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ABSTRACT

National Education Goal One, "All children in America will start school ready to learn," seems simple, but being ready for school requires meeting certain needs related to physical, social, emotional, cognitive, and language development. Families, schools, and communities each have responsibilities in these areas. Families in "ready" homes provide opportunities for children to interact with people, places, and objects; know how to handle stress; have access to high-quality child and health care; and know whom to call for information and help. "Ready" schools allow space for children to work alone or in groups and to move about; do not require children to sit still for long periods of time, participate in countless skill drills, or spend their time filling out workbook pages; allow children to explore the classroom; and provide opportunities for play. The "ready" school is also equipped to cope with differences among young children, expects all children to learn, and is open to community members. In "ready" communities, families and community groups collaborate with the school and agencies that serve families and children. Everyone agrees on a long-term vision for young children. Rural areas have trouble meeting these expectations because of factors arising from geographic isolation and limited resources. Increasing rural families' access to health care and affordable, high-quality child care are the two major challenges for rural areas. Six suggestions for helping rural children succeed are: support high-quality and developmentally appropriate programs, assess children appropriately, link community resources, encourage joint staff development, offer parent training and support, and improve access to quality health care. (Contains 43 references.) (TD)

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Rural Education

Issue Document

Getting Kids Ready for School in Rural America

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RC 022 611

Getting Kids Ready For School In Rural America

Carol B. Perroncel

AEL's mission is to link the knowledge from research with the wisdom from practice to improve teaching and learning. AEL serves as the Regional Educational Laboratory for Kentucky, Tennessee, Virginia, and West Virginia. For these same four states, it operates an Eisenhower Regional Consortium for Mathematics and Science Education. In addition, it serves as the Region IV Comprehensive Center and operates the ERIC Clearinghouse on Rural Education and Small Schools.

The Rural Education Specialty at AEL serves as the organizational home for those aspects of AEL's work that involve providing R&D-based services to rural schools and communities. This includes the Rural Laboratory Network Program for the nation's system of 10 Regional Educational Laboratories. The mission of the Rural Education Specialty is to promote the integrity of rural, small schools in a global economy. Its guiding focus is to foster the essential relationship between rural schools and their communities.

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Introduction

By ensuring a good start in life, we have more opportunity to promote learning and prevent damage than we ever imagined.

Carnegie Task Force on Meeting the Needs of Young Children

Children are born curious, ready to grow, ready to learn, and ready to express their needs and feelings (Miller, 1992). They are born hungry not only for food but also for interaction. It is through interactions with others and with the environment that children learn the language, habits, and expectations of those around them.

Babies raised by caring adults in healthy, stimulating environments have a good chance of becoming better learners than those who lack this advantage—an observation parents and experts have made for years. Recent studies of how a child's brain develops confirm that the first years of life are a critical time in children's development and that the early school years are a critical time to cultivate their natural curiosity and enthusiasm for learning. The landmark report *Starting Points: Meeting the Needs of Our Youngest Children* (Carnegie Task Force, 1994) states conclusively, "We can now say with far more confidence than ever before that the brain responds to experience, particularly in the first years of life. This means that by ensuring a good start in life, we have more opportunity to promote learning and prevent damage than we ever imagined" (p. 9).

Although the brain retains its ability to change its structure and function in response to experience throughout life, such growth happens at a tremendous rate during the first few years. In a safe, clean environment that meets basic needs (proper rest, nutrition, and health care), most children can thrive.

Unfortunately, not all children have equal opportunities to be born healthy, to explore what is around them, to express themselves to caring adults, and to receive appropriate nutrition and health care. Some families lack the support they may need to be effective. They may not have access to affordable health and child care and other services for their children.

In 1989, when a national panel set goals for educating America's children, it acknowledged that these issues needed to be addressed if the nation hoped to accomplish the first of the national education goals: *All children in America will start school ready to learn.*

People in rural areas, where scarcity of local resources and greater geographic distance between people and services are most common, face perhaps the greatest challenge in addressing these issues. Fortunately, many rural people are used to calling on one another for help and information, seeing service providers fill multiple roles, and sharing limited resources. Collaboration within and among rural communities is an important strategy for helping children succeed.

The pages that follow are intended to help family, school, and community leaders better understand the concept of readiness, what it means in rural America, and how community members can help rural children succeed. Although this is not a how-to manual, readers will find this document to be a useful starting point for exploring the issues and needs that face young children and their families in rural areas.

The Readiness Concept

The focus of our concern must be children—*not just the schools. Indeed, what is so encouraging about the nation's first education goal is that the school reform movement, which for years has been searching for the right* ending, *suddenly has been given a challenging new* beginning.

E. L. Boyer, *Ready to Learn: A Mandate for the Nation*

The nation's governors and President George Bush established six national education goals in 1989, and two were later added. These goals set high expectations for education performance at every stage of a learner's life, from preschool through adulthood. National Education Goal One (henceforth referred to as the *Readiness Goal*) focuses on preparing all children in America to start school ready to learn. It lays important groundwork for all the other goals.

National Education Goal One: Ready to Learn
By the year 2000, all children in America will start school ready to learn.

Objectives:

High-Quality Preschool Programs. All children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school.

Support for Parents as a Child's First Teacher. Every parent in the United States will have access to training and support to be their child's first teacher, and they will devote time each day helping their preschool children learn.

Nutrition and Health Care. Children will receive the nutrition, physical experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low birthweight babies will be significantly reduced through enhanced prenatal health systems.

Special Early Childhood Report, National Education Goals Panel, 1997

On the surface, the goal seems simple and straightforward: *All children in America will start school ready to learn.* But as parents, educators, early childhood experts, policymakers, and others discussed the idea of *readiness*, it became clear that the concept could be viewed from several perspectives. *Readiness to learn*, some pointed out, does not necessarily mean the same thing as *readiness for school.* All healthy children are born ready to learn, but being ready for school requires that certain physical, mental, and social needs be taken care of between birth and the first day of kindergarten.

Furthermore, regardless of whether these basic needs are met for all children, they would still enter school with different experiences and dispositions. Schools must be ready to help children of different social, economic, and cultural backgrounds develop their individual abilities. Are they truly ready to do this? Do adults in homes, schools, and communities have the knowledge and resources they need to nurture children so that they reach their full potential? A decade after the national education goals were established, conversations around these questions continue.

In fact, the *Readiness Goal* has served as a catalyst to encourage people concerned with the development of young children to openly ask questions like these: Are programs appropriate to each child's age and ability? Do teachers and child care providers have adequate knowledge about child development? Are program staff sensitive to each child and family's special needs? Is it easy for parents (who want it) to get the support they need to be their child's first and best teacher? How hard is it for families to find adequate and affordable health care, including prenatal care that can help mothers give birth to healthy children? What can be done to ensure that children get sufficient and proper nutrition?

