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## Executive Summary

# Building Policies That Put Families First

**T**his briefing report does not promote a particular legislative agenda for the state of Wisconsin, but rather proposes a perspective that could be used to assess the impact of any policy or program on family well-being. The report is divided into four sections.

### Why We Need a Family Perspective in Policymaking?

Increasingly policy-makers, professionals, and family members recognize that one of the best ways to help individuals, children and adults alike, is to focus on those people who so strongly influence their lives, their families. The family is said to be the most powerful, the most humane, and, by far, the most economical system for building competence and character in children and adults. Families carry out a variety of functions critically important to society. They share resources, economically support their members, and care for the elderly, the sick, and the disabled in ways that no other institution can do or do as well.

In recent surveys, the family emerges as the central element in the lives of most Americans. Increasingly, state and national commissions recognize the need to support families.

Yet policy-making often focuses on individuals without assessing the impact on the well-being of families. For example, policies and programs usually focus on the specific needs of children, youth, the elderly, women, the disabled, and the poor, with little or no attention to the families in which these individuals live. For example, despite recent legislative reforms, too often children are removed from their homes rather than taking steps to strengthen troubled families so children can stay in their own homes. Even though many sicknesses are contagious, programs provide health coverage for some children in the family but not all. Historically, programs and policies have been directed at teen mothers with little or no attention to teen fathers; attention to teen fathers is a new phenomenon and the programs are few in number and limited in resources.

Recent evidence suggests that policies and programs may be more successful if we put families first rather than ignoring or superseding them. For example, early childhood intervention programs have resulted in significant, long-lasting and positive results in childrens' school success, employment, and self-sufficiency. The long-term success of these programs is due, not only to the high quality of the preschool component, but also because the program enables parents to function better. In the field of academic achievement, parents who are more involved in school activities have children who perform better in school. One of the best predictors of child abuse is a socially isolated family.

These findings suggest that the essential first step in bringing a family perspective to policy-making is to ask the right questions. What can government and community institutions do to enhance the family's capacity to help itself and others? What effect does or will this program or proposed policy have for families? Will it help or hurt, strengthen or weaken family life?

The report includes a tool to help assess the intended or unintended consequences of public policy and social programs on family stability, family relationships, and family responsibilities. These questions helped shape the design of 30 Family Impact Seminars for federal policy makers in Washington D.C.

### **What is a Family?**

The family is said to be universal because it is found in more societies than any other institution. Yet there appears to be no universal consensus about the definition of the family. How to define the family is often hotly debated because the definition often determines who benefits from programs and policies and who does not.

Definitions of the family can be categorized in two ways: (1) structural definitions that specify who's in the family and who's out according to certain characteristics of family members and (2) functional definitions that specify the functions family members perform.

Rather than settling for a universal definition, it seems more appropriate to define families according to the particular issue involved. For example, policies concerned with the socialization of children might use a definition of family that includes minor or dependent children. A structural definition would contend that the children be related by blood or adoption, while a functional definition might define family as whoever is there to care for the child. If the issue is care for frail elderly members, structuralists would be concerned with who has legal responsibility for the dependent; functionalists, on the other hand, would stress who is providing the care whether it be an adult sibling, a life-long adult friend or close companion. One guideline may be to write the definition in a way that reinforces rather than defeats the intent of the specific program or policy.

Although there are many references in law and public policy to the family, there is no clear legal definition of the term. You cannot, for example, turn to a definition of family in the Wisconsin statutes. There is no such entry. However, the fact that there is no explicit definition of the family in the law does not mean that courts and other legal policy-makers do not base decisions on a particular view of what is a family. That view is, more likely than not, a traditional one a mother and father, married to each other and their biological or legally adopted children.

The lack of a definition of the family in the law stems partly from the fact that the family has no legal status separate from its members. The role of the law is usually one of defining and enforcing rights and obligations of the individuals who are members of the family--husbands and wives, domestic partners, parents, and children. The substance of family law is not the rights of the family, but of its members. This emphasis on the rights and responsibilities of the members of family units allows persons in nontraditional relationships to assert rights and seek remedies without relying on family law doctrines or a family relationship.

### **How Are Wisconsin Families Changing?**

The American family has changed dramatically in the last three decades, but some reports exaggerate the amount of change or fail to present data fairly. For example, a U.S. Congresswoman has repeatedly stated that fewer than 10 percent of today's families fit a "traditional" family model where the family has young children and the mother doesn't work outside the home. In fact, one in three families with preschool children have two parents, and mothers who don't work outside the home.

Then where did the congresswoman's data come from? It appears she was actually giving an estimate of the percent of all households (not families) in which there are two-parent families where the mother does not work outside the home, and where there are exactly two children, both of preschool age. It's no surprise that such a narrow description of traditional family yields such a small proportion of households.

In Wisconsin in 1990, there were about 1.8 million households and 1.3 million families. One-person households increased about 400 percent and single parent families increased over 300 percent (but still constitute only 6.5 percent of all households). Married couple families with children in Wisconsin decreased from 46 percent in 1960 to 27.8 percent in 1990. Contrary to popular belief, however, a large majority (three-fourths) of children live in married couple households.

The most rapid changes in household structure and living arrangements of children occurred in the late 1960's and early 1970s. Since then, the trends have been winding down. There is no indication, however, that increases in labor force participation of mothers is slowing; in Wisconsin, three-fourths of mothers are currently in the labor force.

As detailed in this report, there is a good deal of variation across Wisconsin counties as well as within counties on these indicators.

## **A Family-Focused Approach to Health Care**

Recently, a growing number of health care professionals, researchers, advocates, and consumers recognize that families are a profound and powerful force in the health of individuals; furthermore, they contend health care in this country could be more comprehensive and cost-effective by supporting and strengthening family caregiving and the family's role in health promotion and disease prevention.

Using the Family Health and Illness Cycle, the report illustrates how the family affects the individual's health and how the health care system can work in partnership with family members to promote the health of the patient. For example:

- ❖ The major diseases in industrialized countries result from diet, exercise, smoking, drugs and alcohol use, and failure to comply with treatment plans; these health habits are often learned in families.
- ❖ Stress in the family has been associated with bacterial throat infections in 5 year-olds, the onset of smoking among early adolescents, and decreased resistance to disease among married couples.
- ❖ The anxiety and stress level of the patient's family is often as high as that of the patient. The best predictor of the spouse's level of distress six months after the illness of a family member is how the physician dealt with the family in the hospital and whether they got the information they needed.

Recognition of the powerful impact of the family on health leads to many implications for the financing, organization and delivery of health care services for families. Several examples are given including the training of health care professionals, developing health care coverage to include all family members, and providing appropriate services and supports so families can take on additional health care responsibilities to help contain costs.