteristics than do densely populated urban areas (Rice & Smith, 2001). Discrete delivery of specialized services is not often economically viable because of population size (Archie, Hobbs, & Menezes, 2008; Wakerman et al., 2008). Rural communities have smaller populations spread over larger areas and it can be difficult to gather a large enough client population to justify locating a service within a community (Wakerman et al., 2008). Consolidation of services over larger geographic areas can ensure a needed population base, but this regionalization carries its own additional costs and can lead to overall service reduction within communities (Halseth & Ryser, 2006). When services are located at a distance, clients and/or professionals are required to travel. There are economic ramifications associated with long distances and travel times (Asthana & Halliday, 2004; Martinez-Brawley, 2000; Roufeil & Battye, 2008). Accessibility is sacrificed in this process and many of the costs are born by clients with “consequent equity issues, particularly for ‘transport-poor’ groups such as elderly people, young people and many women” (Asthana & Halliday, 2004, p. 458). Service providers also incur both higher resource and transport costs as well as large amounts of unproductive time for staff who need to travel long distances to reach clients (Asthana & Halliday, 2004).

Accessibility is a common theme that permeates much of the literature on human services in rural communities. Proximity based definitions dominate accessibility statistics, but Sutherns and Bourgeault (2008) challenge this practice, claiming that “recent operational definitions of access to rural health care are inadequate because they too narrowly focus on the proximity of available services” (p. 863). Through an analysis of semi-structured interviews with mothers in

Ontario and Alberta, they demonstrate that a combination of availability and appropriateness of resources determines effective access to maternity care in rural Canada. Sutherns and Bourgeault (2008) argue that while it is important to have services close to people, if these services are not appropriately designed for the needs of the local community, they will not be accessible. Halliday and Little (2001) echo this finding in their study of rural child care in England. They found that, when examining the child care decisions of rural parents, it was important to consider more than the physical availability of care, but also to consider other factors such as rural gender relations and cultural constructions of what it meant to be rural. Distance is often a barrier to access, but it is not the sole barrier for rural families. Young (1999) proposes a socio-spatial framework when examining the role of place in accessing health care and creating locally-sensitive services. This framework takes into account both social barriers to access as well as distance from and availability of services. Social distance and social constraints are as important as physical distance to services.

Additional characteristics of rural communities also have an influence on service delivery, though these factors are less measurable than economic challenges or physical distance. Rural areas are often acknowledged for their 'community-ness' and close-knit relationships (Martinez-Brawley, 2000; Turcotte, 2005). Residents are believed to have high levels of social capital, defined by the Organization for Economic Cooperation and Development (2001b) as: "networks, together with shared norms, values and understanding, which facilitate co-operation within or among groups" (p. 41). Portes (1998) explains, "whereas economic capital is in people's bank accounts and human capital is inside their heads, social capital inheres in the structure of their relationships" (p. 7). To facilitate practical use of the concept of social capital, the OECD (2001b) further defined three different types: bonding, bridging and linking. Bonding

social capital involves the relationships that tie relatively homogenous groups together, whereas bridging and linking social capital involve ties between different groups (bridging) and to external resources and sources of power (linking). In rural communities, strong local linkages and bonding social capital are stressed over relationships with the outside world (Martinez-Brawley, 2000). High levels of bonding social capital and a feeling of 'community-ness' are frequently billed as one of the greatest assets of rural areas (Falk & Kilpatrick, 2000). It is important to note, however, that high levels of social capital do not necessarily lead to positive outcomes. In their report on social capital in four rural communities in the United Kingdom, Moseley and Pahl (2007) note:

strong bonding social capital but with weak bridging social capital can be used to foster sectional, rather than broader, public interests. Community conflict, social exclusion, a resistance to innovation, social deprivation and political extremism, for example, can flow from the existence of clubs with exclusive membership, criminal gangs, cliques, closed shops, cartels and cronyism – all of them expressions of social capital being deployed in the pursuit of sectional interests. (p. 8)

The close relationships seen as stereotypically positive characteristics of rural communities can lead to great insularity within the community and exclusion of outsiders, particularly newcomers.

Martinez-Brawley (2000), writing of small communities in the United States, describes social interaction in these communities as driven by the tension between insiders and outsiders that frequently exists as an undercurrent to everyday interactions: "Neighbourly pleasantry does not always mean a welcome; in many places, people are 'newcomers' for a long time" (p. 134). Being a newcomer not only affects social interactions, but also individuals' well-being and access to services. Leipert and George (2008) found that the social environment played an important role in rural women's health. In particular, their findings demonstrate the negative implications of tension between insiders and outsiders on physical and mental health for women,

mainly related to isolation and help-seeking. They specifically noted that women seeking help to leave abusive relationships risked losing social support, a finding supported by earlier research demonstrating that the social cohesion of small communities amplified abused women's feelings of shame and led to ostracization and stigmatization (Geauvreau, 1996; Hornosty & Doherty, 2003; Websdale, 1995). These findings also map onto broader findings that show a reluctance on the part of rural residents to seek help for certain issues, particularly mental health, because of a fear of stigmatization if discovered in the community (Aisbett, Boyd, Francis, Newnham, & Newnham, 2007; Gulliver, Griffiths, & Christensen, 2010; Wrigley, Jackson, Judd & Komiti, 2005). Fear of discovery and stigmatization are not necessarily uniquely rural phenomena; however, small population size and limited choice of service providers may intensify this fear in rural areas.

Strong social cohesion and lack of anonymity can also pose problems for service providers. Rural communities often face difficulties in recruiting and retaining qualified staff (Lehmann, Dieleman, & Martineau, 2008; Wakerman et al., 2008). These difficulties may be explained by pressure for professionals to be "all things to all people" (CWA/FaCSIA, 2006, p.11) and to be always on-call in small communities (Baird, 2008; Elliot, Bromley, Chur-Hansen, & Laurence, 2009). Rural professionals are likely to be members of the community they serve and must balance multiple roles and overlapping relationships (Allan, Ball, & Alston, 2008; Nelson, Pomerantz, Howard, & Bushy, 2007). In interviews with public health nurses (PHNs) and families in northern British Columbia, Moules, Macleod, Thirsk and Hanlon (2010) found that negotiating these relationships was especially complex when working with vulnerable and marginalized populations, such as families deemed to be high-risk:

the multiple relationships lead to more negotiation and fluidity than is depicted in the research literature...Although this movement sets up possibilities for doors to

be opened and questions to be asked, it also makes it necessary for rural and northern PHNs to be exquisitely attuned to having and using power, keeping confidences, and setting and crossing boundaries. (p. 332)

These multiple overlapping relationships can make it difficult to navigate the personal-professional boundary, but are often necessary for optimal service delivery. Distant, detached professionals, while more able to maintain confidences and strict boundaries, run the risk of being labeled as outsiders who are unaware of local knowledge and customs (Pugh, 2007). Nelson and colleagues (2007) write, “because multiple relationships are expected in rural communities, disengagement of the provider from multilevel relations may lead to a sense of rejection, a lack of trust and produce a less than productive clinical environment” (p. 137). Rural professionals must carefully navigate the multiple roles and relationships they find themselves in and be attentive to ethical issues, like confidentiality, that may complicate service delivery in rural communities in unique ways (Nelson et al., 2007).

The above issues of accessibility, social exclusion, and multiple roles of professionals are documented mostly in literature related to health, education and other social services; however, they are important in early learning and care service delivery as well. This research focuses on the provision of services for children aged zero to six and while many of these services overlap with other human services (e.g., health and education), it is important to look specifically at service delivery for families with young children living in rural areas.

Rural early learning and care services.

There are regional variations in the type of child care used by families. In both Canada and the United States, rural families are more likely to use home-based and informal care options because they are the only options available in the community (Bushnik, 2006; Gordon & Chase-Lansdale, 2001; Smith, 2006; Wright, 2011). Parents often commute long distances to work

which restricts child care options even further and requires parents to find care with non-standard hours or to coordinate a mix of formal and informal care networks to meet their families' needs (De Marco et al., 2009; Fletcher, Garashky, Jensen, & Nielsen, 2010). Albanese (2006) found that opening and closing hours were an important factor for mothers in a small Quebec town who were juggling both shift work and/or commuting and selecting a child care centre. These mothers often needed to organize complex networks of both formal and informal care to meet their family's needs, but they considered the availability of affordable child care a key component of their ability to work outside the home (Albanese, 2007).

The importance of available and affordable childcare to facilitate rural mothers' employment was also found in analysis done as part of the Rural Families Speak Project in the United States. Mothers cited the availability of appropriate childcare as an important factor in retaining stable employment (Berry et al., 2008; Katras, Zuiker, & Bauer, 2004; Powell & Bauer, 2010). Additional American research cites access to childcare as particularly important for mothers transitioning off of welfare support (Lichter & Jayakody, 2002; Monroe & Tiller, 2001). In their longitudinal analysis of interviews with low-income single mothers, Son and Bauer (2010) found: "The most common concern of employed, low-income, single mothers living in rural areas was finding accessible, affordable, and quality child care in their communities" (p. 112).