Parents, child care providers, teachers, social workers, physicians, researchers, and others can refer to the national goal whenever they advocate providing high-quality and developmentally appropriate programs for young children; supporting parents with young children; and making health care, immunizations, and proper nutrition accessible to families and children.

Healthy Children Are Born Ready to Learn

The environment in which a child grows *before* it is born can affect the child's readiness to learn by affecting his or her health. The mother's physical condition, what she eats and drinks, and even her emotional health can make a difference in whether or not a child is born healthy. Children who are born without major health problems can focus their energy and natural curiosity on interacting with the environment in positive ways instead of fighting off illness and disease.

Prenatal care for expectant mothers plays a vital role in the health of children. A woman who receives medical care throughout her pregnancy is more likely to follow a nutritious diet; take the necessary vitamin and mineral supplements; gain an adequate amount of weight; and abstain from smoking, drugs, alcohol, and other harmful substances (National Education Goals Panel, 1997). Pregnant women who receive no prenatal care are three times more likely to give birth to a low-birthweight baby than women who receive appropriate care. Babies who weigh less than 5.5 pounds at birth run a higher risk of death, long-term illness, and disabilities than infants of normal birthweight.

Though many view lack of high-quality prenatal care as primarily a health care issue, the *Readiness Goal* emphasizes that it is an education issue as well. All children are born ready to learn, but the degree of readiness depends, in part, on the mother's access to good, affordable health care throughout her pregnancy.

Children Need Help to Be Ready for School

Children who are ready for school are eager to continue learning. They walk through the schoolhouse door with wide-eyed curiosity and a smile on their faces. They have seen a family doctor and dentist regularly, have had good nutrition over the years, and had breakfast that morning after a good night's sleep. They are confident in their skills, can share and take turns and follow directions, and can work alone or in a group. They can communicate what they need, want, and think. They are sensitive to other children's feelings. They are ready for a challenging new environment. Not only are they ready to achieve, they expect to achieve.

This kind of readiness does not just happen. Only caring adults can make it happen. Children have a good chance of being ready for school at age five under these circumstances:

- The child's health needs have been met, both before and after birth.
- From the time of birth, the child has been provided with many opportunities to learn in a safe and challenging environment—in and outside the home.
- The child's parents are secure and not under serious stress.

The environment in which children spend their early years directs their growth and energy in a particular way. A 1994 report from the Carnegie Task Force on Meeting the Needs of Young Children highlighted scientific evidence of the long-lasting effect of early environments on children's abilities to adapt to their environment socially, emotionally, physically, and mentally. In 1997, the Reiner Foundation's "I Am Your Child"campaign (http://www.iamyourchild.org) illustrated how the early years influence long-term intellectual and physical potential, including language acquisition and reasoning (Carnegie, 1994; Carnegie, 1996; Elkind, 1993; Greenspan, 1997; SREB, 1992). It underscored the point that a child's inborn quest to learn can be altered, for better or worse, by the total environment.

The National Education Goals Panel Subgroup (1992) identified five critical dimensions of children's growth and readiness as reference points for understanding children and what they need to be ready for kindergarten and first grade:

- **Physical Well-Being and Development.** Children have opportunities to grow physically and have health and nutritional needs met (including being rested, fed, and properly immunized) and to develop skills and abilities such as running and jumping, and using crayons and puzzles.

- **Social and Emotional Development.** Children develop a sense of confidence that allows them to participate fully and constructively in classroom activities—by taking turns, following directions, working independently and as a group member, and developing friendships.

- **Environments Supporting Learning.** Adults provide environments that cultivate curiosity, creativity, motivation, independence, cooperation, interest, and persistence so that children get involved in and maximize their learning.

- **Language Usage.** Children are encouraged to use oral and written language—talking, listening, scribbling, composing, and being read to—so that they learn to communicate with others and express their thoughts, feelings, and experiences.

- **Cognition and Knowledge.** Children are familiar with basic information, including patterns and relationships, causes and effects, and solving problems in everyday life.

Executive Summary, *The National Education Goals Report: Building a Nation of Learners*
National Education Goals Panel Subgroup, 1992, p. 9.

Growth within these dimensions is interdependent; that is, one dimension almost always supports another. For example, if an adult engages a 10-month-old girl in a game of rolling a ball back and forth to one another, the child might experience several kinds of growth at the same time: she must focus on the ball and use eye-hand coordination to reach it; she experiences cause and effect (when she pushes the ball, it moves away); she explores the ball's size, shape, and color; and she cooperates and communicates with the adult. A school-age child's readiness to learn is shaped by the quantity and quality of early experiences such as this taking place in a safe, pleasant environment.

A survey of public school kindergarten teachers identified six characteristics as essential for school readiness:

1. The child is physically healthy, rested, and well-nourished. (96%)
2. The child is able to communicate needs, wants, and thoughts verbally. (84%)
3. The child is enthusiastic and curious in approaching new activities. (76%)
4. The child is able to follow directions (60%)
5. The child is sensitive to other children's feelings. (58%)
6. The child is able to take turns and share. (56%)

(NCES, 1993, pp. 3-4)

Note: Numbers in parentheses indicate the percentage of teachers who selected that item.

(Text Box 3)
Risk Factors Influencing a Child's Growth and Development

- poverty
- emotionally unstable parents
- child abuse (physical, social, sexual, economic, and psychological)
- drugs or alcohol in the home
- single parent family
- isolation
- inadequate prenatal care
- substandard child care
- insufficient stimulation
- special physical and intellectual needs
- educational attainment level of parents (i.e., high school)

When certain risk factors are in the child's environment (see Text Box 3), these types of learning can be interrupted. When parents are unable to respond sensitively to a child's needs, often because of risk factors such as marital conflict, depression, or their own history of abuse, the child may develop feelings of helplessness and hopelessness that lead to later difficulties (Carnegie, 1994, Lally, 1990; Miller, 1992). The child's inborn urge to learn might be interrupted by the instinctive need for survival, robbing the child of opportunities to develop mentally as well as emotionally.

Although not all children with one or more risk factors will have difficulty learning and getting ready for school, they will, on average, have a greater chance of lower achievement than children with no risk factors. The presence of several risk factors over an extended period poses the greatest challenge; this scenario often leads to difficult, time-consuming, and expensive remediation for teenagers or adults. Some experts predict that if we don't attend to the emotional needs of young children, as well as their physical and cognitive development, our society will become continuously "unpredictable and dangerous" (Greenspan, 1997, p. 308).

