CALIFORNIA LEGISLATURE

Joint Select Task Force
on the
Changing Family

PLANNING A FAMILY POLICY
FOR CALIFORNIA

June 1989

FIRST YEAR REPORT OF THE
JOINT SELECT TASK FORCE ON THE CHANGING FAMILY

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PLANNING A FAMILY POLICY FOR CALIFORNIA
FIRST YEAR REPORT OF THE
JOINT SELECT TASK FORCE
ON THE CHANGING FAMILY

CO-CHAIRS:
TOM BATES, MEMBER OF THE ASSEMBLY
DIANE E. WATSON, MEMBER OF THE SENATE

June 1989
State Capitol
Sacramento, California

Prepared by Sherry Novick
with
Joan Walsh and Elaine Zimmerman

Photography by Nita Winter

In the spirit of Assembly Concurrent Resolution No. 89, which established the Joint Select Task Force on the Changing Family, this report is submitted to the California Legislature, the California public, and especially to California's families who provide the foundation for the health, well-being, and prosperity of the state.

JOINT SELECT TASK FORCE ON THE CHANGING FAMILY

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Los Angeles Unified School District,
Los Angeles

Peggy Baxter
Vice President, Medical Services,
Children's Hospital, Oakland

Thomas F. Coleman
Principal Consultant, Los Angeles City Task
Force on Family Diversity; Adjunct Profes-
sor, USC Law Center, Los Angeles

Mai Cong
Coordinator, Pacific Asian Unit,
Mental Health Services, Orange County

Xavier Del Buono
Xavier A. Del Buono and Associates
Educational Consultants, Sacramento

Gary David Goldberg
Executive Producer, **Family Ties** and **Day by
Day**, Paramount Pictures Corporation,
Los Angeles

Harold C. Heinze
President, Arco Transportation Corporation,
Long Beach

Cynthia James
Equal Opportunity Program Manager,
County of Alameda; Pastor, Landmark
Ministries, Inc., Interdenominational
Christian Ministry, Oakland

Ron Johnson
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T.H.E. Clinic, Los Angeles; Consultant, Cali-
fornia State Department of Education

Marilyn Kizziah
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Family Program Organizer, Los Angeles

Kevin McCarthy
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RAND Corporation, Santa Monica

Eliseo Medina
President, Service Employees International
Union, Local 102, San Diego

Susana Navarro
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Council, Oakland

Susan Pelican
California Association of Family Farmers;
Registered Nurse, Maternal Child Services,
Woodland Memorial Hospital, Woodland

Paul Proett
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Computer, Inc., Cupertino

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California Community Foundation;
United Way Corporate Board, Los Angeles

Suzanne Smith
Co-Executive Director, New Ways to Work,
San Francisco

Rev. William J. Wood, S.J.
Executive Director, California Catholic
Conference, Sacramento

TABLE OF CONTENTS

ACKNOWLEDGMENTS

PREFACE

On March 21, 1987, over 400 people convened in San Francisco for the nation's first legislative hearings on "The Changing Family to the Year 2000: Planning for Our Children's Future." The hearings before the Assembly and Senate Health and Human Services Committees offered a unique opportunity to review the new realities facing many of today's families. Among the witnesses was a teen-age mother who held her son on her lap and told of trying to complete her education so that she would not have to raise her child in poverty. Elder family members described the barriers they confront in finding a job to supplement their income. Numerous witnesses - men and women alike - expressed the stress they feel daily as they juggle their dual roles as workers and parents.

Economists warned of an impending labor shortage and its threat to the productivity of the state, while former U.S. Secretary of Labor Ray Marshall pointed out that the United States lags far behind its foreign competitors in providing the family supports that are fundamental to worker productivity and family strength, such as education, child care, parental leave, family health insurance, and employment security.

The 1987 hearings touched a chord that rang true across the state. Articles on the status of the contemporary family appeared in dozens of newspapers, and hundreds of letters and phone calls poured into the office of the Human Services Committee. The response demonstrated a heart-felt concern for the health of California's families.

In September, 1987, the California Legislature acted to broaden its understanding of the socioeconomic trends affecting families and to examine the impact of public policy on family stability. With the passage of ACR 89, the Legislature established the Joint Select Task Force on the Changing Family and charged it with reviewing current social, economic, and demographic trends and assessing their implications for California's families. ACR 89 also mandated that the Task Force define the basic tenets of a comprehensive family policy and develop legislative recommendations based on its findings.

The Task Force on the Changing Family was designed to reflect the ethnic and geographic diversity of the state. Among the Task Force members are family law and family service professionals, experts in

both rural and urban issues, leaders from the religious and business communities, union representatives, and educators from pre-school through college. The appointees brought their professional expertise to the Task Force as well as their experience as family members - parents, grandparents, children, and siblings - adding a human dimension critical to this very personal topic.

The Task Force met monthly throughout 1988. It drew upon its own resources and those of state experts, a national advisory committee, and numerous research fellows and interns. It formed six separate subgroups to study varying facets of family life, but also met as a single body to discuss and debate the concerns of each workgroup.

The Task Force strived to incorporate the diverse viewpoints and perspectives of all its members. Where consensus was not possible, the appointees agreed to include minority opinions, which appear at the conclusion of this report. Because time constraints placed a limit on the topics that could be addressed, some issues were postponed for study during the Task Force's second year.

During the course of its first year's inquiry, the Task Force held a public hearing in Los Angeles, participated in hearings in Nevada County, and co-sponsored a "Year of the Family" conference with the counties of Sacramento and Yolo. Every Task Force meeting was open to public input, and Task Force members took part in numerous community discussions on a variety of issues. Through these outreach efforts, the Task Force was exposed to a breadth of opinion regarding the health and needs of California's families.

This document represents the first year of deliberation by the Joint Select Task Force on the Changing Family. It is not designed as a document of scholarly research, but as the summation of an on-going discussion by people from many walks of life who came together out of a shared concern for the well-being of California's families. It offers a profile of California's families and a survey of the issues confronting them.

The Task Force report is intended for use by the Legislature, local governments, the citizens of the state, and all the institutions that affect and are affected by California's families. The Task Force hopes this document and the recommendations it contains will serve to educate and motivate the Legislature and citizens across the state to support the health and stability of California's families.

INTRODUCTION

"I was born in Vietnam in a police station. When I was born, there was war in Vietnam. [Today] I live with my adoptive father, my nephews and nieces ... I have a hard-working family. We are a team together. My family wants me to be smart and have a safe and prosperous life. I am proud to belong to the Vong family. They love me.

Menh Vong
Griffin Elementary School,
Los Angeles
"What My Family Means To Me,"
Essay presented at hearings before the
Joint Select Task Force on the Changing Family,
March 5, 1988

The profile of California's families has changed dramatically in the last three decades. Fewer than one in ten families presently fits the "traditional family" model - breadwinner father, homemaker mother, and two or more children.[1] Of those families with children, less than a third have a father who works full time and a mother who stays home.[2] The majority of families today have both parents in the workforce, and increasing numbers are headed by single parents who have sole responsibility for their children.

With few exceptions, the policies of government, schools, the workplace, and the community have not caught up with the social and economic forces shaping contemporary families:

- The majority of today's parents find themselves stretched between caring for their children and earning a living. Often their responsibilities conflict, forcing them to choose between the well-being of their family and the security of their jobs.

- The population is aging. The fastest growing portion of elders is the oldest, those most likely to require care or assistance. Yet, traditional full time caregivers - wives and adult daughters - are entering the paid workforce in increasing numbers.

- Thirty percent of California's youth drop out of high school each year. Business leaders warn that today's children will not be adequately prepared to meet the demands of tomorrow's job.[3]

- Demographers predict that half of today's children will live with a single parent at some time in their lives.[4]

- A second salary has become a necessity in most California households. But even with two incomes, the cost of housing, child care, and other daily expenses threatens the economic stability of many middle class families.[5]

- The ranks of the poor are growing. Today more than 23 percent of California's children live in poverty, a rate that has almost doubled since 1969.[6]

- For the first time, parents cannot assume the next generation will do better than they did.

It is no wonder that recent public opinion surveys show increasing concern for the health of today's families. A 1988 Gallup poll found that two out of three parents believe family life has gotten worse in the last 10 years. Only 23 percent feel society values parents, and only 14 percent believe society bestows value on nurturing and caring for others.[7] Yet nine out of ten people polled in early 1989 said a good family life is one of their highest priorities.[8]

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Families play an essential and unique role in society. They care for dependents economically and emotionally, offer a foundation for the values and ethics of each new generation, motivate children to achieve educationally, and provide a sense of belonging that is essential to human growth and dignity. But outdated policies are undermining family stability today, causing serious problems for many families and crisis conditions for others.

A New Landscape for California's Families
California's family portrait reflects an array of recent social, economic, and demographic changes.

The economy has shifted away from manufacturing, toward lower paying service and information industries. Real wages have declined and family benefits - like health insurance and private pension plans - have diminished. A middle-income male turning 40 in 1963 saw his real income climb 30 percent by the time he reached 50; his

counterpart ten years later saw his fall by 14 percent.[9] Instead of one wage supporting the whole family, most families today must rely on two incomes to keep from slipping backward on the economic ladder. Families with only one breadwinner face a high likelihood of economic deprivation; nearly half the state's single parent households live below the poverty line.[10]

The changing economy has brought unprecedented numbers of women into the workforce. Sixty-three percent of mothers in two-parent families work, as do 61 percent of single mothers. Mothers with preschool children make up the fastest growing segment of the labor market, and more than half of them return to work before their baby's first birthday.[11]

The age structure of families is changing. The birthrate is at a 15-year high. By the turn of the century, the population under 18 will increase by 25 percent. At the same time, greater longevity has led to an unprecedented growth in the elder population. By the year 2000, one in eight Californians will be over the age of 65, and the number over 85 will increase by 81 percent.[12]

Hispanic, Asian, and black families will soon comprise the majority of the state's population. But many of our institutions - from schools to the workplace - have yet to catch up with the needs of their new "customers." Children of color are still those most likely to attend over-crowded inner city schools which often leave their students under-educated and ill-prepared to provide for the families of tomorrow. Black, Hispanic, and Southeast Asian refugee families remain the poorest in the state.

These social forces combine to present challenges that will extend well into the next century.

> Who will care for the young and the old if family caregivers are increasingly in the workforce?

> Will the state's new families be adequately prepared to support future generations?

> How can the multi-cultural skills and resources of new immigrant families help to meet the competitive demands of the global economy?

> Will generational barriers isolate elders from the mainstream of community life, or can we find ways to ensure that families and communities benefit from the experience and expertise

of the growing retired population?

How must the state's fiscal and human resources be organized to ensure a strong economy, while enabling families to provide care and nurturance to all their members?

Every year the Legislature considers hundreds of bills designed to assist the family. Parental leave, child care, family life education, and maternal and child health are among many family issues debated each legislative session. But to date the Legislature's actions have been fragmented; we have yet to develop a comprehensive approach to a statewide family policy.

The United States is conspicuous among the developed countries of the world for its lack of a coherent family policy. California, with one-tenth of the nation's population and an economy that ranks sixth in the world, is in a position to provide exemplary leadership by enacting the nation's first family policy. The members of the Joint Select Task Force on the Changing Family hope this report will provide a step toward that goal.

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A New Approach to Defining "Family"
No single description of California's families adequately captures their breadth and complexity. To say that the family no longer fits

the "Ozzie and Harriet" model is to understate the extent of change families have undergone in the last 30 years. Today, one of the fastest growing family forms is the single parent family, the result of an increasing number of births to unmarried mothers and a consistently high divorce rate. But the remarriage rate is also high; 10 to 14 percent of all children now live in "blended" families.[13]

While two-generation families - parents and their children - are still the most prevalent, four-generation families are not uncommon. And an increasing number of families consist of only one generation - couples living alone. These families include a growing portion of "empty nest" families as well as younger couples who postpone child-rearing or choose not to have children at all. Today almost as many married couples do not have minor children as do. Nearly 1.4 million California adults live in unmarried couple households.[14]

From California's present population makeup we can see that the future is one of even greater heterogeneity and even more diversity.
Leo Estrada
School of Urban and
Regional Planning, UCLA

Given the diversity of families, the term itself conjures up any number of images - a mother and child, grandparents with grandchildren, a couple, a blended family. Scholars, policy-makers, and family advocates differ widely in their determinations of what comprises a family. The Census Bureau defines family as "a group of two or more persons related by birth, marriage, or adoption who reside in the same household." Others prefer to drop the last portion of that definition so as to include absent fathers, grandparents, and others who might not live under the same roof. Tax law, inheritance law, and laws governing social welfare programs each incorporate definitions of "the family" that fit a single purpose.

