Parent and Family Perception of Engagement: Lessons from Early Years Programs and Supports

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Abstract

This study explored how parents and families perceive their own engagement in early years services in three communities in Ontario, Canada. Using an Appreciative Inquiry approach, focus groups, and questionnaires with parents, we investigated parent views of the strengths of early years supports and perceived outcomes of early years services in Ontario's Best Start demonstration communities. The research was grounded in the literature about family-centred practice, parent engagement, and child outcomes from family participation. One of the major findings was an extremely high rate of satisfaction with Best Start programs and services, which influenced their participation. Parents and families identified relationships with staff, access, and a wide range of programs as critical to their engagement. Additionally, the outcomes from early years programs and services appear to move beyond child development and include direct benefits for the parents and families.

Keywords: early years, parent engagement.

Précis/Résumé

Cette étude a exploré comment les parents et les familles perçoivent leur propre engagement dans les services à la petite enfance dans trois communautés de l'Ontario, Canada. En utilisant une approche de « Appreciative Inquiry », groupes de discussion et des questionnaires avec les parents, nous avons étudié les vues parentes des forces de soutien de la petite enfance et les résultats perçus des services à la petite enfance dans les communauté de l'Ontario les meilleurs pilotes de démarrage. La recherche a été mise à la terre dans la littérature centrée sur la famille pratique, la participation des parents et les résultats des enfants de participation de la famille. L'une des conclusions principales était un taux extrêmement élevé de satisfaction à l'égard des programmes et des services de meilleur départ, qui ont influencé leur participation. Les parents et les familles ont mentionné que les relations avec le personnel, l'accès et une large gamme de

programmes en tant que critique de leur engagement. En outre, les résultats des programmes de la petite enfance et les services semblent aller au-delà du développement des enfants et notamment des avantages directs pour les parents et les familles.

Introduction

As schools across Canada settle in to full-day kindergarten programs, it is important to assess the strengths of early childhood programs and services. Many provinces are shifting the responsibility for early years programs and supports away from social service agencies and into education (Underwood & Frankel, 2012). It is important that the existing capabilities within the Early Years sector are not lost during this transformation. This study investigates parent and family perceptions of the strengths of early childhood programs and services in three communities in Ontario: one rural, one urban, and one northern. These three communities were designated by the Ontario Ministry of Children and Youth Services (MCYS) as demonstration communities for Best Start strategies from 2005 to 2010.

Best Start a provincial strategy for integrating services for children from birth through school age, provided the platform for communities to develop unique strategies for integrating community level services for children and their families (MCYS, 2005). MCYS introduced its vision for Best Start in 2005, and the three demonstration communities were designated as sites for accelerated implementation and evaluation of the Best Start strategy (MCYS, 2005). This study was funded by MCYS; it was conducted at the end of the five years of additional funding that the three demonstration communities were allotted. At this time, 'Best Start' is a provincial strategy for children's services across the province; the strategy is intended to eventually shift to develop 'Ontario Best Start Child and Family Centres' that will be integrated with school services (MCYS, 2011). These Ontario Best Start Child and Family Centres are in progress at the time of writing this article, and were envisioned in Charles Pascal's report, *With Our Best Future in Mind: Implementing Early Learning in Ontario* (Pascal, 2009). It is not yet

clear how Best Start, as examined in this study, will fit with the Ontario Best Start Child

and Family Centres. Pascal's report presented a vision for early learning that has been

partially adopted by the Ontario government, including the implementation of full-day

kindergarten for 4- and 5-year-olds. The move to full-day kindergarten is a trend that has

been observed in a number of provinces across the country. This article focuses on the

components of children's services delivered through the Best Start strategies in three

Ontario communities, and how parents and families perceive the strengths of the early

childhood sector. The findings of this study can inform school-based programs, ensuring

that the strengths of the early years sector are not lost as responsibilities shift to schools.

Objectives

The objectives of this study were to investigate parent and family engagement in

early years programs and services by assessing their experiences with early years

programs and how they perceive the effects of programs and services on child outcomes.

Because Best Start is a community-level strategy, we were interested in exploring the

experiences of parents and families in each community, rather than evaluating individual

programs. The Best Start strategy is intended to ensure adequate service levels while

avoiding redundancy. Each community has unique needs, so programs vary greatly from

one community to the next. In this study, parent engagement was assessed based on

parent and family descriptions of why they originally accessed programs and why they

continued to access programs.

Best Start and the Demonstration Communities

Each of the communities in the study had a unique service delivery model, which

was designed to meet the needs of the local children and families they serve based on the

unique priorities of their Best Start strategy. Although their strategies differed, each of

the Best Start networks in these communities included childcare, public health, Ontario

Early Years Centres, early intervention, child and family services, and schools.

The rural community in this study has large farming areas, but it is also situated

between several urban areas where manufacturing is an important part of the economy;

many jobs have been lost in recent years. The rural community employed a 'hub' model,

offering services located mostly in or near schools, and sites were built or retrofitted to

support the range of programs. This community straddles two municipal service

jurisdictions. For the purpose of this study, the community is treated as one geographic

area, but services in each municipality had unique characteristics.

The urban community is in an industrial neighbourhood characterized by low

income and high immigration rates. This diverse neighbourhood is located in a medium-

sized city. Best Start services were delivered using an 'adjacent' model, with networking

and information-sharing between existing agencies as the focus of the strategy. This

model helped support the large number of existing agencies, building on their strengths

while enhancing collaboration. Priorities for the networking included primary care,

integration, early years programming, parent and family engagement, and research.

