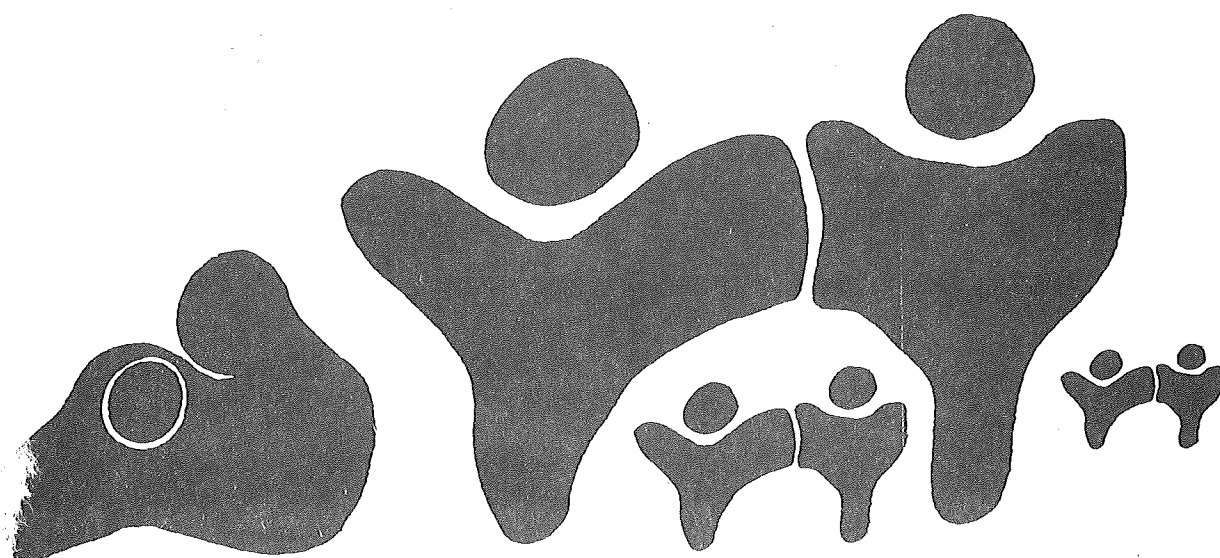


# MINNESOTA FAMILIES AND CHILDREN



MINNESOTA FAMILIES AND CHILDREN

A Preliminary Report  
To  
Governor Rudy Perpich

Prepared by  
Governor's Council on Families and Children  
December 1984

## CONTENTS

	<u>Page No.</u>
Introduction	1
Executive Summary	3
Demographic Profiles	5
Review and Update of 1978 Reports	13
The Council's Priorities	25
Membership List	33
Executive Order	35

## INTRODUCTION

On July 26, 1984, Governor Rudy Perpich met with the newly appointed Council on Families and Children to request that it continue the work begun in 1978 by an earlier Task Force on Families -- to examine in depth the needs of Minnesota's families and children. Mindful of a narrow time frame, he also requested that the new Council prepare some recommendations for his review by November, 1984.

The Council's priority requests for action were adopted after discussion of updated demographics for the State and a review of the Special Report: 1978, prepared by the earlier Task Force.

The recommendations listed in the following pages are by no means exhaustive. Rather, they are items which the Council believes cover major concerns touching families and children, but are at the same time specific enough for some kind of action. It is hoped that they will foster dialogue between the Governor, the Legislature, and Minnesota's families and children, whose views are central to the work of the Council.



## EXECUTIVE SUMMARY

Children under six are one of the fastest growing groups in Minnesota. Presently, over forty percent of the state's 1,128,000 children are in this age group and their numbers will continue to grow through the end of this decade. The mothers of these children, and women in general, are joining the workforce in increasing numbers. In fact, by the end of the century the numbers of women who are working will almost equal the numbers of men.

Family roles in Minnesota are changing. The "traditional" family of four, with the husband working outside the home and the wife caring for the children and household, represents only a small percent of Minnesota families. The reality is that 61 percent of married-couple households in Minnesota have two earners. Such families benefit economically, and the income gap between them and families with only a single earner is widening. Especially vulnerable are single-parent families. Over one-half of all Minnesota's single-parent families are at or below the poverty level.

A dramatic shift in family composition has been seen in the increase of households headed by women. They have increased significantly since 1970 and are projected to grow even more dramatically during the present decade. In 1980, one of every ten Minnesota children lived in female-headed households. A disproportionate number of these families are of minority groups. Despite the fact that three-fourths of these women are in the labor force, their incomes are low.

A 1978 Task Force on Families issued reports on employment, health care, education, and youth in the juvenile justice system. The current council has reviewed these earlier reports and concludes:

- + Unemployment continues to be a problem for many families in both industrial and agricultural regions of the state. The recession and shifts in the state's economy have left many families without jobs, income, or assets. Getting these Minnesotans back to work is a matter of highest priority.
- + Child care has become a necessity for families with parents working outside the home. The roles of government, business, and families need to be clearly defined. The choice of child care arrangements should remain in the hands of parents and the range of available alternatives must be expanded across Minnesota.
- + Minnesota's health care system is very different than it was in 1978. Cost containment initiatives, coupled with an expanding variety of health insurance options, require considerable education on the part of the consumer. An increasing number of families are without insurance or have inadequate insurance.

- + Trends toward community-based services are growing but the expansion of available monies has not kept pace.
- + Health care programs for children have proven beneficial. However, insufficient funding for these services, especially at the federal level, has reduced their effectiveness.
- + Educational reforms being discussed are disproportionately aimed at changing the system. More attention should be directed to productive relationships among students, their parents, teachers and administrators. Better cooperation between the home and the school is critical to educational reform.
- + Many so-called delinquent behaviors of young people may be symptoms of larger family problems. The juvenile justice system needs change. Interventions should focus on helping troubled families. Out-of-home placements should become a "last resort option."

