



Identifying Risks to the Well-Being of Rural Young Children and Families

Rural places are defined by their connectedness—close-knit, supportive communities that work together to meet the needs of children and families. But geographic isolation is another defining feature of rural places, one that often renders rural families invisible to nonrural Americans. Indeed, national conversations about the COVID-19 pandemic

often overlook the nearly 7.5 million rural children in the United States. From food and housing insecurity and critical shortages in child care options to underreporting of child maltreatment and continued inadequate access to health care, the well-being of rural children and their families is particularly at risk as the pandemic continues.

The pandemic compounded an array of preexisting health and wellness challenges in many communities.

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Given these extraordinary challenges, the needs of rural children should be at the forefront of the national conversation, and the need to mitigate the pandemic's effects in rural areas should drive policy decisions and relief efforts. Increasing access to services that promote the well-being of rural young children and their families is of paramount importance.

Sometimes precautions to limit the virus's spread and strategies to address rural families' challenges seem at odds. Stay-at-home orders and social distancing curb the spread of COVID-19 and protect high-risk populations, yet they also increase the isolation of many rural families. With increased isolation and school closures, rural children and their families lose access to teachers, social workers, and other support systems.

Balancing the need to prevent the spread of COVID-19 and the need to keep rural children and families connected to essential services is at the heart of the challenges local and state officials face. Compounding this dilemma is the troubling message that the virus is not spreading in rural areas. In mid-November, 80 percent of U.S. rural counties were in the red zone, indicating a high level of infection and community spread.¹ To address these challenges, developing and implementing innovative models that increase services to rural children and families should be a priority for state boards of education.

Early Learning and Child Care

For rural families, the pandemic exacerbates the already-challenging issue of accessing early learning settings and child care, both for school-aged and younger children. Child care deserts—defined as “any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots”—are found in 58 percent of rural areas.²

Medical experts recommend that older adults limit interactions that could expose them to COVID-19, yet rural families frequently rely on older family members to help with child care. Although the multigenerational makeup of rural families is a special strength of rural communities, it brings with it added risk and potentially

devastating consequences for rural children's social and emotional well-being during the pandemic.³ Child psychologists warn of expected trauma children will experience with the loss of loved ones to COVID-19.⁴

Even under normal circumstances, rural families drive long distances to access dependable and quality child care, sometimes requiring multiple providers due to a lack of available slots. Since the start of the pandemic, many rural early learning centers have closed or remain at limited capacity due to social distancing protocols. Consequently, new child care deserts have developed. Also of concern, the cost of child care already represents a larger percentage of rural families' spending than for families in nonrural settings,⁵ a situation further exacerbated by the disproportionate impact of economic downturn on rural areas due to the pandemic.

Some rural communities are pursuing community partnerships to address child care deserts during the pandemic. For example, the Maine community of Chelsea is partnering with a local Boys and Girls club to provide additional afterschool child care for rural families.⁶ The partnership provides an innovative model for rural communities elsewhere.

Public School Settings

When the pandemic began, rural public school systems across the United States jumped into action. Virtual platforms enabled teachers to meet children in person and to prepare meaningful, play-based content for in-person and asynchronous activities. Indeed, early childhood teachers have innovated in their virtual efforts. Yet despite the promise of virtual settings, a host of issues impede these efforts in rural areas.

Inadequate broadband access, a persistent problem in rural areas despite calls from multiple stakeholders to address it, plagues rural schools in particular (see also article, page 12). An estimated 9.7 million children nationwide do not have access to reliable internet in their homes.⁷ Many rural schools purchased hotspots for families that had no internet service, but hotspot delivery has frequently been delayed during the pandemic. Even when hotspots are available and delivered to rural families, there often is not cellular service sufficient to

make them functional.⁸ Also frustrating, some hotspots with unlimited data plans still throttle service speed after a certain amount of data has been used, further degrading rural students' ability to engage in online school. Some rural schools partner with public libraries or local businesses to create hotspot parking lots for families without internet,⁹ but asking families to drive to parking lots so their children can attend school is an inequitable solution.

Rural school districts also face added challenges in providing services virtually to children with disabilities and meals to children who experience food insecurity, especially in districts that cover large areas. Rural children already experience food insecurity at higher rates than nonrural children, and the pandemic has worsened this disparity. In response, some rural districts deliver meals on school buses.¹⁰ Yet the number of children receiving lunch is often still less than when children are attending school in person.¹¹ For schools that continue virtual schooling, focused efforts to identify and serve more children are needed.

Given these challenges, many rural districts are choosing to return to face-to-face in-person school in either hybrid or fully present models. While the shift back to in-person schooling will lessen some problems facing rural children, it may heighten other risks. The U.S. Centers for Disease Control and Prevention (CDC) suggests that in-person schooling will speed the spread of the virus, bringing increased risks to rural communities, further school closings, and increased school uncertainty.¹² Several health and safety practices for rural schools that return to in-person school should be followed. To start, social distancing measures should be carefully planned, and supports for comprehensive contact tracing should be established. Additionally, to protect the health of teachers, children, and other school personnel, the wearing of face masks should be expected and enforced. The CDC recommends that children over the age of 2 are capable of wearing a face covering.¹³ Given pushback regarding mask wearing in some rural areas, state boards must extend their considerable influence to support these measures.¹⁴

Innovative instructional models should also be pursued. Schools should consider creating take-home supply packs that permit hands-on

experiences to continue during virtual schooling. School-based pickup for supplies may be challenging for some rural families, but busing systems may be used to efficiently deliver supplies. In rural southeastern Ohio, schools are partnering with the Ohio Valley Museum of Discovery and Community Food Initiatives to provide STEAM (STEM + Arts/Humanities) packs for rural children.¹⁵ This partnership provides a scalable model for other rural schools.

