

Rural Child Welfare Practice

Almost one-fifth of the U.S. population lives in rural areas, spread out over communities encompassing between 72 and 95 percent of the U.S. land area (U.S. Department of Health and Human Services [HHS], Health Resources and Services Administration [HRSA], Federal Office of Rural Health Policy [FORHP], 2017). Some of the issues and circumstances affecting children and families in rural areas are different than those in urban and suburban areas, creating opportunities and challenges for child welfare professionals in rural practice.

This issue brief highlights the importance of understanding the concerns and needs of children and families in rural communities, their strengths and resources, and the cultural sensitivity required of child welfare professionals as they work to achieve safety, permanency, and well-being for rural children.

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Understanding Rural Communities

This section looks at the characteristics and considerations that define a rural community, the unique strengths and challenges in rural areas, and social service considerations specific to rural communities.

What Is Rural?

There is no single, definitive definition of rural, as rurality is defined by a combination of a community's geography and setting, population density, and the culture and characteristics of its people.

The U.S. Census Bureau labels anything that is not "urban" as rural. Urban is defined as either urbanized areas of 50,000 or more or urban clusters between 2,500 and 49,999 people that have population densities exceeding 1,000 people per square mile (Ratcliffe, Burd, Holder, & Fields, 2016). The most recent Census data from 2010 found that according to this definition, less than one-fifth (19 percent) of the U.S. population is rural, while more than 95 percent of the land area in the United States is still classified as rural (HHS, HRSA, FORHP, 2017).

The White House Office of Management and Budget (OMB) labels all counties that are not part of a metropolitan statistical area (MSA) as rural. OMB labels counties "metropolitan" if they have a core urban area of 50,000 people or more. Based on 2010 Census data, the OMB definition would categorize 15 percent of the total U.S. population as rural (HHS, HRSA, FORHP, 2017).

The Economic Research Service (ERS) within the U.S. Department of Agriculture (USDA) often uses its definition of nonmetropolitan counties as a proxy for rurality in its studies. ERS defines nonmetropolitan areas as those that include some combination of open countryside, places with a population of less than 2,500, or urban areas with populations between 2,500 and 49,999 that are not part of a larger labor market in a metropolitan area (USDA, ERS, 2016). ERS also uses classifications of rurality for other purposes, such as to help determine eligibility for federal assistance programs. For more information, see the ERS website at <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/>.

An additional yardstick for determining rurality is the rural-urban commuting area code. FORHP uses these codes—assigned to each Census tract based on daily commuting patterns and population density—when classifying rurality (HHS, HRSA, FORHP, 2017).

For more information, visit the Child Welfare Information Gateway webpage *What Is Rural?* at <https://www.childwelfare.gov/topics/systemwide/diverse-populations/rural/understanding/what-is-rural/>.

Strengths of Rural Communities

Many rural communities have substantial strengths, including rich natural resources and natural beauty. During a 2016 webinar sponsored by the National Resource Center for Diligent Recruitment (NRCDR) at AdoptUSKids, a majority of participating rural child welfare professionals (77 percent) cited the "less complicated and quiet" nature of rural areas as a major reason for choosing to live and work there. They also listed the natural environment (53 percent) and attachment to the land and place (40 percent) as additional attractions. (Access the audio version of the webinar at <https://www.youtube.com/watch?v=kh-auFN-l4s&feature=youtu.be&list=PLghM7YFZ4EP9f1wm5hPsLtV39hXb6JtYk>).

Tradition, family, and faith play important roles in rural areas where informal networks of neighbors, churches, and civic groups often result in a community spirit of helping and caring (Daley, 2015). These natural helping networks can be one of the rural environment's most important assets, as many residents in a rural community may be more inclined than their urban counterparts to help a neighbor in need. Rural residents might more readily offer refuge to neighboring children when a caregiver turns violent or a parent becomes incapacitated due to addiction or mental illness, for example.

It is the strength in relationships—"social capital"—that is one of the most valued characteristics in rural communities (Belanger, 2005). Social capital refers to resources built over time through relationships and trust. In rural communities, people tend to have known each other for a longer period and have reciprocal relationships.

Challenges of Rural Communities

Poverty, lower education levels, unemployment, and substance use and addiction—all factors strongly linked to child maltreatment—are prevalent in rural areas (Sedlak et al., 2010). Additional challenges to rural child welfare practice include potentially large travel distances to appointments and services and fewer specialists or health-care providers (NRCD, 2016).

