

## “Addressing the Urbanistic Policy Bias in Rural Family Services”

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*Ignoring the challenges and maintaining the siloes in rural communities in British Columbia could lead to situations that may have long-lasting impact. This is particularly true for families with children with additional needs. We learned from a family who struggle to understand the different medical levels of access and who experienced these “discontinued strings.” This resulted on their infant not scheduled on a critical or peak time for a simple medical procedure that would have allowed him to breathe normally. Instead, this child will be connected to a breathing machine for life ...*

Rural families and service providers in two different studies demonstrated the importance of relational structures for supporting services for children and youth.

Rural services providers already know that per capita funding often only provides part time positions for even core services. However, studies in two projects, the Including All Children and Families-Expanding Partnerships, which investigated supports for families with children with additional needs (2010-2012) and an earlier pilot work on early childhood services in northeast BC (2007-2009), point to ways in which a one-size-fits-all policy adds up to an urbanistic bias.

The complex geography of the province means that policy and jurisdictional frameworks, which operate as if services are located close to families, ignores the burdens imposed by travel. Parents may have to take time off work, go long distances with sometimes medically fragile children, or even bring siblings or obtain care providers for outside animals which are left at home. Some parents also have to find managers to run farms and businesses (see also [The Ride](#), on page 19 of Possibilities, Fall edition of the Family Support Institute of BC Newsletter).

In addition, because services can be far away and therefore unfamiliar, families rely on their local rural service providers to inform them about options and help them access supports. If the shoe were on the other foot, so to speak, and urban families had to travel to rural communities, it would be easy to understand the disorientation of trying to get to an unfamiliar community and find good affordable restaurants and lodging, take care of siblings and their individual needs, and do so while attending to important procedures. These impacts reveal an urbanistic policy bias that privileges urban families.

In spite of these challenges, families and service providers spoke about the strengths of their rural lifestyle, such as a slower pace of life, the ability to grow fresh fruits and vegetables, a lower cost of living which might allow one parent to stay home at least part time, and a close-knit community that provides a vibrant social life. The problem, parents said, was not the fact that they lived in a rural community, but that jurisdictional divides created additional barriers.

From the Linked Disc study in the Including All Children project, we learned that the consequences could be very serious. The service “silos” and resultant jurisdictional divides could lead to children not receiving medical or developmental intervention supports at critical developmental moments, which could end up impacting their health, growth and development for life.

The way parents overcame barriers was by relying on their network of supports to keep them informed, help them with child care relief, or provide little extras like home-cooked meals or pet care. These relational networks were also present among service providers, who worked across jurisdictions to ensure families received the best services they could. These service provider relations could be sustained across time, too, because practitioners who were permanent residents of the community could fill the next job even if programs or jobs ended. The relational networks between families and service providers were important assets which ensured children received the services they needed.

If policy frameworks recognized the existence and strengths of relational networks in rural communities, then new programs could be nested into these networks. Funding a network would mean that rural communities would not have to cobble together part time programs and positions in discontinuous strings. Additionally, if funding was provided for referral services and personnel in key roles, it would help families manage the challenges of being away and help sustain and utilize the relational network.

Rural service providers currently do this work anyways, but off the sides of their desks. Recognizing both the challenges that rural communities face as well as the assets of rural community networks would help address the urbanistic policy bias by drawing on existing human capital and resources—at the family, community, and professional levels.