The Governor's Council on Families and Children voted to adopt specific recommendations. Their list of priorities is offered to the Governor and to the people of Minnesota for action and discussion:

1. Adopt for use in all state agencies, family impact statements to use as guidelines in evaluating the effects of policies and programs on families and children. Such statements will be prepared by the Council by June 30, 1985.
2. Support Children's Trust Fund legislation to generate revenue to pay for family-based efforts to prevent the maltreatment of "children in need of protection."
3. Make child care a legislative priority. Target public resources to meet the child care needs of low-income families and use the state of Minnesota as a model employer to develop vouchers for child care as an employee benefit.
4. Make effective the early identification and intervention in providing health care for children, including pre-natal care so that problems can be identified and interventions to prevent or minimize developmental disabilities.
5. Support those educational programs that enhance parent/school partnerships, including, but not limited to, early childhood and family education programs.
6. Work for passage of the Catastrophic Health Insurance Bill. Deal with this as a health issue and not as a welfare issue.
7. Support legislative initiatives for community-based services that assist families to support disabled members at home.

## DEMOGRAPHIC PROFILES





## Minnesota's Families: Who Are They and Where Are They Headed ?

- + There are 1,445,222 Households in Minnesota.  
Household: one or more persons living in a housing unit.
- + 72% of these households are Family Households.  
Family Household: one in which two or more persons, related by blood, marriage or adoption, are living together in a housing unit.
- + The remaining 28% of Households are occupied either by single individuals or persons not related by blood, marriage or adoption.
- + Demographers identify two kinds of Family Households: Married Couple Households and Single-Headed Households.
- + A Single-Headed Household may consist of either a man or a woman, living in a housing unit without a spouse present, but with at least one other person who is related to the head by blood or adoption.

The composition of Family Households in Minnesota changed considerably during the decade 1970 - 1980, as did the labor force participation of women from both household types.

<u>1970</u>	Married Couple Households accounted for 89% of all Family Households.	
	Single-Headed Households accounted for 11%	
	Female Head	9%
	Male Head	2%
<u>1980</u>	Married Couple Households <u>decreased</u> to 84% of total Family Households.	
	Single-Headed Households <u>increased</u> to 16% of total Family Households.	
	Female Head	13%
	Male Head	3%

- + It should be noted that in 1980, the hypothetical Family of Four, used by the government to calculate a variety of cost-of-living figures, made up only 6% of all Minnesota families. This hypothetical family consists of an employed father, a mother who does not work outside the home and two children under age 18.
- + The most dramatic change projected for the coming decade by the State Demographer is that Households headed by women with children under age 18 will show a rate of increase between 17% and 78%. Uncertainty about the pace of social change is responsible for the wide range of figures.

- + Married Couple Families continue to decline. In 1970, they made up 71% of all households in Minnesota. By 1980, the number had decreased to 62%. By 1990, they are expected to make up only 57% of the total.
- + Although Minnesota's divorce rate is well below the national average, nevertheless it continues to rise. In 1970, one out of 3.8 marriages ended in divorce. By 1980, the ratio had dropped to 2.5.
- + In 1980, 61% of Married Couple Households in Minnesota had two earners.
- + In 1980, half of Minnesota women with children under six were in the work force.\*
- + It is projected that by 1985, 57% of all Minnesota women will be in the labor force.\*

#### Minnesota's Children: Numbers, Ages and Living Arrangements

- + There are 1,128,000 children in Minnesota.  
Children: Persons under age 18.
- + 42% of these children are under age 5.

The proportion of children living with one parent only (most often, the mother) is increasing, while those living with both parents is decreasing.

<u>1970</u>	Married Couple Households with children under age 6= 30%
	Female-Headed Households with children under age 6= 19%
<u>1980</u>	Married Couple Households with children under age 6= 25%
	Female-Headed Households with children under age 6= 23%

- + The under-six population in America is expected to rise by 17% between 1980 and 1990 - from 19.6 million to 22.9 million.\*\*
- + The under-ten population from Single-Headed Households is expected to rise by 48% - from 6 million to 8.7 million.\*\*
- + By 1990, one out of four children under 10 will live in a Single-Headed Household.\*\*
- + In 1980, 10% of all Minnesota children lived in Female-Headed Households, up from 6% in 1970.

Two trends to watch during the present decade are:

- + The steady increase of women into the labor force.
- + The rise in the numbers of Female-Headed Families.

The rise in numbers of both Dual-Earner and Female-Headed Families is responsible for the growing number of women in the labor force. But what is responsible for the rise of both family types?

The far-reaching ramifications of these two demographic changes are easier to document than the social values which may have contributed to their existence.

Some social values which have changed since 1980:

- + Expectations of what constitutes the "good life" have risen. The baby boom generation, born during the prosperous Fifties, matured during the Seventies. Its expectations were for an ever-rising standard of living - better housing, better health care, more education and more consumer goods. During the Seventies, it was relatively easy to borrow money in order to meet those expectations. But as interest rates rose, and the money market tightened, many young couples found themselves facing burdensome, long-term indebtedness. Result - a second income is often required to maintain the desired standard of living and at the same time to meet the financial obligations assumed.
- + The widespread acceptance, even encouragement, of careers for women outside the home has contributed to their growing numbers in the work force. In 1970, many working wives found it necessary to explain and justify their presence in the work place. Today, non-working wives often find it necessary to explain and justify their absence from the work place.
- + It is now acceptable for an unmarried mother to keep her child rather than to place it for adoption. Also women in their thirties who previously had opted for a career without the added responsibility of a child, have decided to start families.

#### Other Consequences of These Demographic Changes:

##### MORE WOMEN JOIN THE LABOR FORCE

- + Labor force participation rates for women in the traditional child-bearing years (ages 20-44) ranged between 68% and 75% in 1980. For 1990, the projected range of the rate - between 74% and 81%. For the year 2000, between 76% and 83%. (Labor force participation rate for men remains fairly constant at 86%.)
- + Of all Married Couple Families with husbands between the ages of 25 and 54, 39% had both spouses in the work force full-time. Add to this figure part-time workers and unemployed persons actively seeking work, and the figure rises to 68%.

