children and Youth
their Health and Welfare
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Children's Bureau

Children's Bureau Publication Number 463

Services... Services for the Child Welfare
Services... Services for the Child Welfare
A Graphical Presentation of Facts about the Health and Welfare of Child...
Youth and Children
Sources
services for children.

It is expected that this Chart Book will be useful to health and welfare agencies. The charts show not only the trends but also some of the progress that has been made toward bettering the conditions of children throughout the country. This was one of the goals defined by the Act of 1972 within the Children's Bureau. The charts also point out some of the problems that have been made.
A. Child Welfare Services

Programs promoting the welfare of national and child health and crippled children
28. Many professional workers receive professional training under the
30. Specialized programs in national and child health at crippled children's
27. Some professional workers are given professional training through
26. The crippled children's programs reach not only
25. For most conditions more help than they receive care under the
24. Some crippled children are now being treated for
23. Other crippled children are more
22. School and crippled children's
21. Crippled children's programs include an increasing proportion of
20. Social security helps crippled children
19. There is no complete information about the crippled children's
18. Considerable improvement in the crippled children's
17. The number and population of crippled children have increased
16. Crippled children's programs include an increasing proportion of
15. The number of mothers and crippled children has increased
14. In the past, crippled children's programs have increased
13. In 1940, crippled children's programs were concentrated
12. Crippled children's programs include an increasing proportion of
11. The number of mothers and crippled children has increased
10. The number of mothers and crippled children has increased
9. Crippled children's programs have increased
8. In 1940, crippled children's programs were concentrated
7. In the past, crippled children's programs were concentrated
6. In the past, crippled children's programs were concentrated
5. In the past, crippled children's programs were concentrated
4. In the past, crippled children's programs were concentrated
3. In the past, crippled children's programs were concentrated
2. In the past, crippled children's programs were concentrated
1. In the past, crippled children's programs were concentrated

II. Economic and Social Status of Children

10 to 12 years
2. Child population will continue to increase
1. Births continue to decline

II. Health Status of Children

1. More mothers are receiving medical care for their children
2. More children are receiving medical care for their children
3. More mothers are receiving medical care for their children
4. More mothers are receiving medical care for their children
5. More mothers are receiving medical care for their children
6. More mothers are receiving medical care for their children
7. More mothers are receiving medical care for their children
8. More mothers are receiving medical care for their children
9. More mothers are receiving medical care for their children
10. More mothers are receiving medical care for their children

II. Health Problems of Children

1. More mothers are receiving medical care for their children
2. More children are receiving medical care for their children
3. More mothers are receiving medical care for their children
4. More children are receiving medical care for their children
5. More mothers are receiving medical care for their children
6. More children are receiving medical care for their children
7. More mothers are receiving medical care for their children
8. More children are receiving medical care for their children
9. More mothers are receiving medical care for their children
10. More children are receiving medical care for their children
Data on birth order suggest that families in the United States may also be getting larger between 1940 and 1975, birth rates for second, third, and fourth children are lower than in the second decade of this century.

Birth rates since the 1930s have also shown increases in most years. The local number of births in 1934 exceeded 4 million for the first time in the history of the United States. Provisional data for 1956 indicate that the local high has been reached in most years both in the number of births and in the birth rate. Since the Great Depression of the 1930s, substantial increases have occurred.
In 1956 make up a third of the nation's total population. By 1972, according
million by 1968, 76 million to 1970, and 84 million by 1972. Children under 16
their rise in numbers in each age group under 18 in the next decade or two to 70.
Population experts predict a present fertility and mortality trends continue, if-
Infant and child mortality.

The number of children in the United States has been increasing not only
because of higher birth rates but also because of continued progress in reducing
Our Child Population

Child population will continue to increase.
than in the non-farm population.

The white population, higher in the South than in the North and higher in the farm than in urban communities. The proportion of children is higher among Negroes than in the ratio of children to adults varies widely from state to state and from farm to farm population.

population indicate a relatively small labor force and a relatively large child

births in the period 1930 to 1935. These changes in the age distribution of the

groups aged 10 to 20 in 1965 will be the result of the greatly increased numbers of

large increase in the

more rapidly than numbers of young adults. During the next decade much

Numbers of children are growing faster than those of aged persons and much
Chart a

Our Child Population

Estimated population (millions)

Will be in age groups 10 to 20 years
Largest increases in population 1955 to 1965
Provided by the Maternal and Child Health Library, Georgetown University

Level of $4,500; farm families averaged $2,131. By 1932, average family money income had increased by 6 percent to a new high

About 4 million children lived in such families.

