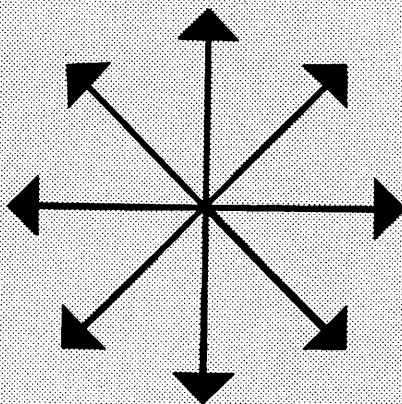


SERVICES for CHILDREN and FAMILIES

UNDER THE SOCIAL SECURITY ACT, TITLES IV & V



DISCRIMINATION PROHIBITED-- Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the programs of the Children's Bureau, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.



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The Social Security Act, first passed in 1935 and in operation continually since then, established the principle that all people of the United States, through the Federal Government, share with State and local governments responsibility for helping to provide community services that children and youth need to have for a good start in life. To back up this principle, the Social Security Act authorizes the Congress to appropriate funds each year to be given to the States to help them extend and improve their services for maternal and child health, crippled children, child welfare, and families and children receiving aid to families with dependent children (AFDC). The Children's Bureau administers these grants under authority delegated by the Secretary of Health, Education, and Welfare and the Administrator of the Social and Rehabilitation Service.

These Federal funds help to get new services started; to reach more children and youth and their families; and to improve (through the application of new knowledge and findings from research and the training of workers) the quality of care children and youth receive.

So long as States meet the requirements of the Social Security Act, they have a wide latitude in developing their programs within the funds available and their special needs. Each State must present plans for spending Federal grants-in-aid that carry out the intent of the act. But the intent of the act is broad and the needs of children varied and multiple. Consequently, no

two State plans are alike. One of the great strengths of these grant-in-aid programs is that they respect, preserve, and encourage State and local initiative.

In planning their programs, State agencies consult with other public and voluntary agencies and citizens who are concerned with services for children under both public and private auspices. State agencies also use other public and voluntary agencies to provide care and services through purchase contract or other cooperative arrangements.

The staff of the Children's Bureau is available to help State welfare and health agencies in planning and strengthening their services.

MATERNAL AND CHILD HEALTH
AND CRIPPLED CHILDREN'S SERVICES

Grants for Maternal and Child Health and Crippled
Children's Services

Title V of the Social Security Act authorizes annual grants to the States to help them extend and improve, especially in rural areas and in areas suffering from severe economic distress, "(1) services for reducing infant mortality and otherwise promoting the health of mothers and children; and (2) services for locating, and care for and facilities for diagnosis, hospitalization, and aftercare for, children who are crippled or who are suffering from conditions leading to crippling."

No part of these grants is paid to children or their parents. Maternal and child health funds go to State health departments, and crippled children's funds go to State crippled children's agencies, some 35 of which are in State health departments. The great bulk of the grants pays salaries and fees of physicians, nurses, medical social workers, psychologists, speech and hearing specialists, physical therapists, and other professional workers for children. Much of the money for crippled children's services is used for the cost of medical, hospital, and convalescent care.

To take full advantage of the grants for maternal and child health and crippled children's services, the States must match on a dollar-for-dollar basis one-half of the Federal funds appropriated.

Each State receives flat amounts for maternal and child health services and for crippled children's services. The balance of the Federal funds for these programs is apportioned to the States on the basis of various factors as follows:

Maternal and child health services--the number of live births in the State in relation to the total number of live births in the country; the State's financial need for help in providing services; and its proportion of rural births.

Crippled children's services--the number of children under 21 years of age in the State; the financial need of the State for help in carrying out its program; and its relative number of rural children.

Maternal and Child Health Services

Most of the maternal and child health services provided by State and local health departments are health promotion services.

These services include maternity clinics where women are seen by doctors, nurses, nutritionists, and medical social workers; family planning; visits of public health nurses to homes before and after babies are born; well child clinics for child health supervision where mothers can get competent medical and nursing care for their babies and preschool children; pediatric clinics; school health programs that spot the youngsters who need medical or dental treatment and help them get it; dental care for children and pregnant women; immunizations against preventable diseases; and mental retardation clinics for diagnosis, evaluation of a child's capacity for growth, development of treatment and management plans, interpretation of findings to parents, and followup care and supervision.

