

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS, Secretary
CHILDREN'S BUREAU - KATHARINE F. LENROOT, Chief

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Standards of Child Health, Education, and Social Welfare

*Based on Recommendations of the
White House Conference on Children in a Democracy
and Conclusions of Discussion Groups*



Bureau Publication No. 287

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Letter of Transmittal

UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 14, 1942.

MADAM: I transmit herewith Publication No. 287, entitled "Standards of Child Health, Education, and Social Welfare." This publication is of especial importance as a guide to States and localities and to agencies under private auspices in the development of the services required for meeting the special wartime needs of children.

Respectfully submitted.

KATHARINE F. LENROOT, *Chief.*

HON. FRANCES PERKINS,
Secretary of Labor.

Foreword

After the 1919 Conference on Standards of Child Welfare, held under the auspices of the United States Children's Bureau and usually referred to as the second White House Conference, the standards adopted by the Conference were given wide distribution and the demand for the publication has continued until the present time. The 1940 Conference on Children in a Democracy adopted a General Report with recommendations covering a broad range of subjects. The summary of standards of child health, education, and social welfare presented herewith is based chiefly upon this General Report, adopted January 19, 1940, and the conclusions of discussion groups which were submitted to the Conference.¹ From these sources the standards were compiled by Emma O. Lundberg, with the collaboration of other members of the Children's Bureau staff.

During the period which has elapsed since the Conference on Children in a Democracy, committees have been organized in 26 States to follow up the recommendations of the Conference, and many national organizations concerned with the welfare of children have utilized the Conference reports in planning their State-wide and local programs. The wartime emergency has given added impetus to State and local planning for protection of children. Although the need for special measures has become more acute and urgent because of wartime conditions, the standards required for safeguarding the health, education, and social welfare of children are essentially the same as those set forth by the White House Conference under its slogan, "Our Concern—Every Child."

The Children's Bureau Commission on Children in Wartime, organized in March 1942, adopted "A Children's Charter in Wartime," which begins with this statement: "We are in total war against the aggressor nations. We are fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future. They must be nourished, sheltered, and protected even in the stress of war production so that they will be strong to carry forward a just and lasting peace."²

¹ Children in a Democracy—General Report Adopted by the White House Conference on Children in a Democracy; and Preliminary Statements Submitted to the White House Conference on Children in a Democracy. A list of White House Conference publications is given on page 21.

² A Children's Charter in Wartime. Children in Wartime No. 2. Children's Bureau Publication No. 283. Washington, 1942.

The "Program of State Action"³ for our children in wartime, formulated on the basis of the Charter and adopted by the Commission, outlines a plan of action by State and local organizations for meeting the needs of children whose welfare is threatened by war conditions. Responsibility for planning, coordination, and leadership, and for reviewing the wartime needs of children and existing resources for meeting them, is placed on State and local groups representative of health, education, and social-welfare interests.

The standards outlined herein are intended to serve as guides for State and community planning and review. Their use should help to clarify the objectives of State and local groups interested in children for both war and post-war periods, and should be of special value in relation to post-war planning for the needs of children.

³ A Program of State Action Adopted August 28, 1942, by the Children's Bureau Commission on Children in Wartime in Consultation with the Office of Defense Health and Welfare Services and the Office of Civilian Defense. Children's Bureau, Washington, 1942. (Processed.)

Standards of Child Health, Education, and Social Welfare

Safeguards of Family Life

*The vast majority of children are members of families
Home and family are the first condition of life for the child. They are first in importance for his growth, development, and education.*

The child has food and shelter if his family has a home and provides food.

He is content and happy if he is well, if he has parents and others to love and be loved by.

Education begins in the home, where he learns to speak, to walk, to handle things, to play, to demand, to give, to experiment.

Religious faith is imparted in the family long before he goes to church.

Adventure and safety, contentment and rebellion, cooperation, sharing, self-reliance, and mutual aid are family experiences (General Report, p. 10).

1. It is essential to democracy that self-respect and self-reliance, as well as respect for others and a cooperative attitude, be fostered. These characteristics may be best acquired in childhood if the relationship among members of the family is of a democratic quality.

2. A necessary condition of the family's capacity to serve the child is an income sufficient to provide the essentials of food, clothing, shelter, and health, as well as a home life that means for the child education, happiness, and character building.

3. Parents, teachers, and others responsible for guiding children should be ever alert to the importance to the child of facing specific life situations. Such situations may provide the occasions for vital and creative religion to function. Adult leaders of children should be persons of the utmost personal integrity and of the highest ideals who have themselves a vivid appreciation of spiritual values.

4. Religious and cultural agencies have a responsibility to promote the development of those qualities in family life and individual character which are the foundation of democracy.

5. Practical steps should be taken to make more available to children and youth through education the resources of religion as an important factor in the democratic way of life and in the development of personal and social integrity.

6. Protection of the physical and mental health of all the members of the family is a primary requisite for the conservation of the home. Health education and health supervision for the prevention of illness, control of communicable diseases, enforcement of sanitary laws and regulations, provision for diagnosis and treatment of physical and mental disorders, and prevention of accidents are public-health measures of the greatest importance.