As long ago as 1921, the California Supreme Court wrote, "Family may mean different things under different circumstances. The family, for instance, may be a group of people related by blood or marriage, or not related at all, who are living together in the intimate and mutual interdependence of a single home or household."[15]

But the Task Force saw that what is common to all notions of the family is its role - the functions that society relies upon families to perform, no matter what their size, shape, or composition. The Task Force identified the family's five basic functions:

1) Maintaining the physical health and safety of family members by providing for their shelter, food, clothing, health care, and economic sustenance.

2) Providing conditions for emotional growth, motivation, and self-esteem within a context of love and security.

7

3) Helping to shape a belief system from which goals and values are derived, and encouraging shared responsibility for family and community.

4) Teaching social skills and critical thinking, promoting life-long education, and providing guidance in responding to culture and society.

5) Creating a place for recreation and recuperation from external stresses.

When the majority of these family functions are not fulfilled, family instability can result, creating physical and emotional costs to family members and social and fiscal costs to society.

Family Instability: A Costly Phenomenon

The activities of the family revolve around its two fundamental roles: the "private" role - caring for, nurturing, and guiding family members, and the "public" role - working to support the family economically. Unfortunately, in today's society, inadequate policies and unresponsive institutions often cause those roles to conflict, jeopardizing the care of family members and undermining their economic and physical security. When that happens, families and society pay.

- Families without a full time caregiver at home - the majority of California's families - experience constant tension as they try to balance their competing responsibilities at work and at home. Analysts at Merck Pharmaceuticals estimate that tardiness, early departures from work, and stress-related health problems associated with the work-family conflict cost American industry close to $300 billion in 1984.[16]

- Inadequate child care - especially the lack of supervision for children after school - has been correlated with increased rates of child injury, property damage, and decreased school achievement. Breakdowns in child care arrangements can cause parents to miss work and lose family income; the dearth of appropriate child care options prevents some parents from working at all. Families, communities, the state, and - most disturbingly - children bear these costs.

- Lack of family time takes a serious toll on a family's ability to nurture and care for its members. Family time is crucial to children's educational motivation and the development of their self-esteem. A family's activities at home are twice as

important as its social or economic status in predicting a child's academic achievement.[17]

- Children who are not motivated to achieve academically can be handicapped for life. California's high school drop-outs make less than two-thirds the earnings of high school graduates, and less than half the income of someone with college credit. They are more than three times as likely to be unemployed and more than four times as likely to have had trouble with the law.[18]

- Taxpayers also bear the cost of inadequate family policies. In 1986, employed women who gave birth without any maternity or parental leave cost American taxpayers over $108 million in public assistance, compared to new mothers who had maternity or parental leave.[19]

- The 5.2 million California families who lack health insurance - 80 percent of whom are working families - are less likely than those with insurance to see a physician even when they are experiencing serious symptoms. Their children are less likely to be immunized, and uninsured pregnant women are less likely to begin prenatal care early in pregnancy. In each case, late intervention when problems occur is many times more costly than early attention would have been.[20]

- Families in poverty bear costs that transcend dollars and cents, for injury to the human spirit cannot be quantified. The stress on a parent who cannot feed her children when they are hungry; the loss of hope that defines the future of an unemployed youth; the cynicism that grows out of want and undermines the possibility for constructive change - these injuries violate the values on which this country is founded.

A Public Policy Response
The goal of the Task Force on the Changing Family is to develop a set of coordinated public and private policies that support families in fulfilling their basic functions. Policies that are responsive to the needs of today's families will promote family health and stability, while those that are inappropriate and outdated will impede families' efforts to thrive.

The Task Force concluded that policies intended to support families must recognize the family's inherent strengths and enhance, rather than replace, family resources. Policies must recognize that the

family is part of a community, and that strengthening the community can strengthen families. Most importantly, statewide family policies must broaden the options available to families, enabling them to make choices that are responsive to their diverse situations and *their* own special needs.

As we approach the 21st century, families will face continuing social and economic change. Families are our most fundamental social unit, integrally connected to the well-being of every Californian. How families fare deeply affects how the state fares. Policy-makers in the public sector and the private sector, on both state and local levels, have a stake in working together to support today's families and to ensure the strength of tomorrow's.

TOWARD A COMPREHENSIVE FAMILY POLICY

The Task Force on the Changing Family recommends that policy-makers in the public and private sectors utilize the following principles to guide them in developing policies to support and strengthen families:

I.   **The family is our primary social and economic unit. It serves as an intermediary between the individual and society, and provides its members with a sense of continuity and belonging. A healthy family functions with an efficiency and success rate that no other institution can match. The functions of the family include:**

> **Maintaining the physical health and safety of family members by providing for their shelter, food, clothing, health care, and economic sustenance.**

> **Providing conditions for emotional growth, motivation, and self esteem within a context of love and security.**

> **Helping to shape a belief system from which goals and values are derived, and encouraging shared responsibility for family and community.**

> **Teaching social skills and critical thinking, promoting life-long education, and providing guidance in responding to culture and society.**

> **Creating a place for recreation and recuperation from external stresses.**

Policies in all sectors of society, including government, schools, the workplace, and the community, must support families in carrying out these critical functions.

II.   Policies must respond to the changing needs of today's families, while respecting their privacy, integrity, and diversity.

III. Policies must assure the health and well-being of individual family members, while promoting the stability of the family system as a whole.

IV.   Policies must build upon family strengths and promote the right of all families to participate fully in the institutions that affect their lives.

V.   Policies must address the continuum of family concerns, from birth to death.

NOTES

1.   Estimate by California State Department of Finance, based on 1980 census

2.   Michael Wald, John Evans, Marc Ventresca, and Claire Smrekar, "Children's Family Life," Conditions of Children in California, Policy Analysis for California Education, February 1989, chapter 3, p. 3

3.   See discussion of drop out rates in Kati Haycock and M. Susana Navarro, Unfinished Business: Fulfilling Our Children's Promise, The Achievement Council, Oakland, 1988, p. 14

4.   Michael Wald et al., p. 4

5.   Edward Fishbein, The Threatened Dream: The Economic Squeeze on California's Middle Class, Report to the California Commission for Economic Development, Sacramento, October, 1988

6.   Michael Wald, John Evans, and Marc Ventresca, "The Economic Status of Children," Conditions of Children in California, Policy Analysis for California Education, February, 1989, chapter 4, p. 5

7.   Jerome Idaszak, "Family Life Worries Told," Chicago Sun-Times, October 5, 1988, p.5

8.   The Gallup Organization, as reported in San Francisco Chronicle, February 27, 1989

9.   "American Families in Tomorrow's Economy," report of hearings before

11

the U.S. House of Representatives Select Committee on Children, Youth, and Families, July 1, 1987, p. 17

10. Michael Wald et al., "The Economic Status of Children," p. 6

11. "Employment and Earnings Characteristics of Families: Second Quarter, 1987," U.S. Department of Labor News, July 27, 1987

12. California 2000: A People in Transition, California Legislature Assembly Office of Research, June, 1986, p. 2

13. Wald et al., "Children's Family Life," p. 4

14. Figure based on 1980 Census Bureau estimate that unmarried couples reside in 7 percent of households

15. California Supreme Court, Moore Shipbuilding v. Industrial Accident Commission (1921) 185 Cal. 200, 196, p. 257

16. Douglas J. Phillips, "Breakaway Human Resource Planning and the Bottom Line through Family Issue Management," working paper, Merck and Company, Rahway, N.J., November, 1987, p. 9

17. "Parent Involvement Programs in California Public Schools and Other Available Resources," California State Department of Education, 1987, p. 37

18. "America's Schools Still Aren't Making the Grade," Business Week, September 19, 1988, p. 132, and Kati Haycock and M. Susana Navarro, p. 4

19. Roberta Spalter-Roth and Heidi Hartmann, Unnecessary Losses: Costs to Americans of the Lack of Family and Medical Leave, Executive Summary, Institute for Women's Policy Research, Washington D.C., 1988, Table 9, p. 15

20. E. Richard Brown, et al., Californians without Health Insurance: A Report to the California Legislature, California Policy Seminar, September, 1987, p. 16

WORK AND FAMILY:
THE CONTEMPORARY
BALANCING ACT

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"Taking the longer view, it seems to me that even the most pragmatic executive must be aware that whatever strengthens the bond between the workplace and the family very directly buttresses those special and economic institutions that are the foundation of our system of democratic, free enterprise."

Arnold Hyatt
President, Stride Rite Corporation
<u>Industry Week,</u> November 29, 1982

The majority of California's parents - fathers and mothers - hold jobs outside the home. Many also care for frail elders or chronically ill family members. They report frequent conflicts between their work and family responsibilities. Increasingly, employers are voicing concern as they witness the impact of the work-family conflict on the attendance and productivity of their employees.

California's working family members make a variety of choices in their attempt to balance family caregiving and their need to earn an adequate income: some work full time, some work part time, and some move in and out of the labor force as their family responsibilities change. But many find their roles inevitably conflict from time to time, forcing them to compromise the well-being of their family or the security of their jobs.

The Task Force believes that Californians should not have to choose between their jobs and their families. Paid work and family caregiving are equally important. A new set of policies must be developed that enable families to integrate their responsibilities by increasing the choices they can make to best meet their individual work and family needs. Rather than prescribe a single solution or endorse a particular family arrangement, the Task Force explored a variety of options to help resolve the work-family conflict in the interest of families and business alike.

Back when most Americans worked as farmers or craftspeople, the notion of a work-family conflict was unheard of because the two spheres were interconnected. Fathers, mothers, and even children worked in close proximity, generations lived in the same town, often under the same roof, and each family's economic and caregiving responsibilities could be shared by its members.

The growth of the industrial economy opened fissures in those work and family relationships by separating the home environment from the wage-earning environment. A new arrangement evolved in the years following World War II which became the model to which most families aspired - a husband laboring at the workplace for a wage sufficient to support his whole family, and his wife doing the unpaid work at home. Jobs that paid a family wage generally also provided health benefits for the family and pension plans to supplement Social Security in the married couple's retirement years.

In recent decades, that arrangement, too, has become outmoded. A decline in the wages, benefits, and job security of male workers, the growing desire of women to pursue paid employment, rising numbers of single-parent households, and the increased demand for women

workers, especially in the service sector, have ended the work and family arrangements born of post-war prosperity. For most families, two incomes are necessary to buy the security that one wage used to afford. The result has been what many demographers have called a "revolution" - the dramatic entry of women into the labor force.

- Today, 37 percent of the entire labor force is made up of working parents. Seventeen percent have children under six years of age.[1]

- In 1940, only 8.6 percent of mothers worked outside the home; today 62 percent do.[2]

- Two-thirds of the new labor force entrants in the coming decade will be women; more than 70 percent of women workers are of child bearing age, and 80 percent of them will become mothers while in the workforce.[3]

- By the turn of the century, women will make up nearly half the entire workforce.[4]

For the most part, women have entered the workforce out of economic necessity. Two thirds of all working women are either their own or their family's sole support, or are married to men earning less than $15,000 a year.[5] The California Senate Office of Research found that the only thing that helped middle-income families keep pace with inflation from 1977 to 1986 was the increasing number of hours that women worked.[6]

A Choice Between Family and Work?
Entry into the paid workforce has not diminished families' concern for dependent family members - children, frail elders, or disabled relatives - who are left at home. Most families piece together complicated care arrangements and juggle their schedules constantly to meet both the needs of their family and the demands of their job.

It is not surprising that those who have some choice about working often opt to stay home, at least part time. In 1987, among families with children under six, 62 percent of mothers in two-parent families worked, but only 29 percent worked full-time. Thirty-three percent stayed home as full-time family caregivers.[7] Increasingly, fathers are also attempting to arrange their work schedules to spend more time at home, especially when their children are very young. However, when one parent does stay home full time, it is often at significant economic sacrifice. The median income of two-paycheck families is

$38,346 annually, while the median income of two-parent, one-income families is only $25,803.[8]

Parents of infants are especially likely to want one parent to remain home. Psychologists and lay persons alike recognize the importance of "bonding", or establishing an intimate connection between parent and newborn. Bonding promotes security and trust in both parent and child and is an important element in the child's developing sense of self. Yet parental leave, which would allow for such bonding, is available to fewer than half of all working families.[9]

As the elder population grows, more employees are also assuming responsibility for the care of frail elders. They, too, often require time at home to meet the needs of their loved ones. A national survey of caregivers in 1982 found that 8.9 percent left their jobs in order to give full time care to chronically ill or disabled adults.[10]

Measuring the Work/Family Conflict
A growing body of research documents the conflict workers experience as they attempt to meet their dual responsibilities at work and at home. The conflict is taking a toll on them, their families, and their productivity.