The Fourth National Incidence Study of Child Abuse and Neglect found that children in rural areas had higher incidence rates of maltreatment than children in urban areas in nearly every category of maltreatment and level of severity (Sedlak et al., 2010). For example, the study found that the rate of abuse for children in rural areas was 1.7 times higher than for children in major urban areas.

Poverty and child poverty are not only greater in rural America, but rural areas tend to have more intense and persistent poverty (USDA, ERS, 2017a). Poverty places children at higher risk for negative health and well-being outcomes and can inhibit learning (National Center for Children in Poverty, 2016). The National Survey of Children's Health reported that for 2011–2012 more than 26 percent of children in rural areas lived in households with incomes below the federal poverty level compared with 21.5 percent of urban children (HHS, HRSA, 2015).

Education disparities persist between urban and rural areas. According to the USDA's ERS, there is a growing gap in college and postgraduate educational attainment between rural and urban areas. While the overall educational attainment of people living in both rural and urban areas has increased over time, the increase has been substantially greater in urban areas. Between 2000 and 2015, the percentage of urban adults with a bachelor's degree or higher rose from 26 percent to 33 percent, whereas that share in rural areas grew only from 15 percent to 19 percent (USDA, ERS, 2017b). ERS points out that higher pay for college graduates in urban areas may account for this gap.

Employment in rural areas rose only modestly (1.57 percent) in the 4 years following the recession of 2007, while urban employment increased more than twice as rapidly (3.82 percent) (Hertz, Kusmin, Marré, & Parker, 2014). Child maltreatment occurs at a rate of two to three times higher for children whose parents are unemployed compared to those with parents in the workforce (Sedlak et al., 2010). For more statistics on rural employment, see the ERS webpage at <https://www.ers.usda.gov/topics/rural-economy-population/employment-education/rural-employment-and-unemployment/>.

Substance use in rural communities is driving more children into foster care. The Adoption and Foster Care Analysis and Reporting System data reveal that parental alcohol or drug use was cited as a factor in 38 percent of removals nationwide in fiscal year 2015 (HHS, 2016). Many states, however, believe that these numbers understate the impact of substance use on children and families (Young, 2016). While rural communities may understate the problem due to the shortage of treatment options and facilities that register such statistics, the National Advisory Committee on Rural Health and Human Services (NACRHHS) reports that drug-related deaths are 45 percent higher in rural areas (NACRHHS, 2016). Alcohol, marijuana, methamphetamine, and opioid use are significant problems in the United States and particularly in rural communities. Between 2000 and 2009, there was a nearly five-fold increase in the number of opioid-using pregnant women and infants diagnosed with neonatal abstinence syndrome (NAS) (Patrick et al., 2012). National data show that rural infants accounted for over 21 percent of all infants born with NAS between 2012 and 2013—a notable surge from 2003 to 2004, when they accounted for just 13 percent of all NAS cases (Villapiano, Winkelmann, Kozhimannil, Davis, & Patrick, 2017). Rural teens may be more vulnerable to prescription medication use than urban youth, since their primary means of health care is often the hospital emergency room where prescription medications for pain management are more frequently dispensed (Monnat & Rigg, 2015).

Supporting Sobriety, Family Well-Being in Rural Appalachia

In parts of rural Appalachia, child protective service programs are teaming up with behavioral health providers, the juvenile court system, and community partners to offer comprehensive, wraparound supports to child welfare-affected families battling substance use disorders. Sobriety Treatment and Recovery Teams (START) seek to help these families by treating parental substance use disorders and allowing children to remain with parents when safe and possible. The sobriety rate for mothers going through START is twice the rate of those treated without it, and children in families participating in the program are half as likely to be placed in state custody (Addiction Policy Forum, National Criminal Justice Association, & Center for Health & Justice, 2017).

A study comparing children from families involved with START in Martin County (Kentucky) with those who were not found the START-involved group experienced only 4.6 percent repeat child maltreatment as compared with 10.1 percent in the control group (Hall, Huebner, Sears, Posze, Willauer, & Oliver, 2015). No children in the START group reentered out-of-home care within 12 months of exiting foster care, compared with a 13.2 percent reentry rate for the control group.

