



September 2012

# Rural Child Welfare Practice

This issue brief highlights the importance of understanding the diverse needs, strengths, and resources of children and families from rural areas, the challenges these families and those who work with them may face, and the cultural sensitivity required of child welfare staff as they work to achieve well-being, permanency, and safety for rural children.

Depending on the definition of rural, recent studies show that between 17 and 63 percent of the U.S. population lives in rural areas, dispersed across communities that encompass between 84 to 98 percent of the U.S. land area (U.S. Department of Agriculture, 2012a; U.S. Department of Agriculture, 2012b; Reynnells & John, 2008). Rural areas face different issues and circumstances than urban and suburban areas, and child welfare professionals working with rural populations must have an understanding of these issues and how they affect child welfare practice.

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## Understanding Rural Communities

### What Is Rural?

The term “rural” can have a number of definitions and interpretations (USDA, 2011a). Some Federal agencies, such as the U.S. Census Bureau, the White House Office of Management and Budget (OMB), and the Economic Research Service (ERS) of the U.S. Department of Agriculture have measures of rurality suited to their specific tasks.<sup>1</sup> Research often refers to the OMB classifications of “metropolitan” (metro) counties, generally designating counties that have a city of 50,000 people or more as urban; counties with smaller populations are “nonmetropolitan” (nonmetro) or rural.<sup>2</sup>

But dividing the country into metropolitan and nonmetropolitan can be misleading. A county that includes a city of 50,000 people certainly does not compare with New York City; nor does a county adjacent to Chicago with a city of 49,000 people compare to frontier regions in Wyoming.

Because of these challenges, the ERS created a variety of classifications on a continuum, including the Rural Urban Continuum Codes (RUCCs) (USDA, 2007). (See the ERS website at <http://www.ers.usda.gov/briefing/rurality/ruralurbcon/> for more information.) Since

<sup>1</sup> A table compiled by ERS that compares the various definitions and indicators of rurality can be found at <http://www.ers.usda.gov/Data/Ruraldefinitions/Indicators.htm>

<sup>2</sup> For this issue brief, the terms “rural” and “urban” will be used instead of “nonmetropolitan” or “metropolitan,” respectively, to provide consistency throughout the document. Additionally, the term “urban” encompasses suburban areas.

this set of codes provides a range based on population size and adjacency to metropolitan areas, RUCCs may be particularly beneficial for helping child welfare and related professionals better understand how to serve rural areas.

### Strengths of Rural Communities

Rural communities have substantial strengths despite having less economic wealth, human capital, and physical capital (e.g., buildings, Internet) than urban communities. They often encompass bountiful natural resources. Additionally, rural communities, in part due to economic necessity, often exhibit creativity, entrepreneurship, and adaptability in solving local problems. The most valuable resource in rural America, though, may be its social capital, or strength in relationships (Belanger, 2004). Rural populations tend to demonstrate higher levels of trust, altruism, volunteering, helping others, and strong relationships (Putnam, 2000; Beaudoin & Thorson, 2004), as well as strong ties to the community (Berry, 1990; Tice, 2005).

### Challenges in Rural Communities

Rural communities face a number of challenges, such as poverty, substance abuse, unemployment, and lower levels of education. These challenges are particularly concerning because they are also strongly linked to child maltreatment (Sedlak et al., 2010). 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 and major urban areas in nearly every category of maltreatment and level of severity (Sedlak et al., 2010). For example, the study found that rates of abuse for children in rural areas were nearly two times higher than for children in major urban areas.

**Poverty.** Poverty is not only greater in rural America, but rural areas tend to have more working poor and more intense and persistent poverty (Weber, Jensen, Miller, Mosley, & Fisher, 2005). In 2009, poverty rates were 16.6 percent in rural areas and 13.9 percent in urban areas.

