

The Welfare of Rural Children: A Summary of Challenges

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Introduction

Rural communities face significant challenges, including higher poverty and fewer resources. In addition, in the last several years substance abuse, particularly the manufacture and use of methamphetamines, has dramatically increased in rural America.

At the same time, the child welfare infrastructure and the supporting social service, health, and mental health services are severely lacking. Decisions tend to be made in urban government centers, often without consideration of rural circumstances. Some states have centralized their intake processes, some have provided contracts and financial incentives that are cost-efficient when addressing large concentrated populations, but no longer competitive with smaller numbers of children and families with a larger geographic distribution. As states have had to reduce the size of their social service supports, these reductions appear to have disproportionately impacted rural communities. These communities have fewer foundations, a smaller economic base, smaller city and county governments, and fewer state jobs—both in real numbers and proportionately.

Finally, there is a dearth of information about the practice of rural child welfare, and data is often collected and distributed in ways that don't allow geographic analysis. Funds for rural research in child welfare are non-existent, while the research is more complicated and difficult for a number of reasons. It is very difficult to advocate for changes in practice without a clear empirical base to clarify current practices and suggest promising practices. For example, we know that rural children have at least equal if not greater challenges than their urban (and particularly suburban) counterparts. We also know that they have less: less access to health and mental health, fewer school social workers, less access even to basic supports like food stamps, employment services, quality housing, and less access to services considered part of the necessary array necessary for minimum standards of care. With fewer workers working longer hours and covering more geographic territory, do they “triage” abuse and neglect so that only those who are most threatened enter the system? Do they refer the child to the criminal justice system so that he/she will get treatment? Do abused and neglected children remain abused and neglected because they live in rural communities? Or do they enter the child welfare system, with parents who cannot access treatment, therefore losing their children forever with no chance of remediation? Do we have adequate oversight of rural families and rural communities when workers have to deliver the same services while driving great distances? Is there abuse and neglect that occurs in rural America because we don't provide the resources to investigate and substantiate?

Problems faced by rural children and families

Poverty

Poverty has been and continues to be one of the greatest predictors of maltreatment.

- Coulton, Korbin, Su, & Chow (1995) found that poverty and related factors, accounted for half the variance in child maltreatment rates in their sample.
- Children whose families earned less than \$15,000 per year were 22 times as likely to suffer abuse or neglect compared with children from families with an annual income exceeding \$30,000 (Sedlak & Broadhurst, 1996).

Poverty is traditionally and consistently higher in rural communities (Duncan, 1999).

- While 2,052 counties (78%) are non-metropolitan (ERS, 2004), 340 (88%) of the 386 persistently poor counties are disproportionately non-metropolitan (Rural Policy Research Center, 2007).
- In 2005 (ERS, 2007), the nonmetro median income was \$37,564, while the metro median income (\$48,474).
- The poverty rate for African American single mother non-metro households is 54.3%, compared with 44.3% for similar metro households (Snyder, McLaughlin & Findeis, 2006).
- Children of rural single mothers are the poorest demographic group in the nation (Save the Children Foundation, 2002)."
- Rural immigration has increased rural poverty, and may put children seriously at risk (Martin, Fix & Taylor, 2006).

Substance Abuse and Mental Health

The link between substance abuse and child maltreatment is well established (Young & Gardner, 1998), with substance abuse contributing to the maltreatment of an estimated one to two-thirds of the children in the child welfare system and contributing to the out-of-home placements of 53% of those in care (Child Welfare League of America, 1997).

- There is a rising epidemic of methamphetamine use in rural (nonmetropolitan) communities, linked also with child maltreatment (Van Gundy, 2006).
- Warner & Leukefeld (2001), found that rural drug users had higher lifetime use, and higher drug use in the 30 days prior to incarceration than the urban drug users.
- The production and use of methamphetamines is considered a rural epidemic (National Association of Counties, 2005).
- Shoeneberger, Leukefeld, Hiller & Godlaski (2006), found alcohol to be the most common lifetime and current substance used in rural Kentucky, along with "unacceptably high levels" (p. 107) of illegal drug use.

- Rural challenges and poverty increase the risk of emotional, behavioral and substance abuse problems (Conger & Elder, 1994).

There are numerous other challenges in health, education housing, employment...

Rural Resources

“Whatever the subject or indicator, per capita income, health care, education, employment opportunity or transportation, the nonmetropolitan people of the nation have less” (Ginsberg, 1998, p. v).