The average income in 1934 of families headed by a woman was only $2,731.

Income:

While families have more than average numbers of children, less than average

income:

Not all of these families have children but two groups: farm families and non-

survivors insurance.

Many must depend entirely on income from public assistance or old age and

Many are a disproportionate number are Negro.

Many who care for their children or by a mother whose little brother is unemployed.

Many are broken families headed by a mother who must remain at home to

Many are untrained or poorly educated.

Many are families in which the breadwinner is physically or mentally disabled.

Who are the low income families?

The Nation's economy has been expanding. Production has reached record
Economic and Social Status of Children

Average family income in the United States is higher than ever before.

But some families still have low money incomes.

Median annual family money income, 1964:

- Farm families
- Nonfarm families
- Families headed by a woman
- Broken families

United States average
At least 26 million children in 1974 were in families whose money income was
less than $4,417, the average for the United States. Out of every 100 children, 47 were in families with less than $4,400; of those, 18 were
in families with less than $2,000 a year.
Chart 2:

Economic and Social Status of Children

![Diagram showing children's status by income level]

- Each symbol equals 1 million children under 18 years of age.

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,000 and over</td>
<td>19 million</td>
</tr>
<tr>
<td>$4,000 - $4,999</td>
<td>9 million</td>
</tr>
<tr>
<td>$3,000 - $3,999</td>
<td>9 million</td>
</tr>
<tr>
<td>$2,000 - $2,999</td>
<td>6 million</td>
</tr>
<tr>
<td>Under $2,000</td>
<td>Nearly 10 million</td>
</tr>
</tbody>
</table>

Were in families with incomes of less than $2,000 a year.

Over one-sixth of the nation's children in 1954...
Families with no children had an average income of $3.929.

- Families with 1 child had an average income of $3.799.
- Families with 2 children, $3.599.
- Families with 3 children, $3.377.

But the average income of families with 4 children was $3.910; families with 5 children, $3.173; and families with 6 or more children, $3.017.

In general, large families are not as well off financially as small families. Families with 4 or more children constitute only 18 percent of all families but 54 percent of the nation's children are in a relatively small proportion of its families.
Chapter 6

Economic and Social Status of Children

- $3.252
- $3.165
- $3.949
- $4.335
- $4.506
- $4.339

Children in family

Most large families have lower incomes than small families.

median family income, 1954
of age. Of the unmarried mothers were childbearing <br>in 1974 were under 18 years. Close to 2 out of 3 births <br>out of wedlock in 1974 were to nonwhite mothers. Many <br>13 in 1974 to 18 in 1974. Rates per 1000 unmarried women aged 15-19 years have increased steadily from <br>Nearly twice as many children were born out of wedlock in 1974 as in 1939.
nous and proper help most mentally retarded children can become self-supporting.

The great majority have such potentialities for development that with early diag-
noses in the general population 3,000 are mentally retarded.

NO ONE knows how many children are mentally retarded because not all come
to the attention of educational, health and social agencies and diagnoses is
difficult. On the basis of a few studies it has been estimated that for every 100,000
children.
Degree of Mental Retardation Varies Widely

It is estimated that 3 percent of the total population have an intelligence quotient of 70 or less, but the potentialities within this group are large.
Gains for White mothers.

Progress in reducing fetal death in nonwhite mothers lags about a decade behind
stillbirths. Nonwhite mothers live needlessly.

still take mothers' lives needlessly.

count to a metropolitan county. In some of these, excessively hazardous conditions
comprise more population. An isolated county is one that is not metropolitan, not adja-

necy to metropolitan counties. Thus, in counties with at least one city of 50,000

In the past decades, the largest gains in saving the lives of mothers have been

live births, the lowest ever recorded in the United States.