The northern community is characterized by three distinct cultural communities:

English speaking, French speaking, and Aboriginal. The community has many large

farms and ecological resources such as mining and forestry. It used a 'virtual hub' model

in which Community Liaison Workers support family participation in a wide range of

services, with an emphasis on bringing support to families. It also included some physical

hubs, providing services specifically targeted to the distinct cultural groups in this area.

Core priorities for the Best Start strategy in the northern community included early

learning programs, special needs resourcing, preschool speech and language, post-partum

mood disorders, and enhanced 18-month Well-Baby visits.

Parent and Family Engagement

The Ontario Parent Involvement Policy is evidence of the intensive focus on

parent engagement in Ontario schools (Ministry of Education, 2005). Generally, parent

engagement policies are informed by research that links parent engagement with higher

student achievement (Flynn, 2011). That there is a relationship between parent

engagement in schools and higher student achievement is clear (Bouffard & Weiss, 2008;

Epstein, 2001b; Hughes & Kwok, 2007; Jeynes, 2007), but the nature of that relationship

is not. Some studies have reported that certain forms of parent engagement have a much

greater effect on student achievement than others (Crossnoe, Erickson, & Dornbusch,

2002; Domina, 2005; Jeynes, 2007). Ontario initiatives for parent engagement have

largely focused on involving parents in school councils and board or provincial

committees (see Summary of Provincial Supports, Ministry of Education, 2005). While a

leading researcher in parent involvement practices has advocated for these decision-

making roles (Epstein, 2001a), the more affective roles of parents in interacting with their

own children have been identified as having the greatest effect on student achievement

(Jeynes, 2007). For parents to engage directly with their children, it is important that they

are well-informed about their child's achievements and learning needs (Underwood,

2010). The stress on parent involvement and engagement in schools, particularly parent

involvement in school activities or instructions to parents about how to interact with their

children, may not be the most effective way to improve student achievement.

Parent engagement is also a goal of services for young children and their families.

The nature of parent engagement with young children's learning and development in

early years services is quite different from parent engagement with schools. First, because early childhood programs are not mandatory, parents decide, or influence, whether their children will participate. Factors such as finances and the availability of services influence this decision, but the decision ultimately rests with the parents.

To some extent, the role of parents and families in children's development in the early years is taken for granted in the broader discourse of early development. Neurological research has demonstrated that early experiences affect children's later school performance (Feifer, 2008; McCain, Mustard & Shanker, 2007); and specifically, parent characteristics and behaviours are considered to be important components of these influential early experiences (Willms, 2002). Other researchers have challenged this deterministic approach, arguing that neuroplasticity is not confined to one exclusive stage of life (Bruer, 1997, 1999), and that parents are not the sole influence on children's development (Willms, 2002). Parents, especially mothers, are not individually responsible for children's development (Wall, 2009), but direct engagement with children by parents and family members is certainly a critical aspect of child development.

Overwhelmingly, the evidence indicates that strong communities with stable families are the environments in which children are most likely to succeed. Weiss, Caspe and Lopez (2008) identified three processes that influence children's developmental outcomes, through a review of research: parenting attitudes and practices; formal and informal relationships between families and early education programs; and emphasis on learning in the home. Early childhood programs can influence each of these processes by supporting positive parenting practices, encouraging involvement, and modeling an emphasis on skill development. Several studies have demonstrated a relationship between early childhood programs and child outcomes. For example, Toronto First Duty (TFD)

focused on parent involvement and service integration across programs, supporting the processes described above. According to research from TFD, "TFD parents were more likely to feel empowered to talk to their child's kindergarten teacher and to help their child learn at home. This suggests that the experience with integrated preschool services may have increased parents' confidence in helping their children learn and their capacity to communicate with the school and teachers in kindergarten" (Corter, Bertrand, Pelletier, Griffin, McKay, Patel, & Ioannone, 2007, p. 59).

Given the central role parents play in their children's development, it is important to explore how parents perceive the support they get from early years programs and services. Based on a questionnaire completed by parents with young children, Oldershaw (2002) found that Canadian parents recognize their responsibilities but may feel they have insufficient information about child development and insufficient support as parents. These findings, together with the outcomes described above about the effectiveness of early years programs, indicate that parental lack of knowledge and/or support are important elements in delivering early years services.

The literature indicates that universal access to early years programs is imperative; many studies have confirmed that increase school-based early years programs can to ensure that all families have access (Pascal, 2009). However, while universal approaches are appealing in terms of access, they also involve risks. Pacini-Ketchabaw, White, and Armstrong de Almeida (2006) analyzed early childhood services in British Columbia, and found that universal approaches based on population health models can be excluding. They argued that universally designed services reinforce a developmental approach that pathologizes children and their families. Therefore, they stressed the need for caution when interpreting the results of studies such as Oldershaw's (2002), because

the idea of 'right' and 'wrong' knowledge about child development can subvert the diverse perspectives of families, marginalizing both children and their families. The study described in this article investigated how parents and families perceived their engagement in early years programs and services, while keeping the benefits and risks of universal approaches in mind.

Method

This a consecutive mixed methods study employed an Appreciative Inquiry (Ai) approach in the design of a questionnaire and focus groups.

Appreciative Inquiry

Appreciative inquiry (Ai) is a methodological approach that was developed in the business sector to facilitate organizational change. This approach examines the strengths or attributes of organizations that are working well. The premise is that if organizations can identify their strengths, they can build on these strengths and create a positive atmosphere in which some of the negative attributes will naturally be overshadowed, and eventually pushed out (Cooperrider & Whitney, 2008). This approach has been adapted for use in social sciences research because of its advantages in working with stakeholder groups (Knibbs et al., 2012).