During fiscal year 1967, 366,400 expectant mothers received medical, prenatal, and postnatal clinic

services. Hospital inpatient care was provided to 73,300 mothers who had complications of pregnancy.

About 1,631,900 children (of whom, 603,700 were under 1 year of age) were seen in well child conferences during fiscal year 1967. Approximately 8,986,600 school children were screened for visual defects; 5,457,500 for hearing defects; and 2,549,100 for dental defects. Physicians made 1,711,700 examinations of school children. Some 2,321,000 children were immunized against smallpox; 4,350,400 against diphtheria; 2,364,100 against whooping cough; and 4,550,600 against tetanus.

Public health nurses, working in the homes and elsewhere in the community, served 480,500 mothers in fiscal year 1967. In addition to the nursing services offered in individual conferences and at schools, nursing care was provided to almost 3,000,000 children.

There were 160 mental retardation clinics supported in whole or in part by grants from the Children's Bureau in fiscal year 1968. These clinics served 47,000 children.

For maternal and child health programs, State and local communities spent \$93.1 million in fiscal year 1967; the Federal Government, \$50.5 million; the total coming to \$143.6 million.

Crippled Children's Services

State crippled children's agencies use their funds to locate handicapped children, to provide diagnostic services, and then to see that each child gets the medical care, hospitalization, and continuing care by a variety of professional people that he needs. Less than half of the children served have orthopedic handicaps; the rest include epilepsy, hearing impairment, cerebral palsy, cystic fibrosis, and many congenital defects.

Among the nonorthopedic diagnoses reported by State agencies, congenital heart disease shows the most striking increase (the number of children served increased from

2,200 in 1950 to more than 34,000 in 1967). This increase is due in large measure to advances in heart surgery and the availability of services through crippled children's programs.

A State crippled children's agency usually holds clinics at regular intervals in permanent locations; in some rural areas, the clinic staff may travel from one location to another. Some clinics are chiefly for diagnosis and followup; some are specialized centers where many kinds of services are available. Any parent may take his child to a crippled children's clinic for diagnosis.

A total of 447,700 children received care under the crippled children's program in fiscal year 1967. Of these, 153,900 received services for the first time. Averaging a little more than two visits each, 333,800 children came to clinics. About 112,000 children were seen by physicians during office and home visits.

Some 72,000 children received hospital inpatient care during fiscal year 1967 with an average length of stay of 18 days. Some 3,900 children received convalescent care totaling over 29,000 days of such care.

Infants and children under 5 years of age accounted for 30 percent of all handicapped children served during fiscal year 1967; those 5-9 years, 30 percent; those 10-14, 23 percent; and those 15-20, 17 percent.

Of a total of \$117.8 million for crippled children's programs in fiscal year 1967, State and local communities contributed \$67.5 million; the Federal Government, \$50.3 million.

The Social Security Amendments of 1967 require the States to intensify efforts to screen and treat children with disabling conditions through early casefinding and periodic screening of children in schools.

The amendments combine the maternal and child health program and the crippled children's program into one program with the same State plan requirements insofar as possible.

Special Project Grants for Maternal and Child Health and Crippled Children's Services

Up to 12½ percent of the appropriations for maternal and child health and crippled children's services may be used for special projects which contribute to the advancement of maternal and child health and crippled children's programs.

Such grants are made to State health departments and State crippled children's agencies and institutions of higher learning for projects of regional and national significance.

Maternity and Infant Care Projects

The purpose of the maternity and infant care projects authorized by title V of the Social Security Act is "to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and to help reduce infant and maternal mortality." Three types of programs are authorized:

1. Projects to provide "necessary health care to prospective mothers (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing or are in circumstances which increase the hazards to the health of the mothers or their infants (including those which may cause physical or mental defects in the infants)."
2. Projects to provide "necessary health care to infants during their first year of life who have any condition or are in circumstances which increase the hazards to their health."
3. Projects to provide "family planning services."