- While the manufacture and use of methamphetamines is higher in rural areas, and the prevalence of other kinds of substance abuse and mental illness is comparable between rural and urban communities, treatment is less available, less accessible, and less acceptable (New Freedom Commission, 2004).
- And while, poverty and a host of other difficulties (Menanteau-Horta & Yigzaw, 2002) is greater in rural America, a number of studies have found resources lacking (Carlton-LaNey, Edwards, & Reid, 1999; Martinez-Brawley, 1990; Ginsberg, 2004).
- In a study requested in 2002 by CWLA’s National Advisory Committee on Rural Social Services, a survey of child welfare workers in a single state found that services considered necessary for adequate child welfare, including substance abuse treatment for children and adults, mental health care, and parenting classes,, along with school social work, domestic violence services, residential treatment, afterschool programs for youth, tutoring/mentoring, and family preservation simply do not exist in many rural counties, although they are available in urban ones (Belanger & Stone, in press).
- The first round of the Child and Family Service did not systematically measure issues in rural communities, but a content analysis of state final reports found that 79 % of states independently mentioned that resources necessary for child welfare (the service array) either did not exist or were not accessible in their rural communities (Belanger, Price-Mayo & Espinosa, in press). Problems included lack of health and mental health providers, difficulty accessing services because of distance, transportation costs, and funding. States also specifically noted problems related to transportation to and from visits between children and their parents, caseloads requiring workers to complete the same amount of work as their urban counterparts and yet travel long distances to see children and families. In addition states had difficulty arranging training for rural workers and foster parents.

Rural child welfare workers, staff, and administration are required to provide the same amount of service to families without regard to transportation issues, and without existing community services. Rural foster parents are obliged to care for their foster children, at times with little or no assistance. This may mean driving 3 hours to the nearest

psychiatrist for the child's medications, attending training 2 hours from home, dealing with issues with little or no support, and certainly not the support given urban foster parents. Rural children may be removed from their homes simply because their parents have no substance abuse treatment available in the community, or because parenting classes, counseling, or mental health providers are not available, or don't take Medicaid. Rural parents may be in the impossible position of having to maintain employment but drive hours for treatment with no funds for gas to keep custody of the children they love, while rural workers helplessly watch. Already overburdened, rural workers cannot be expected to create resources in communities when they are already working extended hours for which they will never be compensated. Instead, they also travel to the urban centers for their training and their staff meetings, adding to the burden. And all members of the rural child welfare system are expected to meet the same standards of care as their urban counterparts. Unfair expectations with unequal support and excessive challenges are the nature of injustice. (Belanger, Price-Mayo & Espinosa, p. 17)

Rural Isolation

The National Advisory Committee on Rural Social Services has continually noted the isolation of rural workers. At times it has been able to offer meetings and trainings in rural locations, but recent funding constraints for agencies with rural workers coupled with higher travel costs have made it difficult even to meet together. There is no agency that an individual rural social service provider can belong to that works specifically for rural children and families or that provides training or support specifically related to their challenges. Rural agencies are, for the most part, too small to be able to afford participation in agency-based organizations like CWLA. Creative solutions for increased rural participation in CWLA are being investigated, but assistance from outside resources would be very helpful.

There has been a modest increase in rural MSW programs, but professional education is seriously limited both by travel demands and lack of research. More conferences, subsidies to attend conferences, subsidies to take rural courses or participate in rural social service programs are all important to decreasing isolation, increasing professionalism and access to professionals, and improving service for rural children and families.

Research

Research in rural child welfare is sparse at best for a number of reasons, including the lack of research funds, the paucity of rural researchers, the difficulty in using comparable definitions of rurality, and difficulties related to protection of human subjects when geographic location may reveal the identity of a family. However, the largest difficulty

may simply be that rural questions may not be considered and rural researchers not consulted when data sets are designed and large studies conducted.

- In 1997 CWLA created the National Advisory Committee on Rural Social Services, and one of its first realizations was that little was understood about rural child welfare.
- In 2002 Child Welfare published a special issue: *The Crisis in Rural Child Welfare* (Belanger & Baker, eds.) In this special issue Fluharty challenged the nation to include rural social services, and particularly rural child welfare in placed-based policy decisions.
- The Department of Health and Human Services contracted with Mathematica to undertake a comprehensive examination of social service research in rural America. The report included a section specifically examining rural child welfare, finding that, while important, rural research is basically non-existent: “Empirical research in child welfare, including maltreatment and child welfare services, has focused on urban areas, where caseloads are largest” (Strong, Del Grosso, Burwick, Jethwani & Ponza, 2005).
- One of the difficulties in rural child welfare research relates to the choice of definition for rurality. When the Census definition is used, it effectively limits the rural population to communities with fewer than 2,500 people, excluding communities with 2,500 – 50,000 from analysis, and including them with urban populations which may confound findings.
- It is more difficult, both with Census definitions and with continuum definitions, given the small number of cases in each category, to assure confidentiality; the resulting small samples may challenge data confidentiality protocols for public use data sets (Capizzano & Fiorillo, 2004). In addition, changes in definitions, population shifts, and the use of new classifications have effectively re-classified communities, making rural research even more difficult.
- Small samples, exploratory designs, multiple definitions of rurality and lack of consistency in definitions are all limitations in the current research available on rural child welfare (Strong et al., 2005).