In March 2017, Ohio launched a related program—the Sobriety Treatment and Reducing Trauma (also called START) initiative—to respond to the growing opioid epidemic. A \$4.8 million grant funded primarily through the Victims of Crime Act authorized the Ohio START initiative to help child welfare agencies in 19 southern Ohio counties identify child victims of parental drug use. The program provides specialized services for children with the emotional trauma that is often associated with parental substance use disorders. The program will pair peer recovery supporters with a child welfare caseworker to provide intensive case management services. The 30-month grant will study the effectiveness of START in providing trauma-informed treatment, intensive case management services, and recovery supports.

For more information on START programs, see <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>.

According to the Rural Health Information Hub (2017), a service of HRSA, other rural-specific concerns surrounding drug addiction may include sparsely distributed law enforcement and substance use prevention programs. There may also be a reluctance on the part of rural residents to seek treatment because of the stigma associated with receiving counseling services. Rural residents may fear community members' disapproval for seeking help with drug or mental health issues. For more information, visit the Rural Health Information Hub webpage at <https://www.ruralhealthinfo.org/topics/substance-abuse>.

Trauma in children and families may be prevalent in rural and tribal areas because of historical trauma, abuse and neglect, poverty, domestic violence, addiction, and the lack of trauma-specific and preventive services. There is a growing need for trauma-informed care in rural communities. Veterans and their families may be particularly vulnerable. According to the USDA ERS (2013), more than 6 million veterans live in rural America, which is approximately 11 percent of the rural population. These families may enter the child welfare system for issues related to posttraumatic stress disorder as well as addiction and domestic violence related to their service (Riebschleger, Norris, Pierce, Pond, & Cummings, 2015).

Travel distances and lack of public transportation options in rural areas may make accessing services very difficult. Child welfare professionals working in rural areas (87.5 percent) have cited travel distances as one of the greatest challenges of rural practice (NRCDCR, 2016). Transportation challenges create potential hurdles in facilitating training opportunities for caseworkers and resource parents, child visits, respite care, and visits with specialists.

State Example: Coping With Distance Travel

Some states are taking advantage of existing programs or piloting new ones to tackle the challenges faced by rural families in need of services that are not readily accessible.

- The Montana Department of Public Health and Human Services relies on federally subsidized Essential Air Service (EAS) to fly parents and children to appointments with specialists or family visits. Without this benefit, travel to child welfare-related appointments would be prohibitively time-consuming or expensive (E. Barnosky, personal communication, May 12, 2017). The U.S. Department of Transportation (DOT) EAS program guarantees that small communities that would not otherwise receive any scheduled air service maintain a minimal level of service. DOT subsidizes commuter and certificated air carriers to serve approximately 60 communities in Alaska and 115 rural communities in the lower 48 contiguous states.
- The South Dakota Department of Social Services authorized the addition of six social service aides to their child protective services staff for fiscal year 2018 to serve primarily as drivers for child welfare-related appointments. The social service aides will allow caseworkers to focus on providing direct services to children and families rather than using valuable casework time on transportation (V. Wieseler, personal communication, May 11, 2017).

Access to mobile phone and Internet service may be limited in some rural communities. According to the Federal Communications Commission (FCC, 2016), 39 percent of rural Americans (23 million people) and 68 percent of Americans living in rural areas of tribal lands (1.3 million people) lack access to 25 Mbps/3 Mbps broadband service compared with only 4 percent in urban areas. The use of videoconferencing to bring otherwise unavailable services to an isolated area may be compromised or impossible absent a strong Internet signal. Rural areas have slower and more limited Internet access, separating them from an important component of modern life (West & Karsten, 2016). The FCC is hoping to bridge the digital divide by launching a \$2 billion rural broadband expansion aimed at bringing Internet access to underserved rural areas beginning in 2018 (<https://www.fcc.gov/document/fcc-takes-next-step-toward-2-billion-rural-broadband-expansion>).

Social Service Considerations

Many of the services considered important for positive child welfare outcomes are concentrated in urban areas and limited in rural communities (Belanger & Stone, 2008). According to several of the key findings from the final reports of round 2 of the federal Child and Family Services Reviews, many states need to improve service accessibility in rural areas (HHS, Administration for Children and Families, Children's Bureau, n.d.). This section explores special considerations for rural practice, including caseworker skills and availability, confidentiality and ethical practice, and the importance of cultural competency.