These grants are available to State health agencies or, with the consent of such agencies, to health agencies of any political subdivision of the States and to any other public or nonprofit private agency, institution, or organization. The grant may not exceed 75 percent of the cost of any project.

Fifty-three maternity and infant care projects were providing comprehensive care to mothers and infants from low-income families on June 30, 1968. During fiscal year 1968, these projects admitted 118,100 new maternity patients; 83,200 new patients for family planning; and 42,900 infants for clinical, physician, and hospital services.

The Social Security Amendments of 1967 require that not less than six percent of the annual appropriation for title V programs shall be available for family planning services. For the first time, funds were authorized specifically for family planning projects.

The amendments also require the States, effective July 1, 1972, to assume responsibility for maternity and infant care projects as part of their maternal and child health and crippled children's programs.

Projects for Health of School and Preschool Children

Title V of the Social Security Act authorizes grants "to promote the health of children and youth of school or preschool age, particularly in areas with concentrations of low-income families." The program includes screening, diagnosis, and preventive services, both medical and dental. Treatment, correction of defects, and aftercare services are provided to children who would not otherwise receive them because they are from low-income families or for other reasons beyond their control.

State or local health departments, State crippled children's agencies, and medical schools and teaching hospitals (affiliated with a school of medicine) are eligible for these grants. The grant may not exceed 75 percent of the cost of any project.

On June 30, 1968, there were 58 projects providing health care and services to preschool and school children. These projects serve low-income areas in which an estimated 2,250,000 children live. Since the beginning of the program in 1966, these projects have registered approximately 220,000 children for comprehensive health care.

The Social Security Amendments of 1967 require the States, effective July 1, 1972, to assume responsibility for projects for health of school and preschool children as part of their maternal and child health and crippled children's programs.

Projects for Dental Health of Children

Title V of the Social Security Act authorizes, beginning in fiscal year 1969, grants for projects "to promote the dental health of children and youth of school or pre-school age, particularly in areas with concentrations of low-income families." The program includes preventive services, treatment, correction of defects, and after-care.

Grants for dental health projects are available to State health agencies, or with the consent of such agencies, to health agencies of any political subdivision of the States, and to any other public or nonprofit private agency, institution, or organization. The grant may not exceed 75 percent of the cost of any project.

Effective July 1, 1972, the States must assume responsibility for dental health projects as part of their maternal and child health and crippled children's programs.

Training Personnel for Health Care and Services to Mothers and Children

Title V, section 511, of the Social Security Act authorizes grants "for training personnel for health care and related services for mothers and children, particularly

mentally retarded children and children with multiple handicaps." The Children's Bureau gives special attention to programs providing training at the undergraduate level.

These training grants may be made to public or nonprofit private institutions of higher learning. The grants are not available to individuals.

During fiscal year 1968, 78 fellowships and 39 short-term traineeships were supported in such health fields as pediatrics, pedodontics, genetics, psychology, nursing, medical social work, and speech pathology and audiology.

Research Projects Relating to Maternal and Child Health and Crippled Children's Services

Title V, section 512, of the Social Security Act authorizes grants for research projects which show promise of substantial contribution to the advancement of maternal and child health services and crippled children's services. The broad objectives of the program are to help improve the operation, general usefulness, and effectiveness of maternal and child health and crippled children's programs. Special emphasis is given to projects to study the need for and the feasibility, costs, and effectiveness of comprehensive health care programs in which maximum use is made of health personnel with varying levels of training and in studying methods of training for such programs. Grants may also include funds for the training of health personnel for work in such projects.

Grants for research projects relating to maternal and child health and crippled children's services may be made to public or other nonprofit institutions of higher learning and to public or other nonprofit agencies and organizations engaged in research in maternal and child health or crippled children's programs.

Grants in fiscal year 1968 supported research in such areas as family planning, mental retardation, infant mortality, development of prostheses for children, nutritional status of preschool children, and the

processes and consequences of decisions made by physicians in comprehensive health service centers for children and youth.

Federal Funds for Maternal and Child Health and Crippled Children's Services

The Social Security Amendments of 1967 authorize the Congress to appropriate for all title V programs \$250 million for fiscal year 1969, \$275 million for fiscal year 1970, \$300 million for fiscal year 1971, \$325 million for fiscal year 1972, and \$350 million for fiscal year 1973 and each fiscal year thereafter.

