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Although nearly 25 percent of U.S. children grow up in non-metropolitan areas, we have done little research on them. This oversight extends to rural child care, which receives little explicit analysis. As a result, "Our research on child care is an essentially urban literature, with a few examples of suburban studies. Rural child care is an unknown quantity" (Phillips, 1987, p. 123).

The few existing studies of rural children produce a portrait that sometimes contradicts

popular assumptions. Predominantly rural states frequently report higher percentages of working parents than do urban states (Children's Defense Fund, 1996, p. 93). But rural children experience poverty at rates equal to urban children, while rural mother-only families are even likelier to be poor than urban ones ("Non-metro and metro children," 1992, p. 27). The link between rural residence and economic disadvantage is particularly pronounced for minority families (Jensen & Tienda, 1989). With these statistics as a backdrop, this Digest reviews what we know about the nature of rural child care and suggests implications for practitioners and policymakers.

REALITIES OF RURAL CHILD CARE

Center-based care. Rural families experience child care differently from urban ones on a number of counts. Center-based care, increasingly popular among American families, is less available to rural children. In many areas, lengthy distances, small and scattered populations and high transportation costs make centers impractical. Further, rural parents are more likely to prefer informal care--especially care provided by relatives (Shoffner, 1986). Consequently, only about one fourth of rural children are in group care ("Nonmetro and metro children," 1992, p. 27). Additionally, the centers that do exist in rural areas are often subsidized, and thus targeted at special populations, leaving working-poor and middle-class families with fewer choices.

Some surveys suggest that the small number of extant rural centers are of lesser quality than urban ones. A major study that sampled child care programs nationwide found that rural teachers have fewer years of schooling than urban teachers and are paid less, wages being an "important predictor of quality care" (Kisker, Hofferth, Phillips, & Farquhar, 1991, p. 110). Rural centers charge lower fees and generally "fees and quality indicators vary together; the higher the quality, the higher the average fees" (Kisker et al., p. 202). Compared with urban states, rural states provide less oversight and regulation of child care, suggesting that quality may indeed be compromised. Thus it is possible that rural children lack the educational opportunities afforded in centers and are increasingly disadvantaged compared to their urban and suburban counterparts (Sherman, 1992).

Family-based care. Nearly 75 percent of rural children are not in formal, center-based care; rather, they are found in a variety of informal arrangements such as that provided by friends, relatives, and other siblings. For example, Stegelin (1990) found that rural Kentucky families used informal child care resources at rates nearly double that of urban families. Another study comparing rural and urban Iowa families reinforced this pattern, showing that rural families were far more likely to utilize relative care and far less likely to place their children in group care (Atkinson, 1994). Recent census data corroborate that rural children lag behind metropolitan ones in utilizing formal group care and non-relative care in the home (such as nannies or housekeepers) and are indeed found more frequently in out-of-home informal care (Casper, 1995).

Echoing these reports at the school-age level, a Nebraska study of before- and

after-school care discovered that only about 5 percent of children were in center-based care. Further, one fifth of children received care from three or more sources per week, a finding consistent with Squibb's (1992) observation that rural families employ multiple arrangements.

Regulation of family child care in rural states is often less stringent or lacking altogether; unregulated care is of unknown quality. Regulated family child care providers in rural areas are less educated, less likely to have specialized training, more likely to have higher child-staff ratios, and charge much lower fees (Kisker et al., 1991). Just as with center-based care, rural children's experiences in informal care call for greater examination. Compared with urban care, is rural care inferior or simply different?

Potential strengths of rural child care. Readers should realize that these observations are rooted in a very sparse research literature. Studies focused on metropolitan children may neglect potential strengths unique to rural settings, special qualities that may counterbalance apparent deficiencies and that need to be better understood.

For example, anecdotal reports from rural providers stress the community connectedness and support rural child care engenders for children through "informal, personal, collaborative relationships" (King, 1995, p. 13). The personal knowledge and community connections so familiar to rural residents may provide young children with important funds of social capital unavailable to urban children. Consequently, child care programs may benefit from community support in intangible ways not measured through surveys. One study of a Southern rural African-American community found very positive engagement with its Head Start program grounded in their "collective orientation" and "cultural congruence," a community support not afforded to the more distant public school system (Philipsen & Agnew, 1995).

