

Services for Children: Three Programs of the Children's Bureau*

In these pages the Bulletin presents selected data on the operation of the three State-administered services that receive Federal grants-in-aid through the Children's Bureau. Designed to promote the physical and emotional well-being of the Nation's children, these services complement the two programs under the Social Security Act—old-age and survivors insurance and aid to dependent children—that give children some measure of economic security.

THE Children's Bureau is concerned with the well-being of all children in the Nation. Under the act of 1912 that created it, the Bureau is directed to "investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people." In addition, under the Social Security Act the Children's Bureau is responsible for helping the States to extend and improve their health services and social services for children through administering grants for such services; an annual appropriation of \$22 million is authorized for this purpose.

Health Services

Title V, parts 1 and 2, of the Social Security Act set forth the principle that all the people of the United States, through their Federal, State, and local governments, have a stake in the great effort to give all children a healthy start in life.

To implement this principle the Congress appropriates each year, for grants to the States, \$11 million to "extend and improve" maternal and child health services, and \$7.5 million to "extend and improve" crippled children's services. (In June 1949 the Congress made a special deficiency appropriation of \$750,000 to help ease the situation facing the States with many crippled children on waiting lists.)

State health departments and State crippled children's agencies, which

are recipients of this Federal aid, do the basic planning and administer the services. In 33 States and Territories they are the same agency. The Children's Bureau is responsible for advising with public and voluntary agencies on ways of extending and strengthening services, for approving plans, and for seeing that the

requirements of the Social Security Act relating to the expenditure of Federal funds are met.

Maternal and Child Health Services

Each State's share in the \$11 million for maternal and child health services is affected by the number of its live births in relation to the total number of live births in the country, by the State's need for help in providing service, and by the size of its rural child population. To take full advantage of the Federal grants, each State must match half its portion of the \$11 million. The unmatched half is used by the States for special projects

Table 1.—Maternal and child health services administered or supervised by State health agencies, by type of service, 1939, 1942, 1945, and 1948¹

[Figures subject to revision; corrected to Mar. 31, 1950]

Type of service	Number reported			
	1939	1942	1945	1948
<i>Medical services</i>				
<i>Maternity service:</i>				
Cases admitted to antepartum medical service.....	125,667	161,367	116,961	152,774
Visits by antepartum cases to medical conferences.....	337,673	461,653	328,073	458,032
Cases given postpartum medical examination.....	27,526	41,439	28,806	44,534
<i>Infant hygiene:</i>				
Individuals admitted to medical service.....	138,280	185,582	169,965	263,819
Visits to medical conferences.....	404,839	550,851	495,681	762,110
<i>Preschool hygiene:</i>				
Individuals admitted to medical service.....	277,703	307,344	256,815	379,472
Visits to medical conferences.....	474,509	586,820	514,184	744,681
School hygiene (examinations by physicians).....	1,358,805	1,624,458	1,117,129	2,071,695
<i>Public health nursing services</i>				
<i>Maternity service:</i>				
Cases admitted to antepartum nursing service.....	214,200	282,267	237,691	228,695
Field and office visits to and by antepartum cases.....	606,425	761,027	618,369	626,818
Cases given nursing service at delivery.....	16,823	16,379	5,554	6,716
Cases admitted to postpartum nursing service.....	152,200	236,752	201,420	223,314
Nursing visits to postpartum cases.....	409,368	571,426	443,407	458,032
<i>Infant hygiene:</i>				
Individuals admitted to nursing service.....	382,138	539,475	467,036	530,183
Field and office nursing visits.....	1,257,353	1,604,393	1,359,038	1,471,616
<i>Preschool hygiene:</i>				
Individuals admitted to nursing service.....	442,070	603,051	535,189	541,539
Field and office nursing visits.....	1,070,274	1,424,906	1,224,241	1,273,197
School hygiene (field and office nursing visits).....	1,466,859	2,216,753	2,165,911	2,427,045
<i>Immunizations (persons immunized)</i>				
Smallpox.....	1,471,941	2,190,976	1,272,541	1,402,829
Diphtheria.....	1,067,477	1,625,418	1,361,982	1,551,221
<i>Dental inspections</i>				
<i>Inspections by dentists or dental hygienists:</i>				
Preschool children.....	69,050	68,195	43,396	52,608
School children.....	1,427,629	1,161,171	744,098	2,037,983

¹ Services under title V, part 1, of the Social Security Act in 48 States, Alaska, the District of Columbia, Hawaii, Puerto Rico (beginning 1940), and the Virgin Islands (beginning 1947). Data incom-

plete, not consistently reported for some local areas; revision of present reporting system is under consideration.

of Nation-wide significance, to meet emergencies, and to assist in carrying out their programs.

Most of the services provided by State and local health departments for mothers and children are health promotion services; that is, they are designed to help mothers during maternity and to help well children keep well. Typical health promotion services are prenatal clinics, well-child conferences, immunization services, medical, dental, and nursing services for children of school age, nutrition services, and health education services. Many of the States also provide limited medical and dental treatment and hospital care for some expectant mothers, for infants prematurely born, and for some older children.

Some Federal funds for maternal and child health and crippled children's services are used each year to help in financing specialized training for doctors, nurses, medical social workers, and others in services for children. Bureau consultants work closely with educational institutions in developing these courses.

Services for Crippled Children

States share in the Federal grants of \$7.5 million for crippled children's services according to the number of children under 21 years of age. The division of funds also reflects the financial need of each State for assistance in carrying out its program and reflects the relative number of its children in rural areas. Again, to take full advantage of the Federal grants, the States must match half the \$7.5 million. The unmatched half is allotted to the States for assistance in carrying out their plans and for special projects of regional or national significance.

All States provide a range of services for crippled children that includes locating these children; diagnosing their crippling condition; providing or locating skilled care for them in hospitals, in convalescent and foster homes, and in their own homes; and cooperating with agencies and professional groups concerned with the care and training of crippled children. Because no State has funds sufficient to do this comprehensive job for all handicapped

Table 2.—Services for crippled children: Services administered or financed by official State agencies, 1940 and 1945–48¹

[Figures subject to revision; corrected to October 1949]

Type of service	Number reported				
	1940	1945	1946	1947	1948 ²
Total number of children who received service.....	(3)	4 130,000	4 155,000	4 175,000	175,000
SELECTED SERVICES					
<i>Hospital in-patient care</i>					
Number of children.....	30,352	23,916	27,052	28,556	30,000
Number of days' care.....	1,464,628	1,220,757	1,249,713	1,289,171	1,268,000
Average number of days per child.....	48.3	51.0	46.2	45.1	42.3
<i>Convalescent-home care</i>					
Number of children.....	4,945	4,265	4,432	4,866	5,000
Number of days' care.....	443,037	463,747	445,330	478,556	463,000
Average number of days per child.....	89.6	108.7	100.5	98.5	90.6
<i>Clinic service or physician's service outside clinics, hospitals, and convalescent homes</i>					
Number of children.....	89,067	92,232	105,248	121,838	137,000
Number of visits.....	197,736	199,795	239,891	285,263	301,000
Clinic visits.....	166,352	176,319	205,296	245,437	276,000
Other visits for physician's service.....	31,384	23,476	34,595	39,826	25,000
Average number of visits per child.....	2.2	2.2	2.5	2.5	2.2
Crippled children on State registers at end of year.....	289,342	408,411	449,545	484,480	510,000

¹ Services under title V, part 2, of the Social Security Act in 48 States, Alaska, the District of Columbia, Hawaii, and Puerto Rico, and beginning January 1947 in the Virgin Islands.

² Preliminary estimates. Data for 1948 not strictly

comparable with those for earlier years, because of change in reporting requirements.

³ Not available.

⁴ Estimated.

boys and girls, all States necessarily have to restrict some services to certain parts of the State or to certain groups of children—most commonly to children with handicapping conditions that require orthopedic or plastic treatment.

Extent of the Two Programs

How many mothers and children are served by these two health programs—maternal and child health and crippled children's services?

Reports submitted to the Children's Bureau since the Social Security Act became effective have shown that the number of mothers and children reached by State maternal and child health services, with the assistance of Federal grants, increased from 1936 up to 1941 and 1942; after a decline during the war, the number has again been increasing during the past few years. Summaries of these reports for several years have been selected and presented in table 1 to illustrate the development of the programs over the past decade, as measured by the number of mothers and children receiving service and the volume of services provided.

Public health nursing services under the maternal and child health programs, although increasing generally in recent years, have not returned to the levels reached in the early 1940's. Medical services to expectant mothers, on the other hand, are virtually back to the earlier volumes. Health supervision of children at well-child conferences has expanded dramatically, beyond any previous levels.

State crippled children's programs show some important trends in providing services (table 2). Special clinics are the major medium for reaching crippled children, as indicated in the table, with increasing numbers of children coming to these clinics over the years.

The war temporarily reduced the number of children who received hospital and convalescent-home care, but the number is now back to the prewar level. An interesting development of recent years is the decline in the average number of days spent by crippled children in a hospital or a convalescent home. For hospital care, this decline seems to have been fairly consistent; in convalescent-home care an uptrend occurred during the war that

has reversed itself since 1945. The number of children who have received service from the crippled children's agencies had been increasing in recent years but now seems to be leveling off in spite of the fact that many children are not reached, primarily because of the increased costs of care.

Social Services Under Title V

"Child welfare services" constitute the social services for children made possible by title V of the Social Security Act.

Federal grants to the States for extending and improving child welfare services account for \$3.5 million of the annual \$22 million authorized by the Social Security Act for the promotion and extension of maternal and child welfare services. Each State receives \$20,000 and shares in the balance according to the proportion of its rural population to the total rural population. Each State pays part of the cost of the services in local communities; however, the payments are not on a matching basis. In general, States spend from their own and from local public welfare funds considerably more than the amount of the Federal contribution to their child welfare programs.

Each State department of welfare plans jointly with the Children's Bureau for its use of these funds in extending and strengthening its public child welfare program. The Social Security Act emphasizes the development of child welfare services in predominantly rural areas and provides for State services to encourage and assist in establishing adequate methods of community child welfare organization in predominantly rural areas and in areas of special need. The Children's Bureau is responsible for approving the State plans and budgets for these Federal funds and for seeing that the requirements of the Social Security Act relating to their expenditure are met.

Wide Range of Service

The primary aim of child welfare work is to make it possible for children to receive the care they need in their own homes. In building the programs of child welfare services, therefore, emphasis is placed on serv-

ices that supplement the efforts of parents and enable them to meet the needs of their children more adequately. Accordingly, homemaker service may be provided, with the homemaker who is placed in the home

being supervised by a social case worker. Through this service children may remain at home when their mother is unable to care for them—when she is ill in a hospital, for example.

Table 3.—Child welfare services: Number and percentage distribution of children receiving service from public welfare agencies, by State and living arrangements, as of September 30, 1949¹

State and reporting coverage ²	Total	In homes of parents or relatives		In foster-family homes		In institutions ³		Elsewhere	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total, 53 States.....	4 231,252	92,811	(⁴)	98,082	(⁴)	31,700	(⁴)	8,398	(⁴)
States with substantially complete reports, total.....	4 220,329	89,200	40	91,678	42	31,033	14	8,160	4
Alabama.....	7,957	6,107	77	1,099	14	718	9	33	(⁵)
Alaska.....	756	342	45	118	16	278	37	18	2
Arizona.....	2,238	1,269	57	818	36	68	3	83	4
Arkansas.....	1,822	1,166	64	521	29	99	5	36	2
Colorado.....	4 1,763	932	53	574	33	239	13	15	1
Delaware.....	913	416	46	449	49	36	4	12	1
District of Columbia.....	4 2,831	1,057	38	1,023	37	592	21	111	4
Florida.....	1,814	900	50	732	40	135	7	47	3
Hawaii.....	4 2,443	1,285	52	803	33	263	11	90	4
Idaho.....	208	165	79	33	16	7	3	3	2
Illinois.....	4,019	659	16	2,968	74	259	7	133	3
Indiana.....	13,859	6,269	45	4,970	36	2,044	15	576	4
Iowa.....	2,474	1,741	70	342	14	319	13	72	3
Kansas.....	4 2,669	1,171	44	843	32	526	20	119	4
Kentucky.....	2,856	1,140	40	1,095	38	517	18	104	4
Louisiana.....	2,318	373	16	1,693	73	202	9	50	2
Maine.....	4 3,364	1,105	33	2,008	60	161	5	75	2
Maryland.....	2,706	690	25	1,856	69	119	4	41	1
Massachusetts.....	9,546	1,390	15	7,455	78	578	6	123	1
Minnesota.....	4 10,232	6,297	62	3,028	30	232	2	563	6
Mississippi.....	1,875	1,417	76	174	9	232	12	52	3
Missouri.....	5,084	2,949	58	1,816	36	174	3	145	3
Montana.....	1,034	519	50	429	42	63	6	23	2
Nebraska.....	1,733	781	45	474	28	386	22	92	5
Nevada.....	395	313	79	73	19	8	2	1	(⁵)
New Hampshire.....	2,255	906	40	958	43	363	16	28	1
New Jersey.....	8,974	1,932	22	5,365	60	387	4	1,290	14
New Mexico.....	1,153	504	44	491	42	125	11	33	3
New York.....	42,212	6,711	16	21,733	52	12,858	30	910	2
North Carolina.....	8,931	4,579	51	2,664	30	1,039	12	649	7
North Dakota.....	1,457	1,183	81	190	13	53	4	31	2
Ohio.....	4 16,891	4,420	26	7,881	47	4,019	24	534	3
Oklahoma.....	1,305	293	23	641	49	330	25	41	3
Puerto Rico.....	7,655	6,417	84	354	4	146	2	738	10
Rhode Island.....	4 2,125	642	31	1,152	55	227	11	73	3
South Carolina.....	3,854	2,858	74	474	12	448	12	74	2
South Dakota.....	696	365	52	251	36	46	7	24	5
Tennessee.....	1,017	672	66	252	25	78	8	15	1
Texas.....	3,544	2,463	69	672	19	346	10	63	2
Utah.....	886	377	43	465	52	25	3	19	2
Vermont.....	1,984	949	48	840	42	164	8	31	2
Virgin Islands.....	573	468	82	55	10	47	8	3	(⁵)
Virginia.....	7,199	2,574	36	3,961	55	440	6	224	3
Washington.....	6,282	2,537	41	2,976	47	515	8	254	4
West Virginia.....	6,227	4,150	67	1,667	27	268	4	142	2
Wisconsin.....	7,950	3,578	45	3,185	40	836	11	351	4
Wyoming.....	250	169	68	57	23	18	7	6	2
States with incomplete reports, total.....	10,923	3,611	(⁵)	6,404	(⁵)	667	(⁵)	238	(⁵)
California.....	3,073	882	(⁵)	2,126	(⁵)	44	(⁵)	21	(⁵)
Connecticut.....	629	476	(⁵)	123	(⁵)	27	(⁵)	3	(⁵)
Georgia.....	1,851	625	(⁵)	958	(⁵)	178	(⁵)	90	(⁵)
Michigan.....	4 1,335	185	(⁵)	1,081	(⁵)	59	(⁵)	7	(⁵)
Oregon.....	1,147	369	(⁵)	714	(⁵)	17	(⁵)	47	(⁵)
Pennsylvania.....	2,888	1,074	(⁵)	1,402	(⁵)	342	(⁵)	70	(⁵)

¹ Services under title V, part 3, of the Social Security Act in 48 States, Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands.

² States with substantially complete reports are those reporting on 90 percent or more of the children served. States with incomplete reports are those reporting less than 90 percent of the children served.

³ Represents only those children served by workers attached to State or local public welfare agencies and not all children receiving institutional care.

⁴ Includes some children whose whereabouts are unknown.

⁵ Not computed because of incomplete reporting.

⁶ Less than 0.5 percent.

For children who cannot be cared for in their own homes, the programs include foster care. If possible the placement is temporary, lasting only while the child's home is being rehabilitated or strengthened so that he may return to his own family. A foster family home or an institution may be used for a temporary placement of this kind. When children have no families of their own or must be cared for away from their own families permanently, they may be placed for adoption.

In giving these services to children, child welfare workers cooperate with church groups, schools, health agencies, child guidance clinics, recreational programs, and various community activities for children and youth.

Because child welfare services require qualified personnel, a substantial proportion of Federal funds is used for the training and development of staff. Agencies grant staff members educational leave, with a stipend, for study in graduate schools of social work. On-the-job training is provided through orientation, supervision, consultation, group discussions, and institutes. Funds are used also to provide field-work experience for students in schools of social work.

Extent of Case-Work Service

Data in table 3, which shows the number of children receiving case-work service from public welfare agencies, are based on reports from State departments of welfare. Re-

porting coverage in 47 of the 53 jurisdictions receiving grants under the Social Security Act is substantially complete, but six States are still reporting incompletely; that is, they report on fewer than 90 percent of the children served. The data for all States exclude case-work service given by public assistance workers to families receiving public assistance.

The variation among the States in the living arrangements of the children, which the table shows, reflects the different emphases of the child welfare programs of the different States. Some States, for example, concentrate on programs serving children in their own homes, and programs in other States provide services primarily to children in foster homes.

INCOME OF BENEFICIARIES

(Continued from page 10)

noted. Her money income in the 2 survey years was as follows:

	1941	1949
Total.....	\$1,167	\$375
Old-age and survivors insurance benefits.....	255	255
Receipts from roomers....	912	---
Gifts	---	120

Summary

The total money income of half the aged beneficiary groups whose composition remained the same and of three-fourths of the widow-child groups was greater in 1949 than in

1941. In most cases this increase was more than offset by the rise in the cost of living. Three-fourths of the aged groups with the same composition and two-fifths of the widow-child groups had smaller real incomes in 1949 than in 1941.

Two-thirds of all the aged beneficiary groups had less money income from sources other than public assistance in 1949 than the maximum cost of the local public assistance budgets for single aged persons and couples living by themselves in rented quarters.

The independent money retirement income of both the aged beneficiaries and the widow-child groups was low in each survey year; in 1949, 70 percent of the aged beneficiary groups

whose composition remained unchanged and 84 percent of the widow-child groups had less than \$600; in 1941 the corresponding proportions were 74 percent and 71 percent.

Because of low money retirement incomes most of the beneficiaries had to rely on relatives for help; a few received public assistance, and a small proportion were able to help themselves by gainful employment. In both survey years the large majority of all the beneficiary groups utilized one or more of these resources to supplement their money retirement incomes: in 1949 the proportions were 85 percent of the aged and 100 percent of the widow-child groups; in 1941 they were 75 percent and 81 percent, respectively.