**Employment.** While rural and urban workers have roughly the same rates of unemployment, employment in rural America provides less financial support, with rural workers earning an average of 25.5 percent less than urban workers (USDA, 2006). Additionally, rural families often face higher costs of living than many may assume. For example, with few public transportation options, many rural families need to own a car. Rural families often pay the same or more for food, clothing, household goods and services, and health care due to the lack of chain stores and the greater distances products, service providers, and recipients must travel (Annie. E. Casey Foundation, 2004; Zimmerman, Ham, & Frank, 2008).

**Education.** In 2000, only 15.5 percent of rural adults had graduated from college compared to 26.6 percent of urban adults over 25 years of age (USDA, 2003). In that same year, 23.2 percent of rural adults did not graduate from high school compared to 18.7 percent for urban adults (USDA).

**Substance abuse.** Although overall substance abuse rates in rural areas (7.5 percent) are slightly lower than in urban areas (8.8 percent to 9.4 percent), usage can vary by subpopulation or drug (U.S. Department of Health and Human Services [HHS], 2011). For example, a national study found methamphetamine and stimulant usage to be higher among youth in counties with the smallest populations and a higher prevalence of methamphetamine use for adults in all nonmetropolitan counties (Gfroerer,

Larson, & Colliver, 2007). Additionally, substance abuse treatment in rural areas is more difficult to access, particularly treatment that provides intensive services (e.g., methadone treatment, detoxification) (Lenardson & Gale, 2008).

## Child Welfare Practice in Rural Communities

### Social Capital

Child welfare professionals draw from a variety of theories to help guide policy, practice, and research on child welfare practice in rural communities. While the ecological systems and strengths perspectives provide helpful foundations for practice in rural communities (Irey, 1980; Jones & Zlotnik, 1998; Tice, 2005; Allen, 2005), social capital theory may provide the strongest way to understand rural communities (Belanger, 2004). Social capital refers to resources such as relationships, trust, and norms available by membership in a social network that result in outcomes that would not otherwise be possible (Coleman, 1990; Bourdieu, 1991; Portes, 1998; Putnam, 2000). In rural communities, people tend to know one another over a longer period of time and have relationships that are reciprocal. They need to get along because, in essence, they live closely together.

In rural practice, success often depends on who you know rather than what you know. Social capital theory suggests that those “richest” in social capital within the community will be better able to recruit foster and adoptive homes than experts from outside the community (Belanger, Copeland, & Cheung,

2008). Similarly, judges may trust local child welfare investigators or court-appointed special advocate (CASA) volunteers more than a professional licensed caseworker from another county. Additionally, when formal resources are not available to assist a family, local caseworkers who are known and trusted by the community may be able to use their relationships (i.e., social capital) to engage other resources (churches, teachers, doctors, other family members) to meet the need. For child welfare professionals from outside the community, it may be helpful to establish relationship strongholds by informally spending time in the community. This can result in incidental recruiting and may be more effective than formal recruiting that could appear as outsider marketing (Belanger & Haynes, 2012).

### **Service Availability and Accessibility Array**

According to a review of the final reports of the first round of the Child and Family Services Reviews, nearly every State had difficulties providing a full service array in rural communities (Belanger, Price-Mayo, & Espinosa, 2008). Caseworkers may not substantiate known abuse or neglect if services are not available, which may cause some children to remain in harmful environments (Dawson & Wells, 2007).

A study requested by the Child Welfare League of America (CWLA) Committee on Rural Social Services found that rural counties frequently did not have access to services that are considered necessary for child welfare practice (e.g., substance abuse treatment, mental health care, parenting classes) but that were available in urban counties (Belanger & Stone, 2008). For example, only 80 percent of rural counties have mental health services, while 95 percent

of urban counties have them (New Freedom Commission, 2004). Rural families with children who have serious mental health challenges face the possibility of having to relinquish custody of their children to obtain services and costly residential treatment when in-home services might have been possible in an urban area (Mohatt, Bradley, Adams, & Morris, 2005). Additionally, 11.4 percent of physicians practice in rural areas despite nearly one-fifth of the population living in these areas (Fordyce, Chen, Doescher & Hart, 2007). Rural areas also have approximately 2.5 times fewer pediatricians per capita as urban areas and approximately 2.5 times fewer specialists per capita, including one-third as many psychiatrists, as urban areas.