The research team included a principal investigator, a co-investigator, and several research assistants. For the most part, we were outsiders to the communities under examination, both geographically, and in some cases culturally. Asking about the strengths of the system allowed us to be respectful in our questioning as outsiders. One of the risks involved in using an appreciative inquiry approach is missing important information about what is not working well in the system (Grant & Humphries, 2006). However, appreciative inquiry does not preclude discussion of negative experiences. The

facilitators used an appreciative inquiry approach to explore some of the most challenging experiences involved in caring for young children, and accessing support for their families. We then asked parents and family members to describe existing mechanisms that might help rectify these challenges.

Traditional approaches to family support programs and services tend to focus on the pathology of the child and the deficits of their families in which parents are viewed as "…dysfunctional, the source of the child's pathology, and lacking in competence and expertise with respect to their children" (Johnson et al., 2003, p. 96). This study was based on the assumption that parents contribute to their children's development and later school success. Appreciative inquiry allows facilitators to identify valuable contributions of the community and to learn directly from stakeholders about what works well (Cooperrider & Whitney, 2008). The approach can encourage sustainable change by identifying organizational strengths and potential future initiatives (Boyd & Bright, 2007).

Recruitment and Sample

Participants were recruited through an advertising campaign with English and French flyers and posters distributed at early years program sites in each of the three communities. Reminders to distribute the flyers to each family were sent to the staff at each site. Parents were asked to complete an online questionnaire (which was posted for six weeks) or a paper copy of the questionnaire at the site. The questionnaire included a request to participate in a focus group.

A total of 17 focus groups and 5 interviews were conducted (urban community: 8 focus groups; rural community: 4 focus groups, 2 interviews, 2 sites had no participants; northern community: 5 focus groups, 3 interviews). The 86 participants included 7

fathers, 8 grandparents, 25 individuals who identified as a visible minority, 9 individuals

who had immigrated from outside Canada, and 12 individuals who self-identified as

Aboriginal. Three participants were non-Aboriginal parents of Aboriginal children. Also

of note, 8 of the participants were Early Childhood Educators, and 9 participants worked

in other fields related to Best Start services (e.g. speech and language pathology, social

services, literacy consultancy). This association may have affected their perspectives, but

it also highlights the fact that service providers and parents and families are not distinct

categories. In many cases service providers are members of the communities they serve,

particularly in rural and remote regions (see Graham & Underwood, 2012).

Instruments

The questionnaire

The online questionnaire served two purposes: first, it provided information about use

of services, satisfaction with services, and perceived impact of services; second, it was a

recruitment tool for the focus groups. The questionnaire was designed based on the

appreciative inquiry approach. Participants used a four-point scale to rate whether they

strongly agreed, agreed, disagreed, or strongly disagreed with four statements:

1. There are enough programs/services in my community.

2. There are good quality programs/services in my community.

3. The programs/services meet my family's needs.

4. My child has had a positive experience with programs/services.

Participants were asked to rate their level of agreement with the statements above for

each of 5 different areas of programming (child care; early years programs including

preschool and Ontario Early Years Centres; developmental screening; special needs

supports; and parent supports).

The questionnaire also included demographic questions in order to identify the diversity of the sample and to help access a representative focus group sample. The initial recruitment through the online questionnaire yielded a sample that was skewed toward white, English-speaking, higher-income families. Through the initial online questionnaire, 56 participants indicated their willingness to participate in a focus group (19 urban, 16 northern, and 21 rural). The total sample, including online and paper questionnaires, was much more diverse than the original sample of online respondents (Ferreira, 2010)

Focus groups

Focus groups were the key method of data collection because they allow group interaction where participants may have collectively accessed a wider range of services. The focus groups had three distinct phases. The first was brainstorming which services were available in each community. Using the results as checklist, the facilitators asked participants to discuss which services they had used. This was important because some participants were not aware of the very broad range of programs and services that fall within the Best Start strategy. For example, Ontario Early Years Centres, where many of the focus groups were conducted, were well known; in contrast, services like the Nipissing District Developmental Screen and the Enhanced 18-month Well- Baby Visit were less familiar to participants and needed some explanation.

In the third phase of the focus group, the facilitators asked participants four questions:

1. In your experience, what were the most helpful elements of the supports and services that you identified on the checklist?

2. How has developmental screening or information about developmental milestones supported you and/or your child?

3. Describe any examples where you have seen evidence of these supports and services working together.

4. What do you want from early years (0–6) supports and services in the future?

Focus group questions were designed using the appreciative inquiry principle of positive questioning. All ideas were written on index cards, and participants had the opportunity to correct statements or add to the cards throughout the focus groups. In many cases, the discussion of the first question lasted more than one hour. The second and third questions generated some additional ideas, but primarily, these questions were answered during the discussion of the first question. The fourth question provided an opportunity for participants to discuss some of the challenges they had experienced.

The final phase of the focus groups was a participatory activity in which facilitators asked participants to code their own ideas by grouping the index cards into themes. This method was derived from work by Knibbs, et al. (2012), who adapted a nominal group process developed by the Institute for Cultural Affairs (1998). Thematic analysis is used in most qualitative studies to group codes (Boyatzis, 1998). This method enables simultaneous member checks of data, an important component of trustworthiness in qualitative research methods (Lincoln & Guba, 1985). The facilitators also conducted additional grouping of themes to identify common ideas across focus groups.

Limitations

The most critical limitation of the study was the sample size for the questionnaire. The number of participants did not represent the population as a whole. In particular, we did not sample participants who were not accessing these services. Future studies should

expand the sample for the questionnaire, and include those families who are not using

early years services. Additionally, the questionnaire should be made available in

languages other than English and French to ensure a more representative sample. We

were able to conduct one focus group in Mandarin with an interpreter; however, the

participants were reluctant to fill out the questionnaire using the interpreter.