Furthermore, community connections may also create a more stable child care system in rural settings. Inconsistency and turnover are disquieting negative factors in child care quality (Hayes, Palmer, & Zaslow, 1990). Exploratory research with rural providers in Maine found surprising stability in care, a stability rooted in personal knowledge: The community gossip network allows parents to "shop around" beforehand, to discuss with others the merits of the provider so that the family actually selects and commits to the provider in advance, "plugging in deliberately" (Beach, 1995a). In rural Iowa, Atkinson (1994) found a similar stability grounded in personal relationships, with caregivers volunteering their services to a parent in need and providing care for longer periods of time. These, and other, potential strengths of rural child care may attract closer scrutiny as researchers move to a more ecological focus on how families and child care settings interact rather than concentrating solely on factors of the program in isolation. (Hayes, et al.).

CHALLENGES TO RURAL PRACTITIONERS

Rural child care practitioners face challenges sometimes unfamiliar to their urban colleagues, such as basic logistical concerns: dependable transportation, reliable snow removal, and telephone calls to parents' workplaces that are toll calls (Beach, 1995a). Geographic isolation, limited resources for assistance or training, low fees due to underemployment and seasonal unemployment of working families, and meeting the costs of child care regulation rooted in urban models are all common concerns of providers (Bailey & Warford, 1995).

Similarly, rural providers may face unique frustrations and negative circumstances. Providers in an exploratory study mentioned the gossip network as the downside of community connections: "[You annoy one person] and it all reverberates." Many rural parents still perceive child care as "babysitting" and are not yet accustomed to professional identities and practices. Rural families ask relatively few questions about curriculum, nutrition, or training and are more likely to inquire about safety, child happiness, and fees. The resources readily available to metropolitan providers--libraries, material and equipment suppliers, training opportunities, the support of specialists and professional associations--require significant effort by rural providers who must travel great distances for similar opportunities (Beach, 1995a).

Without more systematic study of challenges facing the rural provider, pronouncements as to the quality and direction of rural child care can only be tentative (Beach, 1995b).

IMPLICATIONS FOR POLICYMAKERS

Rethinking regulation. Many rural providers feel that child care legislation has an inherent urban bias. Funding formulas for federal programs, with their reliance on population size and density, often favor urban over rural areas. The smaller scale of rural programs and relative lack of individuals with highly specialized credentials make writing and competing for grants quite difficult. "Stringent professional qualification requirements that accompany state or federal funding can actually harm programs in small towns and rural areas" where fewer credentialed people live. Excessive demands for paperwork and inflexible eligibility guidelines may subvert the program since "income verification procedures and confidentiality issues become especially sensitive in locales where people know generations of each other's families and attend church and school functions together" (King, 1995, p. 13). Policymakers need to realize that demands and controls reasonable in metropolitan areas may be counterproductive in rural settings. Developing new rural approaches. In designing and delivering services, alternatives to the more-familiar centralized model may be needed. For example, home-based visiting options may better match rural communities' needs; Head Start, for example, often employs such programs with rural families (Roberts & Wasik, 1994, p. 313). Examples of other program models serving rural populations are described by Sherman (1992, pp. 100-103). Delivery of training via telecommunications (Bailey & Warford, 1995) and resource and referral networks with 800-numbers may be useful components of a rural system. Similarly, incorporating opportunity for program flexibility may be a good idea because "...innovation is sometimes easier in rural areas. Despite a lack of funds,

resources, and professional staff in rural areas, new ideas are easier to initiate and meet with less resistance, perhaps because there are fewer bureaucratic hoops to jump through" (Harris-Usner, 1995). Rural America's population is increasing once again (Johnson & Beale, 1995), as is the need of its children for quality child care. Any of these issues noted would constitute an excellent starting point for creating programs responsive to that need.

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