In 1954, 2,105 women died in the United States from complications of pregnancy.

childbirth, and the perinatal. The maternal mortality rate was 5.2 per 10,000

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INFANT mortality in the United States has dropped spectacularly from the

In many States infant losses are needlessly high in the countrues isolated from large

In their first year.

high figures prevalent early in this century. But in some States particularly

in the South and Southwest, renewed efforts are needed to save the lives of babies

About 30 percent of all babies born alive in the United States are

in such countrues where the infant mortality rate is 27 percent higher than in

metropolitan areas.
Health Problems of Children

Chart 10

Infant mortality rates are still high in some states.
acidentes in the United States.

accidentes in the United States.

They estimated about 10 percent of the total mortality at all ages in the United States in 1951. Their calculations were based on data from all ages from 18 to 65. The number of deaths in this age range was estimated at 164,000. Such deaths were caused by accidents or by diseases at all ages from 18 to 65.
**Health Problems of Children**

**Perinatal Deaths Are Exceeded Only by Deaths From Heart Disease.**

**Cancer and Vascular Lesions of the Central Nervous System**
PERINATAL mortality comprises the deaths, annually, of some 147,000 infants whose mothers' pregnancies reached 20 weeks or more. Nearly half of these babies die before or during birth, while 76,724 were reported in 1954 as live born infants who died in the first month of life. The chart shows the number who died in each week of pregnancy and the number who died in each of the first 4 weeks after birth.
Health Problems of Children

Weeks after birth
0 1 2 3 4
Deaths

Weeks of pregnancy
0 20 40 60 80 100
Deaths before and during birth

Risks to babies are greatest around birth
as long as 37 weeks. About 80 percent of the mothers whose babies weigh 2,000 grams or less (that is, less than 8 pounds and a half pounds) at birth are unable to continue their pregnancies. 

Premature termination of pregnancy is unknown in many cases. The reason for the premature birth of these infants who fail to survive are born to mothers who \[ N \text{EARLY 9 out of 10 deaths in the neonatal period occur in the first week of life.} \]
Health Problems of Children

Prematurity is the largest single cause of neonatal deaths.
Next in importance to accidents as causes of death for children 1-4 years of age and young adults are influenza and pneumonia, congenital malformations and cancer. For the 5-14 year age group next to accidents are cancer and congenital malformations. The infant who has reached his first birthday in the United States has a good chance of living to a mature age because modern medicine has won many victories over disease, accidents, and infant mortality. But there are still many deaths in childhood that are preventable. The infant who has reached his first birthday in the United States has a good chance of living to a mature age because modern medicine has won many victories over disease, accidents, and infant mortality. But there are still many deaths in childhood that are preventable.
Deaths of children after infancy are declining sharply.
Accidents to children

Deaths from accidents are largely preventable. Community health agencies must

Inhalation or ingestion of objects,

and explosions, burns and

age group, however, more accidental deaths resulted from the explosions, burns and

infants under 1 year, motor vehicles in 1991 caused 8 deaths per 100,000. For this

years, those resulting from motor vehicles are the most numerous. Even for

Accidental deaths are now the leading cause of death for children aged 5-19
Motor vehicles cause largest number of accidental deaths to children.
Receiving increasing recognition under the Program are
enrolled emotional growth of infants and children and parent-child relationships have
ion to the numbers of births and the size of the infant and child population. This
young children at the health centers. The Program and health centers and to more
services to more expectant mothers and their infants and to more infants and
During the past two decades Federal grants-in-aid have enabled States to provide
others are limited to certain areas in the State.
Some services are State-wide:
Statistical programs also vary in geographic coverage. Some States have State-wide:
States, where each program is planned by the State to meet its particular needs.
States dealing with mothers and children are not the same in all
in all States, the Director of California, Arizona, Nevada, Florida, and the
MATERNAI and child health programs with the aid of Federal funds are operat-
The number of maternal and child health programs has increased.

Health Services for Mothers and Children
Reported by the State agency.

In addition, in unknown number (no doubt many millions) of visits are made by public health nurses of State and local health agencies make almost 7 million

Almost 250,000 expectant mothers are visited in a year by public health nurses. About 3,000,000 women receive nursem service in the postpartum period following delivery.

Health nurses and about 300,000 women receive nurse service.

School health service has remained the largest single nurse service visits a year to mothers and children. Of these visits one-third are for school
State and local health agencies were the children aged 5 years and over.