7. Educational and recreational opportunities should be available to adults as well as to children of all ages.

8. Training in the responsibilities of parenthood, homemaking, and child care should be accessible to parents of all economic groups, in all types of communities.

9. The safety of our democratic institutions requires that as many families as possible be enabled to earn a decent income on a normal self-supporting basis.

10. When abnormal economic conditions result in unemployment, or when death of the breadwinner, illness, or other incapacity reduces the family income, it becomes the duty of society to make such provision for family maintenance as is needed to conserve home life.

11. Families which are unable, because of misfortune or disability, to provide for the proper care and protection of their children should be given social services by community agencies to the end that the home may be preserved if possible and the essential needs of the children may be met.

12. The principles which pertain to the conservation of home life for children should have equal force with reference to all economic groups in the community, and to families of all races and national backgrounds. The effects of unstable home conditions upon the children of migratory families demand special consideration.

13. Normal family life requires a dwelling with proper sanitation, light, ventilation, and protection against cold, and with the space necessary for the members of the family. Adequate housing is as important in rural as in urban areas.⁴

⁴ Among the Recommendations of the White House Conference in regard to housing are the following (General Report, pp. 27, 28):

The Federal Government should continue and expand its program of promoting slum clearance and new housing for low-income groups through further authorization of Federal loans and appropriations for Federal grants to local housing authorities.

Federal housing programs for rural areas should be adapted to rural conditions.

State and municipal governments should enact legislation to provide loans and grants for public housing and to authorize cooperation with the Federal Government in housing programs.

Better housing for families of moderate income should be promoted by safeguarding credit for housing purposes to assure low interest rates and long-term amortization, thus serving to stimulate private building and home ownership; by encouraging cooperative effort of industry and labor to reduce building costs; and by encouraging housing cooperatives and other agencies in which the motive of profit is subordinated to that of social usefulness.

Adequate regulatory laws relating to housing should be enacted, and they should be enforced by competent inspection departments in every city.

Public-assistance budgets should include provision for housing adequate for family needs.

Health and Medical Care for Children

There are two great fronts in the preservation of health and treatment of disease, whether we speak of adult or child. On the one front general measures are applied to prevent well people from becoming ill; on the other, patients are treated to restore them to health and to limit the spread of disease. On both fronts organization and administration are needed, as well as technical knowledge, in medicine and in kindred sciences. Otherwise knowledge is sterile; and we already know more than we actually put to use (General Report, p. 52).

* * * * *

Preventive and curative health service and medical care should be made available to the entire population, rural and urban, in all parts of the country. A considerable portion of the population is able to obtain from its own resources all or part of the necessary medical service. Another large section of the population, however, consists of families whose incomes are below the level at which they can reasonably be expected to budget all the varying costs of illness without interfering with the provision of other items essential to the family's health and welfare; for these there should be available adequately supervised medical and dental care through a program financed by general tax funds, social-insurance systems, or such combination of methods as may be best suited to local conditions.

To achieve these ends will require expansion of full-time local public-health services organized on a city, county, or district basis; construction and adequate support of health centers and hospitals as needed, especially in rural areas, and more effective coordination of community public-health and medical services conducted by various agencies, public and private (General Report, p. 57).

Basic Premises

1. Adequate provision to assure satisfactory growth and development and protection of the health of children is a public responsibility. Upon what is done to assure physical and mental health during maternity, infancy, childhood, and youth depend the vigor and health of the adult population.

2. The interrelation of health, growth, and development calls for special protection in the prenatal period, during birth, and in infancy and childhood. Such protection can be achieved only through continuous health supervision and guidance, parent education, provision of food adequate to assure satisfactory nutrition, prompt and skilled care in acute illness,

and appropriate protection and care for children suffering from disease that may lead to temporary or permanent disability.

3. The phenomena of growth and development so influence conditions and practices surrounding child life as to require special education, training, and experience for those who deal with preventive and curative services, as well as for those responsible for the administration of programs making provision for such services.

4. A program of health supervision and medical service for children should be based on current knowledge and understanding of what constitutes satisfactory conditions of physical and mental health, growth and development, and satisfactory standards of care.

5. The responsibility of the public to provide health and medical services and adequate food for children involves action on the part of citizen groups, professional and nonprofessional, on the part of voluntary agencies, and on the part of government.

6. If the responsibility of the public for the health of children is to be reflected in the lives of all the Nation's children, action by government—local, State, and Federal—is essential, through health, welfare, education, and research agencies and through those economic channels that will make possible the provision of adequate food, shelter, and the other essentials of family life.

7. To achieve health for children and create conditions conducive to their normal growth and development, society must be concerned with the health of parents and all other members of the households in which children live; with the general public-health organization, particularly measures for the protection of the home and its environment, including proper housing; and with provision by public or private agencies or through individual resources for the general medical care of the sick.

Maternal Care and Care of Newborn Infants

Standards of maternal care and care of newborn infants should include the following:

1. Premarital examination should be given to make reasonably sure that prospective parents are free from serious hereditary defects and diseases potentially transmissible during intrauterine life.

2. Prenatal medical and nursing services, closely coordinated with hospital services, should be provided by the community to insure adequate and continuous care throughout pregnancy.

3. A program of continuous prenatal, delivery, and postpartum care, in which expert consultation and hospital care are readily available in complicated cases, should be the right of every mother.