- A Boston University study of 1,600 employees found that a quarter of them worried about their children while working

17

"always" or "most of the time."[11]

- A study of employed parents with children under 16 found that parents missed work or were late on the average of once every three weeks because of child care responsibilities.[12]

- In a California survey of families caring for adults suffering from Alzheimer's, Parkinson's disease or other forms of brain impairment, more than half of the caregivers who were still in the workforce reported decreased productivity due to problems balancing their work and caregiving responsibilities.[13]

Some employees - mostly women who still put in two to six times as many hours on family duties as men[14] - must care for both their children and their parents while holding down a job. These women - the "sandwich generation" - often experience extreme stress as they attempt to meet the responsibilities of their multiple roles.

Yet juggling work and family responsibilities is not just a dilemma for women. In Bank Street College's Corporate Work and Family Life Study, equal proportions of mothers and fathers - just over 40 percent - reported work-family interference.[15] With labor force trends re-shaping family roles, balancing work and family has become a challenge for men and women alike.

- A Boston University study of a large Boston-based corporation reported 42 percent of the men and 43 percent of the women in the company find it hard to balance their job and home life on a daily basis.[16]

- The Department of Labor found that when parents leave their children at home alone for lack of supervised child care, female employees miss 13 days of work per year and males miss 13.4 days.[17]

Supervisor Sensitivity
A supportive supervisor plays an important role in employees' efforts to resolve conflicts between work and family. A study of 5000 working parents found a strong relationship between work-family stress and having a boss who is not sympathetic to workers' child care worries.[18] More surprising is the finding by the National Council of Jewish Women that having a supportive employer is a better indicator of a new mother's ability to return comfortably to work than having a sympathetic husband.[19]

18

Employees' own attitudes can also impede their attempts to manage their work and family responsibilities successfully. For example, when the Family Survival Project examined the role of supervisors in helping employees cope with responsibilities for disabled adults, it found that many caregivers are reluctant to share such a "personal" issue with their supervisor, even when their work suffers as a result.[20]

Costs to Employers

While the most serious impact of work-family stress is felt by workers and their families, it also affects employers.

- A survey by Fortune magazine found that parents whose child care arrangements had broken down were more likely to come to work late or leave early, miss work entirely, and suffer stress and stress-related health problems.[21]

- In a survey of 90 corporate managers, 73 percent acknowledged problems with employees taking unscheduled time off to care for elderly relatives, particularly to take them to doctor appointments and community agencies that are only open during business hours.[22]

As working family members stretch further and further to fulfill their dual - and sometimes triple - roles at home and at work, families and employers alike feel the strain. Today more than ever, an employee is likely to consider his or her family when making decisions regarding hiring, promotion and relocation.

- A recent study found that 30 percent of men and 26 percent of women had refused a promotion and transfer to a new job because it would mean less time with their family.[23]

In the coming century, family-oriented policies will become even more influential in employee retention and worker loyalty as the labor force shrinks and the percentage of working parents and caregivers expands.

Time for Work and Family

Time conflicts are at the heart of work-family stress. A mother's entry into the workforce creates more new work for her than just the time she spends at the job.[24] Working generates new family-related duties, like arranging for child care, transporting children back and forth, making other dependent care arrangements, and ensuring that children and other dependents feel safe and protected in their caregiving situations.

19

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A common feeling among working families is that they simply have too little time to perform all their tasks well, and they fear the toll their lack of time may take on their family. While inadequate time, in and of itself, need not damage a family, it certainly creates pressures. One California psychologist noted, "The lack of time... might be the most pervasive enemy the healthy family has."[25]

Families need time for meaningful interactions - talking together, playing, sharing meals, and coping with the unanticipated events of the day. Time is key to a family's ability to nurture its members and strengthen its relationships. Parents need time to be involved in their children's daily lives, help them with their homework, know their friends, and answer their questions.

If parent-child time together is in a long grocery store line or a frustrating traffic jam, chances are that neither parent nor child will be in a state of mind conducive to meaningful interactions. Long workdays and complicated schedules often mean that family members end up seeing one another late at night or early in the morning when they are too tired or too preoccupied to have more than brief logistical interchanges. Likewise, family members who care for elder relatives cannot rush their interactions without seriously threatening the quality of their relationship and the care they are giving.

In 1980, the majority of the delegates to the White House Conference on Families said flexible work hours were the most important workplace reform to help parents balance work and family.[26] Many surveys since then have had similar results. A survey of 440 working parents by Chico State University professor Gayle Kimball found that

work-related time pressures are the most common complaint and, by far, the most popular pro-family workplace reform is flexible work hours.[27]

A study of employees who care for disabled adult family members found most want to work, but usually need to adjust their work schedules. The optimum balance for them is to work more than half time, but less than full time.[28]

Flexible Scheduling

Scheduling options that enable employees to apportion their time between work and family have become an increasingly important component of pro-family employment policies. A variety of flexible and reduced-hour work schedules have emerged in response to employees' needs. They include:

> Flextime - a schedule that permits flexible starting and quitting times but still requires a standard number of hours within a given time period.
>
> Compressed work week - full time work scheduled in fewer than five days a week.
>
> Flexiplace and telecommuting - arrangements whereby regular employees can work off-site part of the time.
>
> Regular part time - less than full time work that includes job security and all the rights available to full time workers.
>
> Job sharing - two people voluntarily sharing the responsibilities of one full time position with pro-rated salary and benefits.
>
> Voluntary reduced work time programs (V-Time) - a time/income trade-off arrangement that allows full time employees to reduce work hours for a specified period of time with a corresponding reduction in compensation.

As these alternative work options become more common, care must be taken that they not provide the rationale for abolishing existing workplace benefits. Employees cannot afford to lose job security, opportunities for advancement, or health and pension benefits in order to gain increased family time. In negotiating the implementation of flexible scheduling, employers and employees alike must take care not to meet one family need by creating another.

21

Family Leaves

When employees take time off to have children or care for critically or chronically ill family members, most have little or no security against job loss.

- Only half the largest 1500 U.S. corporations surveyed in 1986 offer job-protected leaves to new mothers, and only 27.5 percent offer adoption leave.[29]

Small employers are as likely as larger employers to offer some sort of maternity leave, but they are less likely to have set policies, offer as many weeks of job-protected leave, or make payments toward health insurance during the leave time.[30]

- Only 37 percent of large companies and 24 percent of small and medium size companies surveyed said they extend their leave policies to men.[31]

Many employees have no choice at certain times but to take a leave from work to meet family needs, even if it means losing their job. Quality infant care is nonexistent or too costly for many families. Adoption agencies often require a commitment by the parent to stay home four to six months with a newly adopted child. The needs of sick or disabled children are unpredictable. And more workers today must turn their attention to the unanticipated needs of aging parents and other elder family members.

I don't think that a woman should be penalized for having a child, you know. Why should we be penalized by having our jobs taken from us?
Lillian Garland, Plaintiff, CalFed Savings & Loan et al.

A job guaranteed family leave policy responds to the needs of the contemporary workforce and acknowledges that most family caregivers are also valuable employees. Sanctioned family leaves enable workers to avoid the impossible choice between caring for a family member or retaining a job - a choice that pits work against family, to the detriment of both.

Most current proposals call for leave without pay. While even that would be a great help for many families, it would still be of minimal assistance to low income employees who cannot afford to forego their paycheck. Ultimately, to ensure that family leaves are a practical option for all workers, a system must be developed, similar to our disability insurance program, that offers some form of substitute income during family leaves.

Employers Respond

Although major initiatives to minimize work-family conflict are just emerging and are too new to measure, a handful of studies have

examined the benefits of work and family policies to employers. They have found improvements in employee recruitment, absenteeism, productivity, and morale.

- An American Management Association survey of 196 employers with flextime options found dramatic reports of improvements in employee retention, productivity, and reduced absenteeism. Eighty percent said the option had required no major administrative, training, or support costs.[32] Three studies cited by the Conference Board found that flextime as a scheduling option improved overall productivity by 12 percent.[33]

- A survey of 58 employers with on-site child care centers found that 88 percent reported improved employee recruitment as a result, 72 percent reported lower absenteeism and 65 percent said employee morale had improved.[34]

Increasing numbers of companies are establishing model policies that support families.

Merck and Company has established a range of family-oriented options that company officials believe account for the company's low 6 percent annual turnover rate, less than half the national average. Officials say flextime options have increased productivity 20 percent. An on-site child care center is credited with decreasing absenteeism, and reducing the length of the average maternity leave at Merck from seven to five months. The company's parental leave policy is estimated to save the company $12,000 per employee in pre-tax dollars which would otherwise be spent in hiring and training new workers.[35]

Travelers Insurance, Con Edison, IBM, and Remington Products offer such services as elder care information and referral, personal leave options, and reimbursement for certain elder care expenses.

Some companies are beginning to invest in family-oriented programs to benefit the community in which the business resides.

Target Stores gives a percentage of its annual profit to community programs that strengthen family life in the regions it serves. Hewlett-Packard did a family needs assessment in Corvallis, Oregon, and is now establishing sick child care and resource and referral programs. In California, the BankAmerica Foundation founded the California Child Care Initiative, a public-private effort to recruit and train family day care providers.

Several California cities have developed innovative family policies that extend family benefits to employees in domestic partnership families.

Los Angeles offers family sick leave and bereavement leave to domestic partner families, and the County of San Francisco is considering a similar measure. Berkeley, West Hollywood and Santa Cruz have gone even further, offering health and dental insurance to employees' domestic partners.

Employee Assistance Programs

Employee Assistance Programs (EAP's) are in a unique position to help employees and employers. Originally focused almost exclusively on alcohol and substance abuse, EAP's have gradually broadened their scope to help workers with the full range of personal and family problems that may interfere with job performance, including the strain of competing work and dependent care responsibilities.

Some EAP's have begun to provide counseling, information, and child care referrals. Others have added elder care assistance and parenting education to their services. Employers often rely on EAP's as "consultants" on work and family issues. Whether EAP's are in-house departments or external contractors, they are generally in a position to collect and analyze data, identify broad-spectrum problems, and help to develop family-oriented policies for employers. At the same time, they can serve to link employees with family supports in the workplace and the community.

Unions

Increasingly, unions - especially those with a large proportion of female members - have taken leadership in raising work and family concerns. Some, like the Service Employees International Union and the Communications Workers of America, have contributed significantly to national policy development and public education. A number of AFL-CIO affiliated unions have surveyed their own workers and found that many place as high a priority on family issues - like child care and flexible scheduling options - as they do on conventional "bread and butter" concerns. As a result, more unions today are bringing family issues to the bargaining table.

SEIU Local 399 negotiated a child care feasibility study with Kaiser-Permanente Medical Care Program of Los Angeles.

County workers in Santa Clara County negotiated a range of reduced

work time options that ultimately enabled more than 200 workers to split their jobs.

In many communities, unions have forged alliances with other organizations to make the community itself more family-friendly.

In San Jose, SEIU Local 715 provided the impetus for the establishment of an after school "latchkey" child care program in a neighborhood school. The United Auto Workers at Douglas Aircraft in Long Beach have publicized their members' concerns regarding the availability of child care during evening shifts.

As more women enter the workforce, bringing their family responsibilities with them, unions will no doubt become even more involved in developing contract language and model programs to support workers' family-related needs.

Small Business: A Special Challenge

Small businesses also feel the impact of their employees' work-family conflicts, but they generally have few resources with which to implement family-oriented workplace policies. Small enterprises tend to have more diversified workforces and have limited capacity to substitute one employee for another. They also usually have smaller absolute profits and less room to absorb increased expenses. Yet when an employee at a small business misses work, the dent in the firm's productivity is likely to take on a significance proportionately greater than would be the case at a larger firm.

The dilemma facing small businesses and their employees is especially disturbing because small businesses account for a large portion of California's employment and play a substantial role in the economic vitality of the state. The small business growth rate in California is 16 percent, compared with a national rate of 11 percent. In 1986, nearly 4 million Californians worked in firms with 100 employees or less, and more than half were in firms with 20 or fewer employees.[36]

Small business owners who participated in a Task Force-sponsored roundtable discussion in Oakland expressed a deep-felt concern for the well-being of their employees and indicated their desire to help their workers balance work and family responsibilities. But they were fearful of government regulations that might mandate policies they felt they could not afford. New cooperative approaches must be developed to help small businesses meet the needs of their workers for the benefit of businesses and families alike.

California as a Model

The state of California - as an employer and a public jurisdiction - has the opportunity to offer national leadership in addressing work and family concerns. As the largest employer in the state, California can break new ground with policies that address its own employees' work and family needs. The state can also offer assistance to the private sector - employers and employees alike - by continuing to research work and family issues, participating in public education efforts, and developing innovative policy options. Finally, as one of the largest public agencies in the country, California can affect policies of government agencies and private organizations nationally. By encouraging businesses and other organizations with which it has contractual relationships to examine their own employees' work and family needs and develop corresponding family-oriented policies, California can motivate thousands of employers to take a positive step toward the resolution of work-family conflicts.