### INCOME GAPS WIDEN

- + Incomes are becoming more unevenly distributed both at the national level and at the state level. Underlying the growing inequality of incomes is the tendency for upper incomes to increase at a faster rate than lower incomes. For example, in Minnesota between the years 1979 and 1982, incomes in the lower tenth percentile increased by only 15 percent while incomes in the highest tenth percentile increased by 24 percent.
- + Unemployment is still a pervasive problem in various regions of the state. Welfare benefits to families with an unemployed parent (AFDC-UP) have increased by a dramatic 345% since 1980, accounting now for 15% of all AFDC cases, up from only 3% in 1979.
- + Wages are low but labor force participation is high for Female Headed Families with children. 72% of all such women are in the labor force; however, their earnings are considerably less than men's earnings. For high school graduates, women earn 56¢ to every dollar earned by a man; for college graduates, 62¢. The discrepancy in earnings may be accounted for by the discrepancy in wages paid in predominantly male and predominantly female occupations.

### CHILDREN AT RISK

- + Incomes are lower and poverty rates are higher for Female-Headed Families with children under 6 than for any other type family. Median income \$9,201, which is only 39% of the median income of Married Couple Families. 51% of Female Headed Families are at or below the poverty level.
- + Out-of-Wedlock births are increasing, with many of these children being born to teenage mothers with less than a high school education. Consequently, such families rely on public assistance poverty programs rather than on income from jobs for their livelihood. AFDC cases resulting from out-of-wedlock births have increased from 28% of the total case load in 1974, to 48% in 1983.

### THREE FACES OF POVERTY

- + Poverty <sup>⊗</sup> is related to family composition. In 1980, a Female-Headed Family with children under 3 had one chance in two of living in poverty.
- + Poverty is related to race. Although Blacks and Hispanics represent 1.3% and .8% respectively of the total Minnesota population, they represent 8.5% and 1.4% respectively of the poverty population. Native Americans, representing .8% of the total Minnesota population account for 2.8% of the poverty population; Asians, at .7% account for 7.2%. (Since the main influx of Southeast Asian refugees occurred after the 1980 census, their figures may now be greater.)

- + Poverty is related to geography. Both employment opportunities and wages vary widely from county to county in Minnesota.

#### STILL IN NEED OF CARE

- + Presently 6 million children in the 6-13 age group are in need of after-school care, a population cared for in the past by women not working outside the home. (National figures)
- + Between 1970 and 1980, the number of Minnesotans age 85 and over increased by 64%. The average life expectancy for the elderly in Minnesota is the highest in the United States, and it surpasses that of major industrial nations, such as Canada, Germany, Japan and the Scandinavian countries. This, also, is a population cared for in the past by women not working outside the home.

#### A FINAL NOTE

- + Greater numbers of people today are poor. In 1983, the poverty rate in the United States stood at 15 percent, which is the highest it has been since 1965. Between 1979 and 1983, the numbers of people who fell below the poverty line increased by 35 percent. Between the years 1976 and 1979, the rate remained the same. In the early part of 1970, the figures had declined. Statistics like these are factual reminders that the human costs of poverty are great.

---

\* Labor force includes unemployed persons actively looking for work. Work force includes only employed persons.

\*\* National figures

⊕ Poverty is measured by the federal government, using guidelines based on income and family size. In 1983, a family of three was considered poor if its income was less than \$685 a month.



REVIEW AND UPDATE  
OF 1978 REPORTS  
ON FAMILIES

Employment/Unemployment  
Health Care  
Education  
Juvenile Justice\





## EMPLOYMENT/UNEMPLOYMENT

The need for "jobs and a decent income" was the first recommendation to Governor Perpich by the Task Force on Families in 1978. Today, the need for the same recommendation has become even more urgent. Perhaps nothing is so vital to families as good employment and the income jobs generate. The severe economic recession of recent years has weakened the ability of many families in this state to retain once-productive jobs.

Although Minnesota, like other states, seems to be experiencing an economic recovery, and the labor force participation compared to other states is high, the economic and employment picture for Minnesota is an uneven one. Some areas, particularly in the Twin Cities metro area, seem to be prospering. In this region, the labor force participation of women is one of the highest in the nation. However, in other parts of the state, particularly in the northeast and the southern and central rural areas, the employment picture is bleak. The loss of important industries and small family farms have left many Minnesotans without work, or even the hope of work, in their former occupations.

Another feature of the employment picture in Minnesota needs attention. The state has two kinds of employment situations: Primary employers, such as large corporations or state and local governments, who can afford to offer employees not only good wages but also security and a variety of benefits; and the so-called secondary marketplace, where small businesses tend to be entrepreneurial and more dependent on the state of the general economy. These businesses often cannot afford to offer employees the wages and benefits needed for an adequate and secure family income. The entry of new workers into the labor force is predominantly into these jobs, which can and do fluctuate with the economy. Employment problems continue to have far-reaching and deleterious effects on Minnesota's families; any and all efforts to alleviate the distress they cause is applauded.

The influx of women into Minnesota's labor force and the uneven employment picture in the state make it necessary to take a close look at Child Care and the Welfare System, both of which are closely intertwined with the employment status of Minnesota's families.

## CHILD CARE

Minnesota has a higher than average number of mothers in the work force. The question of who can or will care for the children in these families becomes one of concern. The issue of child care is complex, because there is no single solution which is fair to all families involved. Many families still find informal arrangements to be the most appropriate way to handle their child care needs. It is important that public policy not discourage such efforts. On the other hand, how to strike a proper balance between what should be the concern of the public sector and what of the private sector needs to be addressed. Working parents often cannot afford or find appropriate care for their children while they work.