4. If hospitalization is needed, it should be arranged for in a hospital well equipped for maternity care, and ability to pay for care should not be the deciding factor.

5. A hospital accepting maternity patients should make separate provision for these patients, including separate wards, delivery room, and nursing care, with provision for isolation of infected mothers or infants. The medical staff of the hospital should always include a qualified obstetrician, who should be consulted prior to any operative procedure, and a qualified pediatrician. The maternity nursing staff should not serve

other patients in the hospital, and there should be separate nurses to care for the infants. Separate nurseries and equipment should be available for adequate care of newborn infants, especially those born prematurely.

6. Every birth should be attended by a physician qualified by training or experience, assisted by a nurse who has had training in maternity care. An obstetrician and a pediatrician should be available for consultation at the time of birth, especially in case of operative interference and premature birth.

7. The help of social workers should be available to assist the physician and nurse in planning maternity care for patients with special economic and social problems. Housekeeper service should be among the community resources that can be utilized in planning prenatal, delivery, and postpartum care.

Care of Infants and Children

Standards for care of infants and children should include the following:

1. Throughout the neonatal period the infant should be under the observation and care of a physician, preferably one with training and experience in the care of infants and children, and a pediatrician should be available for consultation when needed.

2. Care by a public-health nurse should be available for every infant born at home when a private-duty nurse is not available, and for all newborn infants discharged from hospital.

3. To protect the health of children there is needed a home environment providing the essentials of adequate housing, good sanitary conditions, warmth, and space for privacy and recreation.

4. A home suitable for rearing healthy children should assure the child stable, consistent parental relationships, proper instruction in personal and sex hygiene, background for the formation of good habits, and sympathetic and intelligent care. Provision of adequate food, proper clothing, sleep, fresh air and sunshine, and recreation is essential.

5. A program of parent education in problems of physical and mental health of children should permeate all community health activities; local organizations such as nursery schools, day nurseries, child-health centers, child-guidance clinics, and the elementary and secondary schools may serve as centers for the development of a parent-education program.

6. No protective health measure is so important for children as the provision of food that is adequate in quantity and quality and the development of good food habits. The importance of adequate food for children is such that it should be assumed as a community responsibility when the individual family resources are not sufficient to provide it.

7. The child should be protected both inside and outside the home as far as possible from contagion, including respiratory infections.

8. Complete periodic health examinations by a competent physician trained in the care of children should be part of every child's care. Periodic dental examinations and corrective care by competent dentists are an important part of the program for protection of the child's health.

9. Provision should be made for immunization at least against those communicable diseases for which its efficacy has been well established. This is particularly true of diphtheria, smallpox, and typhoid fever.

Care of Sick and Physically Handicapped Children ⁵

1. Provision for the care of sick children whose families are unable to provide it should be made by the community. Such provision should include medical, dental, nursing, hospital, and convalescent care, and such laboratory, X-ray, physical-therapy, vocational-rehabilitation, and other services as are indicated.

2. Medical and nursing care in the home by local physicians and nurses, aided when necessary by specialists, should be available in the community. Expert diagnostic service and treatment may be provided in out-patient clinics of general hospitals, or, if the community is not large enough to warrant a general hospital, in a health center which is connected with a hospital.

3. Hospital care in a general hospital or, in the larger cities, a special hospital for children should be available. A general hospital that admits children should have special wards for children, in charge of nurses trained in the care of children, facilities for isolation on admission or for separate care of children with communicable diseases, and adequate laboratories, X-ray, and other necessary equipment. A general hospital staff should include at least one pediatrician to serve as a consultant, and a medical-social worker.

Maternity, Infant, and Preschool-Child Services

1. Community services should include medical care and public-health-nursing service in the home, and bedside care when necessary, for the mother throughout pregnancy, at delivery, and during the puerperium, for the newborn infant, older infants, and all children in the family.

2. Prenatal clinics and child-health conferences, conducted by qualified physicians assisted by public-health nurses, should be held in centers located conveniently for the mothers of a community or neighborhood.

3. Prenatal clinics should be located in or associated with hospitals, and arrangements should be made for continuity in the medical care given to each woman, whether the delivery is to be in the hospital or in the home.

4. Child-health conferences should be associated with a local health agency and, through the agency, with an out-patient clinic and hospital, so as to provide continuous supervision of the infant and young child when well or sick.

5. Child-health conferences should provide medical, dental, nursing, nutrition, and mental-health services for the preschool child.

School Health Program

1. Through a well-rounded school health program the community should provide the services necessary for adequate supervision of children of school age, including mental-health services; health instruction by teachers; a health-permitting school environment and program; recreation facilities; and health supervision of teachers and employees, with special emphasis on the early discovery of tuberculosis and personality defects in teachers.

2. School health services provided by the local health department or by the local education department should include: (a) Thorough physical

⁵ See also Provision for Physically Handicapped Children, p. 17.

examinations by competent physicians and dentists, aided by the school nurse or the public-health nurse who serves the school, of all children on entrance to school and at 2- or 3-year intervals thereafter, unless such examinations have been provided by the family; (b) immunization for diphtheria and vaccination for smallpox when necessary and not provided by the family; (c) early detection of communicable diseases; (d) thorough tests of hearing and vision, and provision for remedial measures when necessary; (e) special medical examinations of children taking part in competitive athletics.