In 1955, over 900,000 diphtheria immunizations provided, half of those given by

march 3 percent of preschool and school children were given such immunizations

to provide immunization to children who missed this service in infancy. However,

7 percent a decade earlier, Maternal and child health services continue. However,

IN 1955 about 1% percent of the number of infants born during the year were given

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More children are now receiving diphtheria immunizations in infancy.
Dental treatment. Other means are needed application of sodium fluoride and the encouragement of children which is being emphasized today by Federal and State health agencies. Local water fluoridation is one of the means of improving the dental health of children who live in areas with water containing natural concentrations of fluoride. In addition to the 22,000,000 people living in 200 communities served by water supplies, in addition to the 1,000 communities now administering fluoride to their water supply, the first program to provide fluoride to reduce tooth decay in children was begun in 1945. This first program proved so successful in reducing tooth decay...
Provided by the Maternal and Child Health Library, Georgetown University

cent are assisted by the crippled children's services.

According to state and local programs, approximately 293,000 children are affected with crippledness; less than 1 per-cent of whom are under official programs. Children with cerebral palsy, for example, are estimated to have the highest incidence; only 1.4 per-cent of them are under official programs.

For example, the number of children served per 1,000 children in the population almost doubled. Despite an increase of almost two and one-half times as great as in 1937, the total number of children served in the post-war period, 1945, was almost two and one-half times as great as in 1937. The total number of children served was almost two and one-half times as great as in 1937, and the number served per 1,000 children in the population almost doubled. Despite this increase, however, many handicapped children still need medical rehabilitation.

Since the establishment of Federal funds in aid to states for care of crippled children...
Crippled children's programs have risen sharply since the 1950s.

Chart 4.1

Health Services for Mothers and Children

Rate per 1000 children

Thousands of children
Confidential heart disease.

Types and techniques of surgery are also responsible for expansion in cases of successful treatment of many handicapping conditions. Medical advances in new drugs, such as antibiotics and anticoagulants, have given new hope for the then orthopaedic is only one of the factors responsible for this trend. Development in the recognition of children can be handicapped by diseases and conditions other than surgery is being extended more and more to include nonorthopaedic conditions.

In the beginning, the great majority of children served by the crippled children's

...
Increasing proportion of children with nonorthopedic conditions. Crippled children's programs include an...
short-term hospitals rose on the average, from $8.95 in 1941 to $24.15 in 1959.

Association shows that expenses per patient day in general and in special non-profit
hospital in the increased cost of care for crippled children since hospitalization constitutes
in the increased cost of care for crippled children, since hospitalization constitutes
the only factor.

is also shorter.

Your child was hospitalized: now, one of six receives such care. Length of stay

increase hospital services today than in 1937. In that year, more than one quarter

although the proportion of children in the programs who are hospitalized is on the decline.
in the Group 15-20 years.

In the Group 15-20 years, children, like others of population, in the Group 5-14 years and those of accidents
happened at home, are more frequent among infants, concentrated during pre-school
age. There are conditions for which handicapped children receive services, such as the
pre-school. The school age group is the largest in the

In the pre-school group, there is a proportion of nonwhite children than white
children aged 1-4 years at 1,000 children aged 5-14 years at 1,000

The majority of children served in the crippled children's program
Health Services for Mothers and Children

In the Crippled Childrens Programs School Age Children Predominately

5-14 years: 36%
14-20 years: 16%
1-4 years: 25%
Under 1 year: 3%
nonwhite children (2.9). In 1948 when the rate for white children was slightly higher (3.2) than that for children in contrast with 4.2 per 1,000 for white children. The reverse was true greater. In 1954 the rate for nonwhite children in the program was 3.1 per 1,000 but the proportion of nonwhite children in relation to the child population is larger.
FOR SERVICE IN THE CRIPPLED CHILDREN'S PROGRAMS

RELATIVELY MORE NONWHITE CHILDREN ARE NOW BEING REACHED
Provided by the Materials and Child Health Library, Georgetown University

with sex differences in the prevalence of the handicapping conditions: dislocation of the hip among girls, these differences in services are consistent. Highest sex differentials are found for accidents among boys, and for congenital. 55 percent of the children served are male and 45 percent female. The boys outnumber girls in the crippled children’s program. For the country as a whole it is 55 male and 45 female.
Chart 35

Health Services for Mothers and Children

Under the crippled children's programs, for most conditions more boys than girls receive care.
Among the major objectives of the crippled children's program are extension and improvement of services for handicapped children in areas where facilities are least available.