Using data from the Early Childhood Longitudinal Survey – Kindergarten Cohort, researchers at the National Center for Rural Early Childhood Learning Initiatives (2005) found that kindergarten children in rural areas of the United States were less likely than urban children to have access to early learning programs. Further research demonstrates that rural children are more likely to enter school with no participation in formal early learning and care programs

(Temple, 2009). Children from low income families in rural areas were even less likely to have attended formal programs before school (Temple, 2009). Scottish research by Shucksmith, Shucksmith and Watt (2006) found similar results. In a statistical mapping exercise, the authors found a significant gap between the number of eligible preschool aged children and the available preschool places that grew systematically larger with increasing remoteness. Interviews completed with parents led the researchers to conclude that “access to this basic educational service is frustrated or diluted by distance, transport costs, the high costs of providing for small, dispersed populations, and concerns about quality of provision” (Shucksmith, Shucksmith & Watt, 2006, p. 689). Researchers in New York State also found that in addition to many barriers to access that were not specific to a rural population (e.g., poverty, challenges of a two earner family), transportation emerged as the key barrier for rural parents, service providers and administrators, particularly related to organization of a half-day preschool program (Sipple, McCabe, Ross-Bernstein, & Casto, 2008)

Research has also found accessibility difficulties for early intervention and specialized health care services for young children in rural communities. Rural children are less likely than urban children to have access to mental health services (National Center for Rural Early Childhood Learning Initiatives, 2005). Hallam, Rous, Grove and LoBianco (2009) used census data and data derived from the Kentucky State Billing System to examine the effects of poverty and location on access to early intervention services within the state. While no independent effect for either factor was found, the interaction between poverty and location was significant. Urban families living in poverty had greater access to services and rural families living in poverty had less access to services. Australian research has also demonstrated that rural families have less access to pediatric speech pathology services within their communities (O’Callaghan,

McAllister & Wilson, 2005; Wilson, Lincoln, & Onslow, 2002). In an attempt to examine the underlying cause of differences in access for rural and urban families, Skinner and Slifkin (2007) used quantitative analysis of the National Survey of Children with Special Health Care Needs (USA) to compare rural and urban families. All families reported similar rates of unmet care for their children, but for different reasons. Rural families were more likely to have unmet needs because of transportation difficulties or needing care that was unavailable in the area; whereas, urban families were more likely to report unmet needs because of within provider barriers (such as waitlists).

Integrated service delivery in rural communities.

There is a significant body of evidence discussing accessibility barriers and lack of service in small communities and rural areas. As Humphreys, et al. (2008) summarize in relation to primary health care:

The problem of how to provide accessible, sustainable, appropriate health care services is most acute in small rural and remote communities, where the increased costs and difficulties of workforce recruitment and retention are compounded by the lack of economies of scale associated with servicing small populations dispersed over vast distances. (p. S77)

However, there is evidence examining innovative and successful service delivery models for human services in rural communities. Wakerman et al. (2008) identified five broad models of service delivery associated with different geographic and population characteristics. Moving from models successful in larger rural communities with higher population densities to those more aligned with remote and isolated locations, the five categories are: (1) discrete services, (2) integrated services, (3) comprehensive services, (4) outreach services, and (5) virtual outreach services. As population size/density decreases and remoteness increases, the need for integration across disciplines and between providers, and comprehensive (instead of specialized) services

becomes more apparent. Research has examined integration efforts and integrated models of service delivery in rural communities for a variety of services, including primary health care (Rygh & Hjortdahl, 2007; Wakerman et al., 2008), mental health (Maar et al., 2009) and early learning and care services (Ball, 2005; Rutherford, Malinsky, & Turner, 2007; Taylor et al., 2008).

Taylor et al. (2008) employed a mixed methods approach using surveys, focus groups and interviews to explore user response, service integration and sense of community and social capital in six rural and regional child and family hubs in Queensland, Australia. Most hubs showed a general upward trend in knowledge of and participation in the hubs' activities and services over time with parents across most hubs reporting positive outcomes for themselves and their children. Canadian research examining early learning and care hubs in two different areas of British Columbia (Ball, 2005; Rutherford et al., 2007) also found similar themes of positive outcomes for parents and children associated with integrated early learning and care hubs. These studies additionally found links between the hubs and community development. As Ball (2005) writes:

The cases documented in this paper illustrate how, when a community begins a development process with the well-being of its children as the starting point, the focus on children can work as a hook to attract and secure community commitment and action and the ECCD [early childhood care and development] program can become a hub of community-serving programs and activities. (p. 48)

The current research project aims to add to this growing body of evidence examining integrated services for young children in rural areas, but rather than an overall examination, this project specifically looks at parents' experiences of integrated service delivery in rural communities.

Parents.

The specific experiences of rural parents are largely absent from research exploring early learning and care services. When looking more broadly at parental involvement research, rural parents are found as participants in some studies (Crossnoe et al., 2002; Hoover-Dempsey et al., 2001). This inclusion is often an effort to achieve a more representative sample or as a matter of convenience, but unlike urban parents for whom there exists a substantial body of literature, there is minimal rural specific literature exploring the strengths, weaknesses or concerns that might be unique to rural parents. Research has specifically explored the distribution and use of child care in rural communities (Albanese, 2006; De Marco et al., 2009; Fletcher et al., 2010; Son & Bauer, 2010). Additionally, research from other disciplines has demonstrated differences in the culture, demographics and service delivery of urban and rural communities (see Martinez-Brawley, 2000 and Pugh, 2007 for examples from social work; Rice & Smith, 2001 and Wakerman et al., 2008 for examples from health care). Little was found that explored parents' experiences with early learning and care services in rural communities or that addressed whether aspects of rural life and location had an influence on these experiences.

McBride, Bae and Blatchford (2003) investigated barriers to establishing family-school-community partnerships in several rural preschool programs in the United States. They found that while reported barriers seemed similar to those in urban programs, geographic isolation and rural poverty magnified their effects. Additional research in rural communities has found that a flexible service delivery model informed by family-centred practices can alleviate some of these geographic barriers in delivering services to rural and remote families (Brown & Remine, 2008; Checker, Remine & Brown, 2009). Family-centred practices encompass a certain set of beliefs and values that work from a strengths based perspective to empower parents and strengthen

family capacity (Dunst, 2002). Checker et al. (2009) propose that by keeping the family's needs and strengths central, organizations will be more likely to develop service delivery models that adapt to the context of the family.

Family-centred practices are also characterized by “parent/professional collaborations and partnerships as the context for family-program relations” (Dunst, Trivette, & Hamby, 2007, p. 370). The available literature examining both the culture of rural life and service delivery in rural communities suggests that these parent-professional partnerships may be of great importance for families in these communities. As previously stated, the social climate of rural areas does not allow for distant, detached professionals (Pugh, 2007). People are likely to live and work in the same community, and effective service delivery often requires that professionals ‘place’ themselves in relation to other individuals in the community:

Workers may be expected to answer questions or provide information themselves that would rarely be sought in an urban setting. This might include information about local links, previous experience, family background and local knowledge. This may then be used to ‘check out’ the worker, to establish what other people think of the worker and, crucially, to decide whether, and to what degree, to engage with the worker. (Pugh, 2007, p. 1406)

Moules et al. (2010) refer to this process as ‘knowing and being known’ and highlight the necessity of developing reciprocal relationships in providing effective services for families in small northern communities. Reciprocal partnerships between parents and professionals may be recommended and encouraged in early learning and care services generally; however, they may be necessary in rural early learning and care services.

Literature in multiple disciplines, exploring many different topics related to human services delivery in rural communities points to a need for research examining parent experiences of early learning and care services in rural communities. There is a body of research suggesting that rural communities differ from urban communities in many ways, but nothing was

found in the literature specifically investigating whether aspects of rural life and location influence parents' experiences of early learning and care services. A variety of studies have demonstrated that factors associated with living in rural areas affect related services, such as social work (Martinez-Brawley, 2000), primary health care (Wakerman et al., 2008) and maternity care (Sutherns & Bourgeault, 2008). This research seeks to understand one specific model for service delivery (Best Start) from the perspective of rural parents, and in doing so to investigate whether parents' experiences of Best Start are affected by their rural context. The research questions guiding this study are:

1. What are the experiences of rural parents accessing services through Best Start networks in two rural communities?
2. What factors related to service delivery and rural location affected parents' experiences of and satisfaction with these services?

2. Methodology

Approach and Rationale

The purpose of this research was to examine the experiences of parents accessing services using Best Start networks in two rural communities in Ontario. The key research questions were addressed through further analysis of focus group data collected for a larger project examining parent perspectives of Best Start (Underwood, Killoran, & Webster, 2010). A qualitative approach, specifically thematic analysis, was chosen for this project. Qualitative research provides a way of exploring how individuals understand and make sense of their environment and experiences (Creswell, 2009). It allows for rich descriptions of data and includes an important focus on context (Braun & Clarke, 2006; Marshall & Rossman, 2011). The theoretical framework informing this study also places an emphasis on context, and ecological environment was important to this research. The original study explored parent perspectives in both urban and rural communities; however, the literature on human services and service delivery in rural communities supports the need for analysis that specifically examines place, particularly rural location. Rural parents as a group are bounded by certain geographic and community contexts that were important to consider in relation to their responses.

Boyatzis (1998) describes thematic analysis as a systematic way of “seeing” something in the data and then “seeing it as something” through a process of coding and interpretation (p.1). This method was chosen as the specific analysis strategy for this research because of its flexibility and capacity to summarize key interpretations of the data and create rich descriptions of the experiences of rural parents (Braun & Clarke, 2006). It allowed for a combination of inductive and a priori coding that grounded the analysis in the participants’ experiences while focusing specifically on responses related to rural life. Thematic analysis can be applied to a

variety of different types of data and across a variety of theoretical traditions and specific sampling approaches (Boyatzis, 1998; Braun & Clarke, 2006). Boyatzis (1998) refers to it as a “process that can be used with most, if not all, qualitative methods” (p. 4).