Health of Youth at Work

1. Continuing opportunity should be provided by the community for health supervision and health education of the child who must leave school for work, as well as for those who remain in school and college.

2. Opportunity for continued health guidance for youths, for medical care when needed, and for premarital and preparental advice to young people should be available through clinics in all communities.

3. For the youth who goes to work, protection against the health and accident hazards of employment is a community responsibility, which involves law making and law enforcement.

Mental Health

1. For the protection of the mental health of children the community should provide as part of its health service a constructive program for mental health, including child guidance and parent education. Such a program not only is needed for children who are socially or mentally handicapped but should also be available to aid parents, physicians, nurses, teachers, social workers, and others who are faced with the responsibility of rearing and educating children.

2. The establishment of a child-guidance clinic staffed with psychiatrist, psychologist, and social workers provides a community facility that serves schools, courts, social agencies, and individual families.

Local, State, and Federal Responsibility

In the sharing of responsibility for public maternal and child-health services by local communities, States, and the Federal Government, the following principles should be observed:

1. The local community should provide maternity care and health and medical services for children, as needed, as part of its public-health responsibility, utilizing available qualified services and facilities.

2. The State should give leadership, financial assistance, specialized service, and supervision in the development of local services, and should be responsible for setting standards of care and service acceptable on a State-wide basis.

3. The Federal Government should assist States through financial support, research, and consultation service, and should be responsible for setting standards of care and service acceptable on a Nation-wide basis.

4. Federal grants to the States for the expansion of maternal and child-health services, including hospital and medical care, should be made on a basis that will raise most effectively the level of service in those areas where it is not adequate and so reduce existing inequalities in these fields of service.

Educational Services in the Community

Formal education centers in the school and extends to other agencies, such as the library and the recreation center. Play is an essential part of every child's education. Reading may be learned in school but it soon becomes the means of independent recreation and cultural growth. Thus, the library, the school, and the recreation center join in a comprehensive educational system. No hard and fast lines separate the functions of these agencies (General Report, p. 32).

Education Through the Schools ⁶

1. Units of local school attendance and administration should be enlarged wherever necessary in order to broaden the base of financial support and to make possible a modern well-equipped school for every child at a reasonable per capita cost.
2. Substantial financial assistance should be granted by every State to its local school systems for the purpose of equalizing tax burdens and reducing educational inequalities.
3. An extended program of Federal financial assistance to the States should be adopted in order to reduce inequalities in educational opportunity among States. Because minority groups have proportionately more children than others and live to a greater extent in areas with the least resources, the principle of Federal aid to States for services affecting children is extremely important for their welfare.
4. The supreme educational and social importance of individual traits should be recognized throughout the educational system, which should enable each child to make the most of his inherent abilities and aptitudes, and equip him with the knowledge, skills, and habits that he will need in adjusting to changing economic conditions. An educational system that truly serves a democracy will find no place for the philosophy or the methods of mass production.
5. Schools should give increased attention to the educational needs of individual children, including those who are physically handicapped, mentally retarded, or socially handicapped; these needs should be met with minimum emphasis on the handicap.
6. State-wide educational programs for handicapped children should provide for location and enumeration, diagnosis of special needs, adequate adjustment of school programs, social development, and vocational preparation, with suitable provision, also, for the coordination of educational services with the medical and social services rendered to such children.
7. State aid to local school systems for special educational provisions for handicapped children should be extended on the basis of the excess cost involved in educating such children.

⁶ See also School Health Program, pp. 6-7, and Vocational Preparation, Guidance, Placement, and Work Experience, p. 13.

8. State residential schools for the blind, the deaf, the mentally deficient, and the socially maladjusted should emphasize both educational and social aspects of the pupil's development and should be well correlated with the day-school system of the State.

9. The professional education of teachers should be enriched by study of the principles of child development, the role of education in an evolving social order, and the significance of democratic procedures in school life.

10. Teachers and other workers in all branches of education should be selected and retained in service on the basis of professional qualifications alone. They should be adequate in number to permit them to give attention to the needs of each individual child.

11. School systems should provide nursery school, kindergarten, or similar educational opportunities for children between the ages of 3 and 6.

12. Schooling during at least 9 months of the year should be both compulsory for and available to every child up to the age of 16. Compulsory-school-attendance laws should be adjusted to child-labor laws, since school leaving and child labor are closely related.

13. Local school systems should provide free educational opportunities, in accordance with individual needs, for youth up to 18 or 20 years of age, in preparation for higher education, in basic and specialized vocational training, or in general educational advancement. All youths over 16 who are not employed or provided with work opportunities should share in the benefits of such opportunities.

14. Financial aid from public sources should be given whenever necessary to young persons to enable them to continue their education beyond the compulsory-attendance age if they wish to do so and can benefit thereby.

15. Schools should make available to young people, while in school and after they leave school, systematic personal and vocational guidance and organized assistance in job placement, in cooperation with public employment services.

16. Community programs for adult education should provide to all seeking opportunity for further study or self improvement instructional facilities in fields deemed essential for home and civic life.