### Suggestions

- + Choice of child care arrangements should continue to be in the hands of parents. Thus, a voucher system, whether subsidized through the public or the private sector, seems desirable.
- + Child care is costly, and parents have difficulty absorbing the entire cost. Some employers have had success with vouchers for child care to their employees as part of a benefit package. The state should be encouraged to try this plan and to serve as a model for other businesses.
- + Single parents who need help with child care expenses, if they are to be part of the work force, should receive assistance from the government. Legislation establishing a sliding-fee scale for parents with incomes below the poverty level is already in place in Minnesota. However, some counties do not participate in the program; therefore, allocations are unevenly distributed throughout the state. Further: funding for the program does not seem to be adequate. Two questions which should be addressed: how to encourage participation by all counties so that geography does not determine ability to get help, and how much funding is adequate?
- + Consideration should be given to the child care needs of those families who work in the "secondary marketplace", especially since so many female jobs are in this employment category.
- + Licensing of child care facilities and day care homes is a problem. Licensing provides only for minimal health and safety standards. It does not offer any quality assurance. To many, the present licensing situation does not make much sense. It needs to be a priority issue.

### WELFARE SYSTEM

Aid to Families with Dependent Children (AFDC) is a program which gives financial assistance to families too poor to support themselves and their children. Traditionally, the program has been used by single mothers with children.

The most dramatic change in the state's welfare picture between 1978 and 1984 has been the increase of two-parent families, (called AFDC-UP, or unemployed parent) to the AFDC caseload. These are families where the householder has lost a job, exhausted unemployment benefits, sold all assets and used up family savings, and has become totally dependent on public assistance for family income. This means that the AFDC system is now serving the long-term unemployed, a group of families with complex and difficult problems, (e.g. need for job training, possible relocation of family members, loss of status and support that goes with holding a job).

Before cutbacks required by the Omnibus Budget and Reconciliation Act of 1982, AFDC recipients in Minnesota had a higher than average labor force participation. The average time single parents in Minnesota spent on AFDC was between 18 months and three years. However, many of the incentives which helped single mothers get into the work force (e.g. child care subsidy, Medical Assistance) were dropped from the program. Result: it now makes little sense for them to try to enter the work force when they lose substantial monies in benefits.

The single-parent family continues to be the predominant user of the AFDC system. However, the composition of this group is also changing, with a rising proportion of unmarried, out-of-wedlock minors. The problems accompanying teenage pregnancy are severe and have long-range social and human costs. If the young mother has not completed high school, the chances are good that she will remain on AFDC for seven or eight years before she is able to become self sufficient.

The net result of these changes, all of which have occurred since 1978, is that the state now provides higher public subsidies for all three types of AFDC recipients, with few avenues open to any of them at present to attain economic self sufficiency.

#### Suggestions

- + Provide job retraining for AFDC-UP population. Change program regulations to meet their needs.
- + Remove the "disincentives to work" that are now part of the AFDC program.
- + Address child care and health insurance problems for low-income families who want to work.
- + Target special help to teenage mothers and remove incentives for them to leave their family homes and live independently.

#### HEALTH CARE

In 1978, the primary concern of the Task Force on Families was access to health care for the poor. Although access to the system is still a concern, the focus of government policies in 1984 has shifted to cost containment. This shift in emphasis is the most significant change which has occurred in the area of health care.

#### Other changes which have occurred during the past six years:

##### + The Role of Insurance:

Consumers now must choose from an array of both Health and Maintenance Organizations (HMOs) and traditional health insurance plans. Once they have chosen a plan, they may also have to choose a provider, a hospital, and in some instances, what form of treatment they desire. Insurance plans frequently try

to influence the choice of provider and the medical methods of the providers. An increasing number of families are without insurance, or with inadequate insurance. Many small businesses cannot afford to provide health insurance for their employees, and many large companies are becoming self-insured rather than purchasing traditional health insurance packages.

+ The Growing Trend Toward Deinstitutionalization

The state's Pre-Admission Screening Program attempts to delay or prevent entrance into nursing homes. Today, persons already in nursing homes, as well as residents of state hospitals for the mentally ill and mentally retarded, are being returned to the community. In general hospitals, minimal stays by patients are being encouraged and, in some cases, required.

+ The Increase in the Number of Dual-earner Families

Working parents are usually required to obtain medical care during non-working hours (of particular importance for hourly wage earners). Thus, there is an increased demand for physicians, dentists and other health care providers to offer care during evenings and on weekends. The school nurse is playing a more important role in health care, as working parents try to cope with illnesses in their school age children. Working parents must also cope with the problem of how to provide care to sick pre-school children. Sick-child care is missing and needed.

Changes which have not occurred during the past six years:

- + Although the trend toward community-based services is growing, financial assistance for these services has not increased. Medicare funding for home health care continues to be limited to rehabilitation, not maintenance care. In spite of the fact that continued professional care may be necessary to keep an elderly person from entering a nursing home, financial help for this endeavor is seldom forthcoming.
- + Funding for health care promotion and disease prevention has not increased. Monies for many federal programs, such as the Maternal and Child Health Block Grant and the Preventive Health Block Grant, have been reduced, as has financial support for state-authorized programs such as Preschool Screening.

Suggestions:

- + Even for those who have access to health care, effective use of the system has become a major issue. There is a need for increased education on how to make an appropriate selection of a health insurance plan.
- + The state's Commerce Department must continue to monitor the package of benefits offered by insurance plans. Without the assurance of a minimum package, Medical Assistance programs will be called on more frequently to provide the missing services. In addition, the state must consider the role it should play in ensuring that persons sometimes referred to as "the medically indigent" have access to health care.

- + A major illness can totally destroy a family's ability to remain financially independent of ongoing public support. Catastrophic Health Insurance is a method to prevent a family from having to divest itself of all its property in order to care for its family member.
- + The state should ensure that communities are able to serve the growing population of persons being discharged from, or not admitted to, institutions. Families usually cannot provide professional care; they require some assistance - physical, emotional and financial - to maintain a family member at home.
- + Smaller is not necessarily better! There is as much potential for abuse or inadequate treatment in small community facilities as in large state institutions.
- + Since Medicare will cover the costs only of rehabilitation therapies, the state must look for ways to subsidize maintenance nursing care in the home for those who cannot afford it.
- + Prevention programs must be maintained, expanded and improved. At the present time, the percentage of the state's health care funding used for prevention is very small.
  - Early childhood screening programs hold great promise of identifying problems before they can inhibit normal growth and development. Monies for the Preschool Screening Program were reduced, with the expectation that physicians would see the child. However, many children are not seen on a regular basis by a physician. In addition to its limited scope, the Preschool Screening Program does not reach children early enough.
  - Another childhood screening program, Early Periodic Screening/Diagnosis and Treatment (EPSDT) is limited in its effectiveness by its federal regulations. Coordination between these two programs is a continuing need.
  - Adolescent pregnancies continue to be a major health problem. Family planning services provide education regarding contraception, thereby addressing one important aspect of the problem.
  - State laws, such as the immunization law, are effective methods of improving the community's health.
  - The Pre-admission Screening Program works, but too often it is used at the point when the decision to enter a nursing home has already been made rather than at the point when changes can be made which might allow the person to remain in the community.