Have a Voice Project Methodology

The data for this study were collected as part of the *Have a Voice Project* (Underwood et al., 2010), a larger MCYS-funded study that explored the experiences of parents accessing Best Start services in three demonstration communities in Ontario: the urban community of East Hamilton, the southern rural communities of Chatham-Kent and Lambton, and the northern rural communities of the Timiskaming region. The original project employed a consecutive mixed methods approach, using a survey, focus groups and interviews. Focus groups were chosen as the main method of data collection because “this method allows better understanding of the system of services, through group interaction where parents may have collectively accessed a wider range of services” (Underwood et al., 2010, p. 9). Interviews were conducted when only one participant was available for a focus group. The current analysis uses qualitative data collected from both focus groups and interviews in the two rural communities.

The *Have a Voice Project* was informed by Appreciative Inquiry (Ai), a philosophy and methodology that originated as a means of managing change in organizations (Cooperrider & Srivastva, 1987; Cooperrider & Whitney, 1999). Ai starts with an assumption of organizational strengths and uses deliberately constructed positive inquiries to focus on what an organization does well (Cooperrider & Whitney, 2005). In creating the survey and focus group protocol, the research team deliberately framed all questions in a positive manner. They encouraged participants to share positive stories of when they had felt most supported, and reported on what aspects of the Best Start vision were most successful in these demonstration communities.

In the focus groups, the research team used a nominal group process adapted from methodology designed by the Institute of Cultural Affairs (1998). Ideas emerging in focus group discussions were recorded on index cards and participants grouped these cards into themes. In using this process, parents acted as not only participants, but also analysts. The researchers were able to convey the voice of the parents in a more direct way by using the labels created in focus groups when reporting their results. This thematic analysis was reported in the original project (Underwood et al., 2010), but for the purposes of this research, additional thematic analysis of the focus groups was undertaken specifically to address the experiences of rural parents.

The data set for this research is comprised of nine focus groups and five interviews. Most of these discussions were facilitated by a member of the research team at a site in the community, while three were conducted via teleconference. There were 36 participants in total – 10 from Chatham-Kent and Lambton and 26 from Timiskaming. Each focus group or interview lasted between 60 and 120 minutes, and all but one were audio recorded. Two focus groups were conducted completely in French, but both French and English notes were made. In total, this data set consists of audio recordings, index cards from focus group discussions, parent worksheets and researcher notes. All types of data were used in the analysis process.

Data Analysis

Data were organized, coded and analyzed using a process of thematic analysis described by Braun and Clarke (2006). Analysis began with a process of becoming familiar with the data. This process often involves transcription of data, but as the methodology for this study did not call for transcription, familiarization was accomplished in multiple other ways. The ideas generated in focus groups were entered manually into an Excel spreadsheet to encourage the researcher to read and re-read each idea carefully. Once data entry was completed, the entire data

set was read over carefully and, when necessary, ideas were clarified by cross-checking with memos from the original research and audio recordings of focus groups/interviews. This iterative clarification and familiarization process occurred throughout the entire analysis, with the researcher navigating back and forth between audio recordings, memos and spreadsheets to understand the context of the data. This process of familiarization was critically important, as the researcher was not involved in the data collection process. The re-use of qualitative data has been criticized for a lack of contextual understanding that arises when the analyst is not involved in data collection: “in the process of data collection researchers generate not only what are written down as data but also implicit understandings and memories of what they have seen, heard, and felt, during the data collection process” (Hammersley, 2010, para. 3.4). This disconnect between data collection and analysis was mediated using multiple data sources and a connection with the Principal Investigator from the original project, who acted as research supervisor for this study.

Once familiar with the data, the researcher began to generate codes. According to Boyatzis (1998), a code is “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (p. 63). Initial codes were generated for the entire data set, and consisted of a combination of inductive codes that emerged from the data itself and ‘theory-driven’ codes that were derived from approaching the data with specific questions in mind (Braun & Clarke, 2006, pp. 88-89). The theory-driven codes focused on labeling the data in meaningful ways that related to the participants’ rural location. After coding the data set, the next step in thematic analysis is searching for and identifying themes, and collating all relevant codes and data extracts within the identified themes (Braun & Clarke, 2006). This study explored the specific experiences of rural parents; therefore, while the entire data set was initially coded, only themes related to the rural experience were further identified.

Three themes were identified for further analysis and discussion: (a) Opportunities for Social Interaction; (b) Accessibility of Services; and, (c) Impact of Personal Relationships. These themes were then carefully reviewed for internal homogeneity (data within themes fit together meaningfully) and external heterogeneity (clear distinctions between themes) (Braun & Clarke, 2006; Guba, 1978). Sub-themes and connections between themes were also identified (see Table 1).

Table 1: Themes and Sub-Themes

1. Opportunities for Social Interaction
Social Development for Children
Social Interaction for Parents
2. Accessibility of Services
Culturally Relevant Services
Services Close to Home
Barriers to Access
3. Impact of Personal Relationships
Cliques
Relationships with Staff
Parents' Expectations of Staff

Trustworthiness

Trustworthiness refers to the credibility, or 'goodness', of qualitative research (Morrow, 2005). It includes such categories as integrity of the data, balance between meaning and interpretation and clear communication of findings (Williams & Morrow, 2009). The trustworthiness of the data for this study is derived from the focus group methodology employed by the research team (Underwood et al., 2010). Multiple sources of data were gathered, including the index cards used in the nominal group process, individual worksheets from participants, researcher memos, and audio recordings. Different data sources can then be triangulated, adding

to the credibility of the analysis (Creswell, 2009). Member checks were built into the methodology through explicit checks by researchers facilitating focus groups and in the participatory nominal group process where participants created and labeled categories. This process lends increased trustworthiness to the data as participants were able to choose the language used and confirm the accuracy of statements.

The trustworthiness of the analysis can be demonstrated through a clearly articulated and referenced analysis strategy and evidence that enough data exists to support the conclusions (Collingridge & Gantt, 2008; Williams & Morrow, 2009). Data adequacy is often framed in terms of theoretical saturation, a term associated with grounded theory and defined as the point at which no new information is gained from the addition of new data (Strauss & Corbin, 1998; Williams & Morrow, 2009). This study does not use grounded theory; however, evidence of theoretical saturation can be seen. The three major themes contain data from all focus groups and interviews and the sub-themes contain data from focus groups and interviews conducted in both communities. There is a sense of repetition and redundancy in the data and during analysis it often felt as if the same story was being told multiple times. This repetition has been noted as one index of saturation, with Margaret Mead purportedly referring to it as “the boredom that occurred when investigators had ‘heard it all’” (Morse, 1995, p. 147). An additional strategy used to increase the trustworthiness of the research was peer debriefing. This strategy “involves locating a person (a peer debriefer) who reviews and asks questions about the qualitative study so that the account will resonate with people other than the researcher” (Creswell, 2009, p. 192). A fellow graduate student and the researcher’s supervisor both acted as debriefers during the analysis process.

The transferability of findings is an added component of trustworthiness often linked to the concept of generalizability (Golafshani, 2003). This study examined the experiences of rural parents located within particular contexts; therefore, the findings cannot be generalized to all rural populations. However, evidence of themes across multiple focus groups in two different communities offers support for “extrapolation to similar situations” (Hoepfl, 1997, p. 48). Providing a detailed account of the context of the research, as well as the analysis and findings, allows readers to determine whether the findings are applicable in other communities or under different circumstances (Hoepfl, 1997).

Researcher Characteristics

In qualitative research, the role of the researcher is not one of objective, detached individual (Marshall & Rossman, 2011). The history, experiences and context that an individual brings to research are thus important to consider. I have a personal connection to this research project as an individual who grew up in a small rural community in southern Ontario. My background and personal experiences as a young rural woman moving to Toronto for graduate school greatly informed my choice of research topic and played an important role throughout the research process. While I am not a parent, the rural perspective I bring to the project can potentially help me understand the participant’s responses and the context of being a parent in a rural community; however, this perspective could also bias the ways in which I interpret the data. As an individual who now calls Toronto home, but has roots in rural Ontario, what I “see” as important moments and patterns (Boyatzis, 1998) may be different from both urban and rural individuals.

3. Findings

The purpose of this research was to examine the experiences of rural parents accessing services through Best Start networks in two different communities and to specifically investigate what aspects of service delivery and rural location affected parents' satisfaction with these services. Much of the initial coding and data analysis resulted in preliminary themes that were similar to those reported in the original project (Underwood et al., 2010). Three key themes were identified as particularly relevant for rural populations: (a) Opportunities to Socialize; (b) Accessibility of Services; and, (c) Impact of Personal Relationships. These three themes are presented in the following section with supporting quotes from three different data sources (see Table 2 for Data Source Legend).

Table 2: Data Source Legend

Data Source	Symbol	Example
Index Cards	I	Index Card from Group 1 = I1
Parent Worksheet	W	Worksheet from Group 2 = W2
Audio Transcription	A	Transcription from Group 3 = A3

Group Numbers: 6, 7, 11, 13, 14, 15, 16, 17, 19, 20, 22, 23, 24

Opportunities to Socialize

Parents discussed many varied outcomes of Best Start services; however, opportunities for social interaction were especially relevant for this population. These social interactions were important for both children and families, and parents often made an explicit link between their rural location, opportunities for social interaction in Best Start services and satisfaction with these services.