The amendments specify that 50 percent of the appropriation for each of the fiscal years 1969-72 shall be for grants to the States for maternal and child health and crippled children's services, and 40 percent of the appropriation for each of the fiscal years 1969-72 shall be for grants for maternity and infant care projects, projects for health of school and preschool children, and projects for dental health of children. For fiscal year 1973 and each succeeding year, when States must assume responsibility for these projects, 90 percent of the appropriation shall be for grants to the States.

Ten percent of the appropriation for each year shall be for grants for training personnel for health care and services to mothers and children and research projects relating to maternal and child health and crippled children's services.

Not less than six percent of the amount appropriated each year for programs under title V shall be available for family planning services.

For fiscal year 1969, the Congress appropriated \$209.2 million for all title V programs, of which \$50 million was for maternal and child health services; \$57 million was for crippled children's services; \$48 million, maternity and infant care projects; \$39 million, projects for health of school and preschool children; \$9 million, for training of personnel for health care and services to

mothers and children; and \$6.2 million, research projects relating to maternal and child health and crippled children's services. No funds were made available for projects for dental health of children.

CHILD WELFARE SERVICES AND
SERVICES TO NEEDY FAMILIES WITH CHILDREN

Child Welfare Services

Title IV, part B, of the Social Security Act authorizes annual grants to the States for "establishing, extending, and strengthening child-welfare services."

No part of these grants is paid to children or their parents. Child welfare grants go to State public welfare agencies to help pay the cost of child welfare services.

Each State receives a flat amount of \$70,000 for child welfare services. The balance of the Federal child welfare appropriation is allotted to the States on a variable matching formula, which is determined by such factors as the child population under 21 and the State per capita income.

The Social Security Act defines child welfare services as "public social services which supplement or substitute for, parental care and supervision for the purpose of (1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children, (2) protecting and caring for homeless, dependent, or neglected children, (3) protecting and promoting the welfare of children of working mothers, and (4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible or, where needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities."

About 607,900 children were receiving child welfare services from State and local public welfare agencies on March 31, 1967. Of this number, 48 percent were in their own homes or the homes of relatives, 34 percent were in foster family homes, 10 percent in institutions, 7 percent in adoptive homes, and 1 percent elsewhere. (It is estimated that 644,000 children were receiving child welfare services from State and local public welfare agencies on March 31, 1968.)

Nearly all States provided some child welfare services for mentally retarded children, particularly in their own homes or in foster family care. Public child welfare agencies were serving about 42,500 mentally retarded children as of March 31, 1967.

State and local public welfare agencies spent an estimated \$452.7 million in fiscal year 1967 for public child welfare services. This amount included expenditures of \$239.2 million from State funds, \$167.8 million from local funds, and \$45.7 million from Federal funds. It is estimated that \$283.3 million was used to pay for foster care of children, \$14.3 million for provision of day care, \$128.3 million for personnel, \$4.3 million for educational leave to provide professional education for promising workers, and \$22.5 million for other purposes.

Federal Funds for Child Welfare Services

The Social Security Amendments of 1967 authorize the Congress to appropriate for grants to the States for child welfare services \$55 million for fiscal year 1968, \$100 million for fiscal year 1969, and \$110 million for each fiscal year thereafter.

For fiscal year 1969, the Congress appropriated \$46 million for grants to the States for child welfare services.

Services to Families and Children Receiving AFDC

Title IV, part A, of the Social Security Act authorizes annual appropriations for Federal participation in State costs for social services to families and children under the aid to families with dependent children (AFDC) program. The Social Security Amendments of 1967 authorize Federal financial participation in State costs for social services to families and children who are current, former, or potential applicants for or are recipients of financial aid. The law also authorizes Federal participation in State costs for training of staff to provide services to families and children receiving AFDC.

The Children's Bureau became responsible for this program in August 1967 under delegations of authority from the Secretary of Health, Education, and Welfare and the Administrator of the Social and Rehabilitation Service.