State Example: Bringing Services and Caseworkers to Rural Kansas

Kansas has a dwindling rural population that has made providing an adequate array of child welfare service a challenge. Kansas designated 77 of its counties "Rural Opportunity Zones" to encourage the movement of families, businesses, and service providers back into rural areas. The financial incentives for moving into one of these designated counties include income tax waivers for up to 5 years and student loan repayments of up to \$15,000. Employees of KVC Kansas, a Department of Children and Families (DCF) in-home services and case management contractor serving southeastern Kansas, receive a \$1,000 recruitment bonus for referring a licensed worker and a \$3,000 signing bonus when licensed workers are hired. Saint Francis Community Services, a DCF contractor serving western Kansas, offers tuition reimbursement for staff who pursue social work degrees.

In Kansas' DCF, child protection workers are equipped with smartphones and laptops to assist with their work in rural and frontier areas of the state. All staff also have special equipment for their phones to keep them connected to law enforcement in case of an emergency. Rural caseworkers have access to video conferencing to connect with rural families, coworkers, and other professionals, as well as mobile dictation devices to help with case documentation during the potentially long travel periods between home visits and office time (S. Thowe, personal communication, May 16, 2017).

Caseworker Skills and Availability

Some rural areas may have only one caseworker who covers several counties. Casework practice in these areas requires a comprehensive set of skills and flexibility (Daley, 2015). To address the shortage of caseworkers and lack of specialization, some states have set up state or regional offices as hubs that direct workers with specific subject-matter expertise—such as investigations, family safety, and licensing—to travel to understaffed rural communities.

State and local agencies have used various means to offer services in resource-low rural areas. Rural health clinics and federally qualified health centers operate as important safety net providers in rural areas. According to the National Association of Community Health Centers, over one-third of the 22 million Americans who receive care from health centers are rural residents (Rural Health Information Hub [RHIH], 2017). State and local agencies rely on wraparound programs to coordinate services and funding (RHIH, 2017). For example, school social workers in rural areas often serve as important intermediaries between the child, family, school, and community and can provide a variety of direct services and link families with resources. According to HRSA, 62 percent of the areas with a shortage of mental health professionals are in rural and partially rural areas (HHS, HRSA, Bureau of Health Workforce, 2017). The public school system often serves as a major community resource in these areas and offers a network of services or wraparound programs, including child mental health screenings (Openshaw, 2014). In some locales, the county human services department might be the focal point of rural human services, while in others a nonprofit community action agency might be the anchor organization. For more information on rural wraparound services, visit the Rural Health Information Hub website at <https://www.ruralhealthinfo.org/community-health/services-integration/2/care-coordination/wraparound>.

Successful Rural Hubs

NACRHHS, an HHS-convened citizens' panel, points to two examples of successful rural anchor organizations (NACRHHS, 2014):

- The Montrose County Human Services Department in rural Colorado has developed a wraparound program to support at-risk youth and their families through the Colorado Collaborative Management Program (CMP). CMP supports local efforts to integrate treatment services for children and families, and, through Colorado's title IV-E waiver program, has helped prevent children and families from entering the child welfare and protective services systems.
- The Gallatin County, MT, Human Resource Development Council IX, a community action agency providing a broad range of community services through wraparound programs and coordinated services, has resulted in more informal referrals for services and greater local buy-in by developing local resources, talent, and capital and conducting periodic needs assessments.

Ethical Practice

It may be difficult for caseworkers to avoid having outside, nonprofessional relationships with the clients and families in their care since rural communities tend to be small and close-knit. This can present ethical dilemmas for child welfare practice. When ethical concerns surface, it is the caseworker's responsibility to the client and the community to establish appropriate professional boundaries (Daley, 2015). To preserve client confidentiality and build trust, caseworkers can develop a plan with the families they serve for handling chance encounters in public (e.g., bumping into a client at church, the store, or at a social function [Riebschleger et al., 2015]). While the National Association of Social Workers' (NASW) Code of Ethics does not prohibit these dual relationships, it entrusts the caseworker to cultivate relationships that respect client confidentiality (Daley & Hickman, 2011).

Child welfare administrators and supervisors should ensure that caseworkers are familiar with policies addressing confidentiality issues. To help maintain personal and professional boundaries, social workers can (Piché, Brownlee, & Halverson, 2015) do the following to promote confidentiality:

- Use technology and videoconferencing, when possible, to refer clients to professionals who can provide service from afar without having to compromise existing relationships.
- Engage community members, clergy, elders, family members, or other natural helpers to help avoid uncomfortable dual or multiple relationships.
- Share or swap close-by communities with another caseworker where feasible—via travel, skype, or videoconference—to serve neighboring areas from one's own community and address the dilemmas of overlapping relationships and limited resources.