In lieu of bringing all children back for face-to-face schooling, some rural schools are permitting children who are unable to access internet at home to come into their school building for virtual schooling. In this model, schools create supervised, socially distanced spaces within school buildings where small groups of children can safely attend virtual classes.¹⁶ Whether continuing with virtual schooling or returning to in-person instruction, rural schools undoubtedly remain on unsure footing.

Child Health and the Risk of Child Maltreatment

Child welfare is a concern across geographical regions and socioeconomic classes, but during the pandemic, rural families encounter distinct challenges in health care access and visibility to external stakeholders. Since 2005, more than 100 rural hospitals have closed, cutting off access to emergency services and hospital beds.¹⁷ Testing for COVID-19 is limited in rural areas, making it more difficult to contain its spread.¹⁸ Although children are less likely to need medical treatment for COVID-19, their caregivers are at higher risk, which creates a level of associated risk for children that greatly concerns child welfare professionals. Having caregivers fall seriously ill and be unable to access health care risks inflicting significant trauma on children, with long-term effects on their social and emotional health.

The pandemic brings with it an unprecedented level of togetherness for many families, which can promote closeness but also increase conflict. With stay-at-home and social distancing warnings issued in many rural places, families with young children are living more isolated lives with less exposure to neighbors, friends, and support services. Children may be

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largely unseen outside their immediate caregiving circle. Given this, it is unsurprising that reports of child abuse and neglect have actually decreased in many rural areas.¹⁹ Child welfare experts warn that this is due to underreporting rather than an actual decrease in maltreatment.

Adding to the level of concern for rural children and their caregivers, domestic violence reports have increased.²⁰ When there is domestic violence in a home, the impact on children is frequently severe. Children are often caught in the middle and may be used as a pawn for manipulating or threatening a member of the household. Decreased reports of child abuse and neglect, coupled with increased reports of domestic violence, heighten the concerns of child welfare professionals.

Additionally, the opioid epidemic affects approximately 30 percent of rural areas.²¹ Child welfare professionals worry that the pandemic is compounding the precarious situation for children of rural families whose members were already struggling with addiction, isolation, fewer economic opportunities, and inadequate access to health care.

To prevent problems and identify concerns, schools and early care providers must maintain close contact with families. Screenings for possible maltreatment often happen during routine medical appointments, yet these have been significantly limited during the pandemic.²² Rural health care professionals recommend providing support and resource materials during all interactions with patients. Other ways to reach rural families include sending home information about child abuse, domestic violence, and hotlines in food packages, via school and health care mailings, or through social media and email.

Perhaps the most impactful way to prevent and identify child maltreatment during the pandemic is for child welfare professionals to make personal contact with homes that have previous or open reports of child maltreatment or domestic violence associated with their households.²³ Proactive contact may happen via virtual meetings, socially distanced and masked in-person visits, or through phone calls. Organizations such as the National Court Appointed Special Advocate Guardian ad Litem Association for Children recognizes the importance of regular contact with children as

an essential piece in preventing child maltreatment. State boards should support and partner with child welfare organizations. Additionally, school personnel who serve in these roles (e.g., as school counselors and social workers) should be assisted in making personal, frequent contact with children and families, and funding should be directed to support these efforts.

Conclusion

Although the entire nation is struggling to address challenges created by COVID-19, some challenges are unique to locale. Largely missing from the national conversation about the pandemic are the increasing rates of COVID-19 in rural areas, which continue to add to the disproportionate risks experienced by rural children and families. These risks take the form of increases in child care deserts and food insecurity, concerning reliance on older family members for caregiving, lack of access to reliable broadband services, and inhibited reporting of child maltreatment and domestic violence. Child welfare experts across the United States are calling for increased access to resources for rural families, and where very low transmission rates of the virus make it possible, a return to in-person schooling. However, the risks of in-person schooling must be carefully balanced against the risks of remaining socially isolated. Indeed, rural schools that attempted reopening in person often found themselves back to virtual schooling in a matter of a few weeks.²⁴ Given this, state boards should advocate for school safety policies that create safer school environments, encouraging social distancing, contact tracing, and mask wearing.

Rural communities' strengths should be leveraged in pursuing solutions. Rural stakeholders must address systemic inequities through innovative school-community partnerships, effective communication channels with families, and additional resources for rural children and caregivers. These practices are key to mitigating challenges for rural children and families. In addition to pushing for increased allocations to rural school systems, state boards should look to create collaborations between rural nonprofits, child welfare organizations, and public school systems. Often these organizations work in siloed systems, but they can

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increase access to services and decrease risks to rural children when they work together. Additionally, state boards should be asking how state organizations can effectively support rural populations in equitable, respectful ways. In particular, outside entities should not adopt a savior mentality when working with rural children and families. Instead, collaborative efforts should recognize and capitalize on the strengths of rural places. It will take collaborative, equity-focused practices to effectively address the challenges that rural children and their families face due to the pandemic. ■

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