



Rural child social workers offer pandemic perspective

Susan Radcliffe and Daniel Pollack Thursday, July 23, 2020

The allure of being a child social worker in a rural area is strong. Social workers who decide to work in smaller communities may forgo an abundance of resources to support families, but they gain slower-paced, socially supportive neighborhoods with strong connections to the natural environment. So what happens during a first-in-our-lifetime pandemic in communities already lacking in resources? It gets complicated.

“We need kids to be in school,” says one anonymous child welfare social worker in rural Maryland. “We aren't getting reports nearly at the rate we used to, but I know abuse is still occurring. I am concerned we are keeping kids safe from the coronavirus but

putting them at a high level of risk for abuse. Parents are at the end of their ropes. We need PPE for staff.

We need to be doing lots of things to set the office up with social distancing in mind so we can bring kids in to interview them. Staff don't have suitable laptops. I wish we had been better trained in new technology before this happened.”

Challenges facing rural children

According to the 2013 American Community Survey, 2.6 million rural children under the age of 18 live in poverty. The rural child poverty rate increased from 19 percent in 1999 to 26 percent in 2013 and is significantly higher

than the metropolitan rate of 21 percent. One in five rural counties in the U.S. has a child poverty rate higher than 33 percent, but another one in five has a rate lower than 16 percent.

The Fourth National Incidence Study of Childhood Abuse and Neglect [reported](#) in 2010 that rural areas present a higher rate of substance abuse and addiction, more families residing in poverty, higher percentages of unemployment, and lower education levels. “Rural poverty can be attributed to poor access to employment opportunities, low educational attainment, and other factors,” the study reports.

With COVID-19, new issues have emerged and other problems persist. “The hard part about rural social work is that our resources are limited to begin with,” says Vicki Thompson, a social worker in Maryville, Mo. “When COVID-19 hit, many of them were quickly gone. We’ve had to figure out ways to get folks help without really having many resources ourselves.”

Social workers in rural areas know schools may provide the only hot meal of the day for some children. One in nine people is food [insecure](#) and does not have the means to adequately provide food for their family. Historically,

food banks have assisted families, but COVID-19 has caused food shortages. For small agencies, delivering meals to remote rural places is not possible due to the distance, and many public transportation options and shuttle buses have shut down.

Schools also provide stable, consistent, and predictable schedules for rural kids. Emotional connections with school staff provide support and attention sometimes missing at home. Many rural schools offer school-based wellness centers where mental health and somatic health care can be obtained.

[Additionally, 31 percent](#) of rural communities are impacted by the opioid epidemic. When a family is already stressed from poverty and struggling with addiction, mental health issues, lack of resources, home schooling, under-employment, and forced isolation, it’s no wonder they desperately need help.

Challenges facing rural social workers

Rural social workers are impacted personally and professionally when a pandemic hits because they are integrally connected into the fabric of the community. They see clients at Wal-Mart, the movies, and grocery stores. If they

don't know everyone personally, they have at least heard of them or "know someone who knows someone." Even though COVID-19 has affected rural areas less than many urban centers, rural social workers are likely to know someone impacted by the virus. Working from home puts rural social workers in unfamiliar territory, leaving them feeling ineffective and unproductive.

Staying connected to clients and families is crucial, especially in remote areas where social interaction with individuals other than family is not common. Even with improvements in telemedicine and teletherapy, there are essential differences in delivering child welfare services to rural and remote areas. There is no way, for example, to shorten the distance between a child welfare worker and a client. One face-to-face visit may take an entire day. As a result, some child welfare services will cost more, and we need to work with state legislatures to ensure that these services are financed properly and that all families have access to internet services.

For rural communities with broadband, social media is a great communication tool. It allows people to share content effectively, in real-time. The Federal

Communication

Commission [recognizes](#) that "many low-income consumers, particularly those living in rural areas, lack access to affordable broadband and might not be able to realize these benefits." In response to COVID-19, the FCC adopted many new programs, established a \$200 million COVID-19 telehealth program, and waived restrictions on access to rural communities.

The immediate future

Another wave of COVID-19 or another strain of the present virus may be looming. What can rural social workers do to prepare? Here are a few things to consider:

Plan: The development of a comprehensive plan is crucial. Integrating other home visiting programs, educational systems, health care and faith-based services, and local broadband is vital.

Social workers also need to focus on self-care. "There will always be abuse, kids will always be hungry, and horrible things occur to families," one social worker observes. "You can't stop or prevent them all. You need to take care of you first before you can help anyone else." Agencies can establish a support system where colleagues are paired and check up

on how each one is managing, feeling, and coping.

PPE: If a person doesn't feel safe, they can't do their job effectively. Having appropriate protective equipment can instill a level of confidence. Masks, disinfecting wipes, gloves, and hand sanitizer can be great comforts.

Technology: When forced to work from home, the internet is a lifeline. How can it be optimized? Do all staff have a reliable computer? Can free wifi/ hotspots be put into place? Are there supportive services that can customize child welfare services to each client?

Naloxone: Rural areas have been hard hit by the opioid epidemic. Organizing free Naloxone training for families and children can save lives.

Coordinate: Rural areas have a tradition of caring for each other. Many people are out of work or their work duties have changed. They are looking for ways to help. Connecting with schools, churches/religious organizations, and civic groups offers a way for invested people to get involved. In the rural community of Hurlock, Md., for instance, school personnel at the elementary school are delivering meals from the

cafeteria to families.

Food: Working with local food banks, food processing plants, restaurants, and grocery stores can help those who are food insecure obtain enough to eat. "Quite simply," says Megan Cook, co-director of CarePacks in Talbot County, Md., "if you are hungry, we're going to figure out how to help you." Working directly with school social workers, 400 families were identified and a host of community volunteers delivered meals to their doorsteps.

Law: "Rural social workers and attorneys must collaborate to ensure families have access to all available resources," says South Dakota attorney Brooke Swier Schloss. "With COVID 19, the 'old ways' of doing things have changed, and rural social workers and attorneys must all adapt. All parties must concentrate on the fundamentals of good communication to provide for rural children and families. Staying in regular contact with rural social workers and families is vital to allow the attorney to best represent their client as the family navigates the legal system."

Like never before, COVID-19 has forced rural child welfare social workers to be versatile and multifaceted. We adapt and

improvise, often running on the fuel of commitment to our communities and the families we serve.

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