For more information, visit the Gateway webpage Ethical Issues in Rural Child Welfare at <https://www.childwelfare.gov/topics/systemwide/diverse-populations/rural/working/issues/>.

Developing Cultural Competence

Caseworkers must consider the general rural culture as well as the diverse racial and ethnic populations when serving rural communities. From a cultural standpoint, many rural residents have traditionally valued self-reliance, are wary of "outsiders," and may find the modern social service delivery model highly depersonalizing and clinical. A caseworker's well-meaning efforts to maintain professional distance from clients, for example, may come across as rude and impersonal (Daley, 2015).

NASW revised its cultural competence guidelines in 2015 to demonstrate the growing importance of the ethical responsibility to be culturally competent (NASW, 2015). The Child Welfare League of America's National Advisory Committee on Rural Social Services developed and tested a set of guidelines for cultural competence in rural child welfare in 2009. These guidelines highlight how various factors such as personal connections, local language, dress codes, definition of family, community history, the meaning of time, and marginalization affect rural practice (Belanger & Brooks, 2009).

Rural child welfare professionals also need to have an understanding of the varied racial and ethnic complexion of rural communities and its implications for practice. In 2010, racial and ethnic minorities comprised more than 20 percent of the rural population (Housing Assistance Council, 2012). This minority population includes African-Americans, Latinos, American Indians and Alaska Natives, Asians, Hawaiian/Pacific Islanders, and others (Housing Assistance Council, 2012). Immigrants and non-English-speaking families may have particular challenges relevant to rural child welfare policy and practice. For example, a rural Spanish-speaking family may require mental health services, but there may be no bilingual providers in the area.

African-Americans are one of the largest racial minority groups in rural America and represent a disproportionate share of disadvantaged rural residents, with unemployment rates twice as high as for other groups in rural areas (Avant, 2014). There has been a reverse migration by African-Americans to rural areas to reestablish family connections and return to traditional sources of support, such as family, church, and a slower pace of life. (Avant, 2014; Daley, 2015) The stronger sense of community and connectedness in rural communities may serve as a protective factor in reducing the number of children entering out-of-home care (Belanger & Smith, 2008).

Many rural child welfare cases involve American Indian and Alaska Native families. Although American Indian and Alaska Natives comprise less than 2 percent of the U.S. population, more than half live in rural areas (Housing Assistance Council, 2012). In addition to being culturally attuned to the needs of this population, child welfare professionals should be knowledgeable about the Indian Child Welfare Act and other policies that may affect their practice (Riebschleger et al., 2015). Caseworkers can collaborate with tribal representatives to identify and meet the needs of these families and identify family resource placements for children who require out-of-home care. They can also strive to provide culturally relevant services for children in placement. The following resources offer guidance for working with American Indian and Alaska Native families:

- Child Welfare Capacity Building Collaborative Center for Tribes (<https://capacity.childwelfare.gov/tribes/>)
- National Indian Child Welfare Association (<http://www.nicwa.org>)
- Child Welfare Information Gateway (<https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/>)

NRCDCR has developed a planning toolkit for recruiting resource families for tribes at http://www.nrcdr.org/_assets/files/NRCDCR-org/dr-navigator-tribal-supplement.pdf.

There is also a growing need for caseworkers attuned to the cultural and linguistic concerns and needs of rural Latino populations. Latino populations in the United States have shifted from being concentrated almost exclusively in California, Texas, and Florida to rural areas outside these three states (Villalobos, 2014). According to the Pew Research Center, Latinos accounted for more than half the U.S. population growth between 2000 and 2014. Widespread poverty, low academic achievement, and language barriers among Latino populations increase the need for access to the often-limited services in rural areas (Villalobos, 2014).

Caseworkers should also be aware of the cultural perceptions of alternative lifestyles in rural communities and the implications for lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth in child welfare practice. As LGBTQ youth realize their sexual orientation or gender identity, families may reject them and put these young people at risk of abuse and homelessness. Without community support, these youth may be at increased risk of becoming human trafficking victims (Polaris, 2016). In addition, because rural areas tend to have fewer families who are willing and able to offer placement to LGBTQ youth, young people requiring out-of-home care are also at risk of being placed outside their communities (Toner, 2013). The creation of “families of choice” in rural areas can strengthen the local LGBTQ presence and build community for this at-risk group (Russell, 2014). For more information on recruiting resource families for LGBTQ youth, consult Adopt USKids’ LGBTQ Supplement to the Diligent Recruitment Navigator at https://www.adoptuskids.org/_assets/files/NRCDCR-org/dr-navigator-lgbtq-supplement.pdf.

