



*Ch. 20*  
*18601*  
*H-57*

revised 1966

**facts  
about  
children's  
bureau  
programs**

*† Number 604*

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 subject 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.

## THE CHILDREN'S BUREAU

### Its Mandate

Since it was established in 1912, the Children's Bureau has had a mandate to find the facts that could lead to better health and welfare for mothers and children, and to report those facts to the Nation so that they can be of maximum use to parents and to professional groups, both public and voluntary, which carry forward health and welfare programs.

Congress charged the Bureau with investigating and reporting "upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment legislation affecting children in the several States and Territories."

Perhaps most notably, its early campaigns against infant mortality, and the preparation of information denoting the size of the problem, led to the development of programs of environmental sanitation and better health care for mothers and children. Similarly, its series of publications for parents, begun in 1913 with the first edition of Prenatal Care, has served to help millions of parents with information they needed to raise their children in good health. Four out of the first five of the Government's bestsellers are Children's Bureau publications which contain information for parents. Some 50 million copies of Infant Care, the all-time bestseller, have been distributed.

Information for the use of the many professions who serve children is carried out through publications on a wide variety of subjects, as well as through CHILDREN, the interdisciplinary journal which the Bureau issues six times annually.

Each year the Bureau through its Research Division, compiles and publishes statistical data received from State agencies regarding State and local health and welfare services for children. It also provides pertinent statistical information on voluntary child welfare services, juvenile courts, public institutions for delinquents, and on infant and maternal mortality.

The research staff of the Bureau works with or provides consultation requested by State agencies and research workers on studies concerning the welfare of children and the operation and evaluation of programs promoting their welfare. Assistance is given in planning studies and in devising appropriate methods of investigation.

The Bureau also conducts research on its own. Recent examples of such work are a study of the incidence and prevalence of cystic fibrosis, a 10-year followup study of independent adoptions, and a survey of illegitimacy and of services to unmarried mothers.

A clearinghouse on research relating to children, underway throughout the Nation, is maintained and kept current by the Bureau.

#### GRANTS PROGRAM FOR RESEARCH OR DEMONSTRATION PROJECTS

With the expansion of Children's Bureau programs under the Social Security Act, the Bureau's research program has been greatly augmented in recent years by the authorization of funds to finance studies in the areas of the Bureau's interest, particularly in the fields of maternal and child health and child welfare services, which show promise of regional or national significance.

In 1960, Congress authorized research, or demonstration projects in the field of child welfare to demonstrate new methods or programs which show promise of substantial contribution to the advancement of child welfare. The amount of the grants is up to the determination of the Congress.

In 1963, research projects relating to maternal and child health services and crippled children's services were authorized. The purpose of these grants is to support studies that show promise of making a substantial contribution to the advancement of health programs for mothers and children.

Public or other nonprofit institutions of higher learning and public or other nonprofit agencies and organizations engaged in research or child welfare activities are eligible for grants under the child welfare research program.

Institutions of higher learning and public or other nonprofit agencies and organizations engaged in research related to maternal and child health or crippled children's programs are eligible for grants to support research projects in these areas.

## PROGRAM FOR MATERNAL AND CHILD HEALTH SERVICES

The objective of this program of grants to State health agencies is to promote the health of mothers and children, "especially in rural areas and in areas suffering from severe economic distress."

The States must provide matching funds for one-half of the amount appropriated; the remainder is not matched and is distributed to the States on the basis of the financial need of each State for assistance in carrying out its State plan.

States use Federal funds, together with State and local funds, to pay the costs of conducting maternity clinics; for home visits by public health nurses; for well-child and/or pediatric clinics; for health services to school-age children; for dental care; for hearing and vision programs and for immunizations. These funds support diagnostic, treatment and counseling services for mentally retarded children in 45 States, the District of Columbia and Puerto Rico. Some States provide medical and hospital care for premature infants; medical and hospital care for women who develop complications of pregnancy; consultation to hospitals on maternity and newborn care; clinics for the medical care of adolescents.

Most States participate in studies of maternal and infant mortality, both of which have been reduced through measures designed to improve maternal and child health.

Under the provisions of the maternal and child health programs, State health agencies receive Federal formula grants funds administered by the Children's Bureau, Welfare Administration. The 1965 Amendments to the Social Security Act increased the authorization for these grants under Title V, Part 1 to \$50 million for fiscal year 1967 and increasing to \$60 million for the fiscal year ending June 30, 1970, and for subsequent fiscal years.