Title IV, part A, of the Social Security Act also authorizes annual appropriations for the Federal Government to participate with States and localities in providing financial assistance to families with dependent children. The Assistance Payments Administration administers these funds under delegations of authority from the Secretary of Health, Education, and Welfare and the Administrator of the Social and Rehabilitation Service.

The program of aid to families with dependent children is primarily aimed at maintaining and strengthening family life. Most of the children served are living with one of their own parents.

Title IV, part A, of the Social Security Act defines family services as "services to a family or any member thereof for the purpose of preserving, rehabilitating, reuniting, or strengthening the family, and such other services as will assist members of a family to attain or retain capability for the maximum self-support and personal independence."

The Social Security Amendments of 1967 require welfare agencies to design a program of family and child welfare services for each parent and child, based on their special circumstances and requirements, in order to assist them "to attain or retain capability for self-support and care and in order to maintain and strengthen family life and to foster child development." The amendments also require the establishment of a single organizational unit within the State or local agency that is responsible for the furnishing of all services to and in behalf of families and children under the State plans for AFDC and child welfare services (not applicable, if on January 2, 1968, the agencies are legally established as separate). The purpose is to provide a single unified program of services to families and children.

Effective July 1, 1968, States are required to furnish child care services as needed for each individual receiving AFDC who is referred to the Department of Labor for training and employment in the work incentive (WIN) program.

According to State reports for the quarter ending September 30, 1967, social services were provided to 844,000 families, in which there were 2,621,000 children. These services to families and children included casework, group work, homemaker services, day care, and training in home and child care. They were all directed toward improved family functioning, health care, self-support, self-care, and the protection of children.

Federal Funds for Services to Families and Children Receiving AFDC

The Social Security Amendments of 1967 authorize the Congress to appropriate each year funds to permit Federal financial participation in State costs for social services to families and children receiving AFDC at the rate of 75 percent (85 percent until July 1, 1969). The Social Security Act also authorizes Federal participation in State costs for training

of staff to provide services to families and children receiving AFDC at the rate of 75 percent.

Work Incentive Program

Title IV, part C, of the Social Security Act authorizes "a program utilizing all available manpower services ... under which individuals receiving aid to families with dependent children will be furnished incentives, opportunities, and necessary services in order for (1) the employment of such individuals in the regular economy, (2) the training of such individuals for work in the regular economy, and (3) the participation of such individuals in special work projects, thus restoring the families of such individuals to independence and useful roles in their communities."

This program was established by the Social Security Amendments of 1967 to coordinate social service and manpower efforts to expand work and training programs for persons receiving AFDC. The program will place in regular jobs as many of the persons referred to the Department of Labor as possible. It will provide training for regular employment and, for persons for whom a job in the regular economy cannot be found, special work projects will be set up under agreements with public or nonprofit agencies.

The work incentive program is administered by the Department of Labor with cooperation of the Department of Health, Education, and Welfare. DHEW has responsibility for the portion of the program concerned with screening of individuals by public welfare agencies for appropriate referrals to manpower agencies; provision of pre-referral services; the referrals; and provision of essential services, including child care, where needed, and physician services, where needed, in support of the manpower activities.

The Children's Bureau was assigned responsibility for the DHEW portion of the program in December 1968.

All appropriate members of the AFDC household who are unemployed, 16 years or older, and not in school are eligible for WIN.

Child care out of the home, in day care centers and family homes, and in the home with homemakers must be available to mothers who enter the WIN program. These child care services must meet State child care licensing standards and Federal interagency day care requirements.

As of the first week in December 1968, the Department of Labor had allotted a total of 78,610 training slots in the WIN program in 38 States.

Federal Funds for the Work Incentive Program

The Social Security Amendments of 1967 authorize the Congress to appropriate sums sufficient to carry out the work incentive program.

For fiscal year 1969, the Congress has appropriated \$117.5 million for the work incentive program, of which DHEW allocated \$94.9 million to the Department of Labor and \$22.6 million for day care.

Research and Demonstration in Child Welfare

The purpose of child welfare research and demonstration grants, authorized by title IV, part B, section 426, of the Social Security Act, is to provide support for (1) "special research or demonstration projects in the field of child welfare which are of regional or national significance"; (2) special projects "for the demonstration of new methods or facilities which show promise of substantial contribution to the advancement of child welfare"; and (3) projects "for the demonstration of the utilization of research (including findings resulting therefrom) in the field of child welfare in order to encourage experimental and special types of welfare services."