More information on achieving rural cultural competence is available on the Information Gateway webpage, Rural Cultural Competence, at <https://www.childwelfare.gov/topics/systemwide/diverse-populations/rural/working/competency/>.

Recruiting Resource Families

Recruiting resource families in rural areas requires targeted efforts that consider the unique circumstances of rural communities. A shortage of local resource families puts rural children at risk of out-of-home placement outside their communities. This may limit contact with the birth family and compromise family preservation efforts. This section explores the role of social capital in enhancing recruiting efforts in rural areas, specific kinship care and resource family recruitment and retention strategies, and supports for resource families. This section also addresses targeted recruitment for American Indian and Alaska Native families, since over half of this population resides in rural America.

The Role of Social Capital

Rural child welfare professionals who have built relationships and trust over time may have greater success recruiting and working within their home community than professionals from outside. To increase their effectiveness, child welfare professionals new to a rural community can focus on building relationships with local judges, court-appointed special advocate volunteers, faith-based groups, business representatives, local service and charitable organizations, and community boys and girls clubs (NRCDR, 2016). Establishing these affiliations and connections can help represent the needs of children and families in rural communities. This effort might also result in identifying “go-to” people in rural communities that can help caseworkers establish a foothold and access informal resources.

Building Community in Rural and Tribal Areas

Community connections are essential to successful foster family recruitment. Child welfare professionals can use the following strategies to help build bonds and community with rural and tribal residents:

- Build bridges through partnerships with local organizations
- Engage the community in fostering and adoption

- Show local residents they are valued more than immediate policy goals
- Demonstrate a commitment to helping tribes care for tribal children
- Demonstrate interest in cultivating a long-term relationship with the community
- Support culturally relevant services

Rural states tend to include “pocket communities” stretched out over many miles—with a wide expanse between towns—and it can be difficult to establish a foothold for setting up recruitment partnerships. Social media campaigns offer a free networking opportunity and have enhanced recruitment efforts in some areas (NRCDR, 2016).

In developing their recruitment plans, tribes have created an array of recruitment strategies that have helped local practice, including the following:

- A tribal recruitment fair that has become an annual event includes several tribes and state and county partners. The event has not only been successful in recruiting resource families and developing partnerships for the tribes but has also helped to facilitate criminal history background checks for potential resource parents (including fingerprinting) and recognition of foster family licensure and certification processes (i.e., one tribe honoring and accepting another tribe’s resource family licensing).
- An “outreach” event sponsored by a tribe to emphasize a local need—in this case, luggage for children in foster care—resulted in greater community involvement in helping children and families. The tribe has since looked to additional ways its members can support children in foster care, such as holding drives for toiletries, bedding, clothing, or school supplies, (R. Main, personal communication, April 14, 2017).

For tribal-specific recruitment tools and resources, consult AdoptUSKids’ Diligent Recruitment Planning Tool for Tribes at https://www.adoptuskids.org/_assets/files/NRCDR-org/dr-navigator-tribal-supplement.pdf.

Kinship Care

Kinship caregivers are relatives or close family friends who care for children in out-of-home care. Kinship care with a grandparent or a close family member may make a child feel safer and more secure than placement with a stranger. Child welfare professionals can encourage kinship recruitment through a variety of means (Kaye, Adle, & Crittenden, 2010):

- Develop a community presence through marketing.
- Ask kinship caregivers to share their personal stories in a community forum.
- Offer to read forms to caregivers, some of whom may have difficulty seeing or reading.
- Explain social service terms and acronyms that may be unfamiliar to caregivers.
- Be sensitive to the fact that many caregivers may be uncomfortable receiving help—especially those that did not have to rely on social services when raising their own children.