## PROGRAM OF SPECIAL PROJECT GRANTS FOR MATERNITY AND INFANT CARE

One of a series of recommendations made by the President's Panel on Mental Retardation was one to improve maternity care as a means of preventing prematurity and certain other known causes of mental retardation.

The 1963 Maternal and Child Health and Mental Retardation Planning Amendments authorized a 5-year program of grants to provide medical care to women who, during the maternity period, have or are likely to develop

problems which endanger themselves or their babies and who are unlikely to receive necessary health care because they are from families with low incomes or for other reasons.

In addition to prenatal, delivery and postnatal care for the mother, medical care for the infant is included. By the end of fiscal year 1966, 51 maternity and infant care projects were in operation. The 5-year program authorized \$5 million for 1964, \$15 million for 1965 and \$30 million for 1966 through 1968.

These grants are available to the State health agency or, with the consent of such agency, to the health agency of any political subdivision of the State. The grant may not exceed 75 percent of the cost of any project.

### **PROGRAM OF SPECIAL PROJECT GRANTS FOR HEALTH OF SCHOOL AND PRESCHOOL CHILDREN**

There is abundant evidence that children of preschool age as well as school age children are not getting the health care they need to prevent the development of conditions which can handicap them throughout their lives.

We know, for example, that about 10.2 million school children are in need of eye care; that about 1.5 million children have hearing impairments, and that many children enter school with hearing already impaired.

We know that half the children in the United States have never been to a dentist and the proportion is much greater in families with incomes under \$2,000.

The 1965 Amendments to the Social Security Act authorize a program of special project grants for health of school and preschool children.

This portion of the Amendments authorizes the Children's Bureau, Welfare Administration, to make special project grants providing health services to children of school and preschool age, particularly in areas with concentrations of low-income families. The services would include screening, diagnostic and preventive services, treatment, correction of defects and aftercare, including dental services. Treatment services would be provided to children who would not otherwise receive them because of low income or other reasons beyond their control.

During fiscal 1966, special project grants went to eight cities and 16 semi-rural and rural counties. Almost one million children and youth, most of whom are among the lowest income groups, live in these project areas.

For the fiscal year ending June 30, 1967, \$35 million has been authorized for these grants. The grants increase by \$5 million for succeeding fiscal years until they reach \$50 million for the fiscal year ending June 30, 1970.

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. Up to 75 percent of the costs of these projects may be paid for through Federal funds administered by the Children's Bureau, Welfare Administration.

## PROGRAM OF CRIPPLED CHILDREN'S SERVICES

The objective of this program is to help each State extend and improve services for locating children with handicaps or with conditions which could lead to crippling, and for providing the care they need to correct or ameliorate these conditions.

The initial emphasis was on treatment and correction of orthopedic defects among children, especially in rural areas. With advances in medical science and increased appropriations, services have been extended to cover more areas of the States and to include children with many other crippling conditions, such as cystic fibrosis and epilepsy. Also, for example, the number of children with congenital heart malformations treated under the program increased from 2,000 in 1951 to 25,000 in 1963.

The effect of subsequent legislation, notably the Maternal and Child Health and Mental Retardation Planning Amendments of 1963 and the Social Security Amendments of 1965 has been to broaden this program.

The 1963 Amendments doubled, over a period of seven years, the authorization for Federal grants for crippled children's services, permitting expansion of these services to provide an increasing variety of services to children with nonorthopedic handicaps in an expanding child population and to increase services to mentally retarded children with physical handicaps.

The need for expansion in the crippled children's program is underlined by the fact that there was an 87 percent increase in the number of children receiving care under this program between 1950 and 1963. In 1963, 400,000 children received physicians' services under this program.

Under the provisions of the crippled children's program, State health departments or crippled children's agencies receive Federal formula grants administered by the Children's Bureau, Welfare Administration. The 1965 Amendments further increased the authorization for these grants to \$50 million for fiscal year 1967 and increasing to \$60 million for the fiscal year ending June 30, 1970, and for subsequent fiscal years.

## 4 PROGRAM OF CHILD WELFARE SERVICES

The Social Security Act of 1935 authorized a program to help each State establish, extend and strengthen public child welfare services for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent.

While the program was originally confined to provide for services in predominantly rural areas, subsequent legislation has vastly broadened not only the concept of child welfare services but also the extent of geographic coverage to political subdivisions.

The Public Welfare Amendments of 1962 defined child welfare services as public social services which supplement or substitute for parental care and supervision. The Amendments clearly provided that public child welfare services are for the purpose of preventing, remedying or assisting in the solution of problems which affect children adversely, such as neglect, abuse and exploitation. These services include provision of adequate care of children away from their homes in foster family homes, day care, or other child care facilities.

These same Amendments specified that such services should be available to children in all political subdivisions of the State by July 1, 1975.

The need for an expanded program of child welfare services is illustrated by the fact that in 1961, neglect of children by their parents was the most important reason for service by public child welfare agencies -- 36 percent of all children received services for this reason. Seventeen percent of children received these services because of illness, desertion, or other loss of their parents.

Appalling statistics like these have given added impetus to efforts to add new dimensions to the program of child welfare services which can serve to reach children when they most need help -- and before family breakup occurs.

The core of the problem lies with the provision of protective services to children in their own homes. While States are working toward this goal, much more progress needs to be made to keep children from "falling between the cracks" because these services are not available to them.

Within the past few years there has been an encouraging increase in the number of licensed day care facilities for children whose mothers work.



Another forward push has been in the field of homemaker service, without which, when the mother becomes ill, many children might have to be put in foster family homes or in children's institutions.

State welfare agencies receive formula grants for child welfare services from the Children's Bureau, Welfare Administration. The 1965 Amendments to the Social Security Act authorize an increase by regular steps from \$50 million for the fiscal year ending June 30, 1967 to \$60 million for the fiscal year ending June 30, 1970 and each succeeding fiscal year.

## PROGRAM OF JUVENILE DELINQUENCY SERVICES

The Bureau in 1914 began to study juvenile delinquency and the agencies concerned with it. The first of the Bureau's Juvenile Court Statistics were released in 1918, and the first Juvenile Court Standards to be issued in this country appeared in 1919. In 1923 the Bureau sponsored a conference on Juvenile Court Standards and later published standards that became classics in the field. In 1936 a Delinquency Division was established to meet the increased needs for consultation to State and local governments and agencies in this area, and a new Division of Juvenile Delinquency Service was organized in 1954 with responsibility for giving, on request, technical aid and consultation in developing programs for treatment and control of juvenile delinquency, and assisting public and voluntary agencies as well as developing standards, guides and methods relating to various types of services for delinquent children. The fields covered include court and probation; police work with children; institutional care for delinquent children, including forestry camps, training schools and detention; legal aspects of delinquency, including legislation; community coordination and planning for the treatment and control of delinquency; group work with delinquent children and potential delinquent gangs; and training programs for personnel, professional and nonprofessionals working with delinquent youth.

In the past decade, juvenile delinquency court cases in the United States have more than doubled while the child population aged 10 to 17 has increased by less than 40 percent. In 1964, the courts processed 685,000 delinquency cases, excluding traffic offenses. In 1954, the nationwide increase in all arrests, excluding traffic, of persons under 18 was 17 percent. Juvenile delinquency court case statistics, excluding traffic, for the same period, show an increase of 14 percent.

A growing national interest and concern in this multi-faceted problem of juvenile delinquency is reflected in the increased requests both of a national and international nature for professional consultations, major surveys, evaluations and guide material in the field of juvenile delinquency and youth offenses. Surveys have been used by the requesting agencies to bring about needed improvement and reorganization of programs in services for delinquent children.

States, communities, public or voluntary agencies, and officials involved in treatment and control programs for juvenile delinquents may apply to the Division of Juvenile Delinquency Service for assistance in advancing program objectives. The Division develops standards relating to various types of services and care for delinquent children as guidelines for those who deal with delinquents -- judges, social workers, police, training school personnel and others. The legal aspects of delinquency, including legislative review of proposed amendments to Juvenile or Family Court Acts and training programs for personnel working with delinquent children in the field of law enforcement, courts and institutions are further on-going functions of the Division. Fifteen technical consultants are available for consultation and study.

### GRANTS PROGRAM FOR TRAINING IN CHILD HEALTH AND WELFARE

Since the enactment of the Social Security Act in 1935, there has been a clear recognition that if high standards of service were to be offered in the three grant-in-aid programs administered by the Children's Bureau, there must be a steady and continuing process of upgrading the professional skills of the medical, para-medical and social work personnel offering these services.

Ways of providing training have differed in the three programs.

In child welfare services, for example, practically every State uses Federal funds to provide educational leave so that workers can gain a full professional social work education.

Between 1950 and 1960 alone, the number of child welfare employees with full professional education, working in public welfare departments more than doubled. But this increase was coupled with an even greater increase in the need for services so that in this same period, the proportion of employees with no graduate education in social work rose to 46.2 percent as contrasted with 39.9 percent in 1950.

The 1961 manpower studies, in which the Children's Bureau cooperated, dramatically spotlighted the seriousness of the shortage of professional personnel in the child health and welfare fields. These facts have given a new impetus to immediate and long-range planning for acceleration of training activities. The Children's Bureau has stepped up its efforts to help the schools of medicine, social work, public health and the social sciences meet this critical situation. In addition, the further use of auxiliary workers is being explored both in child welfare and health services.

The 1962 Public Welfare Amendments provided a new avenue for augmenting the supply of trained workers by establishing grants for child welfare training projects.

During 1966, \$5 million was granted to institutions of higher learning for these projects -- almost double the amount granted in the preceding fiscal year.

The 1965 grants went to 66 schools of social work and two other institutions of higher learning to provide traineeships at the master's and doctoral level; to provide increased field training in child welfare services; to expand and strengthen educational resources and encourage curriculum experimentation and innovation in schools of social work; and to provide short-term training activities for persons already working in the field of child welfare.

The need for this training program is amply demonstrated by the fact that at least 21,000 additional child welfare workers will be needed by 1970 to staff programs serving the social needs of children.

Adequately trained health workers in all disciplines are in short supply and as programs for mothers and children expand they become increasingly more scarce. In the maternal and child health and crippled children's programs, nearly all States provide on-the-job training for their own professional personnel and for doctors, nurses, medical social workers, nutritionists and other professional persons who work with mothers and children.

Through special project grants, an increasing amount of training is supported which may pay for faculty positions as well as for fellowships. For example, in fiscal year 1966, the Bureau obligated funds for 302 fellowships, which represents a 38 percent increase over fiscal year 1965 in the number of persons who receive stipends in training programs. In addition, funds were provided for short-term training for approximately 290 physicians, nurses and technicians in premature care, epilepsy, maternal and child care and mental retardation nursing.

Under the 1965 Amendments to the Social Security Act, a new grants program was authorized to help provide special training to more professional personnel to enable them to work with crippled children, particularly mentally retarded children and those with multiple handicaps. Public or other nonprofit institutions of higher learning are eligible for these grants.

## INTERNATIONAL PROGRAM

Since the establishment of the United Nations Children's Fund (UNICEF), the Children's Bureau, Welfare Administration, has served as the focal point in the Government for cooperation with UNICEF, preparing the technical aspects of its policy papers affecting children around the world and representing the United States on the Executive Board. It also has close working relationships with other agencies of the United Nations, such as World Health Organization, Food and Agriculture Organization, and Bureau of Social Affairs.

The Bureau's Division of International Cooperation using United States owned foreign currencies has been carrying out an international research program in the field of maternal and child health involving studies which can be useful both to the United States and to the cooperating countries. Examples of these studies are the detection of phenylketonuria (a condition causing mental retardation), methods of identifying infants and young children with hearing defects, and the causes of toxemia of pregnancy. At the present time, 18 projects are being supported in seven countries -- Burma, India, Israel, Pakistan, Poland, United Arab Republic, and Yugoslavia.

The Division conducts a training program for professional nurses and midwives brought to the United States by the Agency for International Development as participants in their programs to improve the services to mothers and babies in developing countries. A variety of training opportunities, including family planning, are now also being developed by the Division for these nonmedical health personnel at different levels engaged in maternal and child health services.

The Division also carries responsibility for planning and arranging training or observation for specialists in the various aspects of maternal and child health services, crippled children's programs, and child and youth welfare including juvenile delinquency, who come to this country under the auspices of the United Nations, the World Health Organization, the Agency for International Development, the Department of State Cultural Exchange Program; and occasionally under the sponsorship of their own government, or some private resource, or on their own.

It also recruits personnel in the fields of maternal and child health and child welfare for positions in other countries under the Agency for International Development, on the basis of requests from that agency.

---

A list of Children's Bureau publications covering all of its program interests is available from the Children's Bureau, Welfare Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C., 20201.

October 1966