## EDUCATION

Although the United States has the most extensive and expensive public education system in the world, its product has been declining in quality during the past twenty years. Many different causes have been cited for this decline, and many remedies suggested. Most of the remedies have centered around improved school services - longer school days and longer school years, better pay for better teachers, curriculum changes, etc. None of these remedies, however, takes into account the most important factor of all in reaching educational excellence, or even adequacy: the partnership which should exist between home, school and community. There is little disagreement about the desirability of such a partnership; but how to bring it about presents many difficulties for parents, teachers, school administrators and the community at large.

Some of the difficulties can be attributed to a wide divergence of opinion in any single group as to what role the school system should play in the education of children. There are those who believe the schools should perform social services, or teach values, or assist in the preservation of ethnic heritages; others believe the schools should confine their efforts to the teaching of academic subjects. Very few members of any group have no opinion on what is wrong with education today.

The Council's sub-group on education reflected both this intense interest and diversity of opinion. All members agreed, however, on the concept of partnership: that children have a responsibility to learn, that parents have a responsibility to enhance their children's learning, and that schools have a responsibility to provide sound educational opportunities. They also agreed with the first recommendation of the 1978 Task Force that a partnership between home and school must be achieved before any reform of the present educational system is possible. But now, as then, the question remains: how to achieve it.

In earlier times, the school was often the center of community activities. Teachers usually knew, or knew of, their students' families; and the community was usually aware of a teacher's out-of-school life. Mothers who had not yet joined the work force in great numbers were available to help with homework in the evenings, to serve as room mothers, to volunteer their time and talents for a number of school programs and to initiate educationally enriching experiences for their children. TV had not yet become a distraction for all age groups, and the transference of authority and responsibility from individuals and families to the "experts" and the "professionals" had not yet taken place.

Changing times have altered these circumstances considerably. Many parents feel that schools do not welcome their participation much beyond routine teacher-conferences and attendance at sporting events. Many teachers feel that parents have abdicated their responsibilities to assist in the education of their children, that they have become too preoccupied with earning a living. But neither nostalgia nor blame is likely to bring about the desired partnership between home and school. Nor is the addition or revision of school services likely to help.

Reforming education does not mean reforming the schools. Educators have found it simpler to manage school systems than to devise strategies for involving parents and the community at large in the education of children. The general public, as well as educators, must abandon the notion that education consists only of the school delivering more and better services; and parents must be encouraged to take back the responsibility for their children's education, which they seem to have handed over all too willingly to an institution - the school system.

Suggestions:

- + Early Childhood and Family Education Projects have been successful largely because they include parents as policy makers. The concepts inherent in these projects might be expanded to include other educational levels.
- + Adopt Individual Education Plans, in which parents and teachers together decide where a child is and where he should be heading, and then develop a work plan for that child. Parents would have the responsibility of monitoring the child's progress.
- + Schools should find more creative ways in which to use their facilities. Latchkey programs, for the after-school care of children of working parents, could use school buildings during after-school hours. With facilities provided by the school districts, fees for such programs could be modest, and busy working parents would have more occasion to become involved in school programs.
- + Special programs of all kinds are geared to targeted populations, (e.g. the physically handicapped, the gifted, those with learning disabilities). It would seem to be time to reconsider the needs of the large, non-targeted group which accounts for the majority of children in the school system.

JUVENILE JUSTICE

It used to be that a call for help from a family to a local police officer or judge might result in some friendly but stern admonition to the juvenile involved and a measure of support for the parents. Now, the same call for help usually results in a whole series of interventions which set large legal systems in motion.

In 1981, 25,000 placements were made in Minnesota to juvenile correctional facilities, corrections group homes, residential treatment centers for emotionally disturbed children, hospital psychiatric facilities, hospital chemical dependency facilities, welfare group homes for dependent or neglected children, facilities for mentally retarded children, and free-standing chemical dependency treatment facilities. Total payments for these services by government agencies, insurance companies, and parents were \$186 million.

There is strong evidence that the present system can have devastating effects on both families and on the children involved. There appears to be no consistent policy in Minnesota for out-of-home placement:



Is it for treatment? For social control? Or both? In addition, the placement tends to occur too frequently and too quickly, before other alternatives have been explored. Finally, four uncoordinated systems - juvenile justice, welfare, mental health and chemical dependency - have overlapping responsibility for the placement, treatment and custodial care of juveniles taken from their homes. These blurred lines of authority often complicate already complicated situations.

Many so-called delinquent behaviors of juveniles are essentially family problems, yet the remedies focus only on the reformation or rehabilitation of the child. While it is appropriate in some situations - serious child abuse, for example - to remove the offending adults or the child from the home, at least temporarily, it may not be necessary to make out-of-home placements in other situations. For example: status offenses, (e.g. running away from home, truancy) and other behavior problems which may be only developmental experiences in a child's life.