17. School health supervision and health and safety education should be made more effective so as to protect the physical and mental health of the child and to give him better understanding of the principles and practices of social and community hygiene.

18. Schools should assume further responsibility for providing wholesome leisure-time activities for children and their families, and new school buildings should be planned and equipped with these functions in mind.

19. Education for civic responsibility should be emphasized with the aim of developing personal integrity and intelligent loyalty to democratic ideals and institutions. For this purpose the child's learning experiences should include participation in the activities of community life, on a level appropriate to his degree of maturity.

20. Schools should cooperate with other community institutions and agencies that serve the child. Close cooperation with parents is especially important.

21. Research divisions should be established by local school systems wherever possible and by State departments of education. Budgets for the United States Office of Education should be increased to permit the extension of research and related services. Planning of educational policies and programs at all levels should be based on research.

22. The traditional concern of American education with ethical values as well as mental and physical development should continue to be the fundamental obligation of the schools. It is desirable that the teaching and administrative staffs should maintain among themselves and in their attitudes toward children the processes and viewpoints characteristic of a democratic society. Such attitudes will thrive only in an atmosphere of freedom to teach and freedom to learn.

23. Programs of general secondary education should be developed based on changes in industrial demands and opportunities and contributing significantly to responsible citizenship, wholesome family life, constructive use of leisure time, and appreciation of our cultural heritage.

24. Federal and State aid for education should be provided which will reduce inequalities and make possible educational opportunity, in accordance with the standards here recommended, for all children regardless of race, residence, or economic condition.

Leisure-Time Services

1. The development of recreation and the constructive use of leisure time should be recognized as a public responsibility on a par with responsibility for education and health. Local communities, States, and the Federal Government should assume responsibility for providing public recreational facilities and services, as for providing other services essential to the well-being of children. Private agencies should continue to contribute facilities, experimentation, and channels for participation by volunteers.

2. Steps should be taken in each community by public and private agencies to appraise local recreational facilities and services and to plan systematically to meet inadequacies. This involves utilization of parks, schools, museums, libraries, and camp sites; it calls for coordination of public and private activities and for the further development of private organizations in providing varied opportunities for children with different resources and interests. Special attention should be directed toward the maximum utilization of school facilities for recreation in both rural and urban areas.

3. Emphasis should be given to equalizing the opportunities available to certain neglected groups of children, including—

Children living in rural or sparsely settled areas.

Children in families of low income.

Negro children and children of other minority groups.

Children in congested city neighborhoods.

Children just leaving school and not yet adjusted to outside life, with special emphasis on unemployed youth.

Children with mental, emotional, or physical handicaps.

4. Public and private organizations carrying responsibility for leisure-time services should assist and cooperate in developing public recognition of the fact that recreation for young and old requires facilities, equipment, and trained personnel.

5. Schools and other educational and civic organizations should promote intelligent choice and appreciation of various forms of commercial recreation.

6. Because of the growing significance of radio and motion pictures in their impact on children and youth, social organizations and entertainment industries, insofar as they are concerned with the leisure time of children, should collaborate wherever possible in order to provide programs that will contribute to the sound development of children.

Library Service for Children and Youth

1. The States should encourage and assist in the extension and development of local public-library service and give financial aid for the maintenance of such service. In rural areas provision should be made for traveling libraries to reach isolated homes and communities.

2. Federal grants to the States for general public education should be available for school libraries. Special Federal grants should be made available for extension of library service to rural areas.

3. Libraries should provide for special collections and personnel to serve children. Provision should also be made for material and for library advisory service for parents on subjects relating to child care and training.

4. Libraries should be staffed by personnel trained and qualified specifically for this work.

Child Labor and Youth Employment

A program concerned with the employment problems of children and young people involves two main objectives. Of these, one is protective, designed to prevent industrial exploitation and premature employment of children and youth at ages or under conditions of work detrimental to their health, education, or general welfare. The other is primarily educational and advisory, and has for its purpose the provision of training and guidance in school and on the job, assistance in obtaining suitable employment, and adequate opportunity for work experience (Preliminary Statements, p. 147).

Protective Measures

Primary responsibility for establishment of proper legal safeguards and their effective administration is vested in the States, which should bring their State child-labor laws up to the standards required to assure adequate protection. Federal action also is needed to provide minimum standards for the protection of every child in every State, below which no State may fall.

The following standards relating to child labor have received wide acceptance as the minimum to be sought in protective measures:⁷

1. A minimum age of 16 for all employment during school hours and for employment at any time in manufacturing or mining occupations or in connection with power-driven machinery.
2. A minimum age of 16 for employment at any time in other occupations, except as a minimum age of 14 may be permitted for limited periods of work after school hours and during vacation periods in agriculture, light nonmanufacturing work, domestic service, and street trades.
3. A minimum age of 18 or higher for employment in hazardous or injurious occupations.
4. Hours-of-work restrictions for persons up to 18 years of age, including maximum hours, provision for lunch period, and prohibition of night work, the hours permitted not to exceed 8 a day, 40 a week, and 6 days a week.
5. Requirement of employment certificates for all minors under 18, issued only after the minor has been certified as physically fit for the proposed employment by a physician under public-health or public-school authority.
6. At least double compensation under workman's compensation laws in cases of injury to illegally employed minors.
7. Minimum-wage standards for all employed minors.