POLICY RECOMMENDATIONS

I. **Implement family-oriented employment policies that enable all families to meet their responsibilities at home and at work.**

Provide cafeteria-style flexible benefit packages that include family health insurance and dependent care services.

Provide family sick days in addition to employee sick days to allow employees to manage family illnesses or emergencies.

Provide job-protected family leave of up to four months for all employees for the birth or adoption of a child, or to provide care to an ill or injured family member.

Investigate ways to establish a state insurance fund for full or partial wage replacement during family leaves.

Provide flexible scheduling options with pro-rated benefits and job protection. Such options could include flextime, compressed work weeks, job sharing, phased retirement, voluntary part time and work sharing.

Establish employee assistance programs that include information and referral assistance for family and work issues.

Ensure that family-related employment policies define family broadly enough to encompass the diversity of today's families, regardless of family structure. The State of California should serve as a model for other employers by taking leadership in providing all the above family benefits to its own employees.

II. **Encourage the private sector to implement family-oriented personnel policies.**

Require businesses submitting a bid to the state to include a "family responsibility statement" that delineates their family-oriented employment policies.

In determining contract awards, give weight to a bidder's achievement of family-oriented employment policies, including health insurance, child care, elder care, employee assistance, family leave, flexible work hours, comparable worth compensation practices, and pro-rated benefits for less-than-full-time work.

Encourage local governments to establish a similar policy.

III. **Help small business to implement family-oriented policies while preserving their competitiveness.**

Convene representatives of small business to assess the barriers that impede their implementation of family-oriented employment policies.

Develop services to provide technical assistance in overcoming those barriers.

Facilitate the development of consortia through which small businesses can share the cost of family-oriented employee programs that they could not afford individually, such as health insurance plans and dependent care assistance.

IV. **Establish a state Office of Family and Work to promote family-oriented workplace policies throughout the state.**

Gather and disseminate information regarding California's family and workforce needs.

Educate employers and employees regarding work-family options through a comprehensive outreach effort aimed at local organizations.

Provide technical assistance to employers and employees attempting to implement work-family policies by working in a decentralized manner with local public and private agencies.

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FROM THE FIRST
GENERATION TO THE LAST:
A FAMILY CONTINUUM
OF CAREGIVING

"For each early stage of development there is a parallel development toward the end of life's journey. For instance, the sense of trust that begins to develop from the infant's experience of a loving, supportive environment becomes, in old age, an appreciation of human inter-dependence."

Eric and Joan Erickson
Interview in
New York Times, June 14, 1988

Caregiving has always been at the heart of family life. It is an act of responsibility and love. Parents care for children; adult children care for their parents; well family members care for ill family members; and the able-bodied care for the disabled. Taking care of dependents has generally been a private matter for the family, traditionally, the unpaid work of the female family members.

Only in recent years, as women entered the paid workforce in unprecedented numbers, have we begun to look at the family's caregiving functions as a matter of public and economic concern. If the traditional full time caregivers - wives, mothers, and adult daughters - are no longer home full time, who will do the work they have always done?

The Task Force found this question to be especially critical in light of the current demographic shifts toward a growing dependent population. Today California's birthrate is at a 15 year high. By the turn of the century, demographers predict more than a 20 percent increase in the population under 18 years of age. At the same time, the elder population is the largest it has ever been. During the next decade the number of Californians over 85 - those most likely to require some degree of care or assistance - is expected to rise by 81 percent.[1]

Caring for children and ill or frail elders remains the primary responsibility of the family and is best accomplished by loving family members. But with more family dependents at each end of the age spectrum and fewer full time caregivers at home, the Task Force found that families will need new forms of support in their efforts to provide quality, loving care for their family members, young and old.

CARING FOR OUR CHILDREN

The statistics documenting the entry of women into the labor force are somewhat misleading, as they make it seem that women are marching blithely off to work, without a look back at the role they have left behind. In fact, most parents put together a complicated set of arrangements to balance their work and family roles, try to spend as much time as possible with their children, and worry a great deal about the quality of their children's care while they are at work.

- Several studies of working parents have shown that from 25 to 30 percent of parents surveyed experienced great difficulty in finding their current child care arrangement.[2]

● A recent Fortune magazine study of child care programs found that one quarter of all parents had experienced two to five break-downs in their child care arrangements in the previous three month period.[3]

Hard-to-find and unreliable child care arrangements are a major factor in parents' worries. The most disturbing arrangement for parents is leaving children alone or in the care of older siblings.

Sadly, inadequate child care can also result in harm to children. According to a publication by the National Committee for the Prevention of Child Abuse called "When School's Out and Nobody's Home," 45 percent of destructive fires are started by unattended children.[4] In California in 1986, nearly 400 fires were started by unattended children playing with lighters, with a property loss in excess of $1.8 million.[5] Few tabulations are made of the number of children hurt when their curiosity leads them into unsafe territory, but no one doubts that an unsupervised child is likely to venture much further - often unwittingly - than one who is guided by the judgment of a supervising adult.

Child care is a societal issue, not simply the concern of an individual family. But devising child care policies is complicated by the variety of care arrangements families use. According to Census Bureau data for 1985, 48 percent of children under five whose mothers work are cared for by relatives. Twenty-eight percent are cared for by non-relatives, mostly in family day care homes, and another 23 percent attend licensed child care centers or pre-schools. Among school-age children under 14, 20 percent care for themselves after school.[6]

Using this analysis of child care arrangements to infer parental choice regarding child care is not reliable. The high rate of care by relatives, for example, may be due in part to parents' preference for family-based arrangements, but it is also partly connected to the cost and scarcity of licensed child care facilities. In a 1985 Gallup Poll conducted for the Governor's Child Care Task Force, more than half of those not using licensed care said that such arrangements were either unavailable or impractical because of cost or location.[7]

Availability of Care
One frequently cited study by the Current Population Survey found that, on a national level, one quarter of all stay-at-home mothers said they weren't employed because they couldn't find affordable, quality child care. Based on this finding, American Demographics magazine

estimates that if even half of them could make child care arrangements, they would represent 850,000 new workers - a critical fact given the labor shortage predicted for the coming decades. Many would need infant care, which is in shortest supply and is also most expensive.[8]

- Licensed child care in California serves approximately 600,000 children, while estimates of children under 14 in need of care range up to 1.6 million.[9]

- In the San Francisco Bay Area, Sacramento, and Los Angeles County, licensed care providers meet only five to ten percent of the demand for infant care.[10]

- Infant care and after school "latchkey" care are the most difficult types of child care to find, except for sick child care which, in most California cities, is virtually non-existent.

Comparing California's child care costs with family income statistics, W. Norton Grubb, an economist at the University of California, Berkeley, estimates that half of all California families have a hard time affording licensed child care.[11] The average yearly cost for infant care is $4200 in child care centers and $3300 in family day care homes, while the average cost for pre-school care is $3,100. But these averages are deceiving. Actual costs vary widely from county to county, with pre-school care in some areas running as high as $4300 a year, and infant care more than $6000. Further, within each average is a wide range of prices; some families must pay far more than average to obtain quality care for their children.[12]

Though California has the nation's largest subsidized child care system, serving approximately 110,000 children from the state's lowest income homes, the Assembly Office of Research and others have estimated that fewer than 10 percent of eligible children are served by existing resources.[13] In San Francisco, for example, approximately 5000 children are on waiting lists for subsidized care.[14] Yet in spite of the growing need, the Department of Education estimates that in the past four to five years, approximately 5000 full-time subsidized child care slots have been lost because funding has not kept up with the cost of living.[15]

The Question of Quality
The child care problem involves more than the number of available "slots" - a strange term to use when referring to placements for children. The quality of care is also a matter of concern. Training

and qualification of child care providers, standards regarding the ratio of adults to children, and the nature of the activities that take place during the child care day are all elements that determine the quality of a child care program.

UCLA education professor Carollee Howes studied the effects of a wide range of child care programs on children and concluded that children who entered low-quality child care as infants had the most difficulty with peers as pre-schoolers, and were distractible, extroverted and hostile as kindergartners.[16] On the other hand, the long-term benefits of high quality programs have been well-documented, especially for low-income and educationally disadvantaged children who show lifetime gain from a good pre-school experience.[17]

Staff Turnover

Quality is best assured when well-trained consistent caregivers are responsible for small groups of children. Constancy in the relationship between the caregiver and the child allows a child to feel safe and curious in exploring his or her environment. However, maintaining a constant caregiving relationship is seriously impeded by the extraordinary turnover rate among child care workers.

- According to the Child Care Employees Project, child care staff in one California survey had a turnover rate as high as 36 percent for teachers and 48 percent for aides.[18]

- Low wages are largely to blame. Recent surveys of local communities in California show that child care teachers average $12,600 annually - close to the poverty level for a family of four - while aides make even less.[19]

Centers report difficulty in maintaining and recruiting workers and, inevitably, center workers are less experienced than they would be if turnover rates were lower. Family day care homes have comparable problems. In a 1986 survey, the California Child Care Resource and Referral Network found that more than 40 percent of licensed day care homes had gone out of business.[20]

Working with a group of children - whatever their age - is a challenge that requires more than mere instinct. Paid child care providers are professionals who should be trained and compensated appropriately. Excellent college-level early childhood education programs can be found throughout California in two and four-year colleges, but many child care providers - especially family home providers for whom no training is required by law - have limited opportunities to undertake training and few incentives to pursue child care as a career.

The child care delivery system is crying out for an infusion of resources. New monies are needed to expand the number of programs available, upgrade their quality, and attract new professionals to this critical caregiving profession.

The Insurance Crisis

The difficulty in obtaining affordable liability insurance is yet another factor constraining California's child care supply. Since 1985, child care providers, the Department of Insurance, and the Legislature have sought a solution to skyrocketing insurance costs. In October, 1985, the Insurance Commissioner directed all licensed liability insurance carriers to participate in CAL-CARE, a market assistance program for child care providers. Though the intent of the program was to make insurance affordable, child care providers say it has not substantially reduced premiums nor altered restrictive underwriting guidelines. A recent survey conducted by the Department of Insurance found that only 38 percent of family day care providers carry liability insurance, and only 14 percent have ever heard of CAL-CARE.[21]

A 1988 legislative effort to address the problem was vetoed. It would have mandated a study to review the possibility of forming a single statewide pool for child care liability insurance. Such a study would still be extremely useful in order to reveal the extent of child care providers' need, the insurance industry's true loss history, and the mechanism by which child care providers and California's families can best be served.

The Special Problems: Infant Care and Sick Care

One result of women's entry into the workforce has been an unprecedented increase in the number of infants, some as young as a few weeks, in child care. While this trend is too new for its effects to be fully understood, child development experts have raised concerns that an excessively early return to work on the part of the primary caregiver may raise the level of stress for the family as a whole, expose the infant to risk of infection in a group care situation, and in some cases, disrupt the process of bonding between the parent and child.[22]

Studies of infants as young as three months who are placed in high quality child care show no negative effects in their social interaction with peers or parents.[23] However, such centers are prohibitively expensive and not available to most families. The vast majority of infants in out-of-home care are in unlicensed family day care, which can vary in quality from excellent to abysmal.

An extended leave at the birth of a baby, as discussed in the previous chapter, is the answer many parents seek. A job-guaranteed parental leave allows new parents to care for their infants at home in the first few critical months and allows them more time to plan for care when they return to work.

Likewise, most parents feel that when their children are ill, home is the best place for them and parent's care is the best medicine. Though sick child care programs exist in a handful of California communities, they are few and far between, and they can usually only serve mildly ill children. Unfortunately, like extended parental leave, family sick leave is not available to most working parents. A 1986 survey of working parents conducted by the Children's Council of San Francisco revealed that only 34 percent were permitted to take sick days to care for their children's illnesses. Of those, 15 percent indicated that time off to care for children is limited, difficult, and not favored by employers. Thirty-three percent of parents without family sick leave as an option admitted they lie or make excuses to stay home when their children are ill.[24]

Various forms of parental leave - from a few days to care for a mildly ill child to a few months with a newborn or newly adopted child - fill gaps in the child care spectrum and allow parents to provide for their children's well-being while preserving their own peace of mind.

Giving birth is something that, in a woman's lifetime, comes relatively infrequently. And no matter how imaginative or organized she is, she's unlikely to be able to delegate it to somebody else.

Alice Ilchman, Co-Chair
Family Policy Council
United Nations Association

Child Care: A Shared Responsibility

The state is only one of several players in the drive to increase child care availability for California's families. Leaders from the corporate sector and local government have also become advocates for child care, recognizing that they, too, are negatively affected by the lack of child care services.

Some cities operate child care programs themselves or in conjunction with local providers. Others marshal local resources and provide in-kind support for new child care initiatives.

