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For Every Child...

# For Every Child...

a report on Iowa's children

by

The Iowa Council for Children

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1978

## THE IOWA COUNCIL FOR CHILDREN

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On April 21, 1976 Governor Ray signed an Executive Order officially establishing the Iowa Council for Children. The Council was charged with the mandate to promote the effective use of public and private resources to provide maximum opportunities for each child to reach his or her full potential. The Council was established as the result of the work of many Iowa citizens concerned about young children in Iowa. The Iowa Council for Children was established in response to a varied set of needs and concerns of Iowa's citizens in order to promote harmonious cooperation of the many statewide organizations and agencies serving children and their families. The Iowa Council for Children is part of the Governor's Office for Planning and Programming, whose director is Robert F. Tyson. Its offices are located at 523 East 12th Street, Des Moines, Iowa 50319.



ROBERT D. RAY  
GOVERNOR

## Office of the Governor

STATE CAPITOL  
DES MOINES, IOWA 50319

January 2, 1978

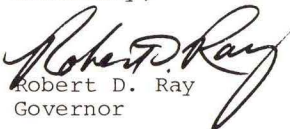
TO THE CITIZENS OF IOWA:

The Iowa Council for Children was established by Executive Order in April of 1976. Membership is composed of Iowa citizens who represent viewpoints of parents, professionals, service providers and recipients in Iowa. The charge to this Council is to engage in coordination, information and advocacy efforts that will serve to meet the needs of young children and strengthen the family in Iowa.

In reviewing our state's past, it is with some pride that we can look at Iowa as having a long history of quality service to children. As a new territory, Iowa began to acknowledge that all was not well with every child. This early awareness was the beginning of a long tradition in which the health, education and welfare of Iowa's children were recognized as being an issue of concern and importance. The needs and welfare of Iowa's youngest citizens remain a vital concern today.

The following report provides an overview of the status of children in Iowa. It is presented to provide a better picture of some of the needs of Iowa's children. These facts and statistics are a tool to be used by those engaged in future planning efforts that will affect children and families in Iowa. For those whose efforts have resulted in programs and opportunities presently available to Iowa's children, this report may also serve as encouragement for them to continue to work for the best interests of children.

Sincerely,

  
Robert D. Ray  
Governor



# How Do Our Children Grow?

Our children are a most precious resource — a resource which fully developed benefits society. It is in our own interest to insure that all children reach their fullest potential, for our children are the future of this country. What happens to a child today affects what our tomorrows will be. A life which could have been rich and full but is instead stunted and limited in scope is not only an individual tragedy but is also a loss to society: the child who could have become a contributor may instead become a burden; who could have been independent may become dependent; who could have been a productive citizen may become destructive. Such loss, in many cases, could have been prevented.

Some children's potential is limited even before they are born: mothers who receive inadequate nutrition or pre-natal care may produce children already genetically limited. Failure to detect and correct potentially handicapping conditions such as birth defects can result in limitations for persons who could otherwise have led normal lives. Furthermore, inadequate health care, nutrition, nurturing and stimulation during early childhood may make it difficult for an individual to do well in school, find a job and, in turn, raise children who will become productive citizens.

This is a report on the status of children in Iowa: their needs, the services available to them and to their families, and how changes in our society affect both the needs of children and the services provided to them. Based upon data currently available to the Iowa Council for Children, "For Every Child . . ." is a report on where we are now and where we have yet to go and, as such, represents a first step toward identifying the needs of all our children and planning programs to meet those needs.

# The Iowa Council for Children believes that there should be...

For every child, a home and that love and security which a home provides.

For every child, the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps; for that child who must receive foster care, the nearest substitute for his or her own home and family.

For every child, an education which, through the discovery and development of individual abilities, prepares that child for life and, through training and vocational guidance, prepares each child for a living which will yield the maximum of satisfaction.

For every child, such teaching and training as will prepare each child for successful parenthood, homemaking and the rights of citizenship; and for parents, supplementary training to fit them to deal wisely with the problems of parenthood.



For every child, health protection from birth through adolescence, including periodic health examinations and immunizations, and where needed, care of specialists and hospital treatment; regular dental examination and care of teeth; for the child who is physically or mentally handicapped, early diagnosis and the provision of care and treatment which will enable that child to achieve his or her maximum potential.

For every child, who is in conflict with society, the right to be dealt with intelligently as society's charge; with the home, the school, the church, the court and the institution, when needed, shaped to return him or her to the normal stream of life.

For every child, a community which recognizes and plans for his or her needs; protects against physical dangers, moral hazards and disease; provides safe and wholesome places for play and recreation; and makes provision for his/her cultural and social needs.



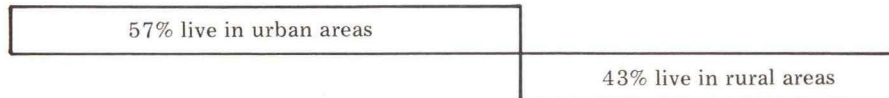
# For Every Child,

THE RIGHT TO GROW UP IN A FAMILY . . .

For the young child, the family is a profound, essential influence — this precept is basic in American society. The pressures on that basic social unit now are the greatest at any time in our history. The family of today is significantly different from that of twenty-five years ago. Nearly half of all mothers — one in three with children under six — are employed outside the home. In the last ten years, the number of single parent households has increased ten-fold; nationally, one in every six children is raised in a home in which one parent is absent because of separation, divorce, desertion or death.

## People in Iowa

2,870,000 people live in Iowa		
Birth — 18	19 — 64	Over 65
34.5%	53.1%	12.4%

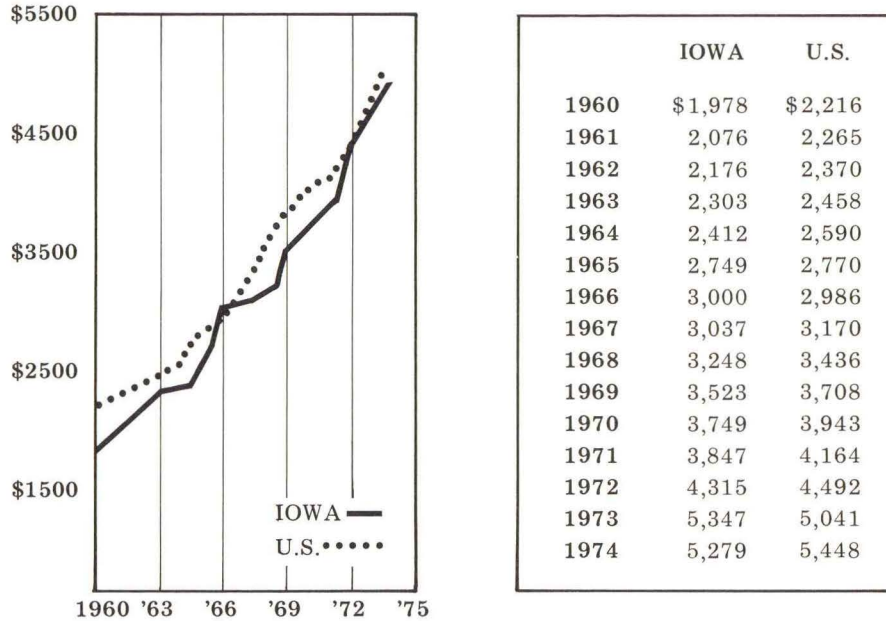


There are over **717,000 families in Iowa**; the average size of these families is between three and four people. In 1970, one out of four of these families had an income of less than \$6,000; half the families had an income of less than \$9,000.<sup>1</sup>

<sup>1</sup> 1976 Statistical Profile of Iowa (prepared by the Iowa Development Commission: Des Moines, 1977).

About 53,000 Iowa families are headed by women. These families have an average income of \$6,090. Slightly over half of these heads of household are employed outside the home.<sup>2</sup>

Per Capita Income, Iowa – U.S.



SOURCE: U.S. Department of Commerce, Survey of Current Business, August 1975.

Almost 64,000 families — or one of every twelve — have incomes below the state defined poverty level; their average income is \$1,865. These families who are poor are about the same size as the average Iowa family, but one-fifth of them are single parent families headed by women. Fewer than one out of seven of the families who are poor receive any public assistance income.<sup>3</sup>

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*



Over 60,000 children receive support from the State of Iowa through the Aid for Dependent Children (AFDC) program. Four out of five of these children are under 14; one-third of them under six. Generally there has been an overall downward trend in the size of families; this is true of the AFDC family as well. The AFDC family, like many other Iowa families, has tended to move to the more populated areas of the state. While the head of the AFDC household is the mother in three-quarters of the case, one out of five is headed by a male.<sup>4</sup>

### Children in the Population

	U.S.	Iowa
Total Population	213 million	2.87 million (1.3%)
Population under 18:	66 million	.893 million
Population under 6:	20 million	.216 million

### Age Distribution of Iowa's Population (N in Thousands)

	Under 5		5-17		18-44		45-64		65 over	
	N	%	N	%	N	%	N	%	N	%
1970	233	8.2	742	26.3	921	32.6	579	20.5	349	12.4
1975	199	6.9	694	24.2	1,030	35.9	582	20.3	364	12.7

SOURCE: America's Children 1976 (National Council of Organizations for Children and Youth: Washington, D.C., 1976), p. 9;

The Quality of Life in Iowa, 1975, pp. 1-1, 1-2, 13-4

<sup>4</sup> Iowa ADC Characteristics (Iowa Department of Social Services, Division of Statistics, Office of Administrative Services: Des Moines, 1974).

The average income for a family from public assistance or welfare is \$1,385 a year. The average wage or salary income for a family in Iowa is \$8,931.<sup>5</sup>

Another group of Iowa families are the migrant and seasonal farmworkers. For over fifty years they have come to Iowa to harvest tomatoes, onions, asparagus and nursery crops. Most of them are Mexican-American and Spanish-speaking. One thing they have in common with some other Iowa families is that they are poor. The state since 1963 has operated a number of programs to aid migrants; in 1975, assistance was provided to more than half of the total 3,500 migrants in the state.<sup>6</sup>

A 1975 study of child care in Iowa found that 39 percent of mothers with preschool children work outside the home. Of these working mothers, slightly more than a third of the mothers with children under two were working, with almost a fifth of them working forty or more hours a week.<sup>7</sup> According to a Department of Social Services estimate, in 1977 there are 100,000 children potentially in need of daily child care; there are presently 790 licensed and registered facilities which can serve only 12,000 of these children.<sup>8</sup>

**One out of every twenty children born in Iowa has a mother 18 years old or younger.** Although many adolescents are from low-income families or have no income, they are not eligible for AFDC benefits until after the first child is born.

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<sup>5</sup> 1976 Statistical Profile of Iowa.

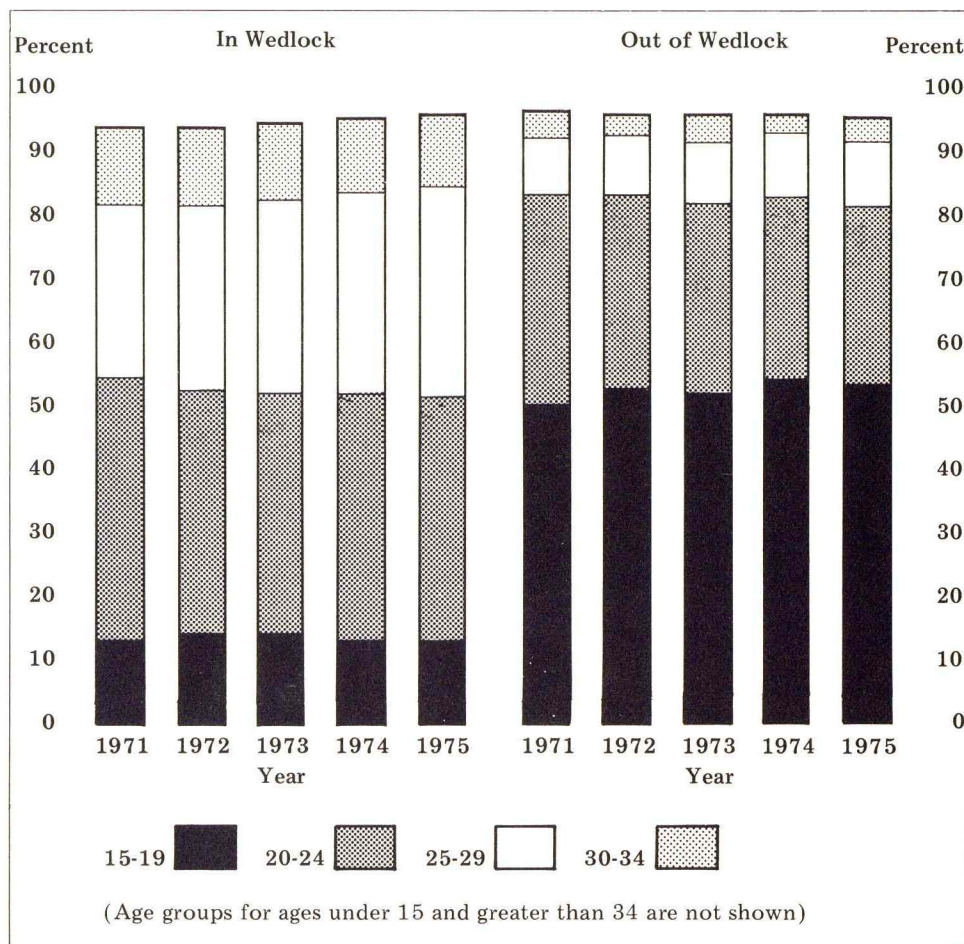
<sup>6</sup> Joseph G. Lucido, Annual Report Migrant Action Program, Inc. 1975 (Des Moines, 1976).

<sup>7</sup> "Report of Findings and Recommendations of the Governor's Task Force on Early Childhood Development" (Office for Planning and Programming: Des Moines, 1976).

<sup>8</sup> Harold Poore of the Department of Social Services in conversation with Iowa Council for Children staff.

As the number of live births decreased by about one-third between 1960 and 1975, the number of out-of-wedlock births increased two and one-quarter times. More than half of the out-of-wedlock mothers are teenagers.

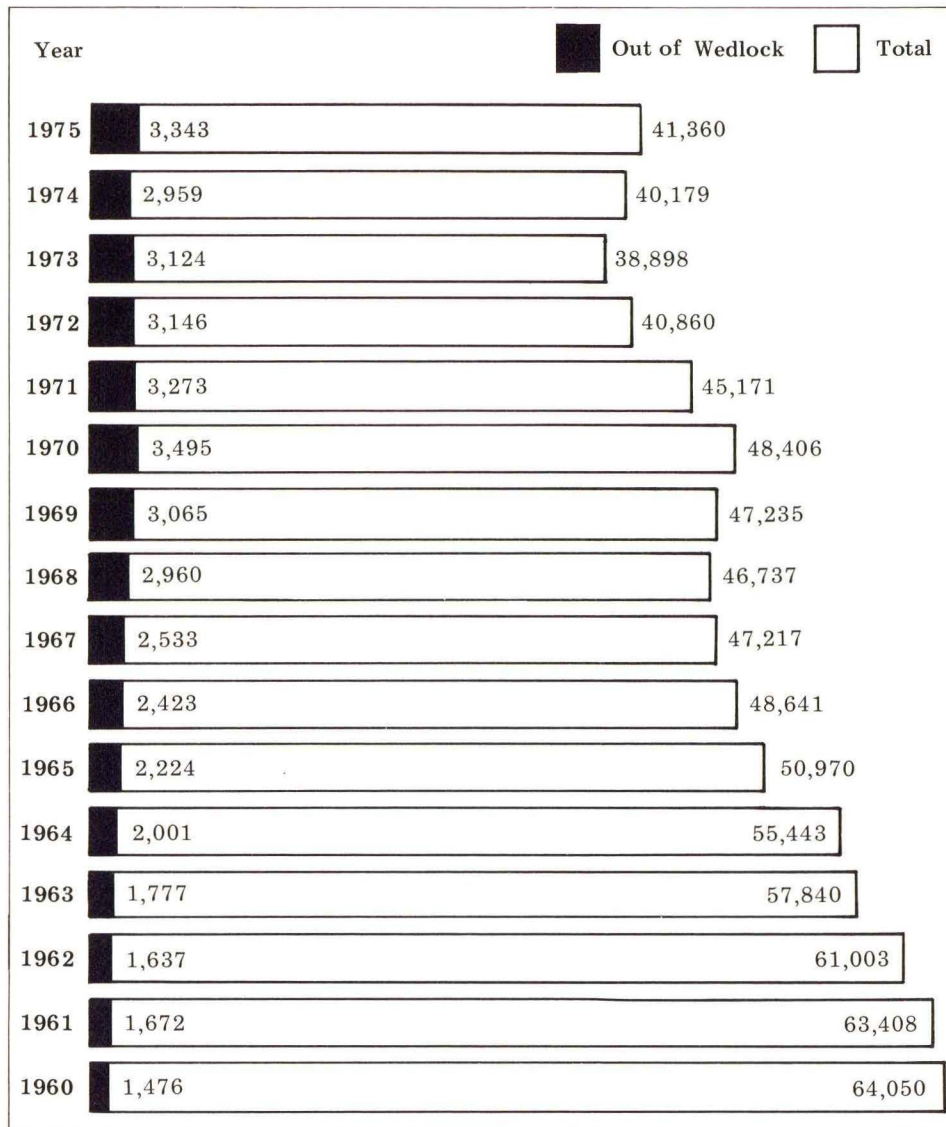
Percent Distribution of In Wedlock Live Births  
by Age of Mother  
(1971-1975 Resident Data)



SOURCE: Vital Statistics of Iowa 1975 (Iowa State Department of Health, Division of Records and Statistics: Des Moines, 1976), p. 20.



**Live Births (Total and Out of Wedlock)  
1960-1975**



SOURCE: Vital Statistics of Iowa 1975 (Iowa State Department of Health, Division of Records and Statistics: Des Moines, 1976), p. 20.

# For Every Child

## WHO MUST RECEIVE FOSTER CARE, THE NEAREST SUBSTITUTE TO HIS OR HER OWN HOME AND FAMILY . . .

The State of Iowa has primary responsibility for almost four thousand children under 18. These children are in state-sponsored foster care — foster families, group homes and institutions. For many of these children, the state has assumed responsibility because there is no one else. Some are relinquished by families no longer willing or able to care for them; in other cases, the state has seen fit to intervene, removing the child from parental custody.

Foster care is traditionally seen as short term care, a stop-over on the way to adoption or return to the family. This is unfortunately seldom the case: in 1976, only 4 percent of the children in foster care were adopted by non-relatives. According to a recent Child Welfare League publication, the major exodus from foster care occurs during the first year after entry, when three out of ten children leave. There is also a rapid decline during the next two years; at the end of three years it has become only a modest outflow. Most of the children then in care tend to spend the remaining years of their childhood in foster care.

Iowa, unlike some states, actively works to place foster children in families rather than group homes or institutions — less than one-third of the children are in group homes or institutions.

The purpose of the adoption program in Iowa is to provide a permanent home for a child through adoption when this is appropriate. Children can be moved out of the foster care system through return to their own home or adoption.

Although the number of adoptions, according to statistics on adoption decrees granted in Iowa, has decreased since 1970, there has been a steady increase in adoptions of children under the guardianship of the Iowa Department of Social Services and County Departments.<sup>9</sup>

Adoption is the most secure type of substitute care that can be provided to a child who cannot be returned to his/her own home.

In 1976, 2673 adoption decrees were issued; two-thirds were step-parent adoptions. Thirty percent (822) were adoptions by a non-relative; most of these were handled through private agencies. About one-fifth (154) of the adoptions by non-relatives were of children in foster care.<sup>10</sup>

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<sup>9</sup> Adoption Decrees, Report Series A-94, 1976 (prepared monthly for administrative use only by Iowa Department of Social Services, Division of Administrative Services, Bureau of Management Information).

<sup>10</sup> *Ibid.*



# For Every Child,

AN EDUCATION WHICH PREPARES THAT CHILD FOR LIFE . . .

Literacy is an important key for success in American society. The child who has not acquired the basic skills is not prepared for adult responsibilities. Iowa has, for many years, led the nation with its high level of functional literacy. In the nation, one out of every 67 individuals over 25 has had no schooling; in Iowa, the rate is half that — one out of every 135. Half of the Iowans over 25 who completed some schooling have had more than 12.2 years.

In 1973, the State of Iowa spent \$345.81 per capita on education; nationally, \$331.53 per capita was spent. There are 451 public school districts,

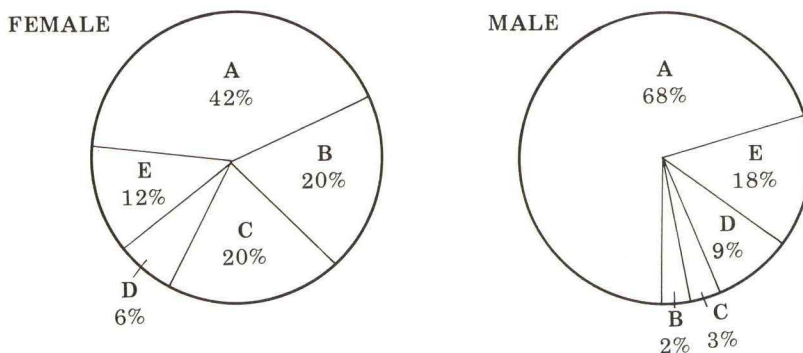
## Comparison of Expenditures, Iowa and U.S. 1972-1973

	Per Capita	
	U.S.	Iowa
Total General Expenditures	\$862.93	\$735.36
<b>Education</b>	<b>331.53</b>	<b>345.81</b>
Highways	88.70	127.32
Public Welfare	112.37	57.98
Health and Hospital	65.97	49.59
Police Protection	31.98	18.39
Fire Protection	13.20	7.69
Sewerage	17.17	12.12
Sanitation	8.18	4.27
Local Parks and Recreation	12.20	7.24
Financial Administration	13.40	12.04
General Control	18.30	15.00
Interest on Debt	32.33	14.44

SOURCE: 1976 Statistical Profile of Iowa (prepared by the Iowa Development Commission: Des Moines, 1977), p. 74.

276 parochial and private schools, 30 private colleges and universities, 15 area vocational schools and area community colleges, and three state institutions of higher learning.<sup>11</sup>

### School Dropouts: The Reasons\*



**A. Individual needs of student not being met:**

Mental disability  
Academic difficulty  
Lack of appropriate curriculum  
Poor pupil-faculty relationships  
Poor peer group relationships  
Dislike of school experience  
Other known reasons

**B. Pregnancy**

**C. Marriage**

**D. Economic needs of the family:**

Needed at home  
Family financial difficulties  
Employment

**E. Involuntary absences:**

Physical illness  
Physical disability  
Mental illness  
Behavioral difficulty  
Parental influence

\* These percentages are based on statistics for the school year 1968-69. This is the last year such information is available. We assume they would be approximations of the breakdown of reasons for dropouts today.

SOURCE: Joseph G. Lucido, Annual Report Migrant Action Program, Inc. 1975 (Des Moines, 1976).

<sup>11</sup> The Quality of Life in Iowa: An Economic and Social Report to the Governor for 1976 (Office for Planning and Programming: Des Moines, 1977), p. 13-1.

But some children do drop out of school. The most frequent reason given is that the individual needs of the student are not being met. For girls, an almost equally important reason is marriage and/or pregnancy, which accounts for two out of five dropouts.<sup>12</sup>

Experts in the field of education have established that, in order to have an adequate curriculum in high school, there should be three times as many units offered as are needed for graduation. Generally, in Iowa, 16 units are required for graduation; this means that a minimum of 48 units should be offered. In the 1973-74 school year, slightly more than half of the school districts in Iowa did not offer this minimum; however, those which did not offer 48 or more units were all districts with enrollment under 1500 students. These schools tend to be the more rural schools; they also had higher teacher/pupil ratios (fewer children per teacher), a potentially offsetting factor when small class size allows more interaction between pupil and teacher.<sup>13</sup>

Early childhood projects are an increasingly important part of the educational structure as a whole. In school year 1975-76, local education agencies operated a total of 69 programs for 2331 children. Children from one to six years old spent from one to 22 hours per week in these programs. The kinds of programs ranged from home intervention to classroom settings.<sup>14</sup>

In addition, there are 676 programs for young children which are not part of the public school system. These are profit and non-profit nursery schools, preschools and day care centers. These programs, along with the early childhood projects, can care for about 15,000 children. Three-quarters of their present enrollment come mainly from farm families; half of the facilities are located in towns of more than 25,000 people. About half of the families using these programs are in the middle income range; for non-profit day

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<sup>12</sup> Profile of Poverty, *An Analysis of Poverty in Iowa* (prepared by the Iowa State Office of Economic Opportunity: Des Moines, Iowa, August, 1973), p. 48.

<sup>13</sup> *Data on Iowa's Schools, 1973-74* (State of Iowa Department of Public Instruction, 1975).

<sup>14</sup> Jane Hagen "Report on Early Childhood Education in Iowa's Schools," March 1976.

care, however, three-quarters are low and low middle-income. Few of the programs care for children under two; only one-third care for school age children before and after school. Two-thirds of the non-profit day care centers, on the other hand, do care for school age children. Sixty percent of the centers offer essentially half-day programs.<sup>15</sup>

**Percentage of General Fund Appropriations  
By Major Functions for the Year Ending June 30**

1975	1976
Misc. 11.2%	Misc. 9.7%
Human Resources 15.5%	Human Resources 17.1%
Tax Credits and Refunds 19.3%	Tax Credits and Refunds 19.2%
Education 54.0%	Education 54.0%

SOURCE: State Comptroller's Office

<sup>15</sup> Donna Skinner, "A Status Study of Selected Characteristics of the Directors of Pre-schools and Day Care Centers in Iowa," unpublished doctoral thesis (University of Iowa, July 1977).



# For Every Child,

TEACHING AND TRAINING FOR SUCCESSFUL PARENTHOOD . . .

AND FOR PARENTS, SUPPLEMENTARY TRAINING TO FIT THEM  
TO DEAL WISELY WITH THE PROBLEMS OF PARENTHOOD.

Becoming a parent means more than just the biological fact of being a mother or a father. The act of giving birth does not automatically bring with it the experience, patience and wisdom needed to raise a child successfully. For most people, raising children requires growth on their part as much as on their children's. In many cases, parents rear their children as they were reared, regardless of whether or not they believe that the manner in which they were raised was good or bad. Furthermore, because family units are becoming smaller and smaller, today's parents frequently have not had the experience with small children that parents raised in large families absorbed while growing up in a house filled with children. Nor do they have the resources of an extended family to fall back on. The aunt or grandparent who, a generation ago, might have been able to supply a perspective on what is normal for a given age or who might have given support and guidance to an inexperienced parent frequently lives too far away to play this role in helping mothers and fathers parent their children successfully.

Parents traditionally have high expectations for their children, particularly their firstborn. While in many cases these expectations, although high, are not wholly unrealistic or unattainable, in some instances children are punished for their failure to meet their parents' expectations. A 1973 study of teenage rural parents reported that parents expected their children to be able to do things far beyond the child's capability.



Expectations such as these frequently lead to harsh punishment or abusive treatment. The study concluded that “the children of many adolescent marriages have a high risk of joining the number of battered and abused babies; any measures to help prevent this deserve serious consideration.”<sup>16</sup>

**Ages at Which Parents Expected Babies  
to Achieve Selected Patterns of Behavior**

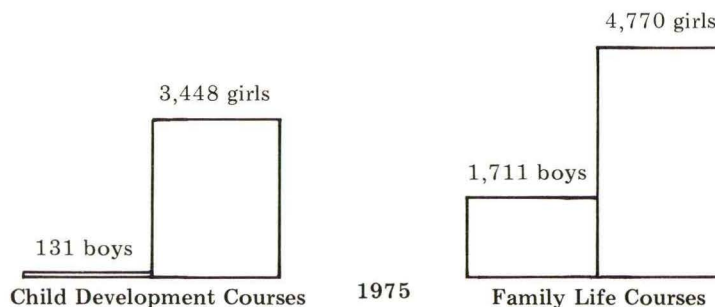
Area of development and approximate norm in weeks	Parents' Estimates in Weeks	
	Mothers	Fathers
Social Smile ( 6)	3	3
Sit alone (28)	12	6
Pull up to standing (44)	24	20
First step alone (60)	40	40
First word (52)	32	24

SOURCE: Vladimir Delissovoy, “Child Care by Adolescent Parents,” *Children Today*, July-August 1973.

The need for parent education is great: it was cited in the 1974 Iowa Governor’s Task Force survey by both parents and child advocates as second only to “child care while parents work” in a list of services needed, was ranked 6th out of 17 items listed in the 1975 State Child Care Survey conducted by the Task Force, and was seen as the greatest need by participants in the April 30, 1977 Governor’s Conference on Children. There are various ways in which this need can be met: in workshops and parent education courses such as Parent Effectiveness Training offered by community groups, nursery schools and day care centers; through television programs; and by the public schools.

<sup>16</sup> Vladimir Delissovoy, “Child Care by Adolescent Parents,” *Children Today* (July-August 1973).

Some schools already offer courses in Child Development and in Family Life.



SOURCE: Report of Department of Public Instruction

However, in 1975, 2387 children were born to girls under 18.<sup>17</sup> In this same year, 1836 boys and 5659 girls 18 and under married.<sup>18</sup> Education about child development and family relationships helps adolescents like these develop realistic expectations for themselves and their marriage as well as for their children. Learning how to cope with the stresses of family life is a valuable part of an education intended to prepare children for life. Furthermore, such an education benefits not only the students taking such courses but the next generation as well. “The scars of a poor childhood go down for two or three generations because the child who has not experienced good mothering or fathering will have a very difficult time as an adult being a good father or mother.”<sup>19</sup>

In 1976, there were 1926 *reported* cases of child abuse. In 595 instances (31%), investigation determined that there had been no abuse. In 844 (44%) cases, the child and family received intensive treatment in their home. In 228 cases (12%) the child was removed temporarily, and in 43 cases (2%) the child was removed permanently from the home.

<sup>17</sup> John Goodrich, Iowa Department of Health, in conversation with Iowa Council for Children staff.

<sup>18</sup> Vital Statistics of Iowa 1975 (prepared by the Iowa State Department of Health, Division of Records and Statistics: Des Moines, 1976).

<sup>19</sup> Joseph Reed, Child Welfare League of America.

Almost half of the initial reports of child abuse were received either from a relative or a concerned citizen or from the school .

### Source of Initial Reports of Child Abuse

School	18.0%	348
Law Enforcement (Juvenile and Police Probation)	6.4%	123
Hospital/Health Center	12.4%	239
Physicians	3.2%	61
Parent(s)	11.2%	216
Public and Private Agency	9.0%	174
County Health Nurse or Visiting Nurse Association	.7%	13
Babysitter/Day Care	2.2%	42
Relative/Concerned Citizen	28.6%	550
Self Referral	3.5%	68
Central Registry	1.2%	23
Attorney	.9%	17
Not Reported	2.7%	52
	<b>Total</b>	<b>1926</b>

SOURCE: Report from the Iowa Department of Social Services, April 22, 1977.

Hospitals or health centers accounted for 12 percent of the reports and parents reported 11 percent of the cases. No prior incident of abuse had been reported for 1342 (70%) of the cases; but for 479 cases (24%) there had been earlier incidents reported.

The majority (54%) of the reported cases of child abuse involved children under the age of 7.

**In 1976, sixteen children died as a result of injuries received from child abuse.** There were no apparent injuries sustained in 20 percent (443) of the

reported cases. Where injuries were sustained, the classification Bruises/Welts accounted for 47 percent (1022 out of 2177 injuries) of the injuries sustained.

Parents were responsible for 65 percent of the reported cases of child abuse.

#### Ages of Child Abuse Victims

Under 6 months	61
6 months to 1 year	82
1 year	169
2 years	146
3 years	142
4 years	119
5 years	118
6-7 years	204
8-9 years	160
10-11 years	126
12-13 years	187
14-15 years	226
16-17 years	156
18 years and older	—
Age not reported	30
<b>Total</b>	<b>1926</b>

#### Relationship of Perpetrators to Child

One parent	960 cases (50%)
Both Parents	119 cases ( 6%)
Step-parent	177 cases ( 9%)
Non-Related Individuals	414 cases (21%)
Animal — Pet	3 cases ( .1%)
Not Reported	253 cases (13%)

SOURCE: Report from the Iowa Department of Social Services, April 2, 1977.

Of the 28 categories listed as reasons most frequently contributing to the abuse of a child, the reasons ranked 1 through 6 were

- Poor Child Rearing Patterns
- Lack of Proper Discipline
- Lack of Nurturing Parental Role
- Emotional Immaturity of Parents
- Marital Conflict
- Parent Adolescent Conflict

# For Every Child,

## HEALTH PROTECTION FROM BIRTH THROUGH ADOLESCENCE. . .

In the past 50 years, the health status of mothers and infants in Iowa has improved appreciably.<sup>20</sup>

In the early part of the century nearly one in every 10 infants in Iowa died in the first year of life compared to one in every 75 infants in 1975. Developments in the care of newborns have increased the likelihood that premature and other high risk infants will have the opportunity to live healthy, productive lives.

In the 1930's, in Iowa one in every 210 women died due to obstetrical causes while one in every 8,500 dies now. Factors which place a mother in danger of serious complications are being widely recognized.

**For infants, birth weight is closely related to serious illness.** For statistical purposes, a low birth weight infant weighs less than 2,500 grams (about 5 lbs. 8 oz.) at birth. Low birth weight is associated with relatively high rates of serious problems such as mental retardation, blindness, deafness, epilepsy and congenital malformations. About two-thirds of all newborn deaths are in the low birth weight category,<sup>21</sup> and health problems of infants tend to be more severe among those with lowest birth weights.

It has been estimated that it costs about \$13 billion annually, across the nation, to care for individuals with major chronic neurological and sensory disorders. A significant portion of these costs are the result of birth defects.

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<sup>20</sup> Information presented here was taken from the Working Papers of the Iowa Health Systems Agency, 1976.

<sup>21</sup> Maternal and Child Health Services in Michigan (prepared by the Michigan Health Planning Advisory Council: Des Moines, 1974).

Certain factors have not changed during the period from 1970 to 1975. Mortality rates for male infants are higher than female infants at all ages during the first year of life. This holds true for all major causes of infant deaths, and the reasons for this are not known. Mortality rates for non-white infants have been exceeding those for white infants by about 50 percent. In 1975 the mortality rate in Iowa for non-white infants was 22.3 per 1,000 live births (26 infants) while the rate for white infants was 13.2 (530 infants).<sup>22</sup> This same differential of about 50 percent occurs for infants born to mothers in the lower socioeconomic group (low family income and less than 12 years of education).<sup>23</sup>

A certain portion of pregnant women are considered to be high risk. About 40 percent of the pregnant women in Iowa could be labeled “high risk” on the basis of one or more of the following characteristics: *under age 19* or *over age 34*, *total birth order greater than three*, *previous fetal death*, *previous child died in infancy*, *education less than 12 years*, or *not married*.<sup>24</sup>

#### Age of Unwed Mothers (Live Births) 1975

AGE	NUMBER	% OF TOTALS
12	1	.03
13	8	.24
14	47	1.41
15	156	4.67
16	313	9.36
17	442	13.22
<b>Sub-Total</b>	<b>967</b>	<b>29%</b>
18-43	2376	71%
<b>Total</b>	<b>3343</b>	<b>100%</b>

SOURCE: Iowa State Department of Health, Maternal and Child Health

<sup>22</sup> Detailed Report of Vital Statistics, 1975 (Iowa Department of Health, Division of Records and Statistics: Des Moines).

<sup>23</sup> Carl L. Erhardt and Joyce E. Berlin (editors), *Mortality and Morbidity in the United States* (Cambridge: Harvard University Press, 1974).

<sup>24</sup> Iowa Department of Health, Division of Personal and Family Health, unpublished data, 1976.



Infants weighing 2,500 grams (5 lbs. 8 oz.) or less at birth are labeled “high risk.” In 1975, six percent of the infants born in Iowa weighed 2,500 grams or less. <sup>25</sup>

#### Low Live Birth Weights 1970-1975

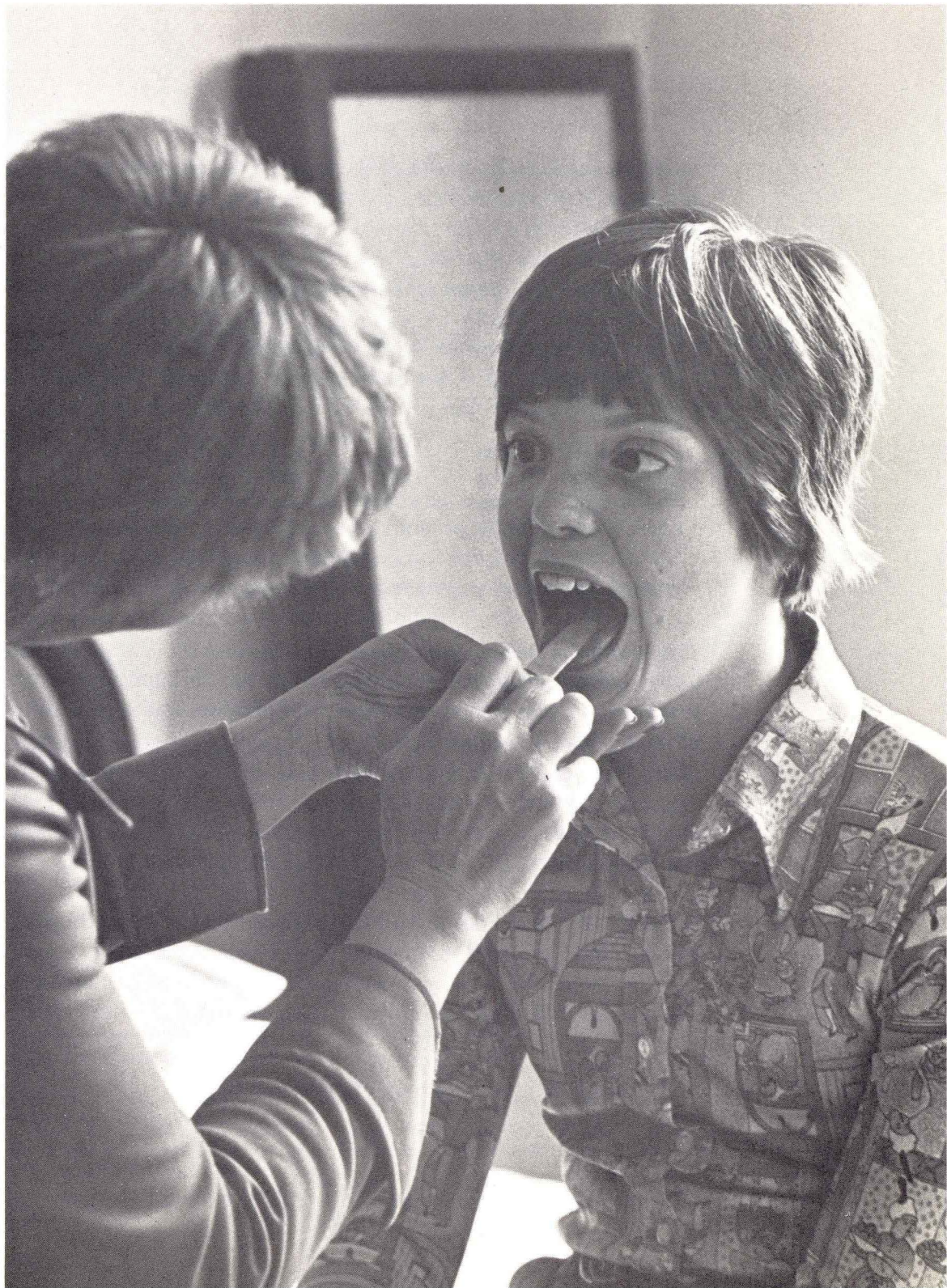
	1970	1971	1972	1973	1974	1975
Total	48,406	46,224	41,859	39,926	41,113	42,356
<b>Grams:</b>						
1,000 or less	225	199	226	171	214	187
1,001-1,500	254	236	243	218	219	197
1,501-2,000	549	541	435	423	479	465
2,001-2,500	1,886	1,823	1,609	1,536	1,542	1,555

SOURCE: Detailed Report of Vital Statistics, Iowa Department of Health

The increase in teenage pregnancies has become a topic of great concern. **Today one girl in twenty is a mother before her 18th birthday. It is known that the mortality rate for infants born to mothers under 15 is twice that of infants born to women aged 20-34.** A teenage pregnancy is often considered high risk due to the fact that these infants are more likely to be affected by low birth weight, birth defects and mental retardation. Although many teenagers are from low-income families or have no income, they are not eligible for AFDC benefits until after the first child is born.

Between July 1976 and June 1977, the Department of Social Services screened 9212 children through the Early Periodic Screening, Diagnosis and Treatment (E.P.S.D.T.) Program. Of the 3896 children under six who were screened through this program, 822 needed and received treatment.

<sup>25</sup> Working papers of the Iowa Health Systems Agency, 1976.



Immunization is one of the most successful medical procedures ever devised, yet nearly 40 percent of the 1975 kindergarten enrollees were not fully immunized against Diphtheria, Measles, Mumps, Polio, Rubella, Tetanus, and Whooping Cough (Pertussis). These are all diseases that *could* be eradicated if individuals would actively seek to immunize themselves against them. Yet this has not been done.

The reason for the failure of parents to avail themselves of these vaccinations for their children is not known. Although the Iowa Department of Health will distribute the vaccine without charge to all entities that will give free injections, cost may be a factor because parents are not aware of this service. Another factor may be that parents are still unaware of the need for immunization.

**As of August 14, 1977, state law requires that all children entering school or day care be immunized.** While this law would increase the percentage of kindergarten children who were fully immunized, the Iowa Department of Health would prefer that immunization be required for all children, two years and older.

# For Every Child

## WHO IS PHYSICALLY OR MENTALLY HANDICAPPED PROVISION OF CARE AND TREATMENT TO ACHIEVE MAXIMUM POTENTIAL IN LIFE . . .

Some children have special needs which in some way would, without intervention, keep them from developing to their fullest potential. These children may be physically handicapped: they may be blind or partially sighted; deaf or hearing impaired; or have cardiac, congenital or orthopedic anomalies. They may be “mentally disabled” — deficient in adaptive behavior or functioning at a below average general intellectual level. Some of these children are “emotionally disabled,” and their emotional difficulties significantly interfere with the learning process, their interpersonal relationships or their personal adjustment. Others have “communication disabilities” and have difficulties with language, voice, fluency or articulation. Still others have “learning disabilities” which prevent them from learning efficiently in keeping with their potential by the instructional approaches presented in the usual curriculum.<sup>26</sup>

What these children have in common is that they are all “handicapped in obtaining an education”; their educational potential cannot be adequately realized in the regular school experience without the provision of special education programs or services. It is the goal of the Department of Public Instruction to meet the needs of these children. Wherever possible, their needs are to be met within their own communities and, as much as possible, within the regular programs — and classes — offered by the school districts.

In 1974, according to the Department of Public Instruction, approximately 12,000 children were receiving special education instructional programs —

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<sup>26</sup> Rules of Special Education (Iowa Department of Public Instruction: Des Moines, 1974).

30 percent of the children who could potentially benefit from such programs. By September 1976, about 35,000 such children had been identified, and 30,858 were served in special education instructional programs — about 70 percent of the total number who could potentially benefit from such programs.

In addition to those school-aged children receiving special education instructional programs, during the school year 1977-78 approximately 4,000 preschool children are receiving continuous special education services. These programs are intended to help those children below compulsory school age who require special education instruction or services in order to reasonably permit them to enter the educational process or school environment when they attain school age.

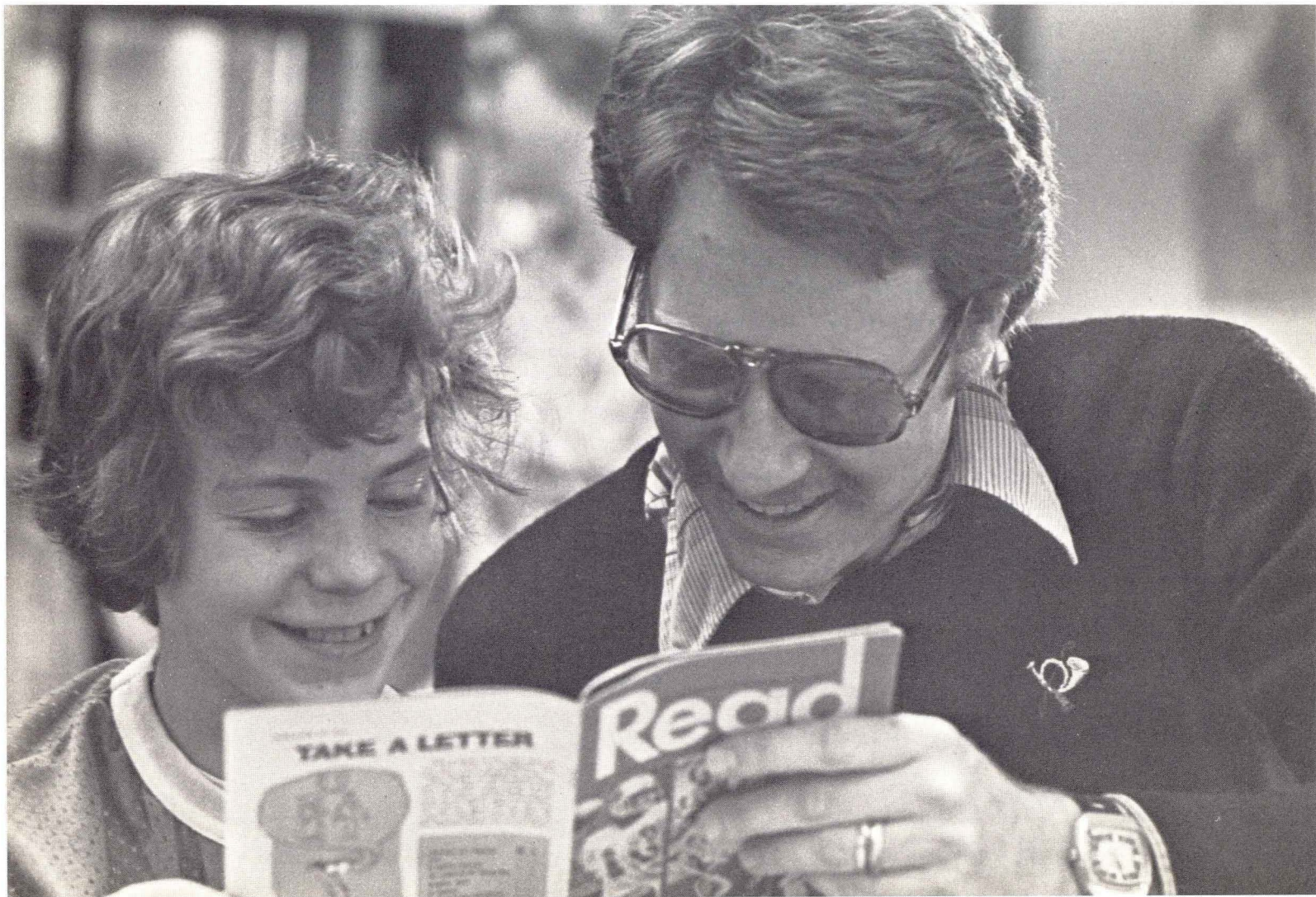
### Special Education Students Identified by Handicap

September 1976 State Totals*			
Category	Served	Not Served	Total
Chronic Disruptive	105	5	110
Communication Handicap	231	32	263
Emotional Disability	1,330	315	1,645
Hearing Impaired	485	66	551
Learning Disability	16,512	2,157	18,669
Mental Disability	10,931	670	11,601
Physically Impaired	324	44	368
Severe Profound	837	48	885
Visually Impaired	103	14	117
Total	30,858	3,351	34,209

SOURCE: "Summary Tables," Department of Public Instruction, Fall 1976

\* Includes Preschool Children (0.5 years), Elementary School Children (6-12 years), Secondary School Children (13 years and up).

Programs and services for preschool handicapped children in Iowa are funded by two methods. A child with an identifiable handicapping condition may be indexed to generate state funds in accord with the severity of the handicapping condition or, beginning in fiscal 1978, Public Law 94-142, the Education of the Handicapped Act, funds may be used. The latter replace funds provided under Public Law 93-380, the Education Amendments of 1974, which augments the previous entitlement for handicapped



children and were based upon factors of the number of all children aged three to twenty-one within a state times \$8.75. P.L. 94-142 establishes a formula in which the Federal government makes a commitment to pay a gradually escalating percentage of the national average expenditure per public school child times the number of handicapped children being served in the school districts of each state in the nation. That percentage will escalate on a yearly basis beginning with five percent in Fiscal 1978 until Fiscal 1982 when it will become a permanent 40 percent for that year and all subsequent years.

For those pupils who are indexed according to the severity of their learning problems and for whom state funds are generated to defray the cost of providing special education programs the index established was 1.8, 2.2, or 4.4, and the local district received state aid at a rate 1.8, 2.2, or 4.4 times as great as the regular pupil reimbursement. The reason some students rated 4.4 are not yet served is primarily the result of a lack of appropriately trained teachers. Prime examples of children for whom teachers are not currently available are emotionally disturbed children and preschool handicapped children.

There is another category of children who might also be considered "special needs" children. These children are the gifted and the talented. "A system that is ignorant of or indifferent toward his needs does damage not only to the gifted child but thereby renders future society the poorer."<sup>27</sup> Because the gifted child may, in terms of standardized evaluations of learning progress, "succeed" where other "special needs" children might fail, programs focused on maximizing the potential of gifted children have been of less obvious priority than programs designed to aid other children who have special needs. However, these children no less than children with more easily identifiable "special needs" have the right to develop to their fullest potential.

<sup>27</sup> "Education for the Gifted," proposed statement on education for the gifted (prepared by the Policies Commission of the Council for Exceptional Children, State of Iowa, Department of Public Instruction, Curriculum Division: Des Moines, December 1976).

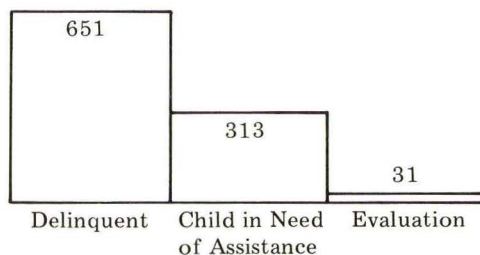




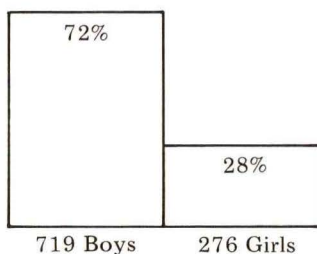
# For Every Child

## WHO IS IN CONFLICT WITH SOCIETY, THE RIGHT TO BE DEALT WITH INTELLIGENTLY . . .

On October 20, 1976,<sup>28</sup> the Iowa Department of Social Services had guardianship responsibility for 995 children. The Department was given responsibility for these children because a juvenile court had found them to be delinquent (65%), to be Children in Need of Assistance (32%), or to need diagnostic evaluation (3%).

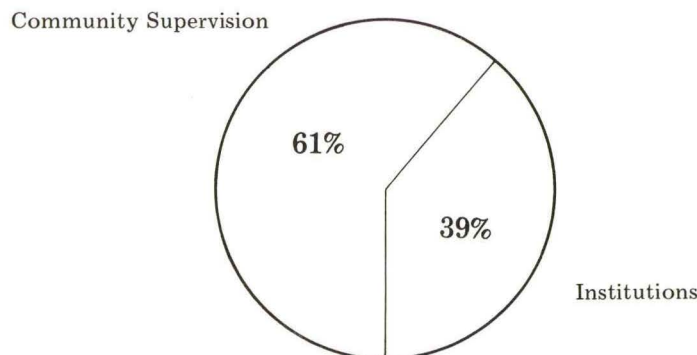


Most of these youths were boys. Their average age was 16.4 years for boys and 16.0 for girls. In general, the boys were involved with the Department of Social Services for a little more than two years; the girls for a little more than three years.



<sup>28</sup> The data for this section were taken from a "Report on Caseload Assignment Audit as of October 20, 1976" (prepared by the Iowa Department of Social Services: Des Moines, April 12, 1977).

The goal of the Department of Social Services is to develop community-based facilities and services for these children to avoid not only institutionalization but also to avoid wide geographic separation of these children from their families. To a great extent, the Department succeeds in this goal. The majority of these children are placed in foster family care, group homes or residential treatment centers or receive intensive treatment in their own homes.



SOURCE: "Report on Caseload Assignment Audit as of October 20, 1976," Iowa Department of Social Services, April 12, 1977.

However, on October 20, 1976, 390 children lived in one of the three juvenile institutions: The Iowa Training School for Boys at Eldora, the Girls Training School at Mitchellville, or the State Juvenile Home at Toledo.

For almost one third of these children, the worker assigned to the child would have preferred an alternate placement but none was available. A group home was cited most frequently as the preferred placement, followed by the parental home, a foster home, a relative's home or a private residential treatment center. Most of the children living in the juvenile institutions had had previous placements. On the average, the girls had had 5.5 previous placements and the boys had had 4.3 other placements. In general, the children were in these institutions for approximately eight months.

	Males	Females
Eldora	247	
Mitchellville		63
Toledo	49	31
Total	296	94

SOURCE: "Report on Caseload Assignment Audit as of October 20, 1976,"  
Iowa Department of Social Services, April 12, 1977.

Of the 94 girls living in the Juvenile Home or at the Girls Training School, 61 were judged to be delinquents and 10 were placed for a diagnostic evaluation. Of the 296 boys in the Juvenile Home or the Boys Training School, 254 had been judged to be delinquents and 21 had been placed for evaluation. The 23 girls and 21 boys classified as Children in Need of Assistance are living at the State Juvenile Home in Toledo.

The October 1976 audit showed that, of the 605 children under Community Supervision, 336 (55%) had been judged to be delinquents and 269 (45%) were classified as Children in Need of Assistance.



# For Every Child

## PLACES FOR PLAY AND RECREATION, AND PROVISION FOR CULTURAL AND SOCIAL NEEDS.

The issue of recreational and cultural enrichment revolves around the availability or the lack of these opportunities within a community. This issue is often pushed aside or ignored. Yet it is very important in terms of the quality of life being offered to the children and youth within Iowa's communities. It is thought by some that lack of positive recreational opportunities often results in our children and youth pursuing more negative and/or sometimes harmful activities. Could it be that the recent Iowa study finding that in Iowa the median age of first drug use is 14 or that the youngest age of first drug use has dropped from 9 years of age in 1974 to 6 years of age in 1976 is related to the lack of or availability of cultural and recreational opportunities? This issue becomes even more of a problem in Iowa due to the large number of rural communities not touched by the urban opportunities or too small to afford the development of extensive programs.

# For All Children,

A COMMUNITY WHICH RECOGNIZES AND PLANS FOR THEIR  
NEEDS . . .

Iowa has done much to help its families and children. Yet, as we have seen, there are many things still to do.

The Iowa Council for Children intends to maintain a working relationship with communities as they develop local support groups to effect changes within their delivery systems. It will continue to provide opportunities for concerned persons to come together and share knowledge and experiences to improve existing services and to devise new and innovative ways of dealing with children's needs. [The Iowa Council for Children will work to maintain the progress made and to achieve the progress to come.](#)



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This pamphlet was funded in part by Grant No. 7C80(1) from the Administration for Children, Youth and Families, Department of Health, Education, and Welfare.





3 1723 02074 8679

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