The Where, Why and Whither of Minnesota's children in out-of-home placement:

- + In 1983, there were 5,982 children in out-of-home placement as a result of county welfare department interventions. 24% had been in placement continuously for three years or more; 33% for two years or more; 43% for less than one year.
- + Family foster care was used for 54% of the children
  - Child caring facilities - 19%
  - Group Homes - 9%
  - Non-finalized adoption - 3%
  - Independent living arrangements - 3%
  - Runaways from placement - 6%
  - Emergency shelters - 6%
- + The child's disability or behavior was cited as reason for removal in 47% of the cases. 19% were removed to protect them from further abuse or neglect. Family interaction problems or parent/caretaker death or disability accounted for 12%.
- + Legal Status of the Children
  - 40% - custody of parents or other caretakers
  - 42% - agency custody
  - 14% - wards of the state
  - 0.6% - wards of an Indian Tribal Court
  - 4% - other
- + Goals Set for the Children
  - 33% - return home
  - 33% - long-term foster care
  - 14% - goal not known or reported

Foster-care placement rates for minority children remain a major concern, in spite of the fact that recent state legislation on minority adoption and foster-care attempted to strengthen the role of minority families in providing care for minority children.

Suggestions:

- + In any intervention, the state should choose the least-intrusive means of intervening.
- + If the state feels it must intervene, the law should mandate documentation showing that less-intrusive alternatives have either been tried and have failed, or that they are not possible.
- + No child should be placed out-of-home without judicial review.
- + Establishment of a Children's Trust Fund for family-based, prevention-oriented programs should be explored. Monies for such a fund could offer counties and private agencies the resources needed to deal with family problems in ways which are supportive of families with trouble.
- + If behavior deviates from societal norms, it should be addressed in the deviant's customary environment. Wherever possible, family-based treatment should be tried before out-of-home treatment is sought.



## REQUESTS FOR ACTION

### The Council's Priorities

1. Adopt for use in all state agencies, family impact statements to use as guidelines in evaluating the effects of policies and programs on families and children. Such statements will be prepared by the Council by June 30, 1985.
2. Support Children's Trust Fund legislation to generate revenue to pay for family-based efforts to prevent the maltreatment of "children in need of protection."
3. Make child care a legislative priority. Target public resources to meet the child care needs of low-income families and use the State of Minnesota as a model employer to develop vouchers for child care as an employee benefit.
4. Make effective the early identification and intervention in providing health care for children, including pre-natal care so that problems can be identified and interventions to prevent or minimize developmental disabilities.
5. Support those educational programs that enhance parent/school partnerships, including, but not limited to, early childhood and family education programs.
6. Work for passage of the Catastrophic Health Insurance Bill. Deal with this as a health issue and not as a welfare issue.
7. Support legislative initiatives for community-based services that assist families to support disabled members at home.

1. ADOPT FOR USE IN ALL STATE AGENCIES, FAMILY IMPACT STATEMENTS TO USE AS GUIDELINES IN EVALUATING THE EFFECTS OF POLICIES AND PROGRAMS FOR FAMILIES AND CHILDREN. SUCH STATEMENTS WILL BE PREPARED BY THE COUNCIL BY JUNE 30, 1985.

A nation without any explicit policies in support of its families, leaves to chance an area of social reality that is critically important. Today we have a vast array of social programs that reflect policies related to health, education, social services, income maintenance, housing, and taxes. Although benefits from these programs may accrue to individual family members, the programs were not developed to ensure the viability of the family as a social unit.

The council believes that all agencies in state government need to be guided by a "families perspective" in developing policies and carrying out of programs. When such a perspective is present, the effects on families have been shown to be supportive.

The State of Illinois recently passed legislation requesting the inclusion of a family impact statement on the part of those agencies which provide services to families and children. For example, agencies are asked to document ways in which a specific plan:

1. Encourages sensitivity of its programs to traditions, values, and practices of families from varied racial, ethnic, and religious backgrounds.
2. Encourages meaningful participation of families in decisions affecting them.
3. Provides for meeting the basic human needs of families for food, clothing, shelter, and medical care.

The council wishes to prepare a series of family impact statements to offer to Governor Perpich for his review and endorsement by June 30, 1985. If the Governor approves of these statements, he could direct agencies to use these guidelines in formulating policies and to report to him on their effectiveness. Gradually the council believes that this kind of focus will assist in inter-agency cooperation and coordination, thereby strengthening families and reducing fragmentation.

2. SUPPORT CHILDREN'S TRUST FUND LEGISLATION TO GENERATE REVENUE TO PAY FOR FAMILY-BASED EFFORTS TO PREVENT THE MALTREATMENT OF "CHILDREN IN NEED OF PROTECTION".

The rise in the reports of the abuse and neglect of children is a source of concern to our communities and to this council. In Minnesota, reports of maltreatment to children increased by a dramatic 38 percent during the years 1981-1983. The Department of Human Services projects the reporting of this problem to increase yearly at a rate of 14 percent.

Historically, legislators have had to use limited social service funds to respond only when a problem has been identified and interventions are required to protect victims. Approaches are always crisis-oriented.

This council believes that education and prevention are essential if this painful problem is to be resolved. During the past year, programs like WCCO-TV's PROJECT ABUSE and the Illusion Theatre's presentation of TOUCH offer persuasive evidence that this problem can be handled in a sensitive manner. Other family-based prevention attempts on the part of public and private agencies have been successful. But the funding for these initiatives is missing.

The council recommends that Minnesota follow the lead of several other states in setting up a separate Children's Trust Fund through using an income tax write-off. This voluntary tax would allow citizens in the state to contribute two dollars from their yearly tax to fund community-based efforts to prevent the maltreatment of children.

This unique funding solution would boost programs aimed at prevention while not taking away resources already dedicated toward helping victims of abuse. It also offers all Minnesota citizens an opportunity to do something positive about a problem that has grave social consequences, not only for the families and children involved, but also, for the society as a whole.

The members of the Governor's Council on Families and Children would conduct advertising campaigns to alert taxpayers and employers to the purposes and uses of the Children's Trust Fund. The fund would also allow contributions from the private sector.

3. MAKE CHILD CARE A LEGISLATIVE PRIORITY. TARGET PUBLIC RESOURCES TO MEET THE CHILD CARE NEEDS OF LOW-INCOME FAMILIES AND USE THE STATE OF MINNESOTA AS A MODEL EMPLOYER TO DEVELOP VOUCHERS FOR CHILD CARE AS AN EMPLOYEE BENEFIT.