⁷ See also *Health of Youth at Work*, p. 7, and *Education Through the Schools*, p. 9, item 12.

8. Abolition of industrial home work as the only means of eliminating child labor in such work.

9. Adequate provision for administration of all laws relating to the employment of children and youth.

10. Provision for a continuing program of research concerning the extent and conditions of child employment, the effect of child-labor legislation, and the effect of employment on the health and welfare of children and young persons.

Vocational Preparation, Guidance, Placement, and Work Experience⁸

1. Vocational preparation, guidance, and counseling services, adapted to modern conditions and the changing needs of youth, should be extended in the school systems, and when carried on under other auspices, should be conducted in cooperation with the schools.

2. Vocational preparation should encourage the cultivation of sound attitudes toward work and good work habits, and should give the child techniques of value in a wide range of occupations and a knowledge of modern industry and the problems which workers must meet. There should be further experimentation in part-time work and part-time schooling.

3. Such vocational preparation should include training for specific trades available to youth 16 years of age and over, provided through public-school vocational courses and through apprenticeship, and business or professional training under public educational auspices.

4. Educational and vocational guidance should be available to all pupils, based on study of individual capacities and aptitudes and information concerning available educational and vocational training facilities and employment opportunities.

5. Counseling services should be established for all out-of-school youth seeking employment and should be maintained in close cooperation with the available vocational preparation and guidance programs.

6. Placement services for young workers should be provided, staffed by properly qualified and professionally trained workers, with full cooperation between the schools and the public employment services.

7. Federal, State, and local governments should provide work projects for youths over 16 and not in school who cannot obtain employment. Such work should be useful, entailing possibly the production of some of the goods and services needed by young people themselves and other unemployed persons.

8. No person should be arbitrarily excluded from work programs or other programs for youth because of a delinquency record.

⁸ See *Education Through the Schools*, p. 9, items 13 and 15.

Social Services for Children

Social services furnish the means by which society helps to meet the special needs of children whose well-being cannot be fully assured by their families and by those community services that are intended for all children alike. The primary objective of child-welfare service is to provide for every child who has some special need whatever assistance and guidance may be required to assure him security and protection, within his own home if possible, and opportunity for his growth and development (General Report, p. 63).

Essentials of a Community Child-Welfare Program

1. Social services to children whose home conditions or individual difficulties require special attention should be provided in every county or other appropriate area. An obligation rests upon both public and private agencies for the development of adequate resources and standards of service.

2. Community planning for child welfare requires participation of social-welfare agencies, schools, health agencies, courts, recreational agencies, and representative citizens concerned with children. Public and private child-welfare agencies should cooperate in a program which will assure the proper service to every child in need.

3. Social services for children are essential in community programs for child health, education, and general well-being. Health, educational, and recreational services should have access to social services for children requiring special attention.

4. The local public-welfare department should be able to provide all essential social services to children, either directly or through utilizing the resources of other agencies. Public and private child-welfare agencies should cooperate in a program which will assure the proper service to every child in need.

5. Adequate and well-administered public assistance and general relief, with social services as needed, furnish a necessary foundation for child-welfare service.

6. Public child-welfare services should be available to every child in need of such help without regard to legal residence, economic status, race or nationality, or any consideration other than the child's need.

7. Public-welfare agencies should assume continuing responsibility for children received into their care as long as they are in need of public protection or support.

8. Children should be given whatever service they need from public-welfare agencies without court commitment, unless change of legal custody or guardianship is involved or legal action is needed because of the circumstances of the parents' neglect or the child's delinquency.

9. Public child-welfare services should be provided as part of general public-welfare administration, which should also include aid to dependent children and general relief.

10. Child-guidance service with resources for competent psychiatric, psychological, and social study and treatment is a necessary part of a community welfare program.⁹

11. Adequate standards for selection, training, and advancement of staff on the basis of merit should be maintained by the authorities responsible for child-welfare work.

12. The active interest of informed citizens is essential in the development of good public service and coordination of the work of public and private agencies.

Foster-Care Services

1. For children who require care away from their own homes, there should be available such types of family-home and institutional provision as may be necessary to insure their proper care, having due regard for special handicaps and problems of adjustment.

2. Child-caring agencies and institutions should have adequate funds for the maintenance of children, and also for such services as are required to meet their physical, emotional, educational, and religious needs, utilizing to the fullest extent community resources available for these purposes.

3. Foster care should be utilized only after due consideration has been given to the possibility of maintaining the child in his own home under proper conditions. When care in a foster-family home or institution is found to be desirable it should be accompanied by work for the rehabilitation of the home, unless the child's welfare necessitates permanent severance of family ties.

4. Where public funds are paid to private agencies and institutions, they should be given only in payment for care of individual children whose admission to service has been approved by the public agency and who remain its responsibility. Such payments should be made on a per capita, per diem basis, and should cover as nearly as possible maintenance costs.

5. Acceptance by a private agency of a child who is a public ward should be by mutual agreement between the public agency and the private agency, and termination of care should be decided upon in conference between the two agencies. There should be a definite understanding between the public-welfare department and the private organization as to who is to have responsibility for services needed by the child's family while the child is in foster care.