Recruitment Strategies

While kinship care may be preferable, it is not always an option. There are several steps child welfare professionals can take to recruit resource families in rural and tribal areas (NRCDR, 2016):

- Remember “who you know” is more valued than “what you know.”
- Demonstrate cultural competence regarding rural and tribal culture (learn about practices, understandings, challenges, and interpretation; read local or tribal newspapers; examine national and community rural and tribal data).
- Focus recruitment efforts locally—getting help from well-connected residents—and advertise in local media.
- Work with people who are trusted and connected in a rural community rather than relying on professionals with specific positions or titles.

- Take time to establish connections, engage, listen, and learn from local residents.
- Become familiar with the Indian Child Welfare Act and local tribes.
- Recognize each tribe is a sovereign nation and each tribe is unique.

Supporting Resource Families in Rural Areas

There are several strategies rural child welfare professionals can follow to support resource families and help ensure retention (NRCDR, 2016):

- Identify training and support needs.
- Develop plans with families.
- Offer online training for staff and families.
- Create a lending library for staff and families.
- Work to increase the foster care and adoption competence of local mental health and family support service providers.

Knowing Where to Recruit and Who to Recruit

Grocery stores, gas stations, general stores, and post offices—these are all potential resource family recruitment partners. The Mississippi Department of Human Services engaged the Center for the Support of Families to put together a diligent recruitment guide that features numerous networking strategies and provides “Family Portraits” describing the various types of potential resource families a caseworker might encounter in rural areas of the state. Each has defining characteristics—such as their demographic, lifestyle choices, or retail and media preferences—and a rural-focused label such as “Rural Roads,” “Blue Highways,” “Backcountry Folks,” “Bedrock America,” etc. The guide is available at http://www.nr cdr.org/_assets/files/DR-Grantees/year-two-2/StrategyGuide.pdf.

Preparing and Supervising a Rural Child Welfare Workforce

Rural child welfare practice is unique. This section looks at how agencies and social work programs can recruit, prepare, and retain caseworkers for rural practice, as well as how child welfare professionals can supervise and administer child welfare practice in rural areas.

Preparing, Recruiting, and Training Caseworkers

Rural child welfare practice requires professionally trained social workers who understand and appreciate rural communities. To prepare students for work in rural environments, social work curricula should address the following (Riebschleger et al., 2015; Daley & Pierce, 2011):

- An understanding of rural communities, organizations, and cultural competence
- An understanding of the role of social capital
- An understanding of maintaining boundaries and confidentiality in a small community
- An understanding of how to provide services and advocate for children and families living in poverty
- An understanding of how to identify formal and informal resources to provide child welfare services
- An ability to fulfill many casework functions, such as engagement, assessment, planning, implementation, and evaluation
- An ability to work independently and seek supervision and help when needed
- An ability to form and maintain reciprocal and collaborative relationships with social work schools and community leaders to help advance rural child welfare competencies
- An ability to discriminate among trauma services and make referrals

More social work programs are developing undergraduate and graduate degrees that include concentrations in rural work, or programs designed to train and encourage more practitioners in rural communities, to help counter the shortage of rural practitioners:

- Humboldt State University (HSU) in California has online undergraduate and graduate programs in social work that emphasize working with rural and Native American communities. Humboldt County has eight federally recognized tribes within its borders, and HSU is collaborating with county agencies, tribal social services, and other social service staff to develop practitioners in child welfare and other human services. The graduate program, which launched in 2004, is building capacity for rural and tribal people to assume more leadership positions in child welfare and social services and actively recruits rural and Native American students from tribes in the surrounding communities. HSU is planning for research on child welfare outcomes of families that work with its graduates to gain an understanding of how culturally relevant and culturally responsive curricula influence casework and safety, permanency, and well-being for children and families (B. Kreuzer, G. Shaw, K. Smith, & R. Swartz, personal communication, May 18, 2017).
- Indiana University (IU) is launching a program aimed at increasing the number of trauma-informed professionals in the field by training social work and other undergraduate majors and community professionals to work in all areas of the state, including rural communities. The undergraduate social work program offers a child welfare certificate that is open to non-social work students. Community professionals who already have an undergraduate degree (e.g., pastors, teachers, or community advocates) may also obtain IU's child welfare certificate by enrolling in the training, which includes coursework in trauma-informed care and cultural and racial humility (B. Pierce, personal communication, June 19, 2017).