Aside from availability, barriers to obtaining services in rural communities include:

- Transportation problems
- Child care issues
- Substance and alcohol abuse
- Physical health problems
- Low literacy levels or difficulty completing paperwork
- Finding providers that speak a specific language (Allard & Cigna, 2008)

### **Specialization vs. Generalization**

Rural areas often have difficulty supporting specialized practice in many fields, including child welfare. Caseworkers in rural areas may need to take the lead in a broad range of practice areas, such as investigations, risk and safety assessments, family-based safety services, and foster home recruitment and retention. A single caseworker may not be able to become proficient in all these areas, and rural areas may have limited resources to hire

enough caseworkers to allow for specialization. To address this issue, some States have set up State or regional offices as hubs from which workers specialized in various areas, such as investigations, family safety, resource family recruitment, and licensing, may travel.

### POSSIBILITIES FOR GENERALIZATION

To address the lack of resources in rural communities, State and local agencies have used various means to expand or pool what resources are available, such as centralized intake systems and wraparound services. Many States have developed centralized intake systems to provide greater consistency in responding to complaints, but these systems are in urban locations, which may have a profound impact on rural communities. The effects of these systems may include fewer local jobs, a reluctance to report maltreatment outside of their community, and a reduced commitment or increased feeling of powerlessness in caring for its own children.

Although rural communities may have few resources, they can use wraparound services to effectively collaborate, collocate, and integrate services and funding (Gutierrez et al., 2010). Rural communities can achieve better child welfare outcomes by integrating child welfare with health and other human services, decentralizing whatever is possible to the local level, and partnering with family and community resource centers to provide preventive services, training, and family-based safety services (Gutierrez, Belanger, Forrest Redfern, Goolsby, & Richgels, 2012).

## Rural Cultural Competence and Diverse Populations

Cultural competence in rural communities requires an understanding of general rural culture and the many different racial and ethnic cultures that reside in rural areas. The CWLA National Advisory Committee on Rural Social Services developed and tested a set of guidelines for rural cultural competence in child welfare. These guidelines highlight how various issues, such as the following, affect rural practice:

- Personal connections
- Language (e.g., different languages, dialects, accents, language patterns and meanings)
- Meaning of time (e.g., not feeling compelled to start a meeting at the exact scheduled time)
- Dress codes
- Definition of family (blood and fictive kin)
- Family and community history
- Marginalization (Belanger & Brooks, 2009)

In 2010, racial and ethnic minorities comprised more than 20 percent of the rural population (USDA, 2011b). This minority population includes African Americans (8.3 percent of the total rural population), Hispanics (7.5 percent), and American Indians, Asians, Pacific Islanders, and those self-identifying as “other” or multiple (5 percent). In addition to being proficient in general rural culture, child welfare professionals need to have an understanding of the racial and ethnic cultures that populate rural communities and the implications for their practice. Different approaches may be required when working with a particular racial

or ethnic group in a rural area than in an urban area (Avant, 2004). Immigrants and non-English-speaking families may have particular challenges that must inform rural child welfare policy and practice (Cordova, 2004). For example, a rural Spanish-speaking family may require mental health services, but there may be no bilingual providers in the area.

### WORKING WITH AMERICAN INDIAN FAMILIES IN RURAL AREAS

Although American Indians comprise less than 2 percent of the rural population, more than half live in rural areas (Housing Assistance Council, 2012). Child welfare professionals should be attuned to the particular cultural values and needs of Native American families and be knowledgeable about the Indian Child Welfare Act (ICWA) and other policies that may affect their practice. The following resources provide valuable information about working with Native American families:

- National Child Welfare Resource Center for Tribes (<http://www.nrc4tribes.org/>)
- National Indian Child Welfare Association (<http://www.nicwa.org/>)
- Child Welfare Information Gateway (<http://www.childwelfare.gov/systemwide/cultural/families/indian.cfm>)

