



**National Resource Center for
Family-Centered Practice and Permanency Planning**
at the Hunter College School of Social Work

Information Packet

Rural Issues in Child Welfare

National Resource Center for Family-Centered Practice and Permanency Planning

A Service of Children's Bureau/ACF/DHHS

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Summary

As widely recognized by child welfare experts, poverty, substance abuse, and mental health issues can often contribute to child maltreatment. Communities in rural America are facing higher poverty rates than urban and suburban areas and increased substance abuse and mental health issues, while significantly lacking social, health and mental health services (NACRHHS 2009; Belanger, 2008). Seventy-nine percent of the states reviewed during the first round of Children and Family Services Reviews (2001-2004) reported that they either lack the resources needed to meet the needs of children, youth and families, or that the resources were not accessible in the rural communities. The specific obstacles that rural areas around the country are facing include:

- Poverty
- Lack of health and mental health providers
- Difficulty accessing services due to long distances and transportation costs
- Inadequate funding
- High caseloads for social workers (considering the long distance travel required)
- Difficulties in arranging training for social workers and foster families

Standards for child welfare practice in rural communities in terms of achieving safety, permanency and well-being for children and youth involved in the system are the same as in urban communities. However, because of the specific and unique challenges that rural areas face, local agencies need flexibility in terms of the ways they can use available funding to meet the needs of at-risk children and youth and improve outcomes for families in rural communities. Rural areas typically do not have enough children to receive an adequate base amount of funding to provide basic programs and support services (NACRHHS, 2009).

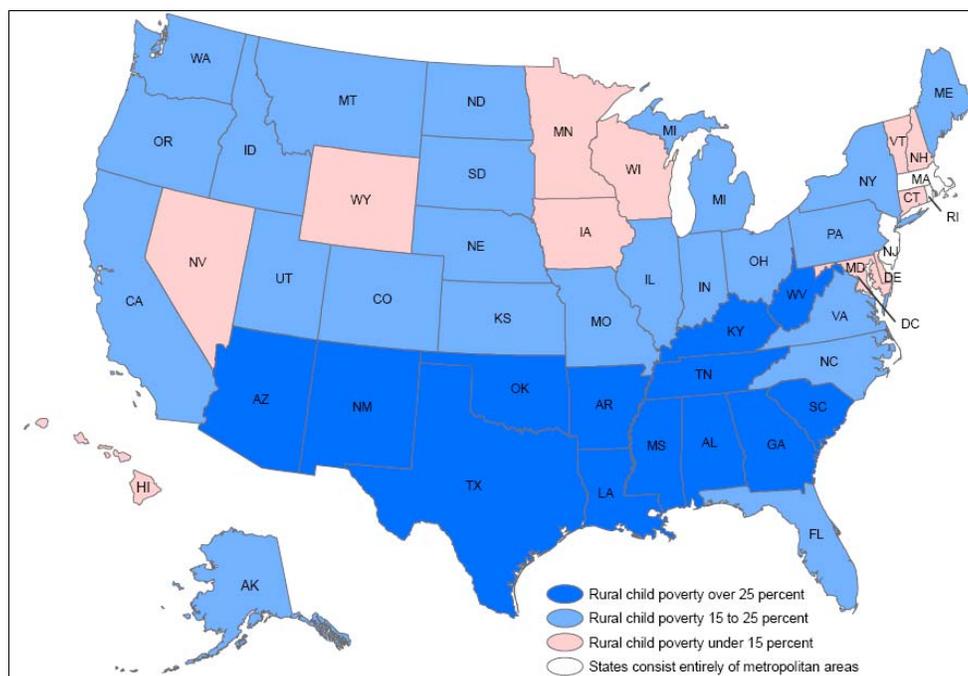
Interagency collaboration in rural communities is a recommended approach for rural areas facing funding and resource constraints (NACRHHS, 2009; NRCOI, 2003). It is critical to be sensitive to cultures and values of rural communities for which “trust, dependability, place-based and family-based history are essential” (Belanger, 2008).

More funding for research on rural child welfare practice is needed. Funds for rural research are lacking, the number of rural researchers is small, and the geographic locations make it difficult to protect the privacy of the research subjects (Belanger, 2008). Often rural issues are not considered when designing and conducting large studies examining child welfare systems and evidence-based practices, and therefore, the conclusions drawn from them may not be culturally appropriate and applicable for child welfare practice in rural areas.

Facts & Statistics

The challenges that rural communities in America face in comparison to urban and suburban communities include: higher poverty rates, fewer resources available for families, increased substance abuse and mental health issues, isolation of child welfare workers, lack of research in and about rural communities, and issues related to rural cultural competence in terms of funding, practice and administration and research (Belanger, 2008). In addition, the child welfare infrastructure and the social, health and mental health services in rural communities are severely lacking.

- More than 20% of the children, a total of 2.6 million, live below the poverty line in rural America (Save the Children, 2009).
- Rural poor children are more likely to be white: more than 57% of all poor rural children are non-Hispanic white compared with 28 percent of poor urban children (O'Hare, 2009).
- In rural areas, services to treat maltreated children are lacking, and even fewer preventive services are available for at-risk children. As a result, abuse or neglect may not be identified or linked to appropriate services (NACRHHS, 2009).
- Farther distances, geographic isolation and shortage of trained professionals make it difficult for rural families to access services (NACRHHS, 2009).
- Additionally, poor rural students face barriers to education, including long distances to school and a shortage of qualified teachers (Save the Children, 2009).



