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

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

The Children’s Bureau is concerned with the well-being of all children in the Nation. Under the act of 1912 that created it, the Bureau is directed to “investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people.” In addition, under the Social Security Act the Children’s Bureau is responsible for helping the States to extend and improve their health services and social services for crippled children’s agencies, which are recipients of this Federal aid, do the basic planning and administer the services. In 33 States and Territories they are the same agency. The Children’s Bureau is responsible for advising with public and voluntary agencies on ways of extending and strengthening services, for approving plans, and for seeing that the requirements of the Social Security Act relating to the expenditure of Federal funds are met.

**Maternal and Child Health Services**

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

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number reported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical services</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity service:</td>
<td></td>
</tr>
<tr>
<td>Cases admitted to antepartum medical service</td>
<td>125,677</td>
</tr>
<tr>
<td>Visits by antepartum cases to medical conferences</td>
<td>337,673</td>
</tr>
<tr>
<td>Cases given postpartum medical examination</td>
<td>27,520</td>
</tr>
<tr>
<td>Infant hygiene:</td>
<td></td>
</tr>
<tr>
<td>Individuals admitted to medical service</td>
<td>138,260</td>
</tr>
<tr>
<td>Visits to medical conferences</td>
<td>404,899</td>
</tr>
<tr>
<td>Preschool hygiene:</td>
<td></td>
</tr>
<tr>
<td>Individuals admitted to medical service</td>
<td>277,739</td>
</tr>
<tr>
<td>School hygiene (examinations by physicians)</td>
<td>1,358,505</td>
</tr>
<tr>
<td><strong>Public health nursing services</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity service:</td>
<td></td>
</tr>
<tr>
<td>Cases admitted to antepartum nursing service</td>
<td>214,300</td>
</tr>
<tr>
<td>Field and office visits to and by antepartum cases</td>
<td>608,428</td>
</tr>
<tr>
<td>Cases given nursing service at delivery</td>
<td>15,923</td>
</tr>
<tr>
<td>Cases admitted to postpartum nursing service</td>
<td>152,200</td>
</tr>
<tr>
<td>Nursing visits to postpartum cases</td>
<td>493,268</td>
</tr>
<tr>
<td>Infant hygiene:</td>
<td></td>
</tr>
<tr>
<td>Individuals admitted to nursing service</td>
<td>388,138</td>
</tr>
<tr>
<td>Field and office nursing visits</td>
<td>1,257,333</td>
</tr>
<tr>
<td>Preschool hygiene:</td>
<td></td>
</tr>
<tr>
<td>Individuals admitted to nursing service</td>
<td>443,070</td>
</tr>
<tr>
<td>School hygiene (field and office nursing visits)</td>
<td>1,466,859</td>
</tr>
<tr>
<td><strong>Immunizations (persons immunized)</strong></td>
<td></td>
</tr>
<tr>
<td>Smallpox</td>
<td>1,471,941</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>1,067,477</td>
</tr>
<tr>
<td><strong>Dental inspections</strong></td>
<td></td>
</tr>
<tr>
<td>Inspections by dentists or dental hygienists</td>
<td>60,950</td>
</tr>
<tr>
<td>School children</td>
<td>1,427,629</td>
</tr>
</tbody>
</table>

*Prepared in the Program Research Branch, Division of Research, Children’s Bureau.

---

1 Services under title V, part 1, of the Social Security Act in 48 States, Alaska, the District of Columbia, Hawaii, Puerto Rico (beginning 1940), and the Virgin Islands (beginning 1947). Data incomplete, not consistently reported for some local areas; revision of present reporting system is under consideration.

Bulletin, May 1950
of Nation-wide significance, to meet emergencies, and to assist in carrying out their programs.

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

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

Services for Crippled Children

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

All States provide a range of services for crippled children that includes locating these children; diagnosing their crippling condition; providing or locating skilled care for them in hospitals, in convalescent and foster homes, and in their own homes; and cooperating with agencies and professional groups concerned with the care and training of crippled children. Because no State has funds sufficient to do this comprehensive job for all handicapped boys and girls, all States necessarily have to restrict some services to certain parts of the State or to certain groups of children—most commonly to children with handicapping conditions that require orthopedic or plastic treatment.

Extent of the Two Programs

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

Reports submitted to the Children's Bureau since the Social Security Act became effective have shown that the number of mothers and children reached by State maternal and child health services, with the assistance of Federal grants, increased from 1936 to 1947 in the Virgin Islands. The number has turned to the levels reached in the early 1940's. Medical services to expectant mothers, on the other hand, have returned to the levels reached in the early 1940's. Medical services to expectant mothers, on the other hand, are virtually back to the earlier volumes. Health supervision of children at well-child conferences has expanded dramatically, beyond any previous levels.