Although rural African American children may have disparate experiences and outcomes in the child welfare system than White children, it may be to less of an extent than in urban areas (Wulczyn & Lery, 2007). One study found that for all children entering foster care for the first time in 2005, African American

children in urban areas entered at a rate 2.5 times higher than White children relative to the population, but at nearly identical rates in rural areas that were not adjacent to an urban area and only 1.3 times higher in rural areas that were adjacent to an urban area (Belanger & Smith, 2008). The stronger relationships in rural communities may help reduce the number of children of color from entering foster care (Belanger & Smith, 2008).

### Access to Information

Access to information is a critical issue at every level of the rural child welfare system.

**Administrators and policymakers.** Child welfare administrators and policymakers generally are located in urban centers. While they have access to data, they may not understand or experience critical challenges or cultural differences in rural locations, or they may hold incorrect assumptions about the communities. For example, a State administrator may require that all caseworkers complete a video-based online training, but caseworkers in rural areas might not have access to an Internet connection that is fast enough to show the video. Additionally, child welfare research tends to focus on urban areas, which leaves a large gap in the literature about how to best serve rural communities (Strong, Del Grosso, Burwick, Jethwani, & Ponza, 2005). All of this may contribute to policies that are counterproductive to rural practice and further challenge already stressed rural communities.

**Supervisors.** Rural supervisors may not have the same immediate access (e.g., face-to-face meetings) to administrators as their urban counterparts, which may result in policies that favor urban locations. Additionally, rural supervisors may not have the same access to training as their urban counterparts.

**Caseworkers.** Rural caseworkers may not have the time or Internet access that would allow them to remain current on policies, advances in evidence-based practices and other research, and training opportunities. Even when Internet access is available, it may not be of sufficient capacity to allow rural caseworkers to take full advantage of the information (e.g., webinars may not work on dial-up Internet connections).

**Families.** Birth parents and foster/adoptive parents also may have limited access to training, online applications for services or supports, online job applications, and other resources, such as health-care information. Many resources for National Guard or military reserve family members are online. For families without access to the Internet, this is a handicap for them as well as the workers assisting them. Creative solutions for keeping families informed include newsletters, teleconferences, distance lending libraries, partnerships with community colleges and universities to help provide access to technology, and telephone hotlines to help access assistance.

## Ethical Practice

Rural communities present serious ethical dilemmas for child welfare practice, particularly dilemmas related to dual relationships, confidentiality, caseworker competence in related fields, and utilizing natural helper networks.

**Dual relationships.** Because of the smaller populations in rural areas, residents of rural areas are more likely to relate to each other in multiple ways than people in urban areas. For example, a rural caseworker may interact with a client as a professional, but the caseworker may also be a member of the same church or civic organization, have a child that attends the same school as the client's child, or frequent the client's workplace.

Some administrators have attempted to limit dual relationships by hiring staff from outside their communities. This may cause other issues, however, because connectedness and social interchanges are one of the greatest strengths of rural communities; requiring staff to remain isolated in a rural community may be both impossible and not culturally appropriate (Belanger & Brooks, 2009). Instead, it is important for rural child welfare professionals to understand how to manage multiple relationships and anticipate the kinds of circumstances that might arise (Galbreath, 2005). Workers should clarify in advance with a client how public encounters will be handled and then discuss any encounters afterwards (Boisen & Bosch, 2005; Werth, Hastings & Riding-Malon, 2010). Caseworkers may even want to address dual relationships in their informed consent forms. For example, one child welfare professional included the following: "If I see you at Wal-Mart/Kroger/ church (by far the most common meeting places), I will not talk to you unless you approach me" (Burkemper, 2005, p. 182).