Rural Child Poverty in the United States, 2007. (Source: Carsey Institute, 2009)

Key Legislation & Policies

The federal laws dealing with child welfare, e.g., **Fostering Connections to Success and Increasing Adoptions Act** (2008), **Child and Family Services Improvement Act** (2006), **Keeping Children and Families Safe Act** (2003), **Adoption and Safe Families Act** (1997), etc., do not differentiate between rural and urban children, youth and families. The appropriate outcomes for safety, permanency and well-being, as well as the systemic factors, are the same for the rural and urban areas alike. Despite the farther distances, transportation issues, and often nonexistent community services, the child welfare workforce in rural areas is required to provide the same services to children, youth and families involved in child welfare systems as workers in urban areas do (Belanger et al, 2007).

More information on federal legislation: <http://www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm> and <http://www.hunter.cuny.edu/socwork/nrcfcpp/information.html#legislation>

The first round of Federal **Children and Family Services Reviews** (CFSR; 2004) that monitors states' child welfare systems found issues specific to rural areas in terms of safety, permanency and well-being of children and youth (Belanger et al, 2008):

- Safety: Availability and accessibility of services negatively impacted the outcomes on timeliness of investigations, repeat maltreatment, and preventive services in rural areas.
- Permanency: Lack of services and transportation impacted the ability to recruit local foster homes, to ensure visits with parents and siblings, and ultimately, to increase permanency.
- Well-being: Lack of physical/mental health and educational services and problems accessing them negatively impacted the families' ability to overcome obstacles when caring for children.

The CFSR concluded that legislative support is needed to “explore options for providing additional resources for a comprehensive continuum of child welfare services in rural areas, in coordination with the State agency's plan for addressing gaps in mental health services in rural areas” (2004).

More on tools and results for CFSR: <http://www.acf.hhs.gov/programs/cb/cwmonitoring/>

The 2009 report from the National Advisory Committee on Rural Health and Human Services (NACRHHS) to the Secretary of Health and Human Services provides information on funding mechanisms, and how state leaders can most effectively shape the services that are provided to at-risk children in rural communities. *The full report is available at:* http://ruralhealth.hrsa.gov/reports/2009_NAC.pdf

Best Practices and Model Programs

Child welfare services in rural communities should be family-centered to strengthen families and engage them in all aspects of case planning, goal-setting, service delivery and decision-making. The services should be community-based and delivered in collaboration with various systems, stakeholders and community leaders. They should be sensitive to rural-specific cultures and values.

Several experts have suggested that, rather than changing the standards for child welfare practice in rural areas, flexibility in the use of funds is essential in order to most effectively serve the families involved in child welfare (NACRHHS, 2009; Belanger et al, 2007). Collaborative service delivery, allowing the local agencies to streamline their administrative processes, would maximize the use of funds and other resources (NACRHHS, 2009; NRCOI, 2003).

The 2009 NACRHHS report includes a number of programs that address the issues related to child welfare in rural communities around America. The sample programs below highlight family support services, systems collaboration, and parenting services, such as online resources.

- **Chatham County, NC, Safe Start program** was created to reduce the negative impact of violence on young children through referrals to therapeutic and family support services, e.g. counseling, in-home visiting, and psychological assessment. The program works collaboratively with different groups involved with the children and families, including social services, public health, domestic violence, and law enforcement agencies, as well as public schools.
For more information on Safe Start program: <http://www.chathamkids.org/safestart.htm>
- **Iowa Community Empowerment program** offers a variety of programs to strengthen families and parents capacities, including a parent website with resources and services, evidence-based home-visiting program HOPES, and educational program for parents on early childhood development, developmental delays and school readiness.
For more information on the program: <http://www.empowerment.state.ia.us/>

Although rural issues were not measured in the 2001-2004 CFSR, the final results showed some promising practices to address the lack of services and need for transportation in rural areas (Belanger et al, 2007). In **Colorado**, some rural agencies paid for the services themselves if they couldn't find a provider that accepted Medicaid. Counties in **Alabama** shared resources, and **Wyoming** increased regional collaboration to meet the needs of children, youth and families. **New Mexico** used vans to transport teens to services; **North Dakota** gave out gas vouchers; and **Texas** and **Alaska** used books, online resources and videos to provide training to foster parents in rural areas.

Online Resources

CARSEY Institute conducts policy research and publishes reports on vulnerable children, youth and families, as well as community development in rural America. The community case studies illustrate critical challenges and useful strategies for rural areas.

<http://www.carseyinstitute.unh.edu/>

Center for Human Services at the UC Davis Extension offers support to address the needs of rural agencies around the country in developing skills for their social work staff. Their bi-yearly bulletin *Reaching Out* disseminates information on current issues for child welfare practice in rural communities.

<http://humanservices.ucdavis.edu/>

National Advisory Committee on Rural Health and Human Services provides recommendations on rural health and human services issues to the Secretary of Health and Human Services. Their 2009 report to the Secretary included a section on serving at-risk children, youth and families in rural areas.

<http://ruralcommittee.hrsa.gov/>

National Committee on Responsive Philanthropy serves as the independent watchdog of philanthropies and through research, policy recommendations, and publications suggests strategies for rural nonprofits and foundations to use to ensure that more philanthropic funds flow into rural areas.

<http://www.ncrp.org/campaigns-research-policy/communities/rural>

National Rural Social Work Caucus is an informal network of rural social workers that, in addition to providing networking opportunities, hosts the annual *National Institute on Social Work and Human Services in Rural Areas*. The group also publishes the electronic *Journal of Contemporary Rural Social Work*, available on the website: http://www.ruralsocialwork.org/journals/RSWC_journal_v1n1.pdf.

<http://www.ruralsocialwork.org/>

Rural Assistance Center (RAC) is a rural health and human services information portal provided by the U.S. Department of Health and Human Services. The child welfare section provides links to publications, online tools and funding resources: http://www.raconline.org/info_guides/child_welfare/.

<http://www.raconline.org/>

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