Supervising and Administering Rural Practice

Rural communities present particular challenges in child welfare supervision and administration. Child welfare supervisors and administrators in rural communities may need to develop policies and practices and make decisions based on the availability, accessibility, and quality of available resources and other circumstances. The following are examples of practice considerations or dilemmas that might arise:

- Whether treatment resources are available for a parent with substance use challenges and, if not, how that might affect other case decisions—including removal from the home
- What a caseworker should do if access to child and family local mental health services is often through entry into the child welfare or juvenile justice systems
- Whether a child from a very small town is safe in foster care in his own hometown or, conversely, how this child might fare if removed to a major metropolitan area where visits with the parents and caseworker are difficult/infrequent
- Whether an agency should contract with the only available provider of an evidence-based service if that provider has a poor track record
- How to work toward building “home grown” service providers and hiring those with rural backgrounds

All of these questions depend entirely on local circumstances and the specific rural context. Rural decision-making must be flexible enough to consider rural contexts.

Rural supervisors and administrators may have the unique challenge of using programs designed primarily for adjacent urban areas, determining which practices may be applicable in their communities, and deciding how to spend limited funds to promote staff development. Fidelity to a particular evidence-based practice (EBP) may require specific skill sets, licenses, or training that may be difficult to obtain in a rural setting, and staff may need

additional training to implement EBPs (Lee, 2016). Internet-based training for EBPs may help to enhance the clinical skills of rural providers and expand access to services in rural areas with sufficient broadband access. The National Child Traumatic Stress Network, for example, provides web-based training courses for EBPs such as Trauma-Focused Cognitive Behavioral Therapy (Walsh & Mattingly, 2012).

The National Implementation Research Network (NIRN, n.d.) offers models of interagency service collaboration that might be useful for rural settings. NIRN, a project of the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, explores best practices in implementation science to improve cross-spectrum human service outcomes. For more information, see <http://nirn.fpg.unc.edu/>.

Evidence-Based Practice in Rural Communities

The following are questions for rural administrators and supervisors to consider when weighing EBPs:

- How rural was the county where the evidence was gathered? What definition of rurality was used?
- How rural is the county in which the practice would be implemented?
- Are qualified personnel available in the community to implement this practice?
- What supportive services are needed to maintain model fidelity? Are these services available in the community?
- What financial contribution is necessary and is it available?
- How will model implementation impact rural relationships in the community?
- Which providers from which agencies or institutions may need to collaborate for implementation and sustainability?
- How can rural administrators, supervisors, and direct service delivery providers adapt the processes recommended by NIRN? (Bertram et al., 2015).
- If the most promising model cannot be implemented, what is the next best promising practice that could be implemented, and do policies allow for more rurally oriented interventions when there are not adequate rural-appropriate evidence-based practices?
- What research is needed to adapt or test promising models for rural practice?

Resources

The resources listed below may be useful for those engaged in rural child welfare practice:

AdoptUSKids hosts the National Resource Center for Diligent Recruitment's Diligent Recruitment Navigator, a tool to help public and private child welfare agencies recruit foster, adoptive, and kinship families at <https://www.adoptuskids.org/for-professionals/publications/dr-navigator>.

Contemporary Rural Social Work (<http://journal.und.edu/crsrw/>) is an online journal designed to share information about rural social work and promote excellence in rural practice.

The National Child Traumatic Stress Network (<http://www.nctsn.org/>) provides comprehensive web-based training courses for evidence-based treatment, which is particularly useful in rural areas lacking specialists and sufficient services.

The National Child Welfare Workforce Institute (<http://ncwwi.org/>) seeks to improve child welfare practice through partnerships that focus on professional development, organizational interventions, and change leadership in the workforce.

The National Rural Social Work Caucus (<http://www.ruralsocialwork.org/>), an informal organization of social workers engaged in rural practice, focuses on adding to the knowledge base for social work practice within rural settings by encouraging those with interests in rural places to publish and share their research and expertise.

The Rural Health Information Hub (<https://www.ruralhealthinfo.org/>), a service of U.S. Department of Health and Human Services Health Resources and Services Administration, provides an online library, funding opportunities to support rural health, evidence-based toolkits for rural community health, and news updates.

Conclusion

Rural child welfare practice presents unique opportunities and challenges that require an understanding of the rural context and history. Rural child welfare professionals can best serve the children and families of their communities by cultivating community connections, drawing from their personal knowledge of the local setting and culture, and relying on relevant evidence-based practices. While new developments in technology and efforts to expand services in rural areas hold promise, ongoing efforts to build community with local residents and coordinate existing child and family-focused services will go a long way toward improving rural child protection and family preservation efforts.

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