Provision of child care outside the home is a complex issue. The need for available and affordable child care has become a necessity for many Minnesota families with young children. Traditionally, women who worked in the home cared for their children and often provided care for the children of neighbors and friends who were in the labor force. The changing composition of Minnesota families as well as other pressures makes reliance on such informal supports difficult and, for many, unrealistic.

The council believes that all children in our state should receive the best quality care which provides for their physical, emotional, and intellectual growth. Whether that care is provided directly by parents during the workday or by others, the care of children is a matter of high priority.

The appropriate role of government needs to be clearly defined so that the role of parents as the primary caretakers of their children is reinforced. For this reason, the council endorses the concept of child care vouchers as a system which promotes the parents' ability to choose the providers of child care. The voucher system has been used successfully by both the public and private sector.

The council also recommends that private sector initiatives on the part of employers to help working parents finance the costs of child care be combined with public subsidies for those parents who cannot get off public assistance without the state's willingness to help with child care costs.

Two ways in which these recommendations could be implemented are the following:

- ° Allow the State of Minnesota as a major employer to serve as a model to other businesses by offering a cafeteria style benefit plan to its employees which would provide child care vouchers.
- ° Support a request for increased funding of the Sliding Fee Program in order to meet the child care needs of low-income families.

4. MAKE EFFECTIVE THE EARLY IDENTIFICATION AND INTERVENTION IN PROVIDING HEALTH CARE FOR CHILDREN, INCLUDING PRENATAL CARE, SO THAT PROBLEMS CAN BE IDENTIFIED AND INTERVENTIONS USED TO PREVENT OR MINIMIZE DEVELOPMENTAL DISABILITIES.

Minnesota has tried to be a model in providing comprehensive health screening for children at an early age. Different programs exist for the common purpose of detecting health problems in children using comprehensive screening and referrals for the evaluation, diagnosis, and/or treatment of difficulties.

However, access to these programs can be uneven and fragmented. For example, all school districts must offer preschool screening, but the screening is not comprehensive. All counties offer Early Periodic Screening and Diagnostic Testing (EPSDT) to eligible children but access to providers varies. Thus children's abilities to obtain needed services can be more a factor of where they live than what they need.

Ongoing efforts to achieve better collaboration and coordination among service providers needs to be encouraged. Recently, the Departments of Education, Health, and Human Services entered into an Interagency Agreement to "develop interagency coordination around the identification and service delivery to handicapped children birth through three years of age." The council asks the Governor to endorse the efforts of these Departments and to make the effective delivery of these services a high priority. The council also asks that needed interventions be made at the earliest possible time.

One of the most successful ways to prevent lifelong health problems for children is to emphasize good prenatal care. The rising incidence of pregnancy among adolescents is a matter of concern to the council, particularly because the poor nutritional habits among adolescents can have harmful effects on their infants.

The council asks the Governor to support efforts by the Health and Human Services Departments to provide public information on the need and value of prenatal care, especially for populations at risk.



5. SUPPORT THOSE EDUCATIONAL PROGRAMS THAT ENHANCE PARENT/SCHOOL PARTNERSHIPS, INCLUDING, BUT NOT LIMITED TO, EARLY CHILDHOOD AND FAMILY EDUCATION PROGRAMS.

The United States has the most extensive and expensive school services in the world and Minnesota's commitment to the education of its children and youth has been a substantial one. Efforts to make these services more effective are sometimes disappointing. Educational reform usually centers on improving the schools and school services.

This council believes that it is the RELATIONSHIP between these services and students, their families, and their communities which needs attention. Programs like the EARLY CHILDHOOD AND FAMILY EDUCATION PROGRAMS at the state level, and HEAD START at the national level, have shown how partnerships with parents benefit children. Since learning is a lifelong process and since parents are the primary educators of their children, schools and families need to work together to overcome barriers to cooperation.

These barriers are often a result of the bureaucratization of schools. As teachers become more specialized, they are often unable to understand a child's progress on a day-to-day basis. As the boundaries of school districts change, so does the ability of families to gain access to the school. As more and more women enter the labor force, these same women are unable to perform many of the volunteer activities that kept them in touch with their children's schooling.

Parents also share responsibility for the failure to form good relationships with educational institutions. All too often they are willing to relinquish their own involvement with their children's growth and education to "professional experts."

This council endorses all efforts on the part of the Department of Education to build productive partnerships with parents.

It also supports legislative initiatives similar to that of the EARLY CHILDHOOD AND FAMILY EDUCATION program which emphasizes the involvement of parents in the ongoing education of their children.

6. WORK FOR PASSAGE OF THE CATASTROPHIC HEALTH INSURANCE BILL.  
DEAL WITH THIS AS A HEALTH ISSUE AND NOT AS A WELFARE ISSUE.

Medical expenses incurred by a single major illness of just one member of a family may have devastating effects not only on the financial but also on other aspects of the family's life. Thus, the council believes that some form of Catastrophic Health Insurance should be provided for all Minnesota families.

The Catastrophic Health Expense Protection Program (CHEPP) was initiated in July, 1977, to help families meet such devastating medical emergencies. However, in May, 1981, appropriation for this program was eliminated. The 1983 Legislature continued the suspension of CHEPP funding for 1984, but the program was retained in statute. Up for consideration in the 1985 Legislature is restoration of this program in some form.

The council wishes to note that CHEPP was never intended to be a welfare program. It was meant to address the temporary need of families and individuals facing a single episode of exceptionally-large medical expenses. Further: it was meant to assist families and individuals before they found it necessary to seek assistance from welfare.

Administration of the program was placed in the Department of Public Welfare (now the Department of Human Services), in order to take advantage of an existing statewide, county-based intake system. Many non-welfare families had trouble with CHEPP precisely because it was seen as a "welfare program."

Therefore, the council recommends that efforts be made to restore the CHEPP and to its original intent. Since its original intent seems to have been a health insurance program for all Minnesotans, a transfer of department jurisdiction might meet this goal.

7. SUPPORT LEGISLATIVE INITIATIVES FOR COMMUNITY-BASED SERVICES  
THAT ASSIST FAMILIES TO SUPPORT DISABLED MEMBERS AT HOME.