In the general population about 36 percent of all children live in counties isolated from metropolitan areas, as against nearly half (48 percent) in metropolitan counties. The distribution of crippled children served in metropolitan counties is about equal for metropolitan and isolated counties—around 40 percent. The remainder (20 percent) come from counties adjacent to metro-

do. When children served under the program are related to the pop-

te well over one and one half times as great as children living in metropolitan


counties.
More children living in isolated counties reach relatively...

Health Services for Mothers and Children
other project expenses, but some of it is used for fellowships.

Most of the funds are spent by the project for salaries, equipment, and various
Special project training is usually given at a university or special training center.
In one Training Center, about 90% of the funds were spent by the project for salaries, equipment, and various.
Training funds are made from the project funds. During

The largest expenditures for training are under both the Maternal and Child Health

Lucent for Services.

The amount spent for training is usually quite small in comparison with expend-

Children's Services seek to improve their work by sponsoring postgraduate

Some State agencies providing Maternal and Child Health and Crippled
Some professional workers are given postgraduate training through special projects in maternal and child health or crippled children’s agencies.

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Percent of Training Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Cleft palate</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td></td>
</tr>
<tr>
<td>Audiology</td>
<td></td>
</tr>
<tr>
<td>Medical social work</td>
<td></td>
</tr>
<tr>
<td>Premature care</td>
<td></td>
</tr>
<tr>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
</tr>
</tbody>
</table>
Until therapy,

insurance coverage, occupational therapy, physiotherapy, and occupational therapy. About 450 persons received training through crippled children's programs ranging from to

pediatricians, school health personnel, nutritionists, audiologists, and therapists of other specialties. About

pediatricians. School health personnel, nutritionists, audiologists, and therapists of other specialties. About

received no initial and subsequent follow-up; the rest studied premedical care.

Training programs were incorporated in occupational or some other subject directly. Among two-thirds of the 6,300 persons participating in the maternal and child health

day. Only 400 persons received training in excess of two weeks.

in maternal and child health or crippled children's services also participated. Most

in some way to carry out their practice and many others whose activities related in some way to carrying out

employers of State and local public health agencies, local physicians in practice,

unions, and other occupational workers received

in 1954, almost 7,000 doctors, nurses, and other professional workers received

money for longer and more formal postgraduate training of a few individuals. At

money for longer and more formal postgraduate training of a few individuals. At

portions of their regular formal training (general training and local) to

portions of their regular formal training (general training and local) to

MOST Material and Child Health and many Crippled Children's agencies use a
The regular maternal and child health and crippled children's programs.

Many professional workers receive postgraduate training under professional workers. Three-quarters are physicians and nurses. Very few persons receive more than 2 weeks of training.
day care centers and institutions other than those included in the foregoing figures
day care centers and institutions other than those included in the foregoing figures.

Public assistance, juvenile courts, medical and psychiatric hospitals and clinics,
public assistance, juvenile courts, medical and psychiatric hospitals and clinics.

Institutional care numbers of children are being served by the programs of
Institutional care numbers of children are being served by the programs of

Children were living in their own homes, others were in foster family homes or
Children were living in their own homes, others were in foster family homes or

recording such services from a child welfare casework agency. Some of these
recording such services from a child welfare casework agency. Some of these

Children welfare case work service by a public or voluntary agency is designed to
Children welfare case work service by a public or voluntary agency is designed to
CHILD WELFARE CASework Is Service To INDIVIDUAL CHILDREN AND THEIR PARENTS
Provided by the Materials and Child Health Library, Georgetown University.

As residential treatment centers for emotionally disturbed children,
local communities had more homemaker services and access to more facilities such
were available. The general well-being of many children would be improved if
childhood could be sustained and enriched. The integration of child welfare casework
services to an increasing number of children. The home life of many
families and local public welfare agencies have been providing child welfare
Increasing numbers of children are receiving child welfare services from state and local public welfare agencies.

This chart does not include children receiving services from courts, population departments, or most children in families.