**Confidentiality.** Because of overlapping relationships and closed rural systems, maintaining confidentiality can be difficult. Even using generalities to discuss the case with others may provide enough information to breach confidentiality. Caseworkers may be tempted to share information to correct misinformation (e.g., rumors) or to try to find clients additional resources. Also, caseworkers may receive informal reports of maltreatment (e.g., at church), which may raise confidentiality issues for both the reporter and the family. Formalizing those reports and obtaining releases to share specifics, when appropriate, can help avoid miscommunication and confusion (Stromm-Gottfried, 2005).

Child welfare administrators and supervisors should ensure that caseworkers complete or have access to training and supervision that focus on dual relationship and confidentiality issues in rural communities, including the potential benefits of smaller systems and naturally occurring relationships to clients. Agency policies should be tailored to rural realities.

**Rural caseworker competence in related fields.** Because of the limited resources and limited number of professionals in rural areas, child welfare professionals may not be able to refer clients for the assistance they need. There may not be anyone with the required specialized skills or experience within the community or at any reasonable distance to assist either the professional or the client. For example, a child victim may require counseling from a provider skilled in posttraumatic stress syndrome (PTSD), but the closest provider may be more than 100 miles away. When situations like this occur, professionals need to investigate ways to provide the needed services, including increasing their own competence in that area (Lohmann & Lohmann, 2005). Creative solutions for child welfare professionals include:

- Providing services with peer assistance and supervision
- Accessing supervision or technical assistance through teleconferences or regular meetings with professionals in other locations
- Finding ways to connect the client with assistance in other locations
- Participating in advanced degree programs or other educational opportunities, either in the community or online

If these options are not available or if the client cannot be referred for outside assistance, the child welfare professional needs to decide whether her level of competence is better than no help at all.

**Utilizing natural helping networks.** One of the most important assets in rural communities is the availability of natural helping networks, particularly because of the often limited formal resources. Rural communities often have a tradition of helping their members as neighbors, as participants in common activities (e.g., church), or simply as people concerned with the welfare of others in their community (Watkins, 2004). These natural helping networks frequently are utilized without consideration of formal mechanisms. For example, friends may automatically provide a place for children to stay when their father becomes violent, when a child is told not to come home anymore, or when a mother becomes incapacitated with mental illness. Additionally, friends or family members may act as language translators because an official translator is not available.

However, natural helping networks also have risks, particularly in the areas of confidentiality, conflict of values, and protection of the client's rights. For example, when family members act as translators, the translator may modify the questions in translation because he does not want to hurt the relative with accusations, or he may modify responses to what he perceives to be more desirable ones. Additionally, some natural helpers may believe it is important to share what a professional would consider to be confidential information. For example, the natural helper may request assistance for the family, unbeknownst to them, at church

or another community or Tribal gathering. Agencies may want to formally train natural helpers as they would official volunteers in order to expand the limited resources in the community.

## Preparing and Supervising a Rural Child Welfare Workforce

The rural child welfare worker experience is unique and can differ greatly from that of urban workers. When compared to their urban counterparts, rural staff tend to have greater autonomy and decision-making authority, greater agency support, more opportunities for professional growth, greater job satisfaction, and greater commitment to the organization (Landsman, 2002). Rural workers, however, may have a higher risk of turnover than their urban counterparts (Fulcher & Smith, 2010; Strolin-Goltzman, Auerbach, McGowan, & McCarthy, 2008), although one study (Landsman, 2002) shows that rural workers have a stronger intent to stay with their agencies. The intention of rural workers to leave their jobs is significantly influenced by their efficacy (i.e., feeling like they are making a difference), job satisfaction, and life-work fit (Strolin-Goltzman et al., 2008).

In a study of long-term child welfare employees, rural workers placed more emphasis on the importance of leadership provided by county office administrators, placed less emphasis on movement within the agency, and placed greater emphasis on teamwork (Westbrook, Ellis, & Ellett, 2006). Also, rural workers had greater satisfaction

than their urban counterparts with their salaries and benefits, perhaps because there are fewer employment opportunities in rural areas.