San Francisco and Concord passed ordinances imposing fees on new development for the purpose of funding child care.

Several cities - including Fremont, San Jose, and Irvine - have hired coordinators to facilitate local child care development. Fremont recently enacted a voucher system, supported by local taxes, to help low income parents meet the cost of child care.

In many cities, school districts or individual schools have begun offering child care of various sorts. In Pomona, the local school district assumed responsibility for virtually every type of child care - care for infants and pre-schoolers, extended-hour and weekend care, special programs for the babies of teen mothers, and latchkey care. Twelve different programs - some in school buildings and some in other community locations - serve 900 children from six weeks to 14 years.

Employers' support for child care often focuses on assistance to their own employees, though some businesses have created consortia to improve child care options community-wide.

Apple Computer recently opened a near-site child care center for its employees, adding child care to a range of family-oriented policies the company offers. The center cares for 70 children, from six weeks to six years of age, and charges parents market rate fees. A waiting list of 200 indicates the popularity of the center, which Apple believes not only addresses its employees' needs, but serves as a recruitment tool and enhances employee relations.

In several cities, the United Way has initiated consortia of employers to expand employer-supported child care and enhance other child care options in the community.

Parents will continue to pay for the best child care they can find and

afford. But services do not yet meet the demand. Parents, employers, government, and communities must work together to ensure that children who need out-of-home care are provided safe, nurturing environments that facilitate their healthy development.

POLICY RECOMMENDATIONS

I. **Improve the quality and expand the availability of licensed child care in centers and family day care homes.**

Expand the state subsidized child care programs with the goal of serving all low income children.

Expand efforts to recruit and train child care providers, with special emphasis on increasing the supply of infant care.

Develop teams of family support professionals and child development specialists who, upon request, will visit child care centers and homes to provide consultation in child development and parent-child concerns.

Upgrade the status of child care workers by expanding training opportunities, raising wages, and improving benefits. Methods should include:

. Creating a trust fund to provide tuition and staff coverage (substitute child care workers) to enable child care providers in centers and family day care homes to participate in training programs;

Developing accredited alternative training programs that are accessible to staff, such as on-site mentor programs;

Establishing a salary enhancement fund to provide grants to centers to upgrade wages of child care workers; and

Studying ways to expand the availability and reduce the cost of liability insurance for home and center-based child care providers.

II.   **Expand the role of local government in developing new options for dependent care.**

Encourage local government to assess the impact of all new commercial and residential development on the local need for child care and determine appropriate ways to address that need.

Expand city and county general plans to include family needs, with a particular focus on the need for child care and elder care facilities.

Promote cooperation between school boards, local government, and community agencies to ensure the maximum utilization of all publicly-owned buildings and community facilities to meet family needs, especially in the areas of child care, elder care, and supervised youth activities.

III. **Encourage local school districts, in collaboration with child care providers and family service agencies, to implement a coordinated system of child care and family services that incorporates neighborhood schools as community centers.**

Components of such a coordinated program could include:

K - 6 education;
Before- and after-school child care for school-age children;
On-site child care; and
Parent education and family support services.

Ensure that any newly constructed elementary schools include space that is appropriate to house child care and other family services.

WHEN ELDERS ARE NO LONGER ABLE: FAMILIES AND CAREGIVING

Record numbers of elders are entering their second century, providing a milestone in the history of humankind. While most elders are active, chronic health problems plague many, especially the oldest, those over 85. Others, sometimes at relatively young

ages, are struck with debilitating diseases that incapacitate them mentally or physically for many years. Instead of being able to celebrate their longevity, these elders face the need for increasing assistance, sometimes resulting in a state of total dependence on others.

- In the United States, families provide approximately 80 percent of the care needed by ailing elders.[25]

- The typical primary caregiver is a wife or adult daughter in her late 50's, caring for someone who lives in her home or very nearby.[26]

- Many of the frail elderly who reside with family members are as disabled as their nursing home counterparts, but because they have someone to care for them, they are able to remain at home instead of moving to an institution.

A family is likely to think of elder care in different terms from child care. Planning is more difficult for elder care because the need to care for a parent or mate is seldom anticipated, and its eventuality is one most people avoid contemplating. The length of care is also generally unknown. A chronically ill elder does not outgrow the need for care as does a child; rather than becoming less dependent over the years, he or she is likely to demand greater attention and care. Yet many of the issues are the same - the lack of affordable quality caregiving services, the need for employer sensitivity and supportive employment policies, and the under-payment of caregiving professionals.

The Caregiver's Silent Burden
Many families live for years with an ailing parent or spouse and are able to provide the comfort and care needed. But family caregiving arrangements can also cause tremendous strain, putting the caregiver's own health and financial security at risk.

- Forty-four percent of caregiving is for one to five years, while 20 percent is for more than five years.[27]

- Two out of five caregivers spend 40 hours a week in their caregiving responsibilities.[28] They perform such tasks as administering medication, caring for personal hygiene, doing household chores, shopping, and providing transportation.

According to Dr. Diane Arnold, gerontologist at the University of

California's Center on Aging in Berkeley, caregivers often must sacrifice their own privacy, vacations, even their salaries. Seventy-eight percent of the caregivers who work are forced to work fewer hours, re-arrange their schedules, take time off without pay, or quit altogether, causing further disruption and stress in their lives.[29]

Caregivers commonly report feelings of lack of control over their lives, conflicts between the elder for whom they are caring and others in their lives, and a great sense of isolation. One study of caregivers found that nearly half sustain major depression, minor depression, and intermittent depressive disorders.[30] A recent Duke University study recognized the economic, logistical, and mental costs to caregivers and concluded that physicians should take note if their patients are caregivers; that fact alone signals the potential for health risks.[31]

Recent studies have found that a caregiver's sense of burden is a more important factor in the decision to institutionalize an elder family member than the severity or duration of the elder's condition.[32]

People do care about their parents. And parents and older persons do care about their children and their grandchildren. The family in many respects is strong, although it is changing dramatically, and we must now begin to look at ways to help families with options for taking care of their elders.
Fernando Torres-Gil
Andrus Gerontology Center
University of
Southern California

Growing Need

Trends point to increasing difficulties in families' ability to care for their ailing members. Women caregivers are entering the workforce in record numbers; in the next generation few wives and daughters will be available to provide full time care. The mobility of California's families means that many live in cities hundreds of miles from their parents and grandparents. Family size is shrinking, leaving fewer adult children to share the caregiving responsibility. And the size of the population needing care is expected to mushroom.

●   In 1990, approximately 414,000 Californians over 65 will need some sort of assistance, such as help with daily household chores, assistance with personal care needs like eating, dressing and bathing, or nursing care and medical treatment at home. By the year 2020, the number of elders in need of such help is expected to grow to 1.1 million.[33]

To plan for future long term care needs, policy makers must recognize the benefits of family caregiving, but come to terms with the obstacles facing families as well. Policies must reinforce family caregiving by ensuring the availability of adequate support for both patient and caregiver.

Some policy makers are fearful that by funding professional or

formal services to help with the care of frail elders, families' motivation to provide informal care will be undermined. Evidence, however, is to the contrary. Most families do not abdicate their caring duties after receiving formal assistance; rather, the help reinforces their desire to care for their own family members and extends their ability to do so.

Assistance of two types is essential to a strong family caregiving system: direct services and financial aid. California has excellent models of both types of aid, but not enough of either to meet existing need.

Direct Services
Direct service programs include a wide range of community-based services that supplement the care and assistance families are able to give. Among the services offered are adult day health care, home health services, Alzheimer's day care, transportation to medical appointments, respite care to give caregivers a break, congregate meals, and delivered meals for the homebound. In recent years new options have been developed, like short term stays in nursing homes that allow a family caregiver to take vacation or full time day care that enables the caregiver to stay in the paid workforce.

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Information exchanges - ensuring that families know of the resources available in their community - and emotional support are invaluable

in helping caregivers understand and cope with their responsibilities. Peer support groups break the sense of isolation and hopelessness that often envelop the primary family caregiver, while public recognition of the value of the caregiving role provides a foundation from which the caregiver can more readily ask for help.

Direct services often provide just the little bit of help a caregiver needs to avoid institutionalizing an elder parent and can result in a marked improvement in caregivers' physical and mental health. Unfortunately, lack of funding and inadequate outreach and information leave many families without the help they need.

● Fewer than half the families caring for brain-impaired adults who sought respite care during 1987 were able to find it, due to limited funding for respite services.[34]

● Access to information was one of the most frequently cited concerns of caregivers who testified at the 1988 San Mateo County Hearing on the Issue of Caregiving. Several witnesses said that when they assumed caregiving responsibilities, they did not know of any available services; others said that even medical professionals failed to refer them to appropriate programs.

Financial Support
The largest source of financial assistance for caregiving is the In-Home Supportive Services Program which serves more than 119,000 low income elderly and disabled people by paying for homemaking services, personal care, and transportation. IHSS allows many elders to receive essential services they would otherwise go without, often enabling them to avoid institutionalization. But the program has deficiencies that at best interfere with its effectiveness and at worst can result in harm to clients or workers.

IHSS homemaker aides are paid minimum wage and seldom receive any sort of employment benefits. Though the state issues the IHSS worker's paycheck, it does not screen workers or monitor the quality of care they provide. While most IHSS workers try conscientiously to offer quality services, they receive no formal training or supervision, and they often must absorb costs involved in delivering care. For example, they are required to have a car to transport clients to medical appointments, but they are not paid for mileage or insurance. They often work more than eight hours, but receive no overtime compensation.[35]

Such working conditions are a threat to quality care - a concern shared by elders, their families, and the IHSS employees themselves. Not only must efforts be directed at ensuring adequate funding levels for the IHSS program, but training and oversight components must be incorporated to insure that elders receive decent care without placing excessive burdens on the IHSS caregivers.

New Funding Patterns Needed

For those frail elders ineligible for IHSS, professional caregiving can quickly become prohibitively expensive. Medicare and private insurance companies are highly restrictive in their coverage and generally biased against care which is not specifically medical. Yet, for most chronically ill elders, direct medical care is the least of their needs. On a daily basis, they are much more likely to require the assistance of an aide - someone to help them bathe, dress, eat, and get around. MediCal, which is only available to very low income elders, is also biased against home care, creating a direct incentive for families to institutionalize an elder even though a nursing home is a much more costly answer to the elder's care needs.

If non-medical care were reimbursed as fully as medical care, many families could avoid institutionalizing their elders altogether. Breaking away from a strict medical model for reimbursement by recognizing the therapeutic value of non-medical care - whether delivered at home or in community programs - would decrease costs and enable many elders to remain where they most want to be - with their own families, in their own communities.

The growth of the elder population and its increasing longevity points to the need for a wide array of services and new ways to fund them. State and federal government must endeavor to develop financing mechanisms that protect the economic well-being of the patient's family and provide realistic options for his or her care.

Community-wide Response

As is the case with child care, comprehensive support for frail elders and their families will require attention from business, government, and community agencies. Public awareness is just awakening to the challenge of elder care, but in some communities and workplaces model programs are already emerging.

Travelers Insurance Company surveyed its employees in 1985 and found that one in five employees over the age of 30 was providing some amount of care for an older person on the average of 10 hours

a week. In response to the expressed needs of its employees, Travelers instituted a variety of support services, including education and information programs, a dependent caregiving allowance, flextime options, and four weeks per year in unpaid leave time.

IBM and the Bank of America offer employees help in finding dependent care through an Elder Care Referral Service. IBM recently introduced an extended leave policy that allows its employees to take as much as a three year job-protected family leave to address caregiving needs.

Some California communities have stretched their limited resources by forging alliances among local non-profit organizations, the medical community, and businesses. In San Mateo County, the Hospital Consortium, a nonprofit cooperative of five participating hospitals, developed a state-funded case management system and then raised additional monies locally to operate a much needed respite program. In one San Mateo city, a local business and a Kiwanis Club "adopted" an adult day care center and sponsor fundraisers for it annually.

Preparing for Life's End

The largest percentage of health care dollars is spent at the very end of life, often on multiple medical interventions and heroic procedures that succeed in prolonging life a few days or a few weeks. Many elders today are seeking assurances that their final days will impose a minimum of hardship on their families. They are attempting to prepare for life's end thoughtfully and with dignity by writing "living wills" or otherwise arranging for future medical decisions in case they become too ill or incapacitated to act in their own behalf.

All adults and their families should be aware of these options and have access to them. The ability to make thoughtful health care decisions is important at any stage of life; counseling and information should always be available. But especially toward the end of life, a sense of effectiveness is a critical resource. How people end their years is as meaningful as how they begin them. All family members deserve the opportunity to extend their effectiveness and responsibility into their final days.

POLICY RECOMMENDATIONS

I.   **Increase assistance available to both family caregivers and**

47

care recipients.