Social development for children.

Parents spoke of many different developmental outcomes for their children, but did not explicitly link the importance of these outcomes to rural location. When speaking of opportunities for children to socialize, however, parents made connections between their rural location and a lack of opportunities for children to interact with other children. The opportunities that Best Start services offered for social interaction were seen as important in mediating this shortage: “living in a rural community it was important to have social opportunities” (I24). When describing the benefits and most supportive aspects of the programs and services for their children, parents mentioned “social experiences,” “social development,” “social interaction with other children,” and “learning to socialize before school” as important when living in small communities. One mother said,

I was very grateful for the social contact for my daughter because we lived in the boonies, in a field kind of and there were no other children on our dirt road so that was her opportunity to look at other children. (A24)¹

These opportunities were seen to be especially important for families living in more isolated locations, such as on farms. One mother who lived on a farm explained how all of their neighbours were older and “he’d [her son] have to walk miles before he found another child” (A11). She enrolled her son in the Early Learning Program so that he could socialize with other children his age:

I found it really helpful because my son until very recently is an only child and we live on a farm and there’s very very few children in the area anymore, umm, just because the farms are so big anymore that you don’t, there just aren’t a lot of kids to play with. And so he was an only child so I wanted him in that program for socialization and literacy skills...well, otherwise he’s just with adults all the time and that would have been a real shock for him to enter a junior kindergarten program and never have been with children on sort of a school setting so that was really important. (A11)

¹ All quotes represent the exact words of participants except where cleaned for readability.

Although focus groups were not conducted on reserve, many Aboriginal participants in the Timiskaming region had close connections with friends and family living on reserve and spoke of the importance of opportunities for social interaction for these families. One grandmother shared a story about her grandson who lived on reserve and did not have the opportunity to attend an early learning program before he began formal schooling. She felt that had this opportunity been available for him, the transition to school may have been easier:

He didn't interact with a lot of kids. School was horrifying for him...I felt disappointed because he is on the reserve so he didn't have a chance to come in to the program. So there is some people that miss out. But he needed that chance, the social skills, just getting those fears under control before he had to go to school. (A22)

While the early learning programs and services were available to children and families living on reserve, the long drive and/or bus ride made accessing programs difficult.

Social interaction for parents.

In addition to opportunities for children to interact with other children, parents also discussed the opportunities available for parents to socialize with other parents. This sub-theme echoes the finding of Underwood, Killoran and Webster (2010) that “[o]ne of the key outcomes of Best Start programs is the social time for parents of young children” (p. 26). Rural parents specifically noted the important role that early years programs and services play in facilitating adult interaction in small communities. Parents in one focus group noted that “socialization in a small community happens around what is happening with your kids” (I13). One mother further explained:

It [developing relationships with other parents] might have happened anyhow because you do know them [other parents], but a lot of the time it's something stemming from your kids, like you'd say, oh gee he hasn't grown any teeth yet, say, and someone else has the same thing, so you get to talk a little more starting from that point. (A13)

Parents also discussed the importance of “getting out” and “sharing with other parents” to “break the isolation.” One parent specifically noted the stress of having people come over to visit your house when you have young children (house needs to be clean, you need to have food, etc.) and the difficulty in finding a qualified babysitter in a small community so that you can leave your children and socialize with other adults. The Best Start programs and services helped in facilitating adult interaction:

Usually it is complicated to gather three or four parents together – the workshops and programs help create opportunities for getting together and creating more accessible groups and facilitate this getting together. (I14)

Accessibility of services

Accessibility of services was a common theme across all focus groups and interviews. Parents discussed both satisfaction with how they access services through Best Start, and accessibility difficulties related to rural location. This theme broke down even further into more specific sub-themes: (a) accessing culturally relevant services; (b) accessing services close to home; and (c) barriers to access.

Culturally relevant services.

The ability to access culturally relevant services was important for parents. Francophone parents spoke of the necessity of accessing services in French for both their children and themselves. One parent discussed the importance of being able to attend French preschool programs and learn the language before starting school. Her family speaks French at home and the children will attend a French school, so it is important that they are proficient in the language. She thinks it is important to have preschool programs in French “because English is like a cold. You will get it, even if you don’t want it” (I14). Another mother talked about the importance of bilingual and Francophone staff. She was able to borrow French resources and ask

questions of the staff in French, which was tremendously helpful for her as she had recently moved into the community and knew very few people. She felt her English was “rotten” and it was much easier to get the information and resources she needed if she could communicate in her first language: “When you have preoccupations and questions, and it’s not in your language, it is more difficult to seek help” (I16). Having access to culturally and linguistically relevant services was a great support for these families; however, Francophone parents also raised concerns about where these services were missing in their communities.

One mother, who was pregnant at the time of the interview, shared stories of the difficulty she encountered in accessing health services in French. She attended an English clinic for a year before she was made aware that the same services were available in French, and felt that the Anglophone and Francophone health services were not communicating or working well with each other. She also spoke of her frustration with the shortage of Francophone medical professionals and the challenging decisions she had to make about the delivery of her second child. She planned to deliver at a hospital with an English-speaking doctor and worried that she would not understand him and would be unable to communicate clearly. This idea was echoed in another French focus group where participants stated:

It is crucial to be able to explain things in your language to your nurse or doctor. It would be very difficult trying to explain or asking about complicated medical questions to an English-speaking health professional. (I14)

Accessing culturally relevant programs and services was also incredibly important for Aboriginal participants and having Aboriginal people involved in planning and employed as staff was of paramount importance. One participant spoke of having to “kick down the door at the start because they had it all wrapped up how they were going to provide services to Aboriginal people without asking one Aboriginal person” (A22). Participants valued the involvement of

elders in early years programs and the availability of an Aboriginal Community Liaison Worker and Aboriginal home visitors. They also shared that elders were often expected to contribute to community and school events without being paid for their services. The workload of one Aboriginal support worker in the school system was seen as overwhelming: “They hire a native person just to make it look good and this native person does three times the work that they are supposed to do” (A22).

Parents, grandparents and elders all spoke of the importance of Aboriginal early learning programs and child care services for their community. One grandmother/elder said:

I think you can't overemphasize what I saw when the daycare centre opened and the elders come...and Alfred [an elder] came from the community and Alfred got up and spoke...he said we never had a chance to learn this and now we're gonna see our kids learn this. So I think it can't be overestimated that it brings pride to the people because that was all shoved away. You couldn't be Aboriginal, you couldn't be proud of who you were. (A22)

Participants talked about the importance of having opportunities for children to learn their ancestral language, and of the powerful moments that occurred when children were able to teach their parents the language and cultural practices that the parents never had an opportunity to learn. Aboriginal early years programs with Aboriginal and non-Aboriginal children in the same program were seen to “make the racism go away” and benefit children, families and communities now and in the future. One participant observed that:

Aboriginal daycares, they need to be here for the children. The need to know. They need self esteem from their own daycares, and their own stories, and their own elders - that they're worthwhile so that when they go to school and hear negative comments...and like I said if you integrate with non-native kids they'll already know, they're already buddies with all their little aboriginal friends so you can't isolate either (A22).

Non-Aboriginal parents whose children participated in the Aboriginal early learning programs also spoke about the importance of the program and how welcomed they felt. One mother explained

Living in remote communities my whole life and working in communities with very high native populations, I always chose to believe their way rather than what everyone else says...I find it quite nice that we come knocking on the door and you let us in because you take everyone for who they are. It's very welcoming...it's nice to feel we can come here and be treated as part of the family. (A24)

While proud of the early learning services that were available, Aboriginal parents were very aware of where there was an absence of culturally relevant services. Support for Aboriginal students and Aboriginal culture in the school system was seen as limited or non-existent. One focus group discussed the disconnect between the school board and the Aboriginal Best Start early years services, with an elder saying:

At JK that [Aboriginal education] all stops. Even in the public school system. That's not fair. And they could easily work with us to come into the schools to do some of the programs and things, but like I said, they're in their own little world – they don't think they have to reach out to the Aboriginal community. (A22)

Parents also spoke of a need for more Aboriginal programs and services in general, comparing the availability of Aboriginal services to the availability of Francophone services. One mother remarked:

Rightfully so, you can get all the French resources you need. If you are French you can get 100% Francophone education. You can get Francophone culture and so on. I just want to see the Aboriginal equivalent. My husband is desperate to learn his language. (A24)

Parents want more Aboriginal services and programs that go beyond the cultural education available for their children at the child care centre and Early Learning Program. They spoke especially of Aboriginal parenting groups, play groups and programs for parents who are not

working. One mother said: “I love the Early Years Centre but it offers nothing for them. There’s no First Nations anything there” (A24).

Services close to home.

In every focus group and interview, parents shared the importance of being able to access services within their communities and close to home. This theme applied to both everyday services (e.g., child care, parenting programs and early learning programs), as well as specialized services (e.g., developmental screenings, early intervention services and medical services). While one mother commented that “I think what happens when you’re in a small community is you’re just used to having to drive...It’s an expectation when you live outside a city that you have to do that” (A20), the general consensus was an appreciation for the number of services available close to home. The proximity of services was often listed as one of the elements of services and programs that parents found most helpful. One mother specifically labeled this element as both “accessible” and “convenient,” stating that she was “able to access service within a 20 minute drive for hearing screening, day care within a 6 minute drive” and that “child care [was] located close to home. Children don’t have to drive 40 min. into work with me” (W20). Another parent talked about how being close to the services “does not change your morning” because “you are right next door” (I14). Satellite programs provided added convenience, with one parent talking about the benefit of staff rotating programs between three different sites and another mother saying “the fact that you have more locations for parents you don’t have as long of a wait” (I19).