This information can assist child welfare administrators and supervisors in rural areas to support their staff more appropriately and anticipate the workforce's needs. They also need to ensure that their staff have the required skills, education, and supports to be successful in their practice. To achieve this, agencies need to provide travel funds, coverage of cases, and time to attend conferences and training; provide support for formal distance education to obtain advanced degrees; and utilize technology for consultation and supervision.

### Preparing Caseworkers

Rural localities have lower proportions of workers with social work degrees than urban areas (Strolin-Goltzman et al., 2008). Practice in rural communities, however, requires a professional social work education that recognizes the distinct—and at times unique—challenges and that demonstrates an understanding and appreciation for rural communities. While all bachelor of social work degree programs accredited by the Council on Social Work Education require a generalist practice curriculum, many schools of social work provide advanced generalist concentrations for master's degrees that prepare students for work in rural communities (Gibbs, Locke & Lohmann, 1990; Lavitt, 2009; Vecchiolla et al., 2001). To prepare students to work in rural environments, social work programs should include the following elements:

- Basics of rural communities
- Rural cultural competence
- Need and asset assessment (Haulotte & Oliver, 2004),

- Basic understanding of rural organizations and promising rural child welfare delivery structures (Landsman, 2002)
- How to create and integrate resources (Gutierrez et al., 2010; DeWeese-Boyd, 2005; Riebschleger, 2005)
- Independent work skills
- A foundation in research and policy that provides students with the ability to integrate information and create structures that are relevant to rural child welfare
- The role of power differentials in rural communities (Bubar & Bundy-Fazioli, 2011; Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Buchanan, 2008)
- What should a caseworker do if local mental health treatment can only be accessed by entering the child welfare or juvenile justice systems?
- Is a child from a very small town safe if he is placed in foster care in his hometown? Conversely, how will a child from a very small town fare if placed in a large metropolitan area that has a very different culture from a small town and that is far enough away to make parent-child visiting and visits with the caseworker very difficult?
- If the only provider of a specific evidence-based service has performed poorly in the past, should the agency still contract with that provider for that service?

### Supervising and Administering Child Welfare Practice

Rural communities present particular challenges in child welfare supervision and administration. Resources to assist families often are not available or easily accessible in rural communities, which raises the question of whether rural families receive equitable treatment (Belanger, Price-Mayo, & Espinosa, 2008). Child welfare supervisors and administrators in rural communities may need to develop policies and practices and make decisions that are context driven (i.e., are dependent on the availability, accessibility, and quality of available resources and other situational factors). The following are examples of context-driven issues that may arise:

- What resources can be provided to a substance-abusing parent if the community has no substance abuse treatment services, and how does that affect other case decisions, such as removal from the home?

All of these questions depend on the circumstances and specific rural context. It is essential for decision-making to be flexible enough to consider rural contexts, and administrators and supervisor may find collaboration with universities for program planning and evaluation a tremendous asset. Additionally, agencies may want to work with the community to develop nonprofit organizations, secure external funding, or further develop a volunteer base.

Rural supervisors and administrators often have multiple roles in the agency and must oversee several programs (e.g., foster care recruitment, investigation, licensing) that serve large areas. They also may have dual relationships with the people they supervise (e.g., they supervise friends or relatives, the supervisee is the son of a county judge).

Additionally, the supervisors and administrators may be geographically isolated from the staff they supervise and from other administrators or supervisors in similar positions. Without professional peers in the community, particularly those at the Federal and State levels and who may have more exposure to other practices and policies, rural supervisors and administrators may be unable to easily consult on practice issues (e.g., confidentiality in a particular case) and may become further isolated professionally (Lohmann & Lohmann, 2005).

Rural supervisors and administrators may have the unique challenge of using programs that were designed primarily for urban areas or rural areas that are adjacent to urban areas (Lohmann & Lohmann, 2005). For example, an evidence-based practice tested in a rural county adjacent to Austin, TX, and that has ample access to physicians, mental health professionals, workers with an M.S.W., and other resources may not be appropriate for use in rural West Texas, which is a more isolated area. Additionally, fidelity to a particular evidence-based practice may require specific skill sets, licenses, training, or auxiliary services (e.g., substance abuse treatment), all of which may be difficult to obtain in a rural setting. Supervisors and administrators in rural areas may have to make difficult decisions when determining what practices may be applicable in their communities and how to spend limited funds to promote staff development.