There is evidence that children with two or more risk factors are four times as likely to develop social and academic problems than those with one or no risk factor (Carnegie, 1994). In 1995, the National Center for Educational Statistics conducted a survey of parents and concluded that the more risk factors to which a child is subject, the lower the number of accomplishments and the higher the number of difficulties he or she is likely to exhibit. This survey focused on five risk factors:

- the mother has less than a high school education
- the family lives below the official poverty line
- the mother speaks a language other than English as her main language
- the mother was unmarried at the time of the child's birth
- only one parent is present in the home (NCES, 1998, p. vi)

Children from families with three or more of these risk factors were five times as likely to be in less than optimal health than children from families with none of the risk factors, three times as likely to have speech difficulties, and twice as likely to display physical activity-attention difficulties. On average, these preschoolers displayed "one and a half fewer signs of emerging literacy out of five than preschoolers with no risk factors" (p. 44). Although the risk factors examined in the NCES study are frequently associated with poverty, multiple risks factors can be found in families of any socioeconomic status. Nearly half of America's infants, toddlers, and preschoolers confront at least one risk factor, including inadequate prenatal care, isolated parents, substandard child care, poverty, or insufficient stimulation (Carnegie, 1994).

Given what is known about the long-term effects of early learning environments, it is not surprising that more and more people are looking at the first four years of life as a key period for bringing about positive change in individual lives and in society as a whole. Research suggests that appropriate intervention to reduce child and family stress shortly after a child turns three could eliminate some of the long-lasting effect of multiple risk factors experienced in the first three years of life. Some cautions, however, are in order.

First, despite the proliferation of new knowledge about the brain, neuroscientists point out that the purpose of their research is to understand how the brain works, not to tell parents and teachers how to teach children. Although new research findings cannot be ignored, they alone cannot responsibly be converted to policy and practice. Personal experience, cognitive science (the study of how people learn), and education research continue to be valuable guides in efforts to help children learn.

Second, some might be tempted to point to brain research findings as justification for expecting less of children who did not benefit from ideal conditions early in life. Those who take this position risk depriving the very children who may most need their help—and their hope. The ability to learn, grow, and change continues throughout life.

Third, it is possible that brain research findings might prompt some people to blame certain people or groups for problems exhibited in young children. The actions suggested by the Readiness Goal, however, can be a catalyst for schools and communities to strengthen education and other family supports instead of blaming people or institutions. As many as one-third of American children are "entering kindergarten already needing additional support to keep up with their peers" (Carnegie Task Force, 1996, p. 55). The Readiness Goal's three specific objectives suggest an agenda for action best undertaken by a community of adults united in their effort to help these young children get ready for school—and ready to continue learning throughout their lives.

Adults Can Create Ready Homes, Schools, and Communities

Children have the best chance of benefitting from school when the adults in the community share responsibility for helping them get ready for school. Ideally, parents welcome children into a *ready home* filled with love, joy, and consistency. Family members know that the child's early years build an important foundation for future learning, so they provide various opportunities for the child to interact with people, places, and objects. They know how to handle stress. They have access to high-quality child care and health care services. If they want or need information or help, they know who to call.

Children entering kindergarten or the first grade enter a *ready school* to find that the classroom does not look like an intimidating foreign land, but instead allows space for children

to work alone or in groups and to move about. Children are not required to sit still for long periods of time, participate in countless skill drills, or spend their time filling out workbook pages. Their teacher allows them to explore the classroom, guides them through new learning experiences, and provides opportunities for structured and unstructured play. The school is equipped to cope with the differences among young children, and everyone in the school expects that all children will learn, no matter what their prior experiences. The school door is always open to families and community members. As the Southern Regional Education Board points out,

> Schools must also be ready to meet the needs of all children, including those who are less ready than we would like them to be. The benefits of high quality preschool programs and other measures to improve children's readiness can be lost very quickly when students enter schools that are not ready to help them sustain those gains. . . . Our knowledge and understanding of how children develop and learn has expanded dramatically in recent decades. . . . Yet the typical primary school classroom in the United States has changed very little. (SREB, 1994, p. 3)

Emerging knowledge about how the brain develops underscores the importance of what happens in the first few years of school. Some experts say that some abilities seem to be acquired more readily during certain "windows of opportunity" (Wolfe and Brandt, 1998). The Carnegie Task Force on Learning in the Primary Grades (1996) asserts that what happens between age 3 and age 10 determines a child's school achievement level. This indicates that teachers in the early grades can have a powerful effect on even those children whose natural readiness to learn has not been fully nurtured.

In *ready communities*, early care and education service providers have established relationships with the school and with one another. Families and community groups collaborate with the school principal and with agencies that serve families and children in various capacities. Everyone agrees on a long-term vision for young children, and they may even have a long-term vision for the community, because they all share responsibility for identifying and achieving goals they have set together.

Adults who hope to make these ideal descriptions of homes, schools, and communities a reality face several barriers. For example, parents, who play a critical role in their children's lives, often find it difficult to get support when they want or need it because there is little coordination among the programs, institutions, and agencies that might provide it. Responsibilities are splintered among private, state, and federal agencies. As a result, early care and education in the United States is a maze of overlapping programs, with a variety of funding streams and regulatory systems. One study of federal subsidy programs documented "ninety different programs located in eleven federal agencies and twenty offices" (Carnegie Task Force, 1996, p. 72). There is no simple, systematic way for parents to find services for their children.

In its 1997 report, the National Education Goals Panel summarized the problems:

- The current systems that support health, child care, early education, and families are fragmented among a staggering number of federal, state, and local agencies.
- Old funding sources are insufficient to meet current demands.
- New ways are needed to support families and ensure their access to health care for their children.
- No governance structure exists for a community's early childhood program.

Those familiar with these problems call for a new structure to be created at the local, state, and/or national level that encourages and supports continuity among the many agencies

and funding streams that provide care, education, and other services to families with young children. (Carnegie Task Force, 1996; Kagan & Cohen, 1997; National Education Goals Panel, 1997; U.S. ED, 1994.) The Quality 2000 Initiative recommends creating local and state early care and education boards:

> By the year 2010, every state will have a permanent State Early Care and Education Board and every county or school district will have a permanent Local Early Care and Education Board, responsible for the infrastructure and governance of early care and education programs. (Kagan & Cohen, 1997, p. 38)

Community members are increasingly called on to help find local solutions to problems created by a fragmented system of early child care and education. Members must be challenged to keep sight of their shared vision: homes, schools, and communities that jointly enable children to reach their full potential.

Families, schools, and communities that nurture children's natural readiness to learn from the time of birth may be opening opportunities for future growth in ways science has yet to understand. Efforts to support all kinds of readiness have the power to create new connections both within the minds of children and among the adults entrusted with their care.