Establish community-based networks that facilitate mutual support among caregivers and increase public awareness of caregiving issues.

Increase the availability of respite care and encourage physicians to prescribe respite care to maintain caregivers' health.

Establish centralized community-based information and referral systems for elder care that serve every community.

Ensure that information on elder care services is available in physicians' offices.

Increase the availability of community-based services that supplement family caregiving, especially for families where caregivers are employed outside the home.

Services should include:

> Adult day care centers;
> In-home professional caregiving support;
> Adult day health care;
> Door-to-door transportation to help frail elders attend community-based programs and medical appointments; and
> Home-delivered meals.

II. **Improve the quality of home-based care.**

Increase training and technical assistance for family members who care for frail or disabled family members.

Increase training and supervision of In-Home Supportive Service (IHSS) workers and other paid in-home caregivers.

Increase wages of IHSS workers and provide them with benefit options.

Ensure sufficient financial assistance to low income and near-poor families to ensure their access to quality home-based care.

III. **Increase public information regarding the steps an individual or a family can take to plan for a member's health and social welfare in the later stages of life.**

Provide counseling for health care decisions that must be made throughout the lifespan.

Ensure that information on living wills and the durable power of attorney is available through hospitals, social service agencies, and doctor's offices to help adults plan for later-life decision-making.

Caregiving exists on a continuum. It runs throughout the life cycle, from birth to death, and it spans a breadth of activities, from the most minimal of assistance to round-the-clock supervision. Every family with dependents has its own set of needs that fall somewhere on the caregiving spectrum. Ensuring the comfort, safety, and nurturance of all dependent family members will always be a family responsibility. But as families change, the resources available to them must change also; that is where the family's responsibilities intersect with those of government and business. It is in the interest of all parties that family dependents - children and adults - are cared for with the concern and dignity they deserve. The goal of public policy should be to provide sufficient options so that every family can find the caregiving support it needs.

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RAISING THE NEXT GENERATION: HELPING PARENTS PARENT

"It is the role of society to engender within its citizens the awareness of what it is to be a parent. No public or private agency, child care or social worker, teacher or friend can replace the parent in the child's mind. The high calling of parenthood must be more adequately recognized, respected and honored by our society. Therein lies the future of our nation."

"Deprived Children: A Judicial Response,"
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The role of parenting carries with it far broader expectations than caring for a child's physical well-being. Parents must foster their children's emotional and intellectual development, imbue them with values and hope, motivate them to learn and achieve, and teach them to cope with the world's complexities. Each generation of healthy adults - endowed with coping skills, problem-solving abilities, and a sense of values - is a testament to the efforts of those who parented them.

Yet, in spite of the obvious importance of parenting, the Task Force noted that society does little to help parents parent, and often places unnecessary obstacles in their way. Moreover, as we approach the year 2000, new circumstances confront many of California's parents, challenging their resourcefulness and dedication.

> What once would have been an extended family in a tight-knit community is often today an isolated family without the benefit of grandparents or neighbors to provide advice and support.

> The mobility of California's families - whether they have come from other countries or are relocating from one city to another in search of housing or job opportunities - has deprived many of their cultural traditions and familiar support systems.

> A high teen pregnancy rate is pushing thousands of youth into parenthood before they have reached their own adulthood.

> Greater numbers of parents are single and must struggle to provide the sole support - financial and emotional - for their families. In California, nearly one out of every four children lives in a single parent household.[1]

> The majority of parents - single and married - face increasing time stress as economic pressures demand they spend more hours working and fewer hours with their children.

Today's parents, like the generations before them, will raise their children by relying on instinct, common sense, and the parenting skills they learned in the course of their own upbringing. But they must do so in the face of social and economic changes that are placing increasing stress on parents, forcing many to seek new avenues for guidance, assistance, and reassurance. Within this context of change, how can California's communities support parents and help them ensure the healthy growth and development of their children? The Task Force explored ways to strengthen society's respect for the

55

parenting process, mitigate pressures that interfere with effective parenting, and enhance the capacity of California's parents to meet the complex demands of their job.

EFFECTIVE PARENTING:
A KEY TO THE FUTURE

Parenting is a complex and dynamic process, affected by an array of factors that are different for every family. Parents bring to their role disparate resources, capabilities, and experiences. Their perspective and behavior are molded by their religious and cultural backgrounds, as well as their relationships with their own parents. Parental behavior is also shaped by the social realities their families face. For example, parents who have been discriminated against because they belong to a minority group outside of society's mainstream must teach their children a special set of coping skills to handle the prejudice they too are likely to encounter.[2] Parents of immigrant families not only must adjust to language and cultural changes, but are confronted with models of parenting entirely different from those they knew in their home countries. Southeast Asian refugee parents, for example, have found their traditional approaches to discipline and education to be in direct conflict with expectations in this country, creating disturbing tensions in their relationships with their Americanized children. These families must struggle to find new patterns of behavior that fit their new culture and are responsive to the particular difficulties their families face.[3]

Even the entry into parenthood varies. Some share parenthood with a spouse, while others are single parents. Most are biological parents, but increasing numbers have become parents through adoption or the formation of blended families. Disabled parents, parents from non-traditional households, teen parents, parents of exceptional children, parents who experienced unhappy childhoods of their own - all confront their own set of difficulties and challenges.

Despite their differences, all parents - regardless of their background or resources - are expected to nurture and love their children and care for them physically, emotionally, and developmentally. Most parents want the best for their children and attempt to meet those expectations as fully as they can. Through the combined efforts of community organizations, government, business, and schools, an

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environment must be created in California that respects the differences among families, but at the same time ensures that all parents have the resources to fulfill the responsibilities of parenthood and reap the rewards that it offers.

Parenting Education

While there may be no single set of "rules" for successful child rearing, a great deal is known about child development that most parents find useful and reassuring. Studies have shown that parents with child development knowledge are more likely to be responsive to their children, have positive parent-child contacts, and better understand the risks of child injury.[4] Inadequate parental knowledge, on the other hand, can hinder parent-child relations. Child development information offers parents concrete insight into their children's behavior and the psychological and social stages of a child's growth. When they know what to expect, parents can respond appropriately, helping their children grow toward their full potential.

Professionals as Family Teachers

Naturally, parents seek information about their children's development from the professionals in whom they entrust their children's care - doctors, nurses, child care providers, and educators. However, many professionals receive little or no training to prepare them for their role as parent educators and often devote scant attention to parent education in the course of their daily work.

- Neither elementary nor secondary school teachers in most training programs are required to complete courses related to parenting, nor are they required to develop expertise in teacher-parent relations.

- Credentialed child care providers must complete a core curriculum that includes a course on community and family relations, but the content of the course, which is determined at the discretion of individual teaching institutions, varies widely.

Many who work in the field of teacher training recognize the importance of the parent-teacher relationship and have attempted to build that component into an already tight set of credential requirements. But because this area has not yet received priority attention, most teachers still must learn on their own - for better or worse - how to work effectively with parents.

57

The medical profession is no different. The average pediatrician receives little training in behavioral and interactive components of child development, and residencies seldom stress the importance of "anticipatory guidance" - explaining to parents what to expect in the coming months of their child's development.

- An oft-cited 1980 study revealed that pediatricians in private practice spent only 7 to 97 seconds during a standard 15-minute well child appointment offering parents any form of guidance regarding their child's development. Of particular note was the lack of time spent discussing issues of safety, sex, behavior, and growth.[5]

Yet parents continue to rely on their pediatrician for child information, and research shows that when they receive it, they benefit.

- One study showed that mothers who were given a moderate amount of guidance and counseling felt more supported in their child rearing roles, knew more about child development, and reported having more positive contacts with their children.[6]

Though interest in behavioral pediatrics is growing and medical providers trained in recent years appear to be more responsive to parents' needs, few training programs focus on parenting per se.

One model program at Stanford Medical School was designed by parenting educators and oriented to parents' practical needs. It teaches new pediatricians - most of whom do not yet have children of their own - about the realities of child-rearing and helps them to develop skills to communicate effectively with parents. The program includes a mandatory rotation for first year pediatrics residents and elective rotations for second and third year residents.

Parents deserve meaningful attention from the professionals who work with their children. Information from professionals can help guide a caring parent and supplement the resources he or she already has. Institutions that serve families must afford professionals the time necessary to share information with parents, and professionals must be trained to do so effectively.

Public Schools and Parenting Education
In 1985, the California State Department of Education surveyed the state's school districts to see which districts had programs in family relationships and parenting education. The majority of school districts

- 83 percent - had never done an assessment to determine whether there was a local need for parenting education, nor had most of them approved grade-by-grade guidelines for such a program.[7] With the help of an advisory committee of educators from throughout the state, the Education Department published guidelines to assist the districts in developing parenting education programs. But to date, fewer than 20 school districts in California have implemented a parenting curriculum.

Elsewhere, states have developed a variety of school-based parent education programs, and in some cases, they serve parents as well as students.

In New York, several large school districts have implemented a parenting education program that combines a curriculum for students from pre-school through ninth grade with workshops for their parents.

In 1984, the state of Minnesota established the Early Childhood Family Education program, run by the state's 435 school districts. ECFE offers parents workshops on parent and family education, access to lending libraries of toys, books, and learning materials, and information on other community resources for families.

Drawing from the experience of these and other school-based approaches, California has the capacity to develop and implement an innovative program of parenting education that utilizes the public schools to serve children and parents alike.

Family Support Systems

A family's informal network of relatives, friends, neighbors, and co-workers plays an integral role in everyday family life and in times of crisis. Parents turn to their support networks to share the joys of their children's development and to seek advice, assistance, and guidance in child-rearing.

A family's support system is not just a convenience. A network that provides information, emotional reassurance, and physical or material assistance is essential to most families. The lack of a such a support system contributes to families' sense of isolation and to parental self-doubt. Isolation can magnify the sense that problems are beyond solution and resources beyond reach. Studies have found that "social impoverishment" - having few social relationships and perceiving that help would not be forthcoming if needed - even appears to be related to a higher incidence of child abuse and neglect.[8]

Yet throughout the state, conventional support systems are unraveling. Many Californians live hundreds of miles from their relatives. Often families do not even know their neighbors.

- In 1980, 23 percent of California's homeowners under the age of 35 moved at least one time. Fifty-four percent of renters in that age bracket moved at least once. While older residents moved less often, the statistics indicate a substantial lack of neighborhood stability for many families, especially those who are lower income and do not own homes.[9]

- Studies have shown that as women enter the workforce, their natural support systems diminish because they have less time to maintain the family's community ties.[10]

Over the past fifteen years, hundreds of community-based family support programs have sprung up across the country to fill holes left by changes in families and communities. They are different in every community, offering a variety of services such as "warm-lines," self-help discussion groups, home visits to new mothers, and respite care for parents who need a break. Locally oriented to meet grassroots needs and funded (usually on a shoestring) by local sources, this new wave of family resource programs responds to families' quest for information, services, and support.

One northern California model, the Parent Services Project, is located in eight state subsidized child care centers. It brings parents together

in a convenient location for relaxation and fun, and offers an array of support services such as training in first aid and parenting skills, respite and sick child care, and access to counseling and other social services.

Avance Parent-Child Education Program in San Antonio, Texas, offers bilingual parent discussions on child growth and development, toy making classes, day care practicums, library use, information and referral services, field trips for parents and children, and communal holiday celebrations.

Like parent support projects across the country, these programs have successful track records, but are limited by their reliance on meager funds. Public funding is warranted to spur the development of further local efforts to serve parents in communities throughout California.

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My father had never really spent time with me when I was younger. All I remember my father doing with me as a kid was taking me to the barbershop to get a haircut, which I hated. I plan to spend as much time as possible with my son. When he has problems I'm hoping he will come to me and talk to me about his problems.
Skip Newman
Teen Father
Los Angeles

Parental Empowerment

The confidence that grows from knowledge, support, and access to information enables parents to act in another capacity - that of advocate. Parental empowerment - parents' confidence they have the ability and the right to affect the world in which their children live - is a powerful tool. It enables parents to influence the institutions that most affect them and their families.

With a sense of empowerment, a parent who is concerned with how a school program is run is more likely to try to change it. Parents who believe their children have been mistreated are more likely to investigate a wrong and attempt to rectify it. On a broader scale, parents working together can affect public policy in behalf of their children by participating in the political arena where they can help to shape the environment in which their family's future lies.

Assuming an advocacy role encourages parents to assert their

61

authority and rights in a positive manner. When parents act as advocates for their children, they not only help to build a better community for their families, but they teach their children that active leadership and creative intervention can promote desired outcomes and change.