Parents from Chatham-Kent and Lambton were particularly happy with their ability to access many services through drop-in programs in their communities, rather than having to drive to a nearby city. One mother had to drive her son two hours to London for a hearing test and said

“it is a disruption in your life when you have to take this drive” [A20]. Another mother talked about the convenience of being able to access infant hearing tests through her local health centre: “He had to keep going back to reassess him so it was nice that that was offered here in the community as opposed to having to go elsewhere” [A11]. A drop-in for parents to weigh their infants was critically important for one mother who had difficulty breastfeeding and whose daughter was not gaining weight. Having a regular place located in her community with consistent staff and equipment was of utmost importance: “it was really really important for me to be able to come here and get her weighed” [I10]. Families were also able to access speech and language assessments through drop-ins. One mother speaking as both a parent and professional (speech-language pathologist) said:

Having a Best Start hub with drop-ins for speech and language screenings are a fantastic resource. Frequently I have parents with one school aged child that I am seeing tell me that their preschooler has speech or language issues as well. If they are in the county, most tell me they will not travel for services at the Children’s Treatment Centre. Having a local speech/language drop in (the hubs also provide assessment and treatment if required) eliminates that excuse and hopefully the delay is resolved before Grade 1. (W20)

Overall, parents were pleased with the drop-in services available to them, but some of these drop-in services were seen as rushed and low-quality. Some parents had better experiences with the more permanent services in larger cities, even though these services were not close to home.

Parents were aware of what services were not available in their communities. One group noted that formal literacy/numeracy programs were available in their nearest city, but it was too far to drive and there was nothing in their local community. They commented that “rural communities and the scheduled type workshops don’t always happen as easily” (I20). Parents also noted certain difficulties in accessing high quality child care. In Timiskaming, parents talked of the lack of child care near the college resulting in students needing to travel 45 minutes to

drop their children off and then 45 minutes back to return to school. Satellite play group programs were running in several small communities, but as one mother said “it’s great, but it’s not child care” (A15).

Parents also had trouble accessing maternity and medical services close to home. Obstetric services were no longer available at one local hospital and one mother explained “they do have a beautiful maternity ward, but they didn’t have the doctors” (A17). A Francophone mother shared about preparing to deliver her second child and needing to choose a hospital outside her community. None of the hospitals available offered both the quality of care she wanted and service in French. She chose the larger hospital with more services and specialized care, but sacrificed being able to access service in her own language. Parents were conscious that not all families had a car and might have difficulty getting to a hospital during labour or an emergency.

Some parents were also concerned about accessing critical health care for their children, some who had complex medical needs. The proximity of these services was an important issue for parents in the north, where this care may be located at a considerable distance (the nearest children’s hospitals are in Toronto or Ottawa, both over 500km away from the community). One mother shared that it was easier when a child was hospitalized in Sudbury, a three or four hour drive away, versus Toronto: “It’s closer, it doesn’t cost anything, because, well, it costs our gas, but we can go there and back without having to have a hotel room. We can go there and back in one day” (A23). Parents in southern Ontario were not as concerned about proximity of critical health care services, but did discuss the availability of medical professionals in their communities. One mother from Lambton commented on the number of pediatricians: “I know

for our area there's a very small number of pediatricians the only time you see a pediatrician really is when your child's born in the hospital" (A19).

Barriers to access.

Several barriers to accessing services in small communities emerged in focus group discussions. Gaining knowledge of what programs and services are available was seen as a barrier to access. One mother, drawing from experience both as a parent and social services professional, commented that "getting that information out there about how to get those services is friggin tough... A lot of times there's tons of services out there it's just nobody knows how to get to them and getting that information to people is just an ongoing struggle" (A20). Parents in other focus groups had concerns with how Best Start programs were advertised. Parents in Chatham-Kent and Lambton, where physical hubs were often located within schools, believed that there was a significant advantage for parents who already had school age children. One mother spoke of how the only advertising she gets is by physically coming to the Best Start hub, and how "the advertising or the information isn't really out there unless you've somehow got a kid who's already in it or going to school" (I10). This was seen as a disadvantage for first time parents, or newcomers to the community. In other focus groups parents spoke of badly advertised satellite programs and evening programs. Getting parents to attend programs was thought to be about more than just convenient hours, but also that "advertising should be in places where working parents see it" (I6). Multiple parents in both communities suggested that Best Start networks should make better use of local media (newspapers and radio stations) to advertise in small communities.

Scheduling was also noted as a barrier to access for parents. The hours of many programs worked well during the first year when many mothers were off of work; however, parents noted

that once they returned to work they could not access most of the services: “early years program times don’t work for working parents – times should meet family need” (I6). Farming families and parents working shift work in manufacturing jobs were concerned about being able to access child care programs that fit their need for longer or non-standard hours and schedules. Parents were specifically aware of the difficulty that could arise in accessing the half day Early Learning Program. In situations where transportation programs or monetary credits were available, parents did not have concerns about the scheduling of this program, but parents in both northern and southern communities suggested that a full day program would meet their families needs more so than a half-day program. One father shared that there were immense changes in routine necessary in order to pick-up his son from the preschool program and transport him to another child care program. In addition, one mother talked about how a full day program would meet her family’s needs better because it would allow her time to go to appointments and run errands.

Furthermore, transportation issues were raised as a barrier to access that was particularly relevant to rural communities. One parent noted that “it’s a problem with living in a remote place where everything is spread out. It’s a lot of area to cover, it’s different than the cities” (I24). Another parent said “transportation is an issue. If you are in rural areas, even if you have a free program, how do you get to it?” (I22). Parents spoke positively about the transportation programs that were available. In relation to a specific program, one mother said:

They made transportation available because it’s very rural, so some people live way out of town and you can’t just walk to come to the programs...I know some people either didn’t have a ride, or if it was bad weather they didn’t want to drive themselves so a lot of people did take advantage of the fact that it was available. And some people maybe wouldn’t have gotten out otherwise. (A13)

The discussion following the above quote, however, focused on whether or not transportation was available for other programs and services in the area. Parents were conscious that these

transportation services were only available for some programs and transportation remained a barrier to accessing other services. In another focus group, parents suggested that early learning programs should have more pick-up and drop-off services for children, because “many miss out on the service because they can’t get to the centres” (I15). Additionally, some parents discussed the difficulty in driving long distances for programs and services.

Impact of Personal Relationships

The quality and nature of relationships with other people, both parents and staff, played a role in parents’ experiences of Best Start services. When discussing the integration of programs and services, some parents spoke of the impact that relationships between professionals and organizations had on their experiences, but more consistently rural parents spoke of the positive and negative effects of personal relationships. Within this theme, three sub-themes emerged: (a) cliques; (b) relationships with staff; and (c) expectations for staff.

Cliques.

In some groups, parents explicitly stated that small communities can be socially unwelcome, or cliquy. When discussing the opportunities for parents to meet new parents and friends in early years programs, one mother commented: “Or its kind of cliquy, people already have their friends” (A13). The presence of cliques, or tight-knit exclusive groups, in programs acted as a deterrent for some parents and affected other parents’ satisfaction with the services offered. One mother of had dramatically different experiences attending infant programs with her sons. She said:

With my first son, I attended a drop in when he was an infant and I didn’t return. He was too young to play and the mothers at the drop in were a bit cliquy. With my second son, I participated in an infant massage class and that was more beneficial – for him with the massage and for me socializing with mothers with the same age baby. (W20)

This mother sees the benefit in infant programs for children and parents, but had a bad experience her first time at an infant play group and consequently did not return. Other parents did not have the option of staying home, or not using certain services, because the service was necessary for their family and the only local option. A mother who needed to use drop-in services to weigh her infant shared the following:

I can be honest, I didn't find this room all that welcoming. I found it very very cliquy. I was also new to [this community]. So I mean the staff was friendly but the people here grew up here and knew each other their whole lives...I didn't find anyone really talked to me if I wasn't instigating it. It was a lot of 'oh, didya go to John's birthday party?' You know, it was they all just automatically knew each other and I don't think they were being rude on purpose it was just they'd known each other for so many years it that it was like "we don't really need anyone else." (A10)

This feeling of being an outsider was echoed by other mothers who had moved into small communities as adults and did not have local networks of friends and family. When discussing drop-in programs, one mother commented:

This is a really small area and a lot of people have generations living in this area so I think they may have their girlfriends, their relatives, whatever, go to these drop-in centres and feel comfortable with that and that's just a normal thing. Whereas with me, you know, I've no relatives here. It's like complete dropped in the middle of the province kind of thing. (A19)

The insider-outsider dynamic of some programs, especially feelings of not belonging, or not being welcome, affected parents' satisfaction with the services, as well as their future choices. Some parents chose to attend other programs or services where they felt more welcome, but some parents did not have that choice. These parents continued to access services in environments where they did not feel welcome because it was the only option available to them.

Relationships with staff.

In addition to relationships, or lack thereof, with other parents, experiences in early years programs were affected by personal relationships with staff. Many parents shared stories of

exceptional staff who were “incredibly helpful,” and who “bend over backwards” or “go out of their way” to do what is right for the family. Parents talked of staff being their “knight in shining armour” or being “like a sister.” The experience of having home visits from public health nurses, midwives and other professionals resonated with rural parents. One mother said of her midwife:

To me that was just amazing – super amazingly supportive people. I think because we’re in the county, having somebody drive all the way out to my house was like “oh my goodness.” So ya, it was a fantastic experience. (A20)

Another mother felt incredibly supported by the nurse who helped her with breastfeeding:

She would be on her way to vacation at the cottage and she would stop, because we’re on the highway, she’d stop in... They absolutely went out of their way to make sure we were taken care of. (A24)

It was important for parents to have consistent staff in programs so that opportunities to develop relationships and build trust were available.

Parents noted that close relationships with staff were one of the benefits of living in small communities where “everybody knows everybody.” One mother who was new to her community with her first child shared that she would feel more comfortable participating in drop-ins with her second child because she now knew the staff better and had developed relationships with them:

As a new mom in a new area I don’t think I used the drop-in areas because of the fact that I didn’t really know a lot of moms in the area and I was kind of shy... I just chose to stay home and take care of my child at home for the first year... I think this time I may take advantage of that [the drop-ins] because I know more of the staff. I feel more supported. (A19)

In one community, three staff are responsible for delivering most programs across multiple sites and one mother found this to be an incredibly positive and supportive element of services in her area. She said:

I think we’re really fortunate in a lot of ways to be in a small community to have the same people that you know and that know your child so well dealing with you on lots of different things. (A20)

Parents also recognized when staff went above and beyond what was required of them because they were more than just professionals, they were also friends and neighbours. One group discussed how nurses working in the maternity ward would do things they were not required to do, like taking the infants so that new mothers could rest, because “everybody knows everybody” and this “makes a difference in the manner the services are provided” (I14).

There are many stories of positive experiences with building trust and developing relationships with staff; however, parents also had stories of negative experiences, and these negative experiences played a significant role in their use of and satisfaction with services. One participant spoke of a friend who had accepted help in the form of a support worker coming into her home to help with her children; however, this support worker was secretly keeping a journal of what this mother was doing, leading to an experience of “being spied on.” Another mother had lost trust in the staff at her daughter’s child care program and felt she needed to deal with “the attitudes of strangers and staff in programs” (I6). Her daughter was extremely shy and a staff person had discussed the child’s need for services from a children’s treatment centre with another parent who was also an employee of this treatment centre. As a result of this experience, the mother did not intend to pursue any treatment services for her daughter, even though she wanted the additional support. This mother had also had a negative experience with the manner in which a staff member completed a developmental screen and communicated the information to the parents, and, therefore, while she saw the benefit in these screens, “due to negative experiences [she] has turned away from the tools” (I6). Some parents saw the reality that “everybody knows everybody” as an incredibly positive element of living in a small community; however, the lack of anonymity and tendency to exclude outsiders also created situations that were unwelcoming, exclusionary and painful for some parents.

Parents' expectations of staff.

Parents' experiences with services were not only affected by their relationships with other parents and with staff members, but they also held expectations for staff members to help build relationships between parents and to work against the exclusionary tendencies in small communities. Parents who had experienced cliques in services and programs wanted staff members to act against that atmosphere by introducing parents to each other and helping to build relationships. One mother said:

She [staff member] definitely tried to stir conversation between people and I think that just came naturally to her. I think some of the staff here do try and direct certain people to each other. That only comes too if you have staff that's here continuously, if it's the same staff. (A10)

Another parent commented: "I almost wish somebody would have stepped in and integrated me more into the conversation" (A13). In many circumstances, staff were critically important in facilitating relationships between parents. One mother directly linked her use of a program with the actions of the staff, who introduced her to the other parents:

I didn't know a soul and the staff was so great about showing me around the whole centre... They introduced me to other parents there as well because they know those parents on a fairly intimate level, like, you know, some of these kids they've known for three, four, five years and they've known the parents and they really did make an effort to introduce me. (A20)

Most of the stories about staff facilitating relationships between parents were positive; however, one parent had a negative experience with the way staff had encouraged her to only attend certain programs. She felt that they had prejudged her and her personality and steered her towards groups of parents with whom she was most likely to develop friendships. While she did end up meeting her friends because of this, when looking back on it she felt it should have happened in a different way:

I know with some professionals where they would encourage you - oh you might not fit in [here], oh you should go [there]. I mean, I found that a lot. That's where I met my friends now, but I was encouraged to go there to meet people as opposed to other places. They thought I would belong there and not there... Now that I look back on it though, I realize that's probably not how it should have gone - it was more biased like it was their opinion stuck in there... when I say cliquey, that's what I mean. They've already right away said "okay you're kind of in this part of your life and these people are this and you might not fit there." Not letting you make that decision, well I mean you make that decision for yourself but they stuck their opinion in there (A13)

Parents acknowledged that staff may know some families better than others for a myriad of reasons, but that "in rural communities it can be alienating if not from there" and staff should work to build relationships with all families.

Summary of Findings

Three key themes emerged in the process of data analysis that related specifically to the rural experience: (a) Opportunities for Social Interaction; (b) Accessibility of Services; and, (c) Impact of Personal Relationships. Participants in all groups explicitly related these themes to their context as rural parents. For the families in this study, certain aspects of rural life and location affected their experiences of, and satisfaction with, Best Start services. The following discussion section explores these findings in more depth, drawing on connections to the literature for a broader understanding of where this research fits with previous research on rural service delivery.

4. Discussion

As previously stated, the purpose of this research was to examine the experiences of rural parents accessing services through Best Start networks and to specifically investigate whether particular aspects of service delivery in rural communities affect parents' satisfaction with these services. The participants shared many stories about their general experiences with Best Start programs and services, but also shared stories that explicitly related to their ecological context as rural parents. Results of the thematic analysis suggest that opportunities for social interaction, accessibility of services and impact of personal relationships are relevant to rural parents for reasons related to their rural location. The following discussion section relates these key thematic findings to the literature. Similarities found between this rural specific data set and the findings of the larger *Have a Voice Project* (Underwood et al., 2010) are also briefly discussed and recommendations for future research and practice are presented.

Opportunities for Social Interaction

Parents discussed many child development outcomes of Best Start services, but made specific reference to the benefits of opportunities for rural children to socialize. Opportunities to interact with other children in child care, play groups and formal early learning programs were important for rural children's school readiness and social development. Australian research has found similar results, with children and parents reporting increased opportunities to socialize as benefits of child and family hubs (Tayler et al., 2008) and preschool transition programs (MacDonald, 2008). While social development is arguably an outcome of children's programs and services in all communities, families in this study made explicit connections between living in rural areas with very few children and the importance of learning how to interact with other children before beginning formal schooling. As MacDonald (2008) states: "the ability of

[children's programs] to enable socialisation becomes more pertinent in a rural community, as the children may have had limited opportunities to interact socially with other children their own age" (p. 19). The importance of this outcome for rural parents has implications not only for the activities occurring in programs, but also for the overall service delivery design for early learning and care services.

Opportunities to socialize were most often considered beneficial outcomes of formal structured programs, particularly the Early Learning Program. Parents explicitly stated that drop in programs did not support social interaction, although they were valued for other reasons. For parents, the Early Learning Program helped prepare their children for school and, in this preparation, social development was as important as early academic skills. For some families, this program was the only opportunity their children had to interact with other children in a formal setting. Many successful service delivery models for rural communities are designed to use outreach services linked to larger urban centres, with visiting staff, drop in programs and periodic scheduling (Wakerman et al., 2008). This design works well for many services and allows rural communities to take advantage of what is offered in nearby urban areas (Archie et al., 2008; Wakerman et al., 2008), but in order to achieve the social interaction rural parents value, formal structured programs and activities are necessary. To be successful in this type of programming, rural communities must rely on innovative solutions and ideas that adapt to local contexts (Asthana & Halliday, 2004). An example of this innovation can be found in the way Timiskaming Best Start organized their Early Learning Program to include a rural home child care site, as well as the typical centre based sites (Timiskaming Best Start, 2008). This site, located in a licensed home child care, was launched in 2008 and is the only one of its kind in Ontario. It was specifically designed for rural and remote families in the Timiskaming region. In

combination with a transportation program, this model for the Early Learning Program is an innovative way of delivering a rural preschool program that adapts to local needs and addresses both accessibility concerns and desired child outcomes.

Accessibility

Accessibility was one of the key themes in the *Have a Voice Project* (Underwood et al., 2010), but it emerged as the most relevant theme for rural parents in this research. Proximity of services was important and having services close to home was discussed in all focus groups and interviews as a significant supportive factor of Best Start. Other rural research supports this finding and demonstrates that in most cases, having basic care close to an individual is better than more sophisticated care that is inaccessible because of distance (Baird, 1997; Martinez-Brawley, 2000). Halseth and Ryser (2006) write: “services provide stability and quality of life in rural and small town places, something which in return provides a strong base for attracting economic activity, retaining residents, and maintaining communities” (p. 86). They also note, however, a general trend in service reduction in rural communities across Canada (Halseth & Ryser, 2006). The two communities in this study seem to be in direct opposition to this trend. Parents believe that there are more services being offered in their communities than in others, both rural and urban. Locating these services in rural areas is an important step in improving accessibility for rural families.