## EVIDENCE-BASED PRACTICE IN RURAL COMMUNITIES

The following are questions rural supervisors and administrators can ask when considering evidence-based practices:

- How rural was the county where the evidence was gathered? What definition of rurality was used?
- Using the preceding definition of rurality, how rural is the county in which the practice would be implemented?
- What is required of the workforce to implement the practice? Are qualified personnel available in the community?
- What supportive services are required for fidelity to the model? Are they available in the community?
- What financial contribution is necessary for implementation, and is it available?
- How will model implementation impact rural relationships in the community?
- If the most promising model or EBP cannot be implemented, what is the next best promising practice that could be implemented? Do policies allow for appropriate rural interventions when there are no adequate rural appropriate EBP's?
- What research is needed to adapt or test promising models for rural practice?

## Federally Funded Rural Demonstration Grants

In 2003, the Children's Bureau awarded grants to six universities to develop and evaluate a training to enhance frontline and supervisory staff capacity to provide effective child welfare services in rural communities. To view site visit reports for each grant and a synthesis of these grants' final reports, visit Child Welfare Information Gateway at [http://www.childwelfare.gov/management/funding/funding\\_sources/rural.cfm](http://www.childwelfare.gov/management/funding/funding_sources/rural.cfm)

## Conclusion

Child welfare practice typically focuses on the experiences and circumstances of urban families. Child welfare professionals in rural areas must recognize the differences between these two populations and adapt their practice to meet the needs of rural families. Additionally, child welfare administrators and supervisors need to focus on the particular professional and personal needs of rural child welfare professionals, which often differ from their urban counterparts. As when working with any other nonmajority population or culture, child welfare professionals and policymakers should avoid inflexible assumptions or practices about rural populations. Rather, they should use the available information about working with rural populations, such as rural evidence-based practices, in conjunction with their own personal knowledge of the families and community.

## Additional Resources

U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration, Office of Rural Health  
<http://www.hrsa.gov/ruralhealth/>  
Provides a wealth of information and connections for all things related to rural health, including grants, policy and research, resources, maps, and references to other resources.

HHS Substance Abuse and Mental Health Services Administration (SAMHSA)  
<http://store.samhsa.gov/pages/searchResult/rural>  
Includes numerous publications relating to rural substance abuse and mental health issues.

U.S. Department of Agriculture (USDA), Office of Rural Development  
<http://www.rurdev.usda.gov/Home.html>  
Provides information related to development and grant opportunities, including job creation, questions about rural broadband access and development, and other rural issues.

USDA, Economic Research Service  
<http://www.ers.usda.gov/briefing/rurality/>  
Includes information about measuring rurality, the rural economy, and other facets of rural communities.

U.S. Department of Housing and Urban Development (HUD), Office of Rural Housing and Economic Development  
<http://www.hud.gov/offices/cpd/economicdevelopment/programs/rhed/>  
Provides information about an HUD program for capacity building at the State and local level for rural housing and economic development and to support innovative housing and economic development activities in rural areas.

U.S. Department of Education, Rural Education Resource Center  
<http://www.ed.gov/rural-education>  
Provides information about rural education, including the Rural Educational Achievement Program (REAP) and the Small Rural School Achievement (SRSA) program.

National Resource Center for Permanency and Family Connections  
[http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/rural-issues.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/rural-issues.html)  
Provides links to various resources about rural child welfare.

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**Acknowledgment:** This issue brief was developed by Child Welfare Information Gateway, in partnership with Kathleen Belanger, Ph.D. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.

**Suggested Citation:** Child Welfare Information Gateway. (2012). *Rural child welfare practice*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