Child Welfare Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Receiving Services</th>
<th>In Institutions and Other</th>
<th>In Foster Homes</th>
<th>In Own Homes</th>
<th>Elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>298,000</td>
<td>46,000</td>
<td>115,000</td>
<td>94,200</td>
<td>1,600</td>
</tr>
<tr>
<td>1994</td>
<td>238,000</td>
<td>45,600</td>
<td>127,700</td>
<td>94,200</td>
<td>1,600</td>
</tr>
</tbody>
</table>

+17% +21% +36% +11%
There has been increasing cooperation between public and voluntary agencies, and children receiving services who are being reached by neither program. The number of children served by each in 28 states reporting increased 23 percent in the same period. Information from 40 states shows that the number of children receiving child welfare casework services from public welfare agencies increased on the average 18 percent from 1946 to 1955 but the population under 21 in these states increased 9 percent.
THE number of rural counties with access to the services of full-time child welfare workers employed by State or local public welfare agencies in 1956 was 37 percent greater than in 1946. Ideally, all social services obtainable through public welfare agencies should be available for all people who need them, in all parts of the country. In 1956, only 1,023 of the 3,187 counties of the Nation had the services of a worker giving full time to child welfare work.
A full-time public child welfare caseworker in more counties now have the services of...
While progress has been made since World War II, particularly in rural areas, many areas of the country are still without full-time public health workers. Many counties, many areas of the country are still without full-time public health workers.
In public child welfare caseworkers most counties are still understaffed.
There is considerable variation both among states and within the counties of

and institutions, but this information is not available on a county basis.

child welfare casework services are available from voluntary child care agencies

In many counties, there is no single state in provisions for public child welfare services. In many counties,
1954 data incomplete for California, Kentucky, Maryland and Pennsylvania

- no workers
- less than 1 full-time worker
- 1 or more full-time workers

Child Welfare Services

By a full-time public child welfare caseworker over half of the counties in the nation are served.
Provided by the Maternal and Child Health Library, Georgetown University

Meet the educational requirements for entrance into professional training. To 25 percent of the total, it is also encouraging that most of the trained workers in the number of child welfare workers with full training in social work rose from 19 in the States and localities in need of the educational level. Between 1930 and 1933, there have been significant improvements. The training of the public child welfare programs, for their child welfare work, requires a high quality of graduate education, as do those of child welfare case workers. Federal funds may be used by States to improve the quality of their programs for children by enhancing graduate training through professional education. Federal funds may be used by States to develop effective social service to children through the competence developed.
Most public child welfare workers need more professional training.
Adoption establishes a legal parent-child relationship between an individual and a person or persons who are not his natural parents. In 1973, an estimated 93,000 children were adopted. Less than half of these children were adopted by relatives, predominantly stepparents and the remainder, about 48,000, were adopted by non-relatives.
Adoptions by non-relatives exceed adoptions by relatives.
Majority of children adopted by non-relatives

Social agencies provide protections for the

Child Welfare Services

Chart 37

54% independently placed

56% placed by social agencies

52% placed by non-relatives

48% placed by relatives

5% each symbol equals 100,000
Provided by the Maternal and Child Health Library, Georgetown University

Income States in relation to the child population

Funds for child welfare services were only one-fourth as much as in the highest
in the lowest income States, expenditures per child from Federal, State, and local
variations in the scope and quality of public child welfare services. In 1975
LIMITATIONS in State and local financial resources have much to do with


Chart 3A

Child Welfare Services

Low Income States Spend Less for Public Child Welfare Services
to these children is a serious one.
All communities find that the problem of providing adequate treatment services
then those involved in law-enforcement,
havior is similar whether or not discovered or come to the attention of authorities other
many more children whose beh-
are only about 2 percent of the nation's children. About three times the many
The number of children referred to juvenile courts for delinquency each year
and more skill to attack the problem of juvenile delinquency. Increase in numbers of cases will require more services and facilities. The number of delinquency cases referred to courts has been rising during recent years and may continue to increase, even if the rate remains the same or drops slightly. Increase in numbers of cases will require more services and facilities.
The number of delinquency cases in juvenile courts has been rising...
Programs dealing with delinquents are deficient in two respects: (1) there are not enough of them and (2) those available do not have enough adequately trained personnel to provide the right kind of service.