Findings

As described above, each community had a different service delivery model

(hubs, virtual hubs, and adjacent). Because the services and characteristics of each

community varied greatly, it was important to consider the findings within their specific

context. Despite the different contexts, we were able to identify a number of common

ideas across the three communities, which provided a clear picture of what participants

consider to be the strengths of early years programs. Analysis of experiences specific to

rural communities are published elsewhere (Graham & Underwood, 2012).

Satisfaction with Best Start Programs and Services

The questionnaire asked about the quality and quantity of services in the

respondent's community. As described above, each question was divided into categories

of programs (childcare, early years programs, developmental screening, special needs

programs, parent support). Each category included examples of types of programs.

Overall, the satisfaction rates for the *quality* of Best Start programs and services

across the three communities were extremely high: 75% or more of respondents agreed

that all types of programs were of good quality and 90% of respondents agreed that early

years programs were of good quality (see Figure 1 second bar in each cluster).

Looking at the categories that had fewer than 75% of respondents agreeing with

the statements we see that the *quantity* of programs was of concern. Fewer than 75% of

respondents agreed that there were enough child care spaces, enough developmental
screening supports, or enough programs for children with special needs (see Figure 1,
first bar in each cluster). All three communities had made childcare spaces a priority,
along with programs for children with special needs, which makes this an interesting
finding. Even in this circumstance, respondents perceived there to be not enough
programs. Very few participants in our sample were actually on a waitlist; the Not
Applicable (N/A) column is an aggregate derived from the categories "On a waitlist" and
"N/A: My family does not need this service." In no case did the number of participants
on a waitlist exceed five respondents for any category.

Respondents were most in agreement with the statement that their *child* has had a
positive experience in Best Start programs and services. These ratings were at or near
90% across all categories (Figure 1, fourth bar in each cluster). However, respondents
were less satisfied with the capacity for programs and services to meet the needs of their
families (Figure 1, third bar in each cluster). This could be explained in part by how
respondents perceived the number of programs and services in their communities. If
fewer programs were available, then families were less likely to have choices to attend a
program that fits with their family's schedules, needs, or interests.

Family Perspectives on the Strengths of Community Supports

Without exception, every focus group discussed four broad themes in relation to
their perceptions of the strengths of Best Start programs and services: the quality of
programs, the range of programs and services, the accessibility of programs and services,
and the resulting child development and family support. Participants indicated that these
attributes were the factors that attracted them to the programs and services.

Program/Staff Quality:

Many of the focus groups identified program quality as the reason they attended Best Start programs and services. However, our analysis revealed that the ideas associated with program quality were overwhelmingly related to staff characteristics. Even when participants described the importance of physical resources ("the building changes the program, e.g., having quiet space," "need chairs for parents"), the physical spaces were associated with providing adequate resources for staff to "really go the extra step to work with parents and develop programming and taking things to a creative level."

Staff quality was coded into four key themes: warmth and welcoming atmosphere, working conditions for staff, training or accreditation of staff and programs, and having staff members who are culturally similar to parents and family. Good-quality staff members are described as having various attributes: "very welcoming," "can talk to them," "offer ideas to help," "[they] respond to feedback." Parents and families also described affective qualities of staff: "caring," "capable," "competent," "trustworthy," "respond to the individual child," "family are treated with respect," "everyone knows you by first name." Participants considered this quality to be evidenced by "seeing the children happy [which] makes mom happy and gives comfort in the program," and "children showing trust,"

The welcoming atmosphere in early years programs was attributed in part to the working conditions for staff members in these sites. Parents and families in all three communities referred to the importance of staff members being treated with respect by their employers. Comments included: "good quality childcare is A LOT more than babysitting," "it takes a special person to do their [childcare] job all day," "we call it

school not daycare, they are not babysitters they are teachers." Some participants said

that they could judge the quality of a childcare centre by how the staff members are

treated. Comments included: "[look for] happy staff at the end of the day," "[the working

conditions are] mentally healthy for staff," "they work with other adults," and "they get

breaks throughout the day". Participants also stressed the importance of having

consistent staff because "they care more" and "take their work home." Comments

included: "she could connect with the children," "[she] took time," and "she listened and

noticed my daughter had a hearing difficulty." Having the "same staff from summer

program in the universal program," or having "one consistent person helping with

breastfeeding" was important to participants and also to children because "staff turnover

is hard on kids."

Most groups referred to on the importance of having qualified staff, but comments

in one group included: "it is not about the schooling or college training," and "it all

depends on the person." One of the most important personal traits for participants was

culture. Participants in one Aboriginal focus group said: "[we] don't feel comfortable

with home visits," and "[we] find public health judgmental," but that the "Aboriginal

Healthy Babies worker did not feel that way." Two of the Aboriginal focus groups

identified the importance of trust, which they linked to cultural factors. Comments in one

of the Aboriginal focus groups included: "mainstream programs are more rigid," and

"Aboriginal facilitators and programs are more understanding and more forgiving." The

importance of building trust was important to all families. Participants in many focus

groups referred to familiarity with staff members who were skilled at building trust.

The result of having good quality staff members was that participants, overall, had

extremely positive relationships with early childhood educators, public health nurses,

community liaison workers, Aboriginal Healthy Babies workers, and other staff in Best Start programs. The importance of these relationships cannot be stressed enough, and the capacity of staff members to build relationships with parents can also affect broader social and community issues. Most importantly, participants described these staff members as being the main reason for their ongoing participation in the many kinds of programs offered for families with young children.