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

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

---

Table 2.—Services for crippled children: Services administered or financed by official State agencies, 1940 and 1945-48

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1940</td>
</tr>
<tr>
<td><strong>Total number of children who received service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HOSPITAL IN-PATIENT CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td>30,352</td>
</tr>
<tr>
<td>Number of days' care</td>
<td>1,404,628</td>
</tr>
<tr>
<td>Average number of days per child</td>
<td>46.9</td>
</tr>
<tr>
<td><strong>CONVALESCENT-HOME CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td>4,465</td>
</tr>
<tr>
<td>Number of days' care</td>
<td>440,037</td>
</tr>
<tr>
<td>Average number of days per child</td>
<td>99.8</td>
</tr>
</tbody>
</table>

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

2 Preliminary estimates. Data for 1948 not strictly comparable with those for earlier years, because of change in reporting requirements.

---

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

Social Services Under Title V

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

Federal grants to the States for extending and improving child welfare services account for $3.5 million of the annual $22 million authorized by the Social Security Act for the promotion and extension of maternal and child welfare services. Each State receives $20,000 and shares in the balance according to the proportion of its rural population to the total rural population. Each State pays part of the cost of the services in local communities; however, the payments are not on a matching basis. In general, States spend from their own and their own public welfare funds considerably more than the amount of the Federal payment for State services to encourage and assist in establishing adequate methods, as of September 30, 1949.

<table>
<thead>
<tr>
<th></th>
<th>In homes of parents or relatives</th>
<th>In foster-family homes</th>
<th>In institutions</th>
<th>Elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>231,252</td>
<td>92,851</td>
<td>(7)</td>
<td>8,288</td>
</tr>
<tr>
<td>States with substantially complete reports, total</td>
<td>220,229</td>
<td>89,250</td>
<td>40</td>
<td>1,053</td>
</tr>
<tr>
<td>Alabama</td>
<td>7,957</td>
<td>6,607</td>
<td>77</td>
<td>7,096</td>
</tr>
<tr>
<td>Alaska</td>
<td>756</td>
<td>404</td>
<td>45</td>
<td>718</td>
</tr>
<tr>
<td>Arizona</td>
<td>2,120</td>
<td>367</td>
<td>77</td>
<td>858</td>
</tr>
<tr>
<td>Arkansas</td>
<td>1,622</td>
<td>1,664</td>
<td>14</td>
<td>859</td>
</tr>
<tr>
<td>Colorado</td>
<td>4,135</td>
<td>624</td>
<td>16</td>
<td>574</td>
</tr>
<tr>
<td>Delaware</td>
<td>915</td>
<td>416</td>
<td>46</td>
<td>449</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>4,581</td>
<td>1,057</td>
<td>38</td>
<td>1,027</td>
</tr>
<tr>
<td>Florida</td>
<td>4,351</td>
<td>501</td>
<td>9</td>
<td>273</td>
</tr>
<tr>
<td>Hawaii</td>
<td>4,424</td>
<td>1,283</td>
<td>52</td>
<td>803</td>
</tr>
<tr>
<td>Idaho</td>
<td>208</td>
<td>105</td>
<td>8</td>
<td>55</td>
</tr>
<tr>
<td>Illinois</td>
<td>4,019</td>
<td>659</td>
<td>16</td>
<td>2,996</td>
</tr>
<tr>
<td>Indiana</td>
<td>7,859</td>
<td>2,350</td>
<td>30</td>
<td>4,509</td>
</tr>
<tr>
<td>Iowa</td>
<td>2,947</td>
<td>1,741</td>
<td>70</td>
<td>342</td>
</tr>
<tr>
<td>Kansas</td>
<td>4,899</td>
<td>1,711</td>
<td>44</td>
<td>2,109</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1,472</td>
<td>309</td>
<td>21</td>
<td>1,163</td>
</tr>
<tr>
<td>Louisiana</td>
<td>5,216</td>
<td>272</td>
<td>16</td>
<td>1,059</td>
</tr>
<tr>
<td>Maine</td>
<td>4,364</td>
<td>1,003</td>
<td>33</td>
<td>4,054</td>
</tr>
<tr>
<td>Maryland</td>
<td>2,096</td>
<td>1,580</td>
<td>76</td>
<td>1,566</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>9,546</td>
<td>1,390</td>
<td>15</td>
<td>7,455</td>
</tr>
<tr>
<td>Minnesota</td>
<td>16,322</td>
<td>6,297</td>
<td>39</td>
<td>4,028</td>
</tr>
<tr>
<td>Mississippi</td>
<td>1,575</td>
<td>1,417</td>
<td>76</td>
<td>174</td>
</tr>
<tr>
<td>Missouri</td>
<td>5,984</td>
<td>2,249</td>
<td>38</td>
<td>1,815</td>
</tr>
<tr>
<td>Montana</td>
<td>1,034</td>
<td>519</td>
<td>50</td>
<td>429</td>
</tr>
<tr>
<td>Nebraska</td>
<td>1,725</td>
<td>764</td>
<td>45</td>
<td>474</td>
</tr>
<tr>
<td>Nevada</td>
<td>305</td>
<td>313</td>
<td>79</td>
<td>70</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>2,255</td>
<td>506</td>
<td>22</td>
<td>958</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8,574</td>
<td>1,232</td>
<td>22</td>
<td>5,263</td>
</tr>
<tr>
<td>New Mexico</td>
<td>1,153</td>
<td>504</td>
<td>44</td>
<td>491</td>
</tr>
<tr>
<td>North Carolina</td>
<td>42,212</td>
<td>6,711</td>
<td>10</td>
<td>21,735</td>
</tr>
<tr>
<td>Ohio</td>
<td>1,543</td>
<td>1,583</td>
<td>81</td>
<td>190</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1,205</td>
<td>226</td>
<td>18</td>
<td>107</td>
</tr>
<tr>
<td>Oregon</td>
<td>6,282</td>
<td>2,257</td>
<td>35</td>
<td>3,965</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>2,027</td>
<td>1,875</td>
<td>93</td>
<td>1,774</td>
</tr>
<tr>
<td>South Dakota</td>
<td>696</td>
<td>696</td>
<td>100</td>
<td>1,296</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1,017</td>
<td>672</td>
<td>66</td>
<td>252</td>
</tr>
<tr>
<td>Texas</td>
<td>3,544</td>
<td>2,653</td>
<td>69</td>
<td>672</td>
</tr>
<tr>
<td>Utah</td>
<td>886</td>
<td>377</td>
<td>43</td>
<td>465</td>
</tr>
<tr>
<td>Vermont</td>
<td>1,984</td>
<td>949</td>
<td>48</td>
<td>840</td>
</tr>
<tr>
<td>Virginia</td>
<td>575</td>
<td>458</td>
<td>82</td>
<td>55</td>
</tr>
<tr>
<td>Virginia Islands</td>
<td>7,199</td>
<td>2,574</td>
<td>36</td>
<td>3,982</td>
</tr>
<tr>
<td>Washington</td>
<td>6,282</td>
<td>2,257</td>
<td>35</td>
<td>3,965</td>
</tr>
<tr>
<td>West Virginia</td>
<td>6,227</td>
<td>4,105</td>
<td>66</td>
<td>1,097</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>7,860</td>
<td>3,579</td>
<td>46</td>
<td>3,185</td>
</tr>
<tr>
<td>Wyoming</td>
<td>290</td>
<td>169</td>
<td>58</td>
<td>57</td>
</tr>
</tbody>
</table>