6. The public department represents the State in its relations to the child and his family and cannot delegate legal and moral obligation to see that the child is protected in his family relationships and that he receives good care.

The Juvenile Court

1. It is the function of the juvenile court to provide legal action based on social study, with a view to social treatment, in cases of delinquency

⁹ See also Mental Health, p. 7.

requiring court action and in cases involving adjudication of custody and guardianship or enforcement of responsibilities of adults toward children. As local public-welfare departments become equipped for adequate child-welfare service, juvenile courts should be relieved of cases not coming within these classes.

2. Courts dealing with children's cases should have judges and social-service staff qualified to give adequate services to children. In larger communities a probation staff of qualified workers is required. In less populous areas the court may use the services of child-welfare workers in the public-welfare department.

3. Social service is needed in connection with court action in cases of delinquency and neglect and in many cases of other types. Social investigation and service, for example, are necessary in cases of divorce and legal separation when custody or responsibility for the support of children must be adjudicated; and in cases of adoption, of determination of paternity and support of children born out of wedlock, and of desertion and nonsupport of families. Where jurisdiction over these cases is not placed in the juvenile court, such service should be supplied either by the court having jurisdiction or through cooperative arrangements with the juvenile court or community welfare agencies.

Prevention and Treatment of Juvenile Delinquency

1. Prevention of delinquency and intelligent treatment of young offenders require knowledge of the personal and environmental conditions which may have a bearing upon the delinquent behavior of the individual child. The social and economic factors which contribute to maladjustment must be understood and dealt with, as well as the physical, mental, and emotional characteristics of the child.

2. In addition to programs providing social treatment of the individual child, measures aimed at basic causes are required if conditions in the home and community contributing to delinquency are to be removed. Youthful energies must be directed into useful channels. Home, school, and church have responsibilities to help children to achieve a strong appreciation of ethical values. Adequate play facilities for children, constructive companionships and associations in neighborhoods where they reside, and carefully supervised group activities all contribute to the upbuilding of character.

3. Training schools for juvenile delinquents should receive only such boys and girls as need the special treatment afforded by such institutions, and their work should be closely related to social-service activities in the communities from which children are admitted. Training schools should not be used as catch-alls for problems which should be dealt with in the community by children's agencies or by courts equipped for social treatment.

4. The same institution cannot serve adequately the needs of both young children and older youth, nor provide training adapted to the mentally deficient and to the mentally normal child. The development of small, specialized institutions, with provision for transfer of children from one to another, is preferable to the development of large institutions.

5. While a boy or a girl is under care the training school should provide individualized treatment that will give the child the opportunities

normally afforded by the family, the school, and the community agencies which contribute to the health and education of children and the formation of their character. If the institution is to fulfill its function, its equipment must equal the resources of a good community. The activities of the training school in the social, educational, religious, health, and recreational fields should be closely related to the activities of other community agencies in the same fields.

6. Greater emphasis should be placed upon the need for constructive case work in the community, including work with the child and with his family after he has left the institution. Training schools should have social workers to serve as liaison personnel between the institution and the communities from which the children come. Immediate responsibility for case-work service for the family while the child is in the institution and assistance to the child after his release should be carried in most instances by the child-welfare worker in the community.

7. It is important that the administration of State training schools be related to and function as an integral part of services for children rather than of those provided for the care of adults.

Provision for Physically Handicapped Children ¹⁰

1. Broad programs of medical care and social service to deaf and blind children and those suffering from impaired hearing and vision should be developed in the States, following the general principles developed in services to crippled children for which the States now receive Federal aid under the Social Security Act.

2. State-wide programs for physically handicapped children should provide for locating such children, and for diagnosis, medical and surgical care, convalescent care, social service, education, and vocational preparation.

3. Physically handicapped children should have the fullest possible opportunities for care and training in their own homes and communities. Social service which will help families to make the adjustments in family life required to meet the needs of handicapped children is an essential part of a program for such children.

State and Community Provision for Mentally Deficient Children

1. An adequate State-wide program for the care of mentally deficient children should include: Locating children who may need help; ascertaining their physical, intellectual, and emotional development and their social adjustment; and providing services which will meet the social, educational, and vocational needs of mentally deficient and subnormal children throughout the State.

2. Segregation can be the answer to only a small part of the whole problem of mental deficiency, but adequate provision must be made for children who require institutional care. Whenever behavior difficulties are serious or when family conditions are such that children cannot safely remain at home or be cared for in a foster-family home, care and training should be available in an institution equipped to give proper care and training.

¹⁰ See also *Education Through the Schools*, pp. 8-9, items 5, 6, 7, 8, and *Care of Sick and Physically Handicapped Children*, p. 6.

3. Community provision for mentally deficient children should include services to promote their social, educational, and vocational adjustment. These services should be made available early in the life of the child. Parents should be helped to understand the child and his condition so that they may provide proper care in the home.

State Leadership and Aid in Developing Local Services

1. The State welfare department should provide leadership in developing State and local services for children and in improving standards of care, and should administer such services as cannot be provided appropriately in local units. It should have a division responsible for promoting the interests and welfare of children and a definite appropriation for this purpose.

2. Besides general promotion and leadership, the service for children provided by the department should include State financial assistance to local units of government to enable them to undertake preventive measures and, when necessary, service to children, and to reduce prevailing inequalities in local community services.