The child welfare demonstration projects must show not only how new or improved methods or facilities can be provided, but also how effective these are in accomplishing their purposes.

Grants for these research and demonstration projects may be made to public or other nonprofit institutions of higher learning and to public or other nonprofit agencies and organizations engaged in research or child welfare activities. Grants may be made to State and local public agencies providing child welfare services for projects to demonstrate the utilization of research in the field of child welfare. Contracts may be made with States and public and other organizations and agencies for the conduct of research, special projects, or demonstration projects relating to child welfare. Research and demonstration grants are not available to individuals.

Child welfare research and demonstration projects supported in fiscal year 1968 included studies in protective services for neglected, abused, and delinquent children; day care and foster care services; adoption services; environmental effects on children's development; services to unmarried parents; manpower utilization and training; a satellite day care facility in an industrial setting; and special clinical research and training facilities in child welfare in inner-city areas.

Training in the Field of Child Welfare

The purpose of the training grants is to provide a pool of trained personnel for work in the field of child welfare and to help institutions of higher learning train a greater number of persons for work in the field of child welfare by expanding and strengthening their educational resources.

Training grants may be used by accredited institutions of higher learning to expand and strengthen their resources for classroom and field teaching to prepare

students for work in the field of child welfare; for traineeships to students interested in the field of child welfare; and for support of short-term training courses.

Child welfare training grants may be made to public or other nonprofit institutions of higher learning and may include traineeships.

In fiscal year 1968, child welfare training grants supported 165 teaching programs, 762 traineeships at the post-master's level, 40 traineeships at the doctoral level, and 10 short-term training projects.

Federal Funds for Research, Training, or
Demonstration in Child Welfare

The Social Security Act authorizes the Congress to appropriate each year such amounts as it may determine for grants for research, training, and demonstration projects in the field of child welfare. For fiscal year 1969, the Congress appropriated \$10.2 million.

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The Children's Bureau approach to the problems of children and youth proceeds from a concern for the child living with his family or wherever he may live. The interrelationship among the physical, emotional, and social factors in child growth, child health, and child welfare permeates all that the Bureau does and stimulates others to do in research and action for children and youth.

From many sources, the Bureau gathers facts and figures to inform professional groups and lay citizens about the size of the child population, the extent of conditions adverse to children and youth, and the trends in our society affecting child life. In addition to issuing its own studies and to cooperating in joint studies, the Bureau stimulates other agencies to undertake research in child life by formulating questions needing study, developing research methods, and providing technical assistance.

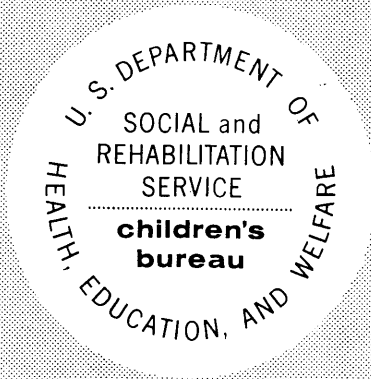
The Children's Bureau has concerned itself with the problem of juvenile delinquency since its earliest years. The staff of the Bureau provides technical assistance to public and voluntary agencies and develops standards, guides, and methods for services for delinquent children and youth. The areas covered include police work with juveniles, court and probation services, legal aspects of delinquency, detention services, institutional care for delinquent youth, community organization, and training programs for personnel, professional and nonprofessional, working with delinquent youth.

The most consistent trend in services for children under titles IV and V of the Social Security Act is the steady broadening of services to meet the needs of special groups of children and youth and their families.

The programs consistently stress higher standards of care and services of better quality. They reach out to hard-to-serve groups--children and families in crowded city

ghettos, children in isolated areas, children with special problems, children requiring specialized services. All seek to improve the quality and skills of the workers as well as their numbers.

The programs are responsive to new knowledge, new treatment, and new facilities. Services reflect the changing pace and circumstances in the lives of families and children.



Children's Bureau publication number 465 - 1969