But many parents lack the self-confidence and information necessary to exercise an advocacy role. Many of the institutions that most affect families - schools, medical institutions, even the city bureaucracy - do not encourage parents as leaders and advocates. In some cases, they unintentionally neglect to share information that parents need to participate effectively. At other times, they provide inappropriate forums for parent participation. Research regarding parental involvement in the schools, for example, shows that middle and upper class parents fit readily into traditional parental roles - as members of the PTA or various parent advisory committees - but that these avenues have been less successful in involving lower income parents.[11]

Refugee and immigrant parents face particularly daunting barriers. According to Julia Chu of Oakland's Chinese Community Center, they are often unable to participate in school functions because many of them work in the evenings or lack transportation. The absence of translation services feeds the general sense of intimidation many new residents feel in the face of school authorities. Sometimes their own cultural traditions teach them to relinquish their authority out of respect for the educators. Only through special organizing and recruitment efforts are these parents likely to be integrated into the life of the school.[12]

By supporting the participation and empowerment of parents, community institutions can build powerful alliances to achieve common goals. Police officers benefit from strong working relationships with parents in the mutual interest of combating juvenile delinquency. Schools gain when they draw on parents' skills to expand programs and enhance student performance. Cities gain when increased numbers of parents participate in civic activities. But all these institutions must include parents on the parents' own terms, provide a space for them within the structure of the institution, and allow them to contribute in ways that take into account time constraints, economics, and cultural differences.

In inner-city Oakland, the principal of Brookfield Elementary School has established a variety of programs designed to encourage the participation of parents by building their sense of ownership of the

62

school. Staff regularly telephones parents and places a high premium on attracting them to school events. A community counseling center holds parent support sessions at the school, and the building is made available to neighborhood organizations. The result has been a sharp increase in parental involvement, a greater sense of teamwork among parents, the neighborhood, and the school, and a changed attitude among students who view school as more important because their parents are taking time to participate.

Washington Preparatory School in Los Angeles organized parents, many from near-by housing projects, to observe and evaluate classroom activities, assist with school programs, and advocate for the school in the larger community.

If parents are discouraged from participating in arenas critical to their family's well-being, they and their children suffer. With support from other parents, information and encouragement from professionals, and an understanding of the institutions that affect their children, parents can serve as potent advocates for their children and their communities.

POLICY RECOMMENDATIONS

I.   **Establish a network of state-funded programs, based on existing cost-effective models, that provide parenting education and support services tailored to meet the culturally diverse and multi-linguistic needs of the communities they serve.**

Such programs should strive to:

Build on family strengths and promote healthy family functioning rather than focus on intervention after a problem becomes a crisis;

Reach parents through local institutions that already have contact with families (e.g. hospitals, employers, child care centers, religious institutions, etc.);

Ensure parental involvement at every level of program operation and encourage parents' advocacy role;

Promote the development of parents' leadership skills; and

Promote the importance of family time together, communication, and caring.

II. Expand K - 12 curricula in all schools to include preparation for parenting and family life.

Curricula should include:

-- Stages of human development, including child development and the aging process
-- Interpersonal communications
-- Conflict resolution
-- Decision-making
-- Money management
-- Values of commitment and interdependence
-- Roles and responsibilities of family members
-- Legal and economic implications of family life
-- Goal setting
-- Critical thinking
-- Current information on changing family structure and recognition of family diversity

III. Implement programs in the public schools for parents of pre-school children, ages 0 through 4, to enhance parents' knowledge of early childhood development and promote their on-going involvement in their children's education.

IV. Encourage professionals who work with families to serve as effective parent educators.

Expand the training of professionals who work with parents and children (particularly educators and health providers) to include training in child development, parenting, and effective professional-client communications.

Encourage professionals to promote parental advocacy and participation in the institutions that affect their children.

Ensure that schools, health clinics, and other agencies that serve parents and children allot adequate time for professionals to meet with and educate parents.

V.   **Ensure that parenting information is readily available to any parent seeking it.**

Encourage employee assistance programs and unions to expand services to include referrals and resources for parenting education and support programs.

Encourage local associations and community organizations to devote time and resources to supporting parent education efforts.

Coordinate a widespread publicity campaign by political, corporate, educational, and religious leaders to promote parent education and family relations.

TEEN PARENTS -
A GROWING COMMUNITY CHALLENGE

Between 1970 and 1986, the percentage of out-of-wedlock births to adolescents in California nearly doubled. By 1985, one in twenty females aged 15 to 19 gave birth, and the number of babies born to the youngest teens, age 10 - 14, grew by 27 percent.[13]

Teen parents - mothers and fathers - face multiple difficulties in trying to raise and support their children. Teen parents experience lower educational achievement and reduced earning power.

● The younger a pregnant adolescent is, the less likely she is to complete her education. Only 29 percent of those who become mothers at age 14 or younger are likely to finish high school. The probability rises to 50 percent for adolescents who become mothers when they are 17.[14]

● Teen fathers are 40 percent less likely to graduate from high school, and only 50 percent as likely to complete college, as their counterparts who have children in their twenties.[15]

Many fathers walk away from the situation, unprepared emotionally and financially to support their newborns. Little research has been done to explore the effects on young fathers who abandon their children or maintain only tenuous ties with them. Anecdotal evidence

indicates many care a great deal about their offspring and, underneath their outward showing of bravado, are ashamed of their helplessness as a parent.[16]

The erosion of employment opportunities for young fathers has been linked directly to their low marriage rates. Young fathers with earnings under the poverty threshold are three to four times as likely not to marry as their counterparts who earn higher wages.[17]

Teen mothers face the likelihood of isolation, frustration, and long-term poverty. They are less likely to receive adequate prenatal care, more likely to deliver low birth weight babies, and their infants are at greater risk of suffering injury or death due to neglect.[18]

- Of all the teen parents in 1985, only 11.7 percent were enrolled in programs to help them finish high school and meet the demands of parenthood.[19]

- Only 16 percent of California's 1,025 school districts have comprehensive programs for teen parents.[20]

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The multiple stresses experienced by teen parents - constant financial pressures, underdeveloped coping skills, and lack of maturity - do not bode well for their parenting capacity. Teen parents require all the parenting education, support and empowerment that every parent needs, but they need much more. To build a future for themselves and their children, they need job training and education, child care, life planning skills, and targeted support services.

Fragments of Help

Currently most teen parents who seek help can find only fragments of assistance from a haphazard array of health, social service, and education agencies. Without a concerted and coordinated effort to reach young parents, provide them with basic services, and help them develop options for their future, teen parents are likely to be relegated to a lifetime of poverty, increasing the chances that their children will become yet another generation of teen parents.

On a state level and in individual communities, continuing efforts can help teen parents grow into healthy adults and conscientious parents. Efforts must be aimed at increasing services and coordinating their delivery. The ingredients for success can be found in a handful of local programs.

San Francisco's Teen-age Pregnancy and Parenting Program (TAPP) is a school-based network that serves pregnant and parenting teens throughout their adolescence. It combines on-site support services with continuous case management to insure comprehensive health, educational, and support services to teen-age mothers, fathers, and their families. Each teen has one case manager who coordinates the network of services provided by over 30 agencies.

In Los Angeles County, the Youth and Family Center operates according to a similar case management model, providing health services, counseling, parenting and health education, vocational counseling and job placement, and child care.

The state Adolescent and Family Life (AFL) program, serving 4000 teens in 26 of the state's 58 counties, was modeled on these two exemplary programs. While the AFL program successfully expanded the array of services available to pregnant and parenting teens in many parts of the state, it has been maintained at a level of funding inadequate to meet the needs of most of California's teen parents.

It is imperative that a strong case management program for teen parents be institutionalized throughout California. Failure to help today's teen families destines them and their children to hardships that will almost certainly undermine their ability to function effectively as a family.

POLICY RECOMMENDATIONS

I.   **Expand the Adolescent and Family Life program, which currently serves only 26 counties, to offer comprehensive services to all teen parents.**

Services should include:

--Case management
--Child care
--Continuing education
--Psychological services
--Health care
--Nutrition
--Health education
--Vocational counseling and job placement

Programs should focus on both teen mothers and teen fathers, with the goals of:

Instilling in both a sense of responsibility for their child, and

Providing the services necessary to help them raise and support the child.

HEALTH CARE:
A CONCERN FOR ALL FAMILY MEMBERS

Parents want their children to begin life with every advantage possible. Yet an increasing number of California's infants - the thousands whose mothers receive late prenatal care or none at all - are entering life several steps back from the starting line. The lack of quality, accessible health care is a serious concern for all family members, but inadequate prenatal and infant care is particularly insidious because it can unnecessarily handicap a child for life, in spite of the parent's best intentions.

●   Women who receive no prenatal care have babies who are four times more likely to die and three times more likely to be born at low birth weight - with increased incidence of

mental retardation and physical disabilities - than those whose mothers receive first trimester care.[21]

- According to the Congressional Select Committee on Children, Youth, and Families, each $1 spent on prenatal care for pregnant women saves an estimated $3.38 in treatment for low birth weight infants, whose medical bills are often $1000 a day.[22]

- The latest available figures show the percentage of mothers who receive care in the first trimester of pregnancy has dropped in recent years for every major racial and ethnic group in California.[23]
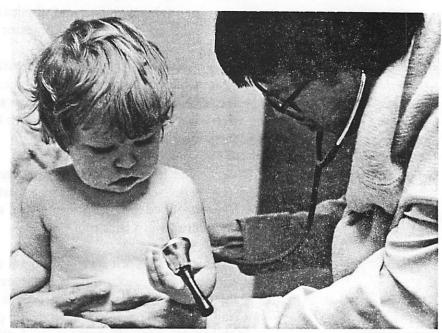
Most mothers do not forego prenatal care out of lack of concern for their newborns. According to a survey of over 300 new mothers who had received no prenatal care before delivering their babies at LA County/USC Women's Hospital, 37 percent said it was due to an inability to pay, 18 percent said they had difficulty making an appointment, while only nine percent thought prenatal care was unnecessary.[24]

The lack of adequate prenatal care is just one piece of a declining health care picture that impedes hundreds of thousands of California's parents in their efforts to provide for their children's well-being.

- 5.2 million people in California have no health insurance of any kind, and nearly 80 percent of them are working parents and their children.[25]

Family members without health insurance are less likely than those who are insured to see a physician, even if they are in poor health or are experiencing serious symptoms. Children are less likely to be immunized, and pregnant women are less likely to begin prenatal care early in pregnancy.[26]

A family's lack of health insurance is usually related to its employment status. Most families gain their health insurance through the health plan of a working member of the family. Yet 11 percent of full time employees are uninsured while 29 percent of part time employees have no health coverage.[27] For many parents, one of the most important criteria in accepting a job is the access they gain to family health benefits, even when it means locking themselves into a position that otherwise is less than satisfactory for them and their family. The priority families place on joining workplace group health plans is understandable in light of the expense of private insurance.

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Typical insurance coverage purchased in the private market for a family of four costs $2500 to $4000 a year - from 25 to 40 percent of a low income family's annual earnings.[28]

Families whose incomes are low enough to qualify for Medi-Cal are also not guaranteed health care. Many health care providers choose not to accept Medi-Cal clients, and in many communities, families who are eligible for services simply cannot find them.

- In 1978, a survey of pediatricians found that 22 percent limited their participation in Medi-Cal; by 1983, this had risen to 51 percent.[29]

- In 1986, there were 15 counties in California in which no obstetricians accepted Medi-Cal.[30]

- Fourteen counties had no state or federally funded clinics offering prenatal care, so women without private insurance plans typically had no place to go.[31]

The lack of health care services not only threatens the immediate health of California's families, but it represents a lost opportunity to reach out to parents with public health information, parenting education, and access to a wide variety of family resources. Even where services exist, they are often unnecessarily constrained by their narrow focus. For example, the point at which a family has a new baby is the time parents are most eager for information and most

open to parenting education. Yet seldom do medical programs translate into on-going educational contact with the family. Likewise, pregnancy is an ideal time to help mothers-to-be break drug, cigarette, or alcohol habits. But in most counties, the links between health clinics and drug and alcohol programs are weak, and coordination and follow-up are uncertain.

It is critical that California expand access to comprehensive health care services for all families. But in doing so, the state should take the opportunity to consider the content of care and ensure that it is broadened, instilled with educational components, and linked to other family-oriented services.

POLICY RECOMMENDATIONS

I.   **Immediately commence a study to determine the most equitable and cost effective method to ensure physical and mental health coverage for all families in the state. Upon completion of the study, implement a statewide health program.**

A program of comprehensive health coverage should meet the following criteria:

Improve access to health services for all families;

Distribute the cost of health care equitably, so that families pay a reasonable but not unmanageable share;

Promote family participation in the process of managing its members' health; and

Link health care services to other family services through coordinated referral systems.

II. **Extend services for prenatal and new baby care to reach all women. Services should include aggressive outreach and an educational component for new parents, both fathers and mothers.**

Bolstering family support networks, enhancing parenting skills,

71

removing barriers to parental involvement, drawing on parents' desire to act in behalf of their children, and ensuring parents have the services and resources they need to care for their children - all are preventive strategies that build family strength. By supporting families before crises arise, much more costly intervention can be avoided at a later stage.