How Living in Rural America Affects a Child's Readiness

Policy makers could . . . presume Rural America has few unique characteristics or particular dilemmas that distinguish it from the nation as a whole. But that would be a mistake.

J. D. Stern, *The Condition of Education in Rural Schools*

A realistic look at modern rural America can help policymakers and concerned citizens identify rural characteristics that affect a child's readiness to learn, both at birth and, later, in school. Outdated or stereotypic views of the rural landscape can prevent policymakers and others from making the best decisions regarding policies that affect rural life.

For example, many people picture rural children as living on farms across the country, but this is an outdated view of rural life. Fewer than one in ten rural people live on commercially active farms. Two-thirds are employed by either manufacturing or service industries. Growth in rural employment is occurring primarily in the areas of hotel and tourist operations; financial, health, legal, and government services; and retail and wholesale trade. Some rural people participate in mining and logging operations, but the number of these has decreased during the past 40 years, largely due to foreign competition, environmental concerns, and the use of technology.

Some people imagine rural areas to be places that don't change very much—another misconception. Although many isolated areas have been home to generations of families and have developed local traditions, they are no longer insulated from outside influences. Television, the Internet, and other recent technologies can connect even the most isolated areas to new ideas and attitudes. With the loss of some types of rural jobs, more rural people are commuting to nearby cities to work. Also, as suburbs spread, more people who work in small cities are moving to rural areas, which can offer ready access to recreation and nature, a low crime rate, a low cost of living, and little congestion. Rural communities are often perceived to be better places to rear families.

Another common assumption is that all rural areas are alike. This is also not true. Differences in local terrain, economy, and culture make for a diverse rural landscape that includes island communities, Midwestern farms, Indian reservations, Southern historic districts, Western ranges, and Alaskan settlements. In some areas, migrant workers move in and out of the community as they perform temporary or seasonal work, sometimes settling in the community and bringing with them their own languages and traditions.

Various definitions of *rural* have been posed. The U.S. Bureau of the Census defines a rural area as one comprising fewer than 2,500 residents and having open spaces. The U.S. Department of Agriculture uses a more complex formula that defines populations according to their density, size, and relationship to a larger metropolitan area. Using its formula, even a population of 20,000 people might be classified as rural, and 83 percent of the nation's land and 21 percent of its people are contained in rural areas. Still other people associate the word *rural* with a set of values that encompass relationships with the environment, other people, and the past.

Yet, even though rural communities differ from suburban and urban places as well as from one another, and even though various people define *rural* in different ways, rural places

have at least two things in common: geographic isolation and limited resources. These and other local factors influence all aspects of rural life, including the way children are raised and educated.

Diversity and Change Offer Challenges and Opportunities

Understanding the social and economic diversity of rural America and how local and global changes might affect rural life helps put into perspective the urgent need to prepare children, families, schools, and communities for the future. Rural people, by discussing diversity and change in their communities, can help ensure that the future they are preparing their children for is one worthy of the preparation—and one the community wants. Interest in meeting this challenge might be especially concentrated in the South and the Midwest, which together account for almost 75 percent of the U.S. rural child population (Sherman, 1992).

"A problem we have ignored," says Pauline Hodges "is that our rural population is changing. They're not farmers and ranchers; they are urbanites and suburbanites who have moved from the city. Their expectations and support for schools are different from those of historically rural folk. . . . We have become multicultural and multilingual. I see a number of rural communities that do not want to admit that, much less address it" (AEL, 1998).

Hodges, president of the National Rural Education Association, advocates measures to build understanding among people of different backgrounds who are newly coming together in rural areas. By uniting as a group, she says, rural people have greater visibility and a greater chance to bring their needs to the attention of policymakers. Some rural people, who often value independence and self-sufficiency, may initially shun such activity. But changing economies and shifting populations are imposing new demands on rural infrastructures. Without coordination among health and public service agencies, many families find it difficult to get needed help for their children. Many school buildings are in poor condition and lack technology that would allow students access to distant resources. Bringing such concerns to the attention of policymakers is a necessary part of solving these problems.

Improving rural children's readiness for school depends, in part, on improving the capacity of rural people and institutions to meet the basic needs of all children. In some communities, the best way to help children might be to help the adults who care for them. The data suggest that by developing local employment opportunities that offer decent wages and benefits and by enhancing opportunities for continuing education and job training, communities can counter the serious and chronic problem of poverty in rural areas.

In 1995, the rural household poverty rate was 15.6 percent compared to 13.4 percent in metropolitan counties (Huang, 1999). Persistent poverty is concentrated in the South, including Appalachia, the Ozark-Ouachita area, and the Mississippi Delta (Cook & Mizer, 1994); in northern Alaska; and in pockets throughout the Southwest and the Northern plains. Persistent poverty counties tend to be smaller and have less urban populations than other nonmetro counties. In 1990, "40 percent of these counties had no people living in towns or cities, compared to 34 percent of all-nonmetro counties, and three-fifths of poverty counties were not adjacent to metro areas" (p. 24). The poverty group has a disproportionate number of people with "characteristics that affect their levels of labor force participation," such as lack of a high school education and/or a physical or mental disability (p. 25). An increasing number of rural families are headed by single mothers and minorities, two population subgroups that are prone to economic disadvantage.

Poverty does not negate the effect of parents' love and nurturance, nor is it a measure of any family member's individual potential. But it can affect children both directly and indirectly. The low pay offered by many rural jobs means that parents may have to work extra hours or work two jobs to support basic needs, which can result in less quality time to spend with their children. Affordable, high-quality day care may be too expensive or too far away for it to be an option. If sufficient employment is not available, the family's basic needs for adequate food, clothing, and shelter may not be met, and no money may be available for "extras" such as toys, books, and music lessons. Visits to a doctor or dentist may pose not only economic hardships but also logistical problems: parents may have to travel several miles for services, usually do not have the option of using public transportation, and are often employed by small businesses that provide little or no paid leave time for family illnesses. For these reasons, children may be less likely to receive medical attention when they need it.

Poverty also affects children in other ways. Lack of tax revenues within a city or county means that some services (e.g., public transportation, emergency response services, libraries) are limited or nonexistent.

Who Are the Rural Poor?

Most of the rural poor live in families where at least one person has a job. They are the "working poor." Nearly two-thirds (64.6 percent) of rural poor families have at least one member of the family who has a job. Yet, the family is poor. What's more, approximately one-fourth of all rural poor families have two or more members with jobs. Still, these families are poor.