**Table 3.—Child welfare services: Number and percentage of children receiving service from public welfare agencies, by State and living arrangements, as of September 30, 1949**

- States with substantially complete reports, total: 53 States
- In homes of parents or relatives: 230,230
- In foster-family homes: 8,618
- In institutions: 31,709
- Elsewhere: 8,388

**Wide Range of Service**

The primary aim of child welfare work is to make it possible for children to receive the care they need in their own homes. In building the programs of child welfare services, therefore, emphasis is placed on services that supplement the efforts of parents and enable them to meet the needs of their children more adequately. Accordingly, homemaker service may be provided, with the homemaker who is placed in the home being supervised by a social case worker. Through this service children may remain at home when their mother is unable to care for them—when she is ill in a hospital, for example.

**Bulletin, May 1950**

1 Services under title V, part 3, of the Social Security Act in 48 States, Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands.
2 States with substantially complete reports are those reporting on 90 percent or more of the children served. States with incomplete reports are those reporting less than 90 percent of the children served.
3 Represents only those children served by workers attached to State or local public welfare agencies and not all children receiving institutional care.
4 Includes some children whose whereabouts are unknown.
5 Less than 0.5 percent.
For children who cannot be cared for in their own homes, the programs include foster care. If possible the placement is temporary, lasting only while the child's home is being rehabilitated or strengthened so that he may return to his own family. A foster family home or an institution may be used for a temporary placement of this kind. When children have no families of their own or must be cared for away from their own families permanently, they may be placed for adoption.

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

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

Extent of Case-Work Service

Data in table 3, which shows the number of children receiving case-work service from public welfare agencies, are based on reports from State departments of welfare. Reporting coverage in 47 of the 53 jurisdictions receiving grants under the Social Security Act is substantially complete, but six States are still reporting incompletely; that is, they report on fewer than 90 percent of the children served. The data for all States exclude case-work service given by public assistance workers to families receiving public assistance.

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

**INCOME OF BENEFICIARIES**

*(Continued from page 10)*

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

<table>
<thead>
<tr>
<th>Year</th>
<th>1941</th>
<th>1949</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$1,167</td>
<td>$3,76</td>
</tr>
</tbody>
</table>

Old-age and survivors insurance benefits | 255 | 255 |
Receipts from roomers | 912 | --- |
Gifts | --- | 120 |

**Summary**

The total money income of half the aged beneficiary groups whose composition remained the same and of three-fourths of the widow-child groups was greater in 1949 than in 1941. In most cases this increase was more than offset by the rise in the cost of living. Three-fourths of the aged groups with the same composition and two-fifths of the widow-child groups had smaller real incomes in 1949 than in 1941.

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

The independent money retirement income of both the aged beneficiaries and the widow-child groups was low in each survey year; in 1949, 70 percent of the aged beneficiary groups whose composition remained unchanged and 84 percent of the widow-child groups had less than $600; in 1941 the corresponding proportions were 74 percent and 71 percent.

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