Range of Programs/Services

The large range of programs and services available in the three communities was an important theme. This strength of Best Start was identified in 19 of the focus groups or interviews. Focus groups identified a vast number of programs, including: workshops for parents (e.g., behaviour, nutrition, cooking), indoor playgrounds, professional supports through home visits, drop-in programs, baby weigh-ins, literacy programs, toy lending libraries, cooking activities for the whole family, sports and recreational activities including fitness activities for children and parents, holiday events, field trips, and language programs for new immigrants, Francophone, and Aboriginal families. Respondents said that this variety of activities "allows for flexible planning" within families and that it is important for families to have "something to do every day." More than one focus group noted that "we have more than other communities," and that "[this city] has great services – we can go to different sites to get the best for OUR kids."

Participants also commented that for children "a range of activities [is good] because if they try many things they can see what they are good at or what they like." They noted the great variety not just in the types of programs, but also in the types of staff or professionals available and the materials and activities provided within the programs, which allowed children access to activities that they may not have been able to

do at home. For example, participants in one focus group described the library programs in the urban community as excellent because "they have programs for all ages, and they have a good range of books in Chinese."

Participants also identified some components of service that did not meet their families' needs. Some wanted more multi-age programs, so that families could participate as a group. Some wanted more evening and weekend programs so that working family members (especially fathers) could participate. Parents and families were also sensitive to funding, and said they were upset when a good program lost funding. Focus groups provided several examples, including a popular cooking program and an Aboriginal immersion language program; both of these programs were pilot programs that were discontinued. This finding highlights how service disruptions while policies are being tested and implemented can affect families, and may even cause families who are engaged with the early years system of services to lose interest.

Discussion about school readiness programs led to some comments aboutthe relationship between early years programs and school-based kindergarten programs. Facilitators did not specifically ask participants about the implementation of full-day learning across the province, but this impending change was a focus of parental concern. Many parents and families described school readiness programs and school-based kindergarten programs as having compatible goals, noting that school readiness programs "help the transition to school," the children "got used to being away from parents," and school readiness programs teach children about "structured environments," Participants were also concerned about moving to full-day kindergarten, worrying that children "might get bored if it is a long day every day." One focus group also noted that junior kindergarten programs do not have the same focus on the family. Many participants

wanted the hours of school readiness programs extended, especially in rural areas where the long distance from home meant that some participants had to wait for their children while they were in the programs. One parent described an early literacy and numeracy program that he had been encouraged to attend with his child. The parent was worried he would not be able to access this program once full-day kindergarten was implemented.

Accessibility

Focus groups identified program accessibility as an important attribute of successful early years programs. 'Accessibility' refers to physical qualities such as program location and access to transportation, as well as awareness of programs via personal networks, referrals, and advertising. Accessibility is closely linked with the characteristics of the program itself; for responsiveness to family needs through consistency and program hours and cost, available spaces in programs, and atmosphere in the program. All of these characteristics were identified as reasons why participants continued to access programs.

Accessibility appeared to be primarily associated with the location of programs. In all three communities, the service delivery model determined the location of the programs. For example, in the rural community hubs were located in or near schools. The service delivery models fit better with some families than with others. For example, respondents in one focus group stressed that hubs should "not be in schools" because "there is a distinct advantage for parents at schools with hubs," but participants in another focus group from the same community said, "school settings are best" because parents can access information from the hub while they drop off other children. Respondents in one group suggested that having a "building next to the school might be better than *in* the school – convenience is important but school is different, being adjacent would help

parents from outside the school." Overall, participants agreed that "hubs – having everything in one location – is helpful."

Participants in all three communities stressed the importance of proximity to home. This was particularly important for families who were accessing specialists such as speech and language pathologists. Families working non-traditional hours also stressed the need for childcare with flexible hours and near home. Transportation was also a critical issue. Some families did not have access to a car to get to a hospital during childbirth or if they had a high-risk infant. However, other participants noted that integrated service strategies support ongoing family participation in early years services. One mother described how her child was screened for autism and referred to services within one day during a Health Centre services fair.

Other aspects of accessibility were related to personal support networks. Many participants in all three communities said that they had heard about Best Start programs and services from personal networks such as friends and family. One parent who had recently moved into a new community said "now that I have the contacts I am more aware of the things in the community." However, participants in some groups reported that "some parents couldn't find the centre – we want more kids in the programs." Overall, participants said Best Start should be well advertised because social participation was an important aspect of the programs. Another important aspect of the service delivery model was the range of programs and services. Many families attended early years programs or sites that offered multiple services such as speech and language therapists, nutritionists, hearing screening, lactation consultants, and public health nurses. Participants said that referrals are critical, and that they want to maintain or increase these types of specialized supports embedded within programs. Professionals cannot make

informed referrals without being aware of the various services, and respondents described public health nurses and early childhood educators at early years centres are described as being extremely helpful in providing referrals and information about the range of programs across communities.

The final component of accessibility is related to the nature of the program itself. Once families are through the door, it is important that the programs keep them there. Focus group participants described several attributes of accessible programming, especially good relationships with staff members, as described above. Participants noted that good programs are inclusive of all parents: "nobody is rejected". Participants at Aboriginal sites describe this as a trait of Aboriginal programs; "everyone is welcome." Some programs offer flexible schedules so that everyone can access supports. Some respondents said that multiple services helped address their needs, for example, "parents alternate childcare service days with other programs," or "she charged me for part-time sometimes and full-time other times."

The questionnaire findings revealed that few participants were on waiting lists for programs or services. However, focus group discussions identified the perception that waiting lists existed, especially with regard to services for children with special needs and childcare. In particular, respondents said there were not enough speech and language pathologists, and not enough spaces in centre-based childcare. This discrepancy between focus group participant perception, and the low number of questionnaire respondents actually on waiting lists could be explained by the link between perceptions for quantity and quality. Perception of an insufficient *quantity* of childcare spaces may linked to the perception of insufficient *quality* childcare spaces. Thus, sufficient spaces (perceived as

high quality spaces) are critical to early years programs and services being considered accessible.