Working Together for a Change, Gene Summers (1997, p. 6)

In addition to poverty, the small scale of rural communities (the very thing many residents find attractive) can adversely affect families. Since the local economy can support few businesses, lack of competition can keep prices high. Families must choose between paying a higher price at a local store or spending the time and money it takes to travel to the nearest metro area to shop. Also, the schools to which rural families send their children can find themselves ineligible for program funding that requires a certain minimum number of qualified students. This can result in schools being less able to offer many special services for children.

It takes a sustained, coordinated effort among many people to bring local strengths to bear on these challenges. Those most directly concerned with helping young children become ready for school face two major challenges in rural America—increasing families' access to health care and expanding options for affordable, high-quality child care.

Health Care May Be Less Affordable and Accessible

Health care is a challenge in rural America. One objective of the *Readiness Goal* is that all children will receive the nutrition and health care needed to arrive at school prepared to learn, and the number of low-birthweight babies will be significantly reduced. In most instances, parents cannot walk around the corner to find a doctor or to get shots for their children. In one-car, two-parent families, the parent left at home has no means of transporting

a child to a hospital or doctor's office should the child be injured or become ill. Paying for health care also poses a problem; medical insurance for the working poor is often out of financial reach.

Rural children are less likely than their nonrural counterparts to have access to health services, and are less likely to have any health insurance coverage. Forty-two percent of rural children, compared to 33 percent of city and 35 percent of suburban children, have not visited a doctor for at least a year (Sherman, 1992).

An effort to insure more children is under way. In late 1997, new federal funding became available to help states create or expand health insurance programs for children through the State Children's Health Insurance Program (SCHIP). State programs aim to insure the children of the working poor, who may be ineligible for Medicare but unable to afford the premiums charged by their employers' health plans. The Congressional Budget Office projects that more than 2.8 million previously uninsured children will be eligible for these state programs, once they are up and running.

Even those rural families that do have health insurance must often travel long distances to receive services:

> Compared to metropolitan areas, rural areas have one-twentieth as many physicians per square mile and, even more telling, less than half as many per capita. The Office of Technology Assessment reported that the number of patient care physicians per 100,000 residents in 1988 was about 91 in rural areas, compared with 216 in metropolitan areas. In rural areas with fewer than 10,000 residents there were 48 patient care physicians per 100,000. In an ideal situation, a community should have about one physician for every 1,200 residents. (Sherman, 1992, p. 80)

Generally, rural families are less able to afford the time away from work, fees, and transportation costs associated with visiting a doctor: forty-two percent of rural residents live below or just above the poverty line, compared to 32 percent of urban residents. Interviews with families illustrate a relationship between household income and children's health. In 1994, parents in families with annual incomes greater than $35,000 reported 88 percent of their children to be in good or excellent health, a figure that dropped to 63 percent in families with annual incomes less than $10,000 (Federal Interagency Forum on Child and Family Statistics, 1997).

In 1992, childhood immunizations—the most important preventive pediatric service available for children, regardless of locality, race, or income—were received by 55 percent of the total child population under age two (CDF, 1998). By 1997, the number of fully immunized children had risen to 78 percent (NEGP, 1998), thanks in large part to the federal Vaccines for Children program. This program was enacted in 1993 to help uninsured, Medicaid-eligible, and Native American children receive vaccinations during routine visits to their regular doctors. As a result, the national rates of vaccine-preventable childhood illnesses have fallen more than one-third. The program is operating in all 50 states, 28 of which use additional state funds to apply the same approach to children not covered by the program.

Attempts to improve other rural health services—such as prenatal care, dental care, health insurance coverage, and general health services—have not been as successful as the vaccination program. Although prenatal care has risen approximately four percent nationally

since 1980, the number of low-birthweight infants has increased by almost one percent over the same period. These babies are at higher risk of death, long-term illness, and disability than infants of normal birthweight.

Families' access to and ability to pay for nutritional needs and appropriate health care help determine children's success in school and their future ability to sustain local businesses and neighborhoods. Rural people face special problems in meeting this health care objective.

Families Have Fewer Options for Child Care Services

Another objective of the Readiness Goal is equal access to high-quality and developmentally appropriate preschool programs that help prepare children for school. The importance of this objective has risen as the number of women in the labor force has increased. In 1986, 46.8 percent of women worked; by 1997, the number had risen to 65 percent (CDF, 1998). Predominantly rural states frequently report higher percentages of working parents than do urban states (CDF, 1996). Single parents cannot maintain employment without child care services. Both mothers and fathers need access to child care in order to contribute to the family income. Because of the 1996 welfare legislation, many more welfare recipients are now expected to find jobs. Accessible, affordable, and appropriate care is critical for working parents and for their children.

The quality of child care across the nation, not just in rural areas, is a growing concern for families, educators, and researchers. The quality of care depends on staff-to-child ratios, administrators' prior experience, wages, staff and teachers' education, and specialized training. States with more demanding licensing standards, and the staff to enforce them, have fewer poor-quality centers. In mostly rural states, longer distances and fewer state-licensed employees make it difficult to enforce standards and to provide specialized training for child care providers and educators (Cost, Quality & Child Outcomes Study Team, 1995).

"Children's cognitive and social development are positively related to the quality of their child care experience" (Cost, Quality & Child Outcomes Study Team, 1995, p. 29). This is true regardless of the child's gender and the mother's level of education. Betty Hart and Todd R. Risley (1995) found language usage and the number of words spoken daily by children under three were determining factors of long-term and sustainable school success. They estimated an early education program would need to provide children on welfare "40 hours [of substitute care with intensive language experience] every week from birth onward" (p. 205). Language is crucial to a child's school success because it is the "primary means employed by formal education" (Weiss, 1995, p. 3). To be ready to learn by the time they enter kindergarten, rural children need increased access to high-quality, sensitive care that provides a safe and challenging learning environment—in and out of the home, and by parents, caregivers, and all adults who interact with them.

The National Association for the Education of Young Children presents a position statement to guide appropriate child development and learning practices. Among the 12 principles that contribute to quality care and education are these:

- Development and learning occur in and are influenced by multiple social and cultural contexts.
- Development and learning result from interaction of biological maturation and the environment, which includes both the physical and social worlds that children live in.

- Play is an important vehicle for children's social, emotional, and cognitive development, as well as a reflection of their development.
- Children develop and learn best in the context of a community where they are safe and valued, their physical needs are met, and they feel psychologically secure. (Bredekamp & Copple, 1997, pp. 9-15)

Lillian Katz (1994) broadens the view of quality by presenting five perspectives on the quality of early childhood programs. One approach, which she refers to as an "inside/outside" perspective, is to assess how the program is experienced by the families it serves (p. 201). Another takes into account "how the program is experienced by the staff members responsible for it." A third perspective considers "how the community and the larger society are served by a program." Katz calls this the "ultimate perspective on program quality. . . . Another approach is to take what might be called a bottom-up perspective: attempting to determine how the program is actually experienced by the participating children." The fifth and final approach is the top-down perspective, which has traditionally been reported in the available literature on quality programs.