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COUPLES:
SUPPORTING FUNDAMENTAL
FAMILY RELATIONSHIPS

"For one human being to love another: that is perhaps the most difficult of all our tasks, the ultimate, the last test and proof, the work for which all other work is but preparation."

Rainer Maria Rilke
"Letters to a Young Poet"
Selected Poems of Rainer Maria Rilke,
A translation from the German by Robert Bly, 1981

As they mature, most young people begin to explore new forms of relationships and new levels of intimacy. Over time, the values of tenderness, trust, and interdependence take root and, as adults, most eventually pair off to form long-term couple relationships.

When two people make a serious commitment to support one another emotionally and economically - to take responsibility for each other's well-being - they become each other's primary family. Whether they decide to have children or choose to remain a family of two, the health of their relationship and their commitment to one another have a profound effect on their capacity to perform the caregiving and nurturing functions of the family.

Couples today represent a greater diversity of lifestyle and cultural orientation than in times past, but they still comprise the basic social unit that, at one time or another, is at the heart of most families. Most long-term couples, no matter how else they differ, share the challenges and joys of forming and maintaining a loving relationship.

The decision to begin or end a couple relationship is an intimate and private one. However, insofar as the couple acts as family to one another and provides a base of stability for other family members, it is in the interest of society to support couples in forming healthy, durable relationships. The Task Force sought ways that public policy can support and encourage such relationships, by fostering programs that prepare young people to enter relationships thoughtfully and responsibly, and ensuring the availability of support services to bolster their long-term health and stability.

Individuals learn about love, intimacy, marriage, and family life from a variety of sources. While their own childhood and family experience probably leave the strongest and most lasting impression, the understanding of family responsibility is also shaped by religious and cultural influences. Through laws, social programs, and public education systems, the government plays a role as well, particularly in promulgating an understanding of the rights and duties related to couple and family relations.

Public Education
Since passage of the Comprehensive Health Education Act of 1977, the State Board of Education has been involved in the development of curricula and guidelines to assist public schools in administering family life and sex education programs. Unfortunately, because most of the public debate regarding family life education has centered on

sex education, the importance of educating youngsters regarding other aspects of family life - such as problem solving, decision making, conflict resolution, the meaning of commitment, and the legal and economic aspects of family relations - are often *overlooked*.

● A Task Force survey of county school superintendents revealed few elementary or high school courses that explicitly address family relationships.[1]

One county superintendent noted that the pressure schools are currently under to boost academic achievement drains educational effort away from social and interpersonal areas. Another superintendent lamented the burden schools bear as a result of the marital instability of their pupils' own parents. "The fall-out ... particularly when children are involved," wrote John R. Graff, Yolo County Superintendent of Schools, "is having a catastrophic impact on school and other community services... The divorce rate and the problems it generates are killing off our public schools as well as public agencies with the sheer numbers of those young people who are requiring services above and beyond our normal means of operation..."

To the extent that family life education can better prepare today's students to guide tomorrow's families, renewed attention must be given to the development of family life curricula. As suggested by a number of family life educators from community colleges around the state, a K - 12 curriculum should be formulated that includes human relations, interpersonal communications, decision-making, money management, and conflict resolution.[2] By acquainting students with issues related to family life, helping them view relationships realistically, training them in skills to assist in approaching family relations responsibly, and promoting respect for the diversity of family structures, such a curriculum would impart information of value to all students, regardless of the types of family relationships they eventually choose to establish in adulthood.

Vows of Commitment
Nearly 5.5 million California couples are married, with some 150,000 new couples obtaining marriage licenses every year.[3] For most couples, marriage is the most significant contract they will ever create.

Religious institutions have long relied upon well-defined procedures for pre-marital preparation. One feature common to many denominations is a period during which couples have the opportunity to

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consider the significance of their decision and participate in premarital counseling or classes to further prepare them for marriage.

Civil law does little to encourage preparation for marriage. Judges are allowed to require premarital counseling when one of the marriage applicants is under 18, but state law does not define "premarital counseling," nor does it provide funds to operate premarital counseling programs. Most judges waive the option; in Los Angeles County in 1987, less than 6 percent of the teens seeking marriage licenses were required to engage in counseling.[4] Rather than ignoring the option of premarital preparation, the state should encourage it. Along with an application for a marriage license, for example, a county clerk could disseminate information letting couples know of the options available for premarital preparation - from one-on-one counseling to peer discussion groups - and refer them to affordable professional services. County clerks could further extend their public service by providing written information regarding the legal and economic responsibilities of the marital commitment.

Unmarried Relationships
The same thoughtfulness should guide those who enter long-term domestic partnerships outside of marriage. These couples - whether opposite sex or same sex - also benefit from clarity and agreement regarding their relationship and the commitment it implies. Rather than relying on unspoken assumptions that are open to later dispute

- often at great emotional and financial cost - unmarried long-term couples should be encouraged to utilize legal contracts such as wills, the durable power of attorney, and express written or verbal cohabitation agreements. All committed couples - whether married or not - who assume the responsibility of a family relationship should do so with careful planning to protect their intimacy and long-term goals.

Economic Obstacles to
Strengthening Couple Relationships

Some people choose to marry, but face potent economic barriers. Elderly couples are one such example. Many elderly widows and widowers receive survivor benefits from their deceased spouse's pension plan. If the survivor finds a new mate, remarriage is often economically unfeasible because of rules that would end their right to survivor benefits. Thus, out of economic necessity, many elders live with, but never marry, their new partners.

The Virgin Islands legalized a new form of marriage limited to persons age 60 and over. The "Vesper Marriage Act" designates couples legally married, but allows each individual to be treated as a single person for the purposes of taxation, inheritance, and receipt of pension benefits.

Disabled couples also often face economic hardship. Many people who are disabled receive government assistance to meet their living and health care costs. But most assistance programs are means tested, or based on the applicant's income and resources. Unfortunately, when a disabled person gets married or forms a live-in partnership, all the income and resources of the partner are deemed available to the disabled spouse. This raises the officially determined means level of the disabled person, resulting in funding cuts or termination of benefits.

This procedure of "deeming" imposes a harsh penalty on any financially solvent person who falls in love and wishes to marry or live with a disabled person. As it stands, the law requires both partners to give up their means of financial security, often forcing them to sink together - possibly with their families - into poverty. It transforms marriage into the assumption of a fiscal burden and discourages the formation of stable couple relationships. This is particularly sad in light of the wide recognition that people who are part of a loving family relationship tend to live longer, healthier lives.

Laws governing the payment of welfare benefits comprise yet another economic barrier to stable couple relationships. The federal

government's "100 Hour Rule" disqualifies families from receiving Aid to Families with Dependent Children (AFDC) if a male is present in the household who works more than 100 hours per month, however little he earns. The primary effect of the 100 Hour Rule is to act as a disincentive for family members to accept work; to lose the security of regular income for a low wage, possibly irregular, job is simply not to the economic advantage of a family. But the rule has an even greater negative impact. It also creates a tension within the couple relationship itself, sometimes forcing couples to hide their relationship or, at least, to be less than forthright about it, creating a situation that undermines family identity and the couple's mutual self-esteem.

Two years ago Fresno County received permission to waive the 100 hour rule and test the results. County findings show an increase in the number of working fathers and a decrease in the size of the average AFDC grant. Families have grown more self-sufficient, and couples - already stressed economically - no longer experience the tension of choosing between a few more hours of work, the economic stability of their family, and their desire to remain together.

Support for Maintaining Healthy Relationships

As well prepared as any two individuals are to enter a loving, committed relationship, they will inevitably face differences and difficulties during their years together. Many issues that arise during the course of a couple's relationship are predictable; psychologists have identified a variety of life changes and stresses that are likely to place pressures on a couple.

- A project sponsored by the University of Denver and Illinois Institute of Technology studied preventive approaches in dealing with marital stress. The researchers discovered the difference between couples whose relationships succeed and those whose do not is less related to their problems than to the way in which their problems are handled.[5]

This study, like others, suggests not only the value of identifying potential problem areas, but the importance of teaching couples good communication and problem-solving skills. But where do couples turn to learn these skills or to receive guidance in resolving problems that, if left unresolved, could eventually threaten the health of their relationship? Some look to family members or friends for advice. Some read books. But those who seek personal professional help have limited options. They may turn to religious leaders or seek counseling from private counselors, often at a high hourly fee.

Health insurance policies are minimally helpful; they vary widely in their coverage of mental health-related services, seldom include family therapy, and are particularly unlikely to cover counseling for nontraditional families. A few private non-profit agencies offer services on a sliding-fee basis, but they are usually limited by funding constraints.

During the 1960's, California's community mental health system offered low cost counseling services to families who were experiencing problems but were not necessarily in a state of crisis. Those services no longer exist, leaving low and moderate income families who seek counseling few alternatives when they experience distress in their family relationships.

Limited access to affordable counseling services is not the only barrier for couples who need help stabilizing their relationship or reducing pressures on it. Many couples face multiple problems simultaneously. They may have housing problems, employment problems, or critical health care needs that demand separate attention and concrete solutions. In order to successfully address issues in their relationship, these "collateral" problems must also be solved. Yet, funding is seldom available for services to help families deal with these related but separate problems.[6]

Many couples are reluctant to seek help even when it is available. Short of attaining care for a family member suffering a severe mental health break down, many people are unaware of or culturally uncomfortable with the option of professional counseling or problem-solving assistance. Numerous studies of the usage of mental health and counseling services have shown wide disparities between men and women, and among ethnic groups and age groups.[7]
Policies should encourage the development of culturally appropriate services that offer preventive counseling to couples through a variety of organizations in which they feel comfortable, including non-profit agencies, churches, employee assistance programs, public mental health clinics, and private health plans.

Some innovative models exist of "self-help" support groups which, at relatively low cost, bring couples together around a common problem or situation. These groups can help couples weather predictable stressors such as the birth of a new child, an incapacitating illness, or the loss of a job.

The Center for Working Life in Oakland is a unique program that provides counseling services through unions and workplaces. It focuses

on the role of work in people's lives and the impact of job stress and other work-related problems on family relationships. CWL helps employees anticipate and resolve family issues that can often be predicted, such as those associated with layoffs, plant closures, and day-to-day work stress.

Family Service Associations provide affordable family and couple counseling in many California communities. Many have re-formulated their definition of family to meet the needs of the diversity of families that live in their communities. In its 1987 annual report, for example, Family Service of Los Angeles defined the families it serves as "two or more people bound together by bonds of sharing or intimacy," which include married and non-married couples alike.[8]

POLICY RECOMMENDATIONS

I.   **Develop a family-related curriculum for grades K - 12 that encourages the formation and maintenance of committed, responsible family relationships.**

(See recommendation II, page 64)

II. **Ensure that all applicants for a marriage license are informed in writing of options available for affordable pre-marital counseling and provided with written information regarding the legal and economic responsibilities of the marital commitment.**

Amend California's pre-marital counseling statute to establish guidelines for standard pre-marital counseling, and provide sufficient funding to ensure the effective implementation of court-mandated pre-marital counseling programs.

III. **Remove economic obstacles facing disabled, elderly, and poor couples.**

Adopt a "Vesper Marriage Act" as an option for persons 60 and older who choose to marry. A vesper marriage would recognize the couple as married except for the purpose of taxation, inheritance, and the receipt of pension benefits.

Work with the federal government to allow disabled persons marry or live in a domestic partnership without jeopardizing their benefit levels.

Work with the federal government to abolish the "100 hour rule" which disqualifies a family from receiving Aid to Families with Dependent Children (AFDC) if a male partner living in the household works more than 100 hours a month.

IV. **Provide increased funding for programs that offer counseling and support services to low and moderate income families experiencing relationship difficulties.**

Ensure that programs are culturally appropriate and include outreach and educational components.

Encourage the development of family counseling and support services within a wide variety of organizations, including non-profit private agencies, religious organizations, employee assistance programs, public mental health clinics, and private health plans.

Encourage the development of peer support groups for couples and families experiencing common problems or events that can be predicted to cause tension in family relations.

Ensure that publicly-funded counseling services and those provided through private health plans serve not just individuals, but families, whatever their structure, and couples, whether married or not.

A strong couple relationship is one step to a healthy and stable family. Support for couples is an important component in the array of policies that strengthen families.

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84

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5.   "Experts Predict Divorce - Before the Marriage," _Newsday_, April 12, 1988

6.   Interview with Larry Agle, Executive Director, Family Services of the East Bay, Oakland

7.   Interview with Lonnie Snowden, School of Social Welfare, University of California, Berkeley

8.   _1987 Annual Report_, Family Service of Los Angeles, p. 2