Being able to access services locally is beneficial for all families, but can be necessary for families who do not have the resources to travel. Parents noted how difficult it would be to access programs and services without a car. Consolidation and regionalization of services can lead to better cost efficiency for service providers, but generally places a greater economic burden on families who must now cover both the monetary and time costs of travel (Asthana &

Halliday, 2004). For some families, increased costs and distances may restrict their access to services (Martinez-Brawley, 2000; Sutherns & Bourgeault, 2008). The Best Start networks in this study have implemented innovative ways of providing services in local communities and addressing the needs of widely dispersed populations, including drop in assessments and baby weigh-ins, mobile play groups and transportation programs. Overall, parents were extremely satisfied with having services available close to home, but they also acknowledged that there are other factors that affect accessibility beyond location and proximity of services.

Having services close to home was important, and these parents do not want to lose services in their communities, but the appropriateness of the services available was important as well. This was particularly evident for Francophone and Aboriginal families who sought services that were both culturally and linguistically relevant. Pence, de France, Greenwood, and Pacini-Ketchabaw (2007) write that “culture, context, and community” (p. 2) are all essential elements of quality early learning and care programs. Parents in this study expressed great satisfaction that some of the available programs and services addressed their cultural and contextual experiences. Accessibility in this circumstance is not only about the availability of services, but rather about the intersection of availability and appropriateness. Ball (2005), writing of Aboriginal early childhood care and development centres, says: “When the centre is located in their own community and it is culturally safe, the services available are both geographically and culturally accessible” (p. 48). These services were identified by parents as important for personal, family and community identity. Ball (2005) refers to the centres as ‘hook and hub’ for local communities because of their ability to meet a wide range of service and support needs for community members. Parents in this study echoed these findings, and shared stories of how children’s participation in culturally relevant early learning and care services supported children,

families and communities. An understanding of accessibility that relies only on measures of distance and proximity does not take into account the multi-faceted aspects of appropriateness that play an important role in facilitating access and outcomes for these families.

Culturally relevant and appropriate services were of particular relevance for Aboriginal and Francophone families, but the experiences of other parents also illustrate the importance of appropriate services. Some drop in services, although available within the community, were seen to be rushed and low quality. Other services were seen as inappropriate for a variety of reasons (e.g. language, culture, atmosphere, program design). However, parents used services they were not entirely satisfied with because they were the only local option. Sutherns and Bourgeault (2008) write: “if the services are available, but are not a good fit with the client’s expectations or culture, then accessibility is compromised” (p. 873). Effective and appropriate services are especially pertinent in rural communities where choice may be limited. The difference between simply having services available in the community and having services perceived to be effective and appropriate can be illustrated by examining parents’ experiences with child care.

Parents in this study saw differences between home child care and centre based child care.² There was a perception that centre based child care was of better quality than home based child care and offered more learning opportunities for children. Best Start included a substantial increase in licensed child care spots in these communities, but in some areas home child care was much more prevalent than centre based care. This prevalence of home based care over centre based care is common in rural areas throughout Canada and the United States, as small populations make centre based care prohibitively expensive in many areas (Bushnik, 2006; Gordon & Chase-Lansdale, 2001; Smith, 2006; Wright, 2011). While for some communities the

² Parents did not differentiate between licensed and unlicensed home child care, only between home child care and centre based child care.

prime concern may simply be the availability of any type of child care (Ontario Municipal Social Services Association (OMSSA), 2011), in many cases, parents' concerns relate to the perceived quality and appropriateness of the care that is available. For families in many rural, remote and northern communities in Ontario, including some of the families in this study, home child care is the only option available locally (OMSSA, 2011). If this type of care is not perceived as effective and appropriate, it can lead to a more general perception that there is not enough care available. Parents may perceive centre based child care to be of better quality, but research demonstrates some notable benefits of home based care, including greater flexibility in scheduling (Bromer & Henly, 2004), and greater potential for strong and stable relationships with families and communities (Freeman, 2011). These benefits align with much of what this study and others examining rural child care have demonstrated as important for rural families, in particular flexible scheduling for parents with long commutes and/or non-standard work hours and relationships with care providers (Albanese, 2006; De Marco et al., 2009; Katras et al., 2009). High quality, licensed home child care services have the potential to meet the needs of many rural families; however, these programs may not be viable options if parents continue to perceive this service as low quality and inappropriate for their families' needs. In addition to establishing high quality child care options, improving parents' perceptions of the quality and appropriateness of home child care may affect use of and satisfaction with child care in rural communities.

Impact of Personal Relationships

Rural communities often have high levels of social capital and strong ties between residents that create both challenges and opportunities for families and professionals in these communities (Martinez-Brawley, 2000). These opportunities and challenges emerged in this research as a theme focused on the impact of personal relationships. Parents' experiences with

Best Start services were heavily influenced by their relationships with other people. They expressed that rural communities were ‘cliquey’, particularly for individuals who had moved into the community as adults. Moving into communities where relationships were already established was difficult and affected more than friendships and informal support networks. Encountering cliques in formal programs and services meant that parents’ use of and satisfaction with these services was affected by relationships, or lack thereof, with other parents. At times this meant that parents chose not to return to a program or service because they felt like an outsider. In other cases, parents remained in an environment where they felt unwelcome in order to access needed services for their child. This insider-outsider dynamic underlies many social relations in small communities (Martinez-Brawley, 2000) and can result in positive experiences for some parents and negative experiences for others.

Research has demonstrated the positive role that high social capital and strong informal support networks can play in rural communities (Falk & Kilpatrick, 2000; Katras et al., 2004; Mosely & Pahl, 2007), and some parents in this study shared how they were supported by the close-knit relationships in their community. However, it is often only the individual who occupies the position of ‘insider’ who benefits from these strong social ties (Edwards & Cheers, 2007; Martinez-Brawley, 2000). The high levels of social capital found in rural communities are not evenly distributed, and, for ‘outsiders,’ can lead to exclusion and negative consequences (Edwards & Cheers, 2007). This exclusion can hinder an individual’s ability to begin building their own informal support network, thus making it even more difficult for them to tap into the positive potential of close-knit communities (Martinez-Brawley, 2000); however, of even greater concern is the effect cliques can have on parents’ use of formal services that should be accessible to all families.

Informal support networks are important for families in rural communities (Albanese, 2007; Katras et al., 2004; Swanson, Olson, Miller, & Lawrence, 2008), but for families without these networks, formal programs and services become fundamentally important for accessing needed support. Yet, parents in this study shared stories demonstrating that when cliques were present at formal programs, accessibility could be compromised for those parents who felt like outsiders. In cases where cliques were present and parents reported positive experiences, responsive staff were the common factor. These staff were able to bridge the gap between parents and facilitate inclusion for the ‘outsider’ parent. Staff need to be aware of the insider-outsider dynamics in their programs and the ways that some parents may feel excluded. They must also act on this information to prevent further marginalization of parents positioned as ‘outsiders.’ As one parent in this study stated: “in rural communities it can be alienating if not from there – the hubs should work against that, staff should develop relationships with everybody.”

The important role that staff play in delivering Best Start programs and services cannot be overstated. For Underwood, Killoran and Webster (2010) it was “the most striking theme” (p. 14) from focus groups. For rural parents, developing and maintaining relationships with staff took on particular relevance because of the many pre-existing social relationships present in small communities. Close relationships with staff were noted as one of the benefits of living in a rural community. Parents valued the quality and consistency of care and the overlapping relationships that were possible when staff were simultaneously professionals, neighbours, friends and community members. The onus, however, falls on staff to navigate these complex relationships while still maintaining professional boundaries and ethical practices (Nelson et al., 2007). Moules et al. (2010) characterize this process as “at once common sense and at another

level reflective of highly skilled competencies and practices” (p. 329). When staff in rural communities break confidentiality or act in unprofessional ways, trust is broken and accessibility can be compromised because there are often no other local service options (Sutherns & Bourgeault, 2008).

The complexity of this issue is compounded when parents’ access to services rests on the strength of their relationships with a single professional. For many parents in this study, their use of Best Start programs and services was facilitated by a single staff person, often a public health nurse. In Timiskaming, the model of service delivery is grounded in the use of people, Community Liaison Workers (CLWs), as the means of linking families to services. Martinez-Brawley (2000) describes these professionals as being located at the intersection between local horizontal ties and vertical ties to external resources. In terms of social capital, they develop bonding social capital with individuals, families and groups, but also offer the means of building bridges between these individuals and groups and linking to external resources and services (Mosely and Pahl, 2007; OECD, 2001b). The many stories from this project where parents were successfully connected into the network of services through their relationship with one person demonstrate the great potential this model has for rural communities. Staff who successfully develop a strong relationship with parents and families tap into the strengths of rural areas to help navigate the challenges of dual roles and professional boundaries. Moules et al. (2010) describe this working relationship as able to “build on the opportunities of context – to share what it means to live in rural, often isolated communities, where location plays a large role in every day interaction” (p. 332). The difficulty arises, however, when this single staff person is not well trained, or well supported or able to navigate the multiple relationships in rural practice. When accessibility to, and navigation of, the system of services and supports rests on a single

staff person, it is essential to treat that position as critically important and provide the necessary training and system of support to ensure families do not fall through the cracks and staff do not burn out (Halliday and Asthana, 2004)

Comparison to the *Have a Voice Project*

The preliminary stages of analysis for this project resulted in numerous themes that were similar to those found by Underwood, Killoran and Webster (2010) in the *Have a Voice Project*. Detailed analysis was not completed on these themes as they emerged from the rural specific data set, but the similarity is important and interesting to note. Underwood et al. (2010) examined parent and family experiences in all three demonstration communities in Ontario and reported on experiences that were common across all communities. Parents in both the rural specific data set and the larger project spoke of the high quality of programs and services offered and the numerous outcomes for children, parents, families and communities. Detailed analysis of data from the two rural communities did not result in outcomes different from those common across all communities. Rural parents highlighted specific aspects of these outcomes that were of particular relevance, or presented a particular challenge, because of rural location. The differences arose in how service delivery occurred and the challenges that small populations and dispersed communities presented, rather than in parents' desired outcomes. Comparisons between rural and urban are not possible with this analysis, nor were they the purpose for this research; however, in noting both the uniquely rural experiences as well as the similarities to Underwood et al.'s (2010) overall analysis, this research provides support for a complex and multi-faceted understanding of both rural and urban. Simplistic rural-urban binaries are not enough to understand the multiple ways that community, context and place can influence parents' experiences.

Limitations

This research makes an important contribution to the body of literature on service delivery for rural families with young children, but it is not without limitations. The sample size of 36 participants makes large scale generalizations difficult. Caution must be exercised when using the conclusions drawn in this study to inform policy and practice in other locations. The voices of these participants can act as a resource for other rural areas; however, these stories are intricately bound up with the specific context of the communities of Timiskaming, Chatham-Kent and Lambton. Every effort was made by the research team to encourage a diverse group of participants (Underwood et al., 2010), but there is also a chance that certain populations from these areas are under-represented, specifically the large Low German speaking Mennonite population in Chatham-Kent.

This research was conducted as an additional analysis of a specific population within a larger study which can also result in certain limitations. The researcher was not present for data collection and needed to use alternative means to establish a context for the research. Multiple ways of establishing this context were employed, but there is a chance that additional data from the focus groups, such as tone, body language and non-verbal interactions, would have added to the analysis. The data was also not collected with the purpose of analyzing the effects of place on parents' experiences. As such, participants were not specifically asked about their experiences as rural parents accessing services, even though they shared many stories unique to rural families. Future research designed to specifically examine the experiences of rural families may lead to different conclusions.

Future Research

Future research initiatives designed to directly address the experiences of rural parents would add greatly to the literature on rural service delivery. In solely targeting a rural population, this research could ask specific questions about the effects of living in a rural community on parents' ability to access services and their experiences of those services. In depth case studies might also identify innovative and successful models for service delivery in rural areas. Comparative research involving participants from both rural and urban communities would allow for further discovery of similarities and differences; however, in undertaking this research, investigators must be cautious to avoid homogenizing both rural and urban communities. The rural-urban binary has been criticized for masking the great diversity of both rural and urban areas (Woods, 2005). The utility of this binary for understanding the everyday lives of people in communities has also been questioned (Gorman-Murray, Darian-Smith, & Gibson, 2008). Research methodologies that embrace the unique contexts of each community under study may address some of the difficulties presented by rural-urban comparative research.

The views and experiences of other stakeholders in rural early learning and care services could also be explored in future research. Tayler et al. (2008) found significant differences between the responses of children and parents in their study of rural child and family hubs in Australia, highlighting the necessity of including children in research investigating children's services. Exploring the dual roles of many professionals in rural communities is also an important opportunity for further research. Many of the parents participating in focus groups in this study were also employed in early learning programs or a related field. For the purposes of this research, these participants were only asked about their experiences as parents, but future research might investigate this dual role of being both a parent and professional.

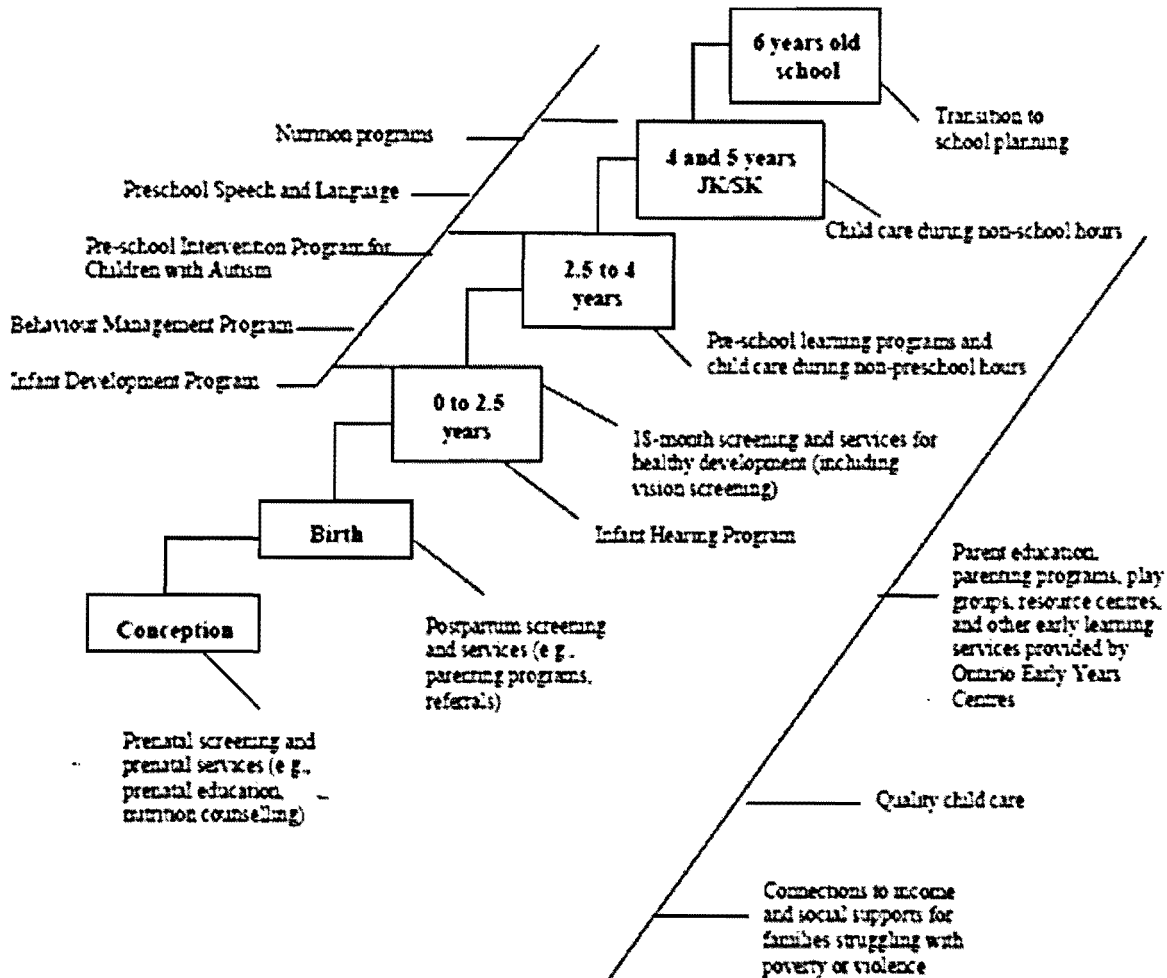
There is also a need for research that extends the scope of this project and investigates parent experiences in remote communities, often characterized by “isolation and marginalization, very low population and the need to traverse great distances for specialist and other services” (Mason, 2010, p. 26) Timiskaming may be remote in relation to Chatham-Kent and Lambton, but there are much more remote locations in Ontario and many communities across Canada are only accessible by road for part of the year, or can only be reached by boat or plane. Service delivery in these communities is often not only different from urban communities, but also from rural areas in less remote regions (Wakeman et al., 2008). This project explored parent experiences in two rural communities that both had hospitals either within the community or within driving distance. They also had large enough populations to support some formal services within their communities and, particularly for Chatham-Kent and Lambton, were close enough to urban areas to have consistent outreach services. There were, however, certain aspects of rural life and location that affected parents’ experiences of Best Start services. Repeating this research in more remote geographic locations would include the voices of remote parents in research informing family supports and services in these communities.

Conclusion

Rural parents’ experiences with Best Start services are affected by a complex interplay of factors related to rural life and location. Accessibility stands out as a fundamentally important consideration in rural communities; however, it is a complex and multi-faceted concept, and involves more than the distance to any given program or service. Availability must be considered in relation to the social, cultural and psychological dimensions of living in rural areas. The proximity of services is an important starting point, especially in consideration of service reduction trends in Ontario (Halseth & Ryser, 2006; OMSSA, 2010), but the answer is not as

simple as providing services close to home. Outcomes are connected to the design of service delivery and appropriateness of services is as important as availability of services. Threaded through all service delivery is an awareness that personal relationships have a substantial influence on the experiences of parents and staff alike. Balanced alongside these findings is the observation that many of the initial themes and codes from the rural specific data set matched the findings of the original *Have a Voice Project* (Underwood et al., 2010). Although these findings are specific to the families and communities of this project, considered together with the literature, they support the need for community-driven strategies in rural communities and a broader understanding of what it means to have accessible services. As Sutherns and Bourgeault (2008) write “employing an expanded understanding of access that reflects the complexity of how lives are lived opens possibilities for achieving [access] in more creative, cost-effective ways” (p. 878).

Appendix A - Scope of Best Start Services



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