> Most available literature on the subject suggests that the quality of early childhood programs can be assessed by examining selected features of the program—the setting, equipment, safety, and so on—from the perspective of the program administrators and of those responsible for the supervision and licensing of the program. (Katz, 1994, pp. 201-203)

In rural America, the question of child care is, in large part, an issue of availability and cultural values. Child care by relatives and close friends has traditionally been part of the rural culture. Concern is growing that such traditional caregivers are not included in information and support networks; these caregivers may not be aware of training and learning opportunities, state and/or federal financial reimbursements, and supports afforded to providers registered or licensed by state departments.

Two Midwestern studies suggest mothers are very satisfied with their child care arrangements (Atkinson, 1996; Thornburg et al., 1997). Both studies propose that this satisfaction could be influenced by a close personal relationship with the caregiver and that the sense of community with neighbors might "in and of itself be stress-reducing" (Thornburg, p. 128). Thornburg and her colleagues collected data from 11 rural counties in Missouri on attitudes of parents, providers, kindergarten teachers, and employers toward child care issues. Child care providers expressed positive attitudes toward training opportunities and were "extremely satisfied" with the amount of support from spouses (82%) and friends (75%). Employers explained that "78% of their employees had little to no control over scheduling their work; 82% had little to no job/family conflict" (p. 124).

While reports from mothers and caregivers appeared to reflect a child care system effectively preparing children for school, the researchers were troubled by the less optimistic views of kindergarten teachers. Sixty-three percent said that "their students, as a whole, are less ready [for school] than five years ago. . . . [They saw] no significant difference of cognitive, social-emotional, and physical readiness of children who had been in child care and those who had not" (Thornburg et al., 1997, p. 124). Researchers cited several possible explanations for these findings:

- Individuals living in small towns and their surrounding areas may feel more of a sense of community with their neighbors and coworkers, which may in and of itself be stress-reducing.
- Rural communities are more likely to be close-knit and built on traditional values of independence, honesty, self-reliance, and the importance of family.
- The tradition of self-reliance and not asking others for help with personal problems may create a generalized reluctance to acknowledge and share concerns about child care and child rearing (p. 128).

Quality child care is essential to helping children make the most of their biological inheritance. In partnership with parents and families, appropriate child care plays a vital role in preparing young children to benefit from school.

In addition to finding quality care, rural families often struggle with the availability of care. The fact remains that child care is in shorter supply in rural areas than in the rest of the nation, allowing parents fewer choices between regulated center- and family-based child care. In 1989, a National Governors' Association survey of state officials found 47 states where rural families had difficulty obtaining child care. In 26 states, officials "cited a lack of regulated child care facilities as the primary reason, and six states reported an especially great need for special needs care" (Sherman, 1992, p. 96). Since 1989, many states have been actively working to increase available care and improve regulations and standards for facilities and staff. In rural areas, longer distances, sparser population, and lack of public transportation add to the problems of child care access, affordability, and enforcement of state regulations. Rural children are slightly more likely than the national average to use unregulated, family-based child care or in-home care. Indications that rural child care may be of inferior quality are based on limited staff training and credentials for child care providers, higher child-to-staff ratios, lesser proportion of care that is regulated, and other measures, according to Sherman. The Quality 2000 Initiative suggests that the most important indicator of quality care for children might lie in the knowledge base of the caregiver.

The 1996 welfare legislation adds another dimension to the problem. Although it recognizes the importance of available, affordable, and safe child care for mothers entering the labor force, the financial support for providing it falls short of the need. Getting families off welfare does not solve the problem of paying for quality child care. In fact, according to the Children's Defense Fund, "Congress structured the law in a way that makes it likely that the gap between what's needed and what's available will grow even wider." For example:

- The law requires states to come up with state matching funds to get the new federal dollars for child care. . . . Twenty states did not even provide enough matching money to use all of the federal funds available to them in 1994.
- The law cuts the Title XX Social Services Block Grant, which many states use for child care, by 15 percent after Fiscal Year 1997.
- The law cuts spending on the Child and Adult Care Food Program by $2.3 billion over six years (CDF, 1997, pp. 37-38).

Child care places a heavy financial burden on rural families, consuming up to one-fourth of poor families' incomes. By contrast, nationwide, child care expenses deplete 6.6 percent of the average family income (Sherman, 1992; Cost, Quality & Child Outcomes Study Team, 1995). "Even after the 1997 increase in the minimum wage, earnings from a full-time, year-round, minimum-wage job do not come close to lifting a three-person family out of poverty" (CDF, 1998, p. 5).

The Missouri child care study team presents a challenge for creating high-quality child care and education for communities across the country:

> Before a system can be strengthened and improved, it first must be acknowledged as having a need to improve. The challenge will be to convince parents that they need to be educated about features of quality care, to encourage employers to offer more family-friendly work policies, and to facilitate child care providers' professional development and support when they don't perceive a problem with the status quo. (Thornburg et al., 1997, p. 128).

The real challenge is not just a need to improve the quality of care, it is a need to improve the attitude toward the value of child care in the minds of policymakers and the general public.

Local Circumstances Affect Schools' Capacities to Meet Individual Needs

The readiness of local schools to help children sustain and build on early gains cannot be discounted. In rural areas, factors that affect a school's readiness include school size, funding, staffing, distances between homes and schools, education attainment among adults, and parents' and community members' experiences with and attitudes toward education.

The schools to which rural families send their children vary widely among the states and different sections of the country, reflecting the relative density and geographic isolation of the populations they serve. Rural schools and school districts are generally smaller than their urban counterparts, ranging from 300 to 2,500 students. The primary exception to this is in the Southeast, where 25 to 62 percent of the rural districts enroll more than 2,500 students (Stern, 1994).

On average, rural schools face higher costs with lower revenues available from the local tax base, due to less industry and lower per capita income. Many buildings are in great need of repair or replacement. Although residents contribute a greater percentage of their income toward schooling, rural schools still spend an average of about 10 percent less per student than metropolitan communities. Rural school systems typically have fewer alternative schools, school counselors, and special programs for pregnant students. When such services are available, it is likely because of a creative use of funding streams, a collaborative effort, or a local benefactor. Also, less than 50 percent of rural counties nationwide (compared with more than 80 percent of metro counties) contain one or more GED testing centers (Sherman, 1992), making it more difficult for parents who did not complete high school to improve their employability.

Teachers and principals in rural schools are generally younger and have less education, less experience, less training, and change jobs more frequently. (This could be due partly to limited access to continuing education and professional development opportunities.) They receive lower pay (approximately 10 percent less than their counterparts in nonrural schools) and fewer benefits (i.e., general medical, dental, and life insurance, and contributions to pension funds) than their nonrural counterparts. Evidence suggests many leave the countryside for better-paying jobs elsewhere (Sherman, 1992; Stern, 1994).

Transportation to and from school presents time and money concerns. Rural children often spend between one and two hours being transported to school each morning and must repeat the long trip to get home in the late afternoon. Children living within one mile of an elementary school might spend as little as 10 minutes or as much as 45 to 60 minutes on a school bus, depending on bus routes. In Appalachia, students may spend a great deal of time on a school bus traveling a relatively short distance due to crooked, narrow, and treacherous mountain roads. Transportation to and from schools is expensive in rural communities. Low levels of state financial support, local economy and geography, and consolidated school districts add up to longer bus rides for many young children.

The quality of schools and how education is received by the community are reflected in the level of education attained by community members. When education levels are low, the community has difficulty filling jobs. In 1984, about 42 percent of the jobs in the United States required education beyond high school. It is estimated that in 2000, 52 percent of new jobs will require education beyond high school (NCCP, 1990). Yet the number of rural residents who complete college is relatively low. Although rural areas have recently seen improvements in the number of students completing high school, fewer dropouts return to school or get a GED. Those who do graduate tend to move away to metropolitan areas, leaving behind a group of rural residents who are disproportionately dropouts (Sherman, 1992).

Lower educational attainment is often associated with higher poverty rates for all racial and ethnic groups in both rural and urban populations. In 1994, the poverty rate for children under six was 67 percent in families where both parents had less than a high school education. The poverty rate dropped dramatically—to 11 percent—when children had at least one parent with education beyond high school. Among young children with at least one parent who graduated from high school, the poverty rate was 32 percent, implying that high school graduation does not ensure a satisfactory standard of living (NCCP, 1996).

Parents' experiences with education and learning also affect their ability to help their children enter school ready to learn. Young parents who have had support through high school are more likely to be actively supportive through their children's preschool and education years. Also, low maternal education and minority-language status are risk factors consistently associated with fewer signs of emerging literacy and a greater number of difficulties in preschoolers (NCES, 1995). Families and children reading together is one indicator of whether or not a child will be ready to learn when he enters school.

The collective capacity of the community to support local schools, as well as prepare children to be successful in them, is affected by all of these interrelated issues: school size, funding, staffing, transportation, education attainment among adults, and local experiences with and attitudes toward education.

Helping Rural Children Succeed: Six Suggestions

"To have children is to make a promise—to love and protect them; to pass on to them all the wisdom that we possess; and to give them the means to sustain and augment that wisdom."

Carnegie Task Force on Learning in the Primary Grades

The Readiness Goal provides the vision and impetus for schools and their communities to design partnerships that address the various needs of young children. The goal encourages the development of a coordinated system of early care and education and the creation of continuity among services for young children and families. It seeks to make the transitions between and among care and education and services easy and friendly to families, teachers, and service providers. The goal's intent is to see that every child be given every opportunity to achieve at his or her highest level.

"Children's readiness is predicated on the readiness and support of parents, the media, early care and education services, and the schools—in sum, our communities, institutions, and society as a whole" (Kagan, 1992, p. 51). Rural America is a natural environment for strengthening linkages among families, schools, and communities. Geographic isolation, lack of resources, and other local circumstances can interfere with rural efforts to get children ready for schools and, equally, to get schools ready for children.

But rural people can call on the wisdom of local individuals and institutions to counter these challenges. Three institutions—the family, the church, and the school—have been at the heart of rural communities since this country was settled. As Joyce Stern points out, they continue to provide "the standards of behavior, circles of personal interaction, and a variety of social activities that collectively shape community ethos and identity. . . . Even with the ongoing social and economic transformation of Rural America, these institutions still provide many Rural Americans with their roots" (1994, p. 21). Children benefit when these roots are protected, cultivated, and reinforced.

School and community care networks support families directly or indirectly when they focus on efforts that affect the readiness of children and schools for one another: supporting high-quality and developmentally appropriate

Family Connections: A Ready-Made Tool

Family Connections makes it easy for schools to build home-school partnerships. These two sets of 30 colorful guides are filled with fun things for parents and children to do together that enhance early learning. They are designed to help families be more effectively involved in their children's education. Teachers can send the four-page guides home with children; family educators with Head Start or other programs can use them as they visit homes; or programs can mail them directly to interested parents.

Every issue has a message to parents about such topics as how important it is to read aloud and how children learn through play. Also included are easy, enjoyable activities for families to do together with little preparation using materials in the home and one or more read-aloud pieces to stimulate imagination and to have fun with language.

For more information, contact AEL at 800-624-9120.

programs, assessing children appropriately, linking community resources, encouraging joint staff development, offering parent training and support, and improving the access to and quality of health care.

Support High-Quality and Developmentally Appropriate Programs

Developmentally and age-appropriate learning environments "allow children to develop at different rates and learn through concrete experiences with adults and other children and materials . . . in [care and education] settings that fit with the needs, capabilities, and interests of young children" (REL ECC Network, 1995, p. 65). High-quality and developmentally appropriate programs pay attention to learning environments, respect the home culture of families, and support the home language. Also helpful is providing cross-training to all those who work directly with young children and families, and all others providing support services.

The home culture and language provide the child "with a sense of identity and a framework for interpreting the world. . . . Absence of shared meaning in a new setting may interfere with a child's competent functioning in that setting" (REL ECC Network, 1995, p. 34). For example, one teacher told her students that only pigs and deer eat acorns. Upon hearing this, a Native American parent responded, "I have two children so this means that one of them must be a pig and one must be a deer" (Szasz, 1991, p.11). Teachers and teacher aides representing the culture and language of the children need to be recruited to show respect and support for individual family differences (U.S. ED, 1991). Good teachers know the communities they serve.

Caregivers and teachers in rural areas may have limited access to opportunities for professional development. Small communities can leverage their investment by joining with other communities to offer training and education opportunities.

Assess Children Appropriately

Assessment of the physical needs and developmental progress of children must be appropriate to their age and developmental levels. Many communities provide early screening for very young children to identify delays in physical development. Some communities use a family's economic status to determine education needs, as do federally funded programs such as Head Start, Early Head Start, and Even Start. Other communities are finding comprehensive, inclusive ways to reach all children. Whatever assessment practices are chosen, they should utilize the children's familiar language and respect their home culture. Documentation of children's physical, social, emotional, and intellectual development can easily be made through observation and from samples of activities, sometimes with the assistance of an interpreter. Evidence shows it is beneficial when "children [and parents] play an active role in documenting their progress" (REL ECC Network, 1995, p. 71).