Historically, government programs and services have tended to offer financial incentives to those families who placed disabled family members outside the home. For example, children under 18 with physical or mental handicaps can qualify for complete medical care payments through the Medical Assistance (MA) Program if they place members in a state licensed intermediate care facility. This same policy applies to elderly persons who are poor if they choose to go to a nursing home rather than remaining in their homes.

Recently, the Minnesota Legislature took some steps to provide alternatives to institutionalization. The Pre-Admission Screening program offers to eligible elderly persons the choice of home-based services instead of nursing home care. Another program provides payment for "supportive living arrangements" for those families with a member who is mentally retarded who might otherwise be placed in an intermediate care facility. Through a waiver of the MA eligibility rules, families can receive in-home support services, from respite care to help with financing housing adaptations. Both these programs point to the fact that persons with handicaps can be well-served when the state offers modest supports.

The council urges the Legislature to consider expanding the model used in the above program to cover other groups such as those with developmental disabilities or mental illness.

At the same time, the council notes that not all families can or should undertake the care of disabled members in the home. Families must always consider the social, emotional, and financial costs to the members of the whole family unit. The point is that families should have more alternatives to institutional care.

The council also cautions that efforts to "deinstitutionalize" whole groups of persons with physical or mental disabilities and return these people either to their families or to "community-based services" without preparation or ongoing support can have devastating effects on both families and its disabled members.

The Governor's Council on Families and Children thanks the following members for their participation in preparing the following special topics for this report.

EMPLOYMENT/UNEMPLOYMENT:

Don Nikkola  
Marice Halper  
Carol Healy

Ted Bowman  
Norby Blake

HEALTH CARE:

Linda Stein

Don Nikkola

EDUCATION:

Dennis DeMers  
Angelita Estrada  
Ted Bowman

David Nasby  
William Barbeau

JUVENILE JUSTICE:

Patricia Cassidy  
David Nasby

Angelita Estrada  
Norby Blake

Membership

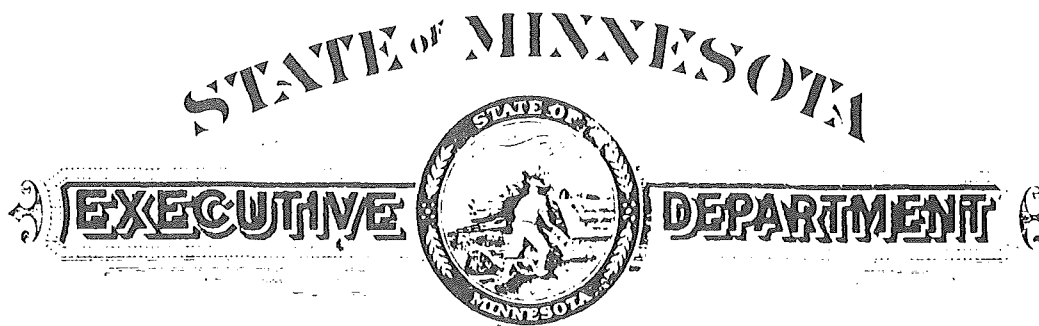
William Barbeau  
Norby Blake  
Ted Bowman  
Patricia Quinn Cassidy  
Dennis DeMers  
Angelita Estrada  
Marice Halper  
Shirley Zimmerman

Carol Healy  
Mary Ann Hron  
David Nasby  
Donald Nikkola  
Laurence Payne  
Warren Sifferath  
Linda Stein

Staff

Sheila Moriarty, Executive Director  
Rita Hoffmann, Consultant





**EXECUTIVE ORDER NO. 84-11**

**PROVIDING FOR THE ESTABLISHMENT  
OF THE GOVERNOR'S COUNCIL  
ON FAMILIES AND CHILDREN**

I, RUDY PERPICH, GOVERNOR OF THE STATE OF MINNESOTA, by virtue of the authority vested in me by the Constitution and the applicable statutes, do hereby issue this Executive Order:

WHEREAS, families and children are truly our most precious social resource because they are responsible for perpetuating the basic goals and values which bind a society together; and

WHEREAS, Minnesota families reflect a richness of ethnic diversity and family styles which need to be supported and encouraged; and

WHEREAS, rapid and radical changes in society have brought new pressures and challenges to today's families, and especially to the children in these families; and

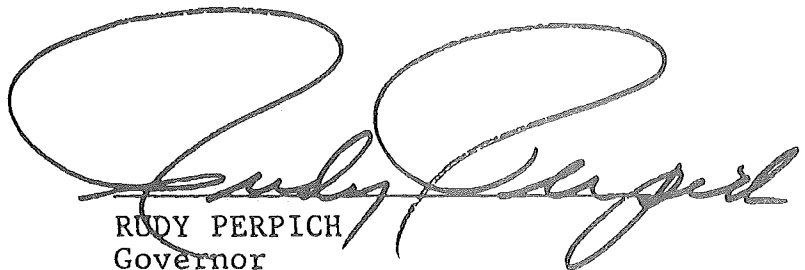
WHEREAS, public policy toward families and children is of the utmost importance because of the demonstrable effects on the family by the actions of major social institutions, including all levels of government; and

WHEREAS, public policy should be designed to combat harmful effects upon the family by all such activities, just as programs which actively service family needs should be devised and implemented.

NOW, THEREFORE, I order the creation of a Governor's Council on Families and Children. The Council shall consist of fifteen members representative of a broad spectrum of Minnesota citizens, with emphasis on people with a strong commitment to families as well as experience in working for the community good.

Pursuant to Minnesota Statutes, Section 4.035, this Order shall be effective fifteen (15) days after publication in the State Register and filing with the Secretary of State and shall remain in effect until rescinded by proper authority or it expires in accordance with Minnesota Statutes, Section 4.035, Subdivision 3.

IN TESTIMONY WHEREOF I have set my hand this 25 day of July, 1984.

  
 RUDY PERPICH  
 Governor

Filed According to Law:

  
 JOAN ANDERSON GROWE  
 Secretary of State