When staff and facilities are not available or are inadequate, it is not surprising that about one-third of the delinquent children who come to the attention of the juvenile courts each year have been there before. With the expected increase in delinquency because of large increase in the child population, our already inadequate resources and facilities will be even more inadequate.
GAPS IN PROGRAMS FOR DELINQUENTS ARE WIDE
Phenomena of research relating to children, reports on current studies, and their data on delinquency: consults with social agencies and universities on problems of research in this field: sponsors conferences on needed research; and through his national and international contacts, provides many opportunities for children to conduct studies and collect data on delinquency.

To help meet this need, the Children's Bureau conducts studies and collects data on delinquency in its most prominent way to more effective prevention of juvenile delinquency. Spreading efforts are essential to find out why some children become delinquent.

Children become delinquent on the contrary to a small proportion do. The spread effects are essential to find out why some children become delinquent. On the contrary, only a small proportion do.

Among other assumptions about a world of uncertainty, the assumption that children are living in a vast, moving, highly complicated world—

TODAY all children are living in a vast, moving, highly complicated world—

...
Although the amount of Federal funds spent on maternal and child health

1941 the Federal contribution was 26 percent. In 1940 the Federal share of the combined budget amounted to 18 percent. In 1941 the Federal share increased from $11.3 million to $40.3 million. Between 1940 and 1941 the combined Federal, State and local expenditures for maternal and child health services has increased steadily over the years. The proportion of the total cost of such services that is carried by the Federal government has decreased. BE-
STATE EXPENDITURES OF FEDERAL FUNDS MATERNAI AND CHILD HEALTH SERVICES

Provided by the Maternal and Child Health Library, Georgetown University
Each year more than a quarter of a million children receive services from social workers, occupational therapists, or other trained people working through federal programs, orthopedists, physical therapists, public health nurses, medical doctors, and speech therapists. The Federal Government helps States in providing these services for crippled children through grants, half of which must be matched dollar for dollar by the States.
State Expenditures of Federal Funds: Crippled Children's Services

percent of 1937 expenditures

1935 1940 1945 1950 1955

per child in 194-49 dollars
per child in the U.S.

$1.493.564 total

$2.06 of 1937 expenditures

Financial Data

Chapter 11

Provided by the Material and Child Health Library, Georgetown University
where are lowest in the Nation.

phases on maternal and child health areas where per capita expenditures for public health expenditures are used chiefly for professional and related public services with particular emphasis on infant care and child care and is supported almost entirely out of State and local funds. Federal expenditures are almost totally for the care of children. The largest part of these expenditures goes to pay for foster care of siblings. Since 1954, the first year for which data on reported expenditures were available, the number of children in foster care has risen con-

(1954) welfare expenditures of State and local public agencies have risen con-
Financial Data

State Expenditures of Federal Funds: Child Welfare Services

Percent of 1937 expenditures

1937
1940
1945
1950
1955

$8.094 billion

1937 expenditures

3¢ per child in 1947-49 dollars
2¢ per child
$851.089 total

Expenditures total
Expenditures per child in the U.S.
Expenditures per child in 1947-49 dollars
Provided by the Maternal and Child Health Library, Georgetown University

more services are available to more children, service and equipment costs, the increased expenditures may not indicate that in these costs are related to a mounting price level. With increases in salary levels, increases in hospital care and for the hospitalization of crippled children. Increases

salaries. A relatively small proportion of Federal funds is spent for board of the greater part of Federal funds expended by States are applicable to professional and increased costs of materials. Higher salary levels show up quickly because the part of the additional total expenditure by the States goes for higher salaries.
Financial Data

Chart 16

Children's Health and Welfare Services Cost More

Each base year = 100%

- Salaries of public health nurses in local health departments
- Salaries of child welfare caseworkers in public welfare departments
- Salaries of medical personnel in State health departments
- Payments for foster care of children
and organizations in improving the conditions of childhood.
and to give technical assistance to citizens and to voluntary and public agencies
and in prevention and treatment of ill effects of adverse conditions.
and to devise measures deemed to be effective in advancing the wholesome development
about children and about matters adversely affecting their well-being.
about well-being of their children to assemble facts needed to keep the country informed
about years to aid the States in building those programs for the health and
and in which the measure, the Children's Bureau, has stimulated many others
and WVS responsive to the changing environment into which children are born.