Children should never be screened or assessed out of programs for which they are eligible. Classroom assessment should "result in benefits to the child such as needed adjustment in the curriculum or more individualized instruction and improvements in the program" (McAfee & Leong, 1994, p. 3). The National Goals Panel suggests basing school entry criteria on chronological age:

> Children should not be excluded from school on the basis of unfavorable cognitive, small motor, social, and/or emotional developmental assessments. . . Schools have a responsibility to adapt their curricula to the capacities of entering children, not to expect children to adapt to inappropriate school expectations and practices. (U.S. ED, 1991, p. 7)

Link Community Resources

Linking community resources helps improve the quality of care and education available to children and families in the following ways:

- Establishes a broader base of knowledge and resources.
- Enables communities to assess existing funding sources to guarantee that all eligible children are included in programs.
- Strengthens connections between families and the community.
- Helps agencies and institutions identify opportunities to pool resources or combine efforts.

One of the tasks of a developing network is to identify community resources so that existing community-based education and services can be linked. Rural schools and communities often develop close alliances among schools, churches, and youth organizations such as Little League, 4-H Clubs, and Girl Scouts or Boy Scouts (Bhaerman, 1994). Networking among institutions and agencies might be easier in rural areas for several reasons:

- More people know one another and are therefore more likely to call on one another for help with a particular family or child.
- Fewer local service agencies exist.
- Agencies are overloaded and understaffed, making them more open to collaboration as a means of multiplying limited human resources.
- Agency and organization staff see one another more frequently because they wear many hats and play many different roles.
- Rural citizens are more likely to share information through both formal and informal means.
- Older community members are more likely to be respected and might be brought in for their advice and input.
- Older community members are more likely to be advocates rather than adversaries because they often have grandchildren in local programs.

In rural areas, "just about everyone knows someone who knows someone or who is related to someone who knows someone. . . . Chances are someone knows someone who can make a difference" (Bhaerman, 1994, p. 43).

Encourage Joint Staff Development

All adults responsible for the care and education of young children—parents, caregivers, teachers, school administrators, social service workers, health workers, and ancillary staff—should have opportunities to meet and learn together. Knowledge- and skill-development sessions that focus on any and all topics related to children, programs, and

collaboration should be provided for and attended by all members represented in a partnership, including parents. The shared knowledge and experience will strengthen the partnership and reinforce home, school, and community linkages. It will enable all members to provide rich learning opportunities for the children.

Pooling resources in rural communities is particularly important and useful when providing staff development. For example, child care providers, kindergarten and first-grade teachers, and elementary principals could be included in Head Start training on developmentally appropriate practices for young children. Social service providers or welfare workers who serve families with young children might also be invited. The local juvenile justice system might provide training on positive parenting techniques and preventing child abuse for community members who work with young children, teen parents, and home visitors from Even Start programs supported by the public school system. A Housing and Urban Development office, if available locally, might offer training on how to make the home, school, and child care facility safe for children. A local hospital or pediatrician's office might provide input on nutrition. All of these staff development opportunities would address issues related to parenting, making parents and families primary targets for participation.

Offer Parent Training and Support

Families are the main source of continuity in children's lives. Today, many rural families face high levels of stress, a sense of isolation, and serious economic hardship. Rural communities need to pool resources to develop effective family support and education programs that address the basic needs of families, the personal competencies of parents, and the developmental needs of children. Recommendations from the National Goals Panel include these:

- **Family education.** Schools and other service providers can establish family education and support programs geared to the personal needs of participants.
- **Communication among families.** Personal contacts among families, teachers, caregivers, and service providers can be critical in conveying information about child-rearing practices.
- **Partnerships with parents.** Providers of early care and education can acknowledge that parents and teachers make unique contributions to children's development.
- **Parent involvement.** Preschool and school administrators can make parents' participation in the care and education process a basic responsibility of all caregivers and teachers, providing training, time, and incentives for carrying out this function.
- **Business and employer support.** Employers can develop policies that support families with young children by offering benefits such as flex-time and on-site or nearby quality child care.

How can community networks support families? The Harvard Family Research Project located 73 school-affiliated programs across the country with a "substantial parent education and support component for families with children between birth and age six" (Weiss, 1995, p. vi). Although the researchers caution against generalizations, certain common patterns and themes have emerged from the studies of family-focused interventions:

- Home visits, as a means of providing parents with child development information and social support during their children's earliest years, can have beneficial outcomes for children and their parents.
- Programs that offer direct services to children in addition to parenting sessions have a positive impact on children's cognitive development.
- Family support programs are necessary but not sufficient for disadvantaged families.
- Programs that have a strong impact on children's development are rich and complex, and are designed to individualize support and services.
- School-sponsored parenting programs must be open to broader changes in organization and culture.

(Harvard Family Research Project, 1995, p. 4-6)

Improve Access to Quality Health Care

Partnerships improve service delivery for children's health as staff become aware of available community services (i.e., child care, education, health, and social services). Partners can develop an information network to meet the needs of families and identify gaps in services, and perhaps to attract more physicians to their region. Finally, partners can work together to ensure all children and families obtain health care and other needed services in a consistent and supportive manner. The National Goals Panel suggests that health care be envisioned as

> a continuum that begins before birth and continues throughout a lifetime, involving parents and other caregivers as well as individual children. . . . To serve multiple family needs, government agencies at all levels need to remove statutory and regulatory impediments, and agency officials need to develop new, collaborative working relationships. (U.S. ED, 1991, pp. 17-18)

Conclusion

In summary, although families play a critical role in preparing children for school, they are not the only ones responsible for providing conditions and opportunities for learning. Nor are they the only ones who benefit. When the readiness concept was presented in 1989, the nation's governors and President George Bush agreed that unless "all citizens work cooperatively to achieve [the goals], the United States will be woefully unprepared to face the technological, scientific, and economic challenges of the twenty-first century" (USED, 1991, p. 1).

Rural communities hoping to remain viable in the twenty-first century may not immediately think of "helping children enter school ready to learn" as a vital part of community development, but the context of the *Readiness Goal* suggests that it is. The fabric of future lives, communities, and the nation is being determined by today's actions and decisions. These actions and decisions should be informed by a knowledge of how children learn and develop, how living in rural America can affect a child's readiness to benefit from formal schooling, and how concerned citizens can help rural children succeed.

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