Perceptions of Success

Participants had diverse opinions about the quality of programs, the range of programs, and what makes programs accessible. Perhaps more importantly, participants were also quite clear about the evidence that the programs and services were effective. These perceived outcomes provided clear examples of how respondents thought the early years programs in their communities supported children and their families. Participants reported improved development among children, including social development, language development, and preparation for school as outcomes of their participation in the programs and services. Participants described programs that "adapted to the children," supporting them in very specific ways.

Child Development

Participants identified a range of skills their children learned in early years programs and childcare: "children gained social skills and self-confidence at early years program," "programs accommodate and adapt to the child. This helps with separation from mother/parents and anxiety decreases," and "ELP is vital for child development,"

Participants also referred to the results of having access to developmental screening tools. Respondents in many focus groups described screening tools and programs as "reassuring." Other comments included: "screening gave proof to my in-laws that everything was alright. This made them more supportive," "screening shows what to look for and what to do for encouragement [of child's development]," and "screening helps us to identify children's needs and issues as they grow while also helping us as parents see our children's strengths," With regard to developmental

screening, some participants expressed anxiety about the milestones: "it scared me," "It

has put some stress on me because children reach milestones at their own pace." One

parent of a child with multiple disabilities noted, "it is important not to compare

children."

Participants were very aware of how school readiness programs and childcare

support children's experience in school: "his literacy skills are more advanced than if he

had not had this program." Other participants noted that having the program in a school

setting allowed some children to "learn with JK/SK, and other kids model for them."

Participants considered the formal early childhood curriculum to be an important step in

preparing children for kindergarten programs; in these communities, children had the

opportunity to do "writing, spelling, counting" and "math and science." They were also

taught to be toilet trained and how to behave in a group. Respondents in the focus group

at a multicultural program commented that they would like children to have "more

learning, such as math and numbers, or early reading and letters." These participants did

not want their children to "just play," stating that "children need a chance to learn," and

that "at this age children are interested in everything. So it is important to get out into

their community."

The fact that participants could identify tangible outcomes from their participation

in these programs was important to them. It convinced them that the programs were of

good quality, a critical factor keeping them engaged in the programs.

Support for Parents and Families

The focus on child development and school readiness was consistent across all

focus groups, and these were the most prevalent outcomes described by participants.

However, participants in all focus groups also described the supports that they had

personally gained from participating in early years programs and services. These supports were unique in each focus group because they were specific to each community and the families who participated.

Some participants described having a 'community' of support, which was critical to their well-being. This means that programs are working together, i.e., that services are coordinated. Service integration is a planned activity on the part of these programs, but participants described it as an outcome of their participation in the programs and services. For families, the community of support provided by Best Start was an extension of their formal and informal network of supports: e.g., "I don't have family here, it is helping me to get to know people and friends for me and my kids," "infants and children in a friendly setting, bonding and growing in a community." Several participants commented that the focus group itself was another opportunity to meet other parents. As the number of families participating in early years programs increases, the network continues to grow and provide more opportunities for networking and community-building.

Language was a key developmental skill that participants observed in their children. Language is also closely linked to cultural factors, and participants who were Francophone, or were Aboriginal, or spoke other languages than English or French, described the importance of language programs. Immersion programs were emphasized in all Aboriginal focus groups and in the multicultural group. Many Aboriginal participants did not have access to Aboriginal language immersion programs but wanted them. Francophone participants commented that while some programs were offered in French, when they got referrals to other professionals they found it difficult to access French-language supports, especially French-speaking healthcare professionals in hospitals. Although some focus group participants noted that they did not have access to

appropriate services, others provided examples to show how integrated service models

can support families who are marginalized. Some respondents said that their children

were matched with speech and language pathologists who spoke the same first language

as the family. Some communities had extensive community healthcare services available

in French. In other communities, bilingual staff members promoted language as a key

component of children's cultural development. These examples show that early years

programs have the capacity to meet the diverse needs amongst families, but focus group

data revealed that these types of supports are not consistent across all communities.

Some participants focused on getting good health support, stressing that "prenatal

and postnatal" support is central to being in a community that is friendly to families.

Participants identified a range of support that they would like to access, including

birthing supports such as nurses, midwives, doulas, lactation consultants, and other

healthcare professionals. They wanted programs that allow them to be together as a

family; i.e., programs that include a range of ages for children and are offered at different

times to accommodate work and school schedules. Participants placed considerable

importance on their own social relationships and supports that they obtained through

early years programs. They indicated that fewer programs were available for infants, and

wanted more programs for this age, citing the need to participate with their children so

"parents can bond with the child." They also described the benefits of going to

community-based programs where "there are different cultures," as well as "people/other

parents you can identify with and have common interests," including fathers,

grandparents, and Elders. Some family members said, "I came for the children but ended

up benefitting with relationships," and "adult time is one of the most important things."

Participants said that a number of additional family support needs emerge when families are in transition, and that children also experience transitions due to instability in their family, such as through divorce or separation, adoption, moving, job loss, etc. They said that the Best Start programs helped provide these supports, by helping with navigating the system of services and understanding cultural expectations. One grandmother noted the importance of having access to a toy lending library when her grandchild moved in with her temporarily. Participants also mentioned that transitions are common for new immigrants and low-income families who may need to move for work. Aboriginal families may have family on reserves and in towns or cities and there are very different services in the two communities. In one focus group, Aboriginal participants said they wanted access to the same services on and off reserve.

Overall, focus groups described outcomes related to child development, as well as a much more complex set of supports that parents and family members can access by participating in these programs and services. Some of these outcomes meant that participants were not only engaged in their children's development, but in the community as a whole.

Discussion

The focus group findings provide a picture of parent engagement that is dependent on high-quality programs, which they attributed to caring and professional staff, a large range of options in programs, and programs that are accessible, i.e., flexible, well-advertised, and available to families. A community with all of these components embedded in its early years system should result in high rates of parent satisfaction and engagement. Cryer, Tietze, and Wessels (2002) reported that parents may overestimate the quality of their children's childcare, which may have been the case in this study.

However, even if our respondents did provide artificially high satisfaction ratings, our

findings help clarify some of the nuances behind these satisfaction ratings. This research

was not intended to measure the overall quality of the programs, but rather how

participants perceive the programs. Not surprisingly, participants who perceived the

programs as being high quality were more likely to participate and engage in programs.

More surprising was the great variety of supports that parents and families

perceived for themselves. These outcomes appeared to encourage parents to keep coming

back. One parent said that she continues to attend an Early Years centre even though her

child is older than the target age, because she has a social network there. This kind of

parent engagement involves a great deal of effort on the part of service agencies, and a

range of service partners is required. to ensure that these elements of early years

programs and services are successful. Inter-agency collaboration enables delivery of an

individualized approach that meets the needs of each unique family, instead of a

simplified universal approach. Our participants described supportive relationships with

staff, other parents, and the community; these relationships are consistent with the types

of parent engagement described by Jeynes (2010) as having the greatest impact on

student achievement. Our respondents said they had benefited greatly from these

services, and hoped that the range of programs would be maintained or expanded. They

were particularly concerned about the number of childcare spaces, and supports that are

sufficiently flexible to support families whose children have special needs. As

responsibility for early years services shifts to school systems, it is important that the

outcomes related to families as a whole are not lost.

Questionnaire responses indicated that families were most satisfied with programs

that support families as a whole, such as Ontario Early Years Centres, and least satisfied

with programs that are more specialized, such as supports for children with special needs. School-based programs should also consider the flexibility embedded in a multi-agency system with broad community development goals. These findings are consistent with previous research about parenting supports in early intervention. Dunst (1999) and Dunst and Dempsey (2007) argued that parents need and want support from community organizations, and that the partnership between parents and professionals is very important in supporting parental empowerment and capabilities. Best Start strategies and programs are set up very differently from schools. Unlike schools, Best Start is a collaborative inter-agency network that relies on expertise from multiple professionals, who work in organizations that serve families as well as children. To our participants, family outcomes were as important as individual child development, and child outcomes (such as social participation) were inter-related with family outcomes such as social integration into the community.

The provincial government is looking to school-based kindergarten programs to fill the need for more accessible universal early childhood programs, but our findings indicate that caution is warranted. While universality is important for accessibility, it also creates a risk that programs will not be as responsive to the unique families (Pacini-Ketchabaw, White & Armstrong de Almeida, 2006). In particular, it is important to consider the needs of Aboriginal families, Francophone families, families who are new to Canada, and families with children with special needs.I In order to build trust, we must ensure that the values and characteristics of these communities are preserve. Underwood (2010) found that parents who believe their children's needs are being met are more likely to approve of programs. This means that programs must be responsive to individual family needs in order to have more satisfied parents. However, satisfaction and

engagement are not necessarily equated. Underwood (2010) also found that some of the

most satisfied parents were the least engaged, because they did not feel that they needed

to intervene on behalf of their children. Our findings revealed that parent satisfaction in

early years programs was linked to families being served by the programs. Satisfaction

with the program and staff leads parents and family members to attend programs, to keep

going to programs, and to keep them coming back.

Many of the strengths of the early years system identified by participants in this

study can be attributed to the large number of partnering organizations working in the

Best Start networks. It is important not to erode these strengths; policy-makers should

continue to ensure that a broad range of outcomes are considered in early years programs

and supports; to make child development, family support, and community development

explicit and inter-related goals of early childhood supports; and to ensure that families'

needs are met within programs by building on the social networks and experienced

agencies that already exist in communities.

Future research should track the experiences of families as the province's early

learning strategy unfolds. In particular, the experiences of families accessing community-

based programs and services should be compared with the experiences of families

accessing school-based programs and services.

Appendices

Please indicate whether you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly Disagree	Waiting for this service	Not applicable (My family does not use these services)
There are enough child care spaces in my community.	●	●	●	●	●	●
There are enough early years programs for my child(ren) in my community. (e.g., drop in programs, recreational programs)	●	●	●	●	●	●
There are enough places for my child to get developmental screening in my community. (e.g., infant hearing and vision screening, 18 month Well-Baby visit with a doctor, language development assessment)	●	●	●	●	●	●
There are enough programs for children with special needs in my community. (e.g., blind/low vision programs, occupational therapy, physical therapy, infant hearing programs, children's mental health services, autism supports, etc.)	●	●	●	●	●	●
There are enough parent support programs in my community. (e.g., parent workshops, parent and family literacy programs, home visits after birth)	●	●	●	●	●	●

Please indicate whether you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly Disagree	Waiting for this service	Not applicable (My family does not use these services)
There are good quality child care spaces in my community.	●	●	●	●	●	●
There are good quality early years programs for my child(ren) in my community. (e.g., drop in programs, recreational programs)	●	●	●	●	●	●

There are good quality places for my child to get developmental screening in my community. (e.g., infant hearing and vision screening, 18 month Well-Baby visit with a doctor, language development assessment)

There are good quality programs for children with special needs in my community. (e.g., blind/low vision programs, occupational therapy, physical therapy, infant hearing programs, children's mental health services, autism supports, etc.)

There are good quality parent support programs in my community. (e.g., parent workshops, parent and family literacy programs, home visits after birth)

Please indicate whether you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly Disagree	Waiting for this service	Not applicable (My family does not use these services)
Child care spaces in my community meet my family's needs.	●	●	●	●	●	●
Early years programs in my community meet my family's needs. (e.g., drop in programs, recreational programs)	●	●	●	●	●	●
Developmental screening in my community meets my family's needs. (e.g., infant hearing and vision screening, 18 month Well-Baby visit with a doctor, language development assessment)	●	●	●	●	●	●
Programs for children with special needs in my community meet my family's needs. (e.g., blind/low vision programs, occupational therapy, physical therapy, infant hearing programs, children's mental health services, autism supports, etc.)	●	●	●	●	●	●
Parent support programs in my community meet my family's needs. (e.g., parent workshops, parent and family literacy programs, home visits after birth)	●	●	●	●	●	●

Please indicate whether you agree with the following statements:

|	Strongly agree	Agree	Disagree	Strongly Disagree	Waiting for this service	Not applicable (My family does not use these services)
My child has had a positive experience with Child care in my community.	●	●	●	●	●	●
My child has had a positive experience with early years programs in my community. (e.g., drop in programs, recreational programs)	●	●	●	●	●	●
Developmental screening in my community has been helpful to my child.	●	●	●	●	●	●
My child has had a positive experience with programs for children with special needs in my community. (e.g., blind/low vision programs, occupational therapy, physical therapy, infant hearing programs, children's mental health services, autism supports, etc.)	●	●	●	●	●	●
I have had a positive experience with parent support programs in my community. (e.g., parent workshops, parent and family literacy programs, home visits after birth)	●	●	●	●	●	●

Figure 1: Questionnaire Satisfaction Ratings
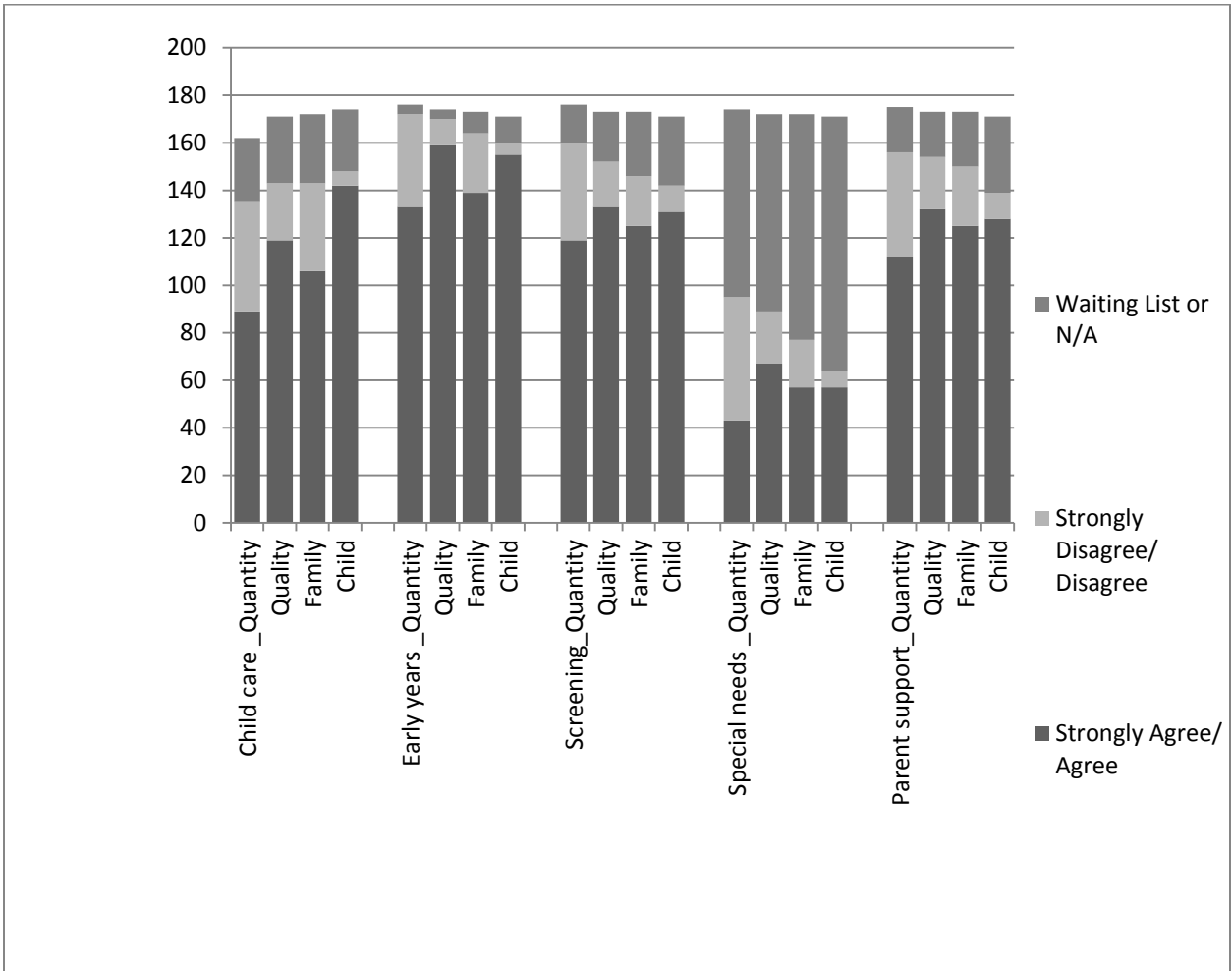
Note: Bars are clustered by service type, with one bar for each of the questionnaire
satisfaction questions. See the appendix for questions.

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