The National Data Archives on Child Abuse and Neglect houses several extensive data bases, including AFCARS (Adoption and Foster Care Analysis and Reporting System) and NSCAW (the National Survey of Child and Adolescent Well-Being). Both systems could be explored to answer several questions related to rural child welfare, especially given time and resources for collaboration between rural researchers and Data Archives staff. There are other data systems that, given resources and collaboration, could answer a number of questions related to rural children and families. The National Data Archives has just recently made great strides in assuring usability of data for rural research by infusing Rural-Urban Continuum Codes into the AFCARS systems, and by determining appropriate usage for Continuum Codes in NSCAW.

Important Research Questions

- It appears that rural communities have lost more social service jobs in child welfare proportionately than urban communities. Is this the case? If so, is there a presence, both in numbers and in salaries, of social service personnel proportionate to the population, or are rural communities in effect subsidizing urban communities who have less need?
- It appears that some states cannot find rural foster homes for their rural children, and therefore send them to urban homes for care, while other states may have a surplus of rural foster homes, sending urban children to rural communities. What is actually happening related to geographic transitions between urban and rural communities? How does the child adjust to the transition? How do the foster parents cope? What impact does this have on a community?
- Is racial disproportionality similar in rural and urban communities, or is it an urban phenomenon?
- How scarce are rural resources in all states? Although one study clearly showed resource disparities, the study needs replication in other states.
- If there are few resources, what happens to rural children who are being maltreated, and their families? (There are a series of questions related to this issue that need exploration.)
- Do rural counties achieve the outcomes (see the Child and Family Service Reviews) that urban counties do? The CFRS's need a more objective way of choosing and examining rural counties.

Some Issues Related to Rural Cultural Competence

As described above, rural communities often lack essential social services, specialists in all fields (MSW's, Ph.D.'s, M.D.'s, R.N.'s, etc.), researchers, and even media. Compared with their urban counterparts, rural communities are lacking economic, human and physical capital, or money, education and degrees, and buildings and infrastructure. Their currency and their wealth lies in relationships, or social capital (Belanger, 2005). Rural residents are often willing to sacrifice higher incomes to remain in their home towns. Trust, dependability, place-based and family-based history are essential to rural communities. However, this very economy is often threatened by urban based policy.

Cultural competence in funding

- Contracts and grants are at times awarded on a competitive basis, rather than a collaborative basis, while rural work is generally the result of collaboration.
- Grants are often biased toward numbers. Some require a minimum number of persons to be served, a cost/client ratio that can only be met with high numbers, or a minimum number of agencies required for collaboration. All of these eliminate rural agencies from competition.
- Specialists, specialized researchers, statisticians or other personnel are often required in a competition, eliminating rural communities.

- Grant-making is currently heavily skewed toward urban-based or urban-focused initiatives; rural programs and communities simply cannot access large streams of philanthropic resources (Swierzewski, 2007).

Cultural competence in practice and administration

- Assessing needs is more difficult in rural communities. It is more difficult to assess a need when there is no service to address a need, i.e., no recipients of service.
- The possible “dual relationships” of workers in rural communities may be viewed as a liability rather than an asset, eliminating highly qualified persons from the possibility of working in child welfare.
- Financial incentives for child welfare workers to obtain MSW’s are at times tied to their willingness to relocate to urban areas with higher turnover.
- There are pressures upon professionals to utilize professional language, and to hire practitioners who use more urban-based language. In rural communities, more effective practice minimizes the use of professional jargon and matches the language and speech patterns of the local community;

Cultural competence in research

- The vast majority of practice research is based in urban centers. Therefore the requirement to use “evidence-based” or equivalent or approximate practices in rural areas may not be culturally competent. Rural communities may not have the resources or personnel to implement them; they may have a negative impact on relationships or place; they may be geographically or economically impractical. Without research that establishes the validity and impact of these practices in rural communities, agencies cannot require the use of these practices.
- Rural research needs to be financially supported. All large child welfare centers and data centers should have a rural component, rural financial incentives, programs to sponsor rural researchers and assist them in their research, and collaborative agreements that clarify appropriate research agendas for rural communities.

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