3. Enforcement of laws relating to supervision of institutions, child-placing agencies, and foster-family homes should be accompanied by provision for guidance in developing good standards of care and for advice to families whose children need foster-care services.

4. Adequate legal and social safeguards should be provided in matters relating to adoption and other methods of transfer of parental rights and obligations.

5. Advisory service with reference to social legislation should be an important function of the State welfare department. Social legislation, if it is to be an effective instrument for child protection, must be planned for a social purpose and fostered by public understanding of its aims.

6. The State should assume responsibility for services to children with certain handicaps for whom local communities, even with State leadership and financial assistance, cannot make adequate provision.

7. State care of children should not be developed without adequate consideration of the possibilities of providing for the children in their own communities. The volume and kind of care provided by the State for children for whom it assumes direct responsibility should be influenced by the increasing availability of local child-welfare services.

8. The Federal Government should enlarge its child-welfare activities so as to make them more fully available to the States, and through the States to local units of government, and to private child-welfare agencies and parents.

9. Community, State, and Federal child-welfare services should be developed on the basis of careful planning participated in by health, educational, and social-service agencies, public and private, and by representative citizens. Interdepartmental cooperation in the administration of these programs should be developed by Federal, State, and local governments.

Economic Aid to Families

During the process of adjustment to changing economic situations many families and children may be left without an assured livelihood because of unemployment, disability, low wages, or other factors beyond their control. It is becoming the established American policy that these families be given adequate economic assistance (General Report, p. 21).

1. Measures for unemployment compensation, workmen's compensation, and old-age and survivors benefits, which are of special importance in relation to children, should be extended as to coverage and liberalized as to benefits provided, and insurance against loss of income through temporary or permanent disability should be developed.

2. The Federal Government should adopt a policy of continuing and flexible work programs for the unemployed, operated and primarily financed by the Federal Government and carried on in cooperation with State and local governments. The amount of work provided in each State should be in proportion to the number of needy unemployed. As supplementary to this program and in no way displacing it, the Federal Government should provide aid to the States for general relief covering all persons in need who are not in the categories now the objects of special Federal concern. Federal aid for general relief should be adjusted in each State to the economic capacities and relief needs of that State.

3. States should provide substantial financial assistance to local units to make possible adequate public assistance and relief. State assistance should be adjusted to need and financial capacity of the local units.

4. Aid to Dependent Children should be further developed with the objective of enabling each eligible family to provide adequate care for its children. Rigid limitations on the amounts of grants to individual children or families should be removed from State and Federal laws. Necessary appropriations should be made by State and local governments and by the Federal Government. Federal aid should be equitably adjusted to the economic capacities and the needs of the several States.

5. State laws making legal residence a prerequisite for economic aid should be made uniform and reasonable, with no more than a year required for establishing residence. The Federal Government should take full responsibility for developing plans to care for interstate migrants and transients, such plans to be administered in cooperation with the States but with the Federal Government assuming complete financial responsibility. The States should assume the responsibility for State residents who are without legal local residence, with such aid as may be made available by the Federal Government for general public assistance.

6. In all systems of economic aid safeguards should be provided to assure staff selected on the basis of merit, adequate in number and qualifications to administer the benefits and to provide or obtain for each family the services needed.

Public Administration and Financing

This Conference believes that it would be unsound to relieve governments on State and local levels from responsibility for such services as schooling, recreation, health, and medical service. It is important, however, to assure a reasonable minimum in these services and to remove inequalities so far as possible by spreading the cost. The Conference therefore endorses a consistent and well-organized system of grants by States to localities and by the Federal Government to States, for the support and expansion of certain services to children (General Report, p. 79).

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It is of the utmost importance that merit systems be adopted in administration of public service in local, State, and Federal governments. . . . This Conference looks to a time when the body of public servants will be carefully selected and retained by reason of professional qualifications and will be backed by a strengthened and informed public opinion (General Report, p. 80).

The following principles are basic to the proper development of public services to children:

1. The number of local administrative units of government for health, education, and welfare should be reduced, and units sufficiently large and appropriate for efficiency and economy in performing the functions of government should be organized.
2. Financial responsibility should be shared by governments at the various levels—local, State, and Federal—taking into account the needs in the respective localities and States and the resources of these governmental units.
3. Merit systems which will assure competent personnel to perform the services essential for children should be adopted in public administration in local, State, and Federal governments.

Publications of the White House Conference on Children in a Democracy Issued by the Children's Bureau

Conference on Children in a Democracy; papers and discussions at the initial session, April 26, 1939. Pub. 265. 117 pp. 20 cents.

Proceedings of the White House Conference on Children in a Democracy, January 18-20, 1940; including the General Report adopted by the Conference. Pub. 266. 125 pp. 25 cents.

Children in a Democracy: General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940. 86 pp. 20 cents.

Preliminary Statements Submitted to the White House Conference on Children in a Democracy, January 18-20, 1940. 257 pp. 40 cents.

Reprints from Preliminary Statements (single copies free):

Social Services for Children. 33 pp.

Health and Medical Care for Children. 45 pp.

Religion and Children in a Democracy. 11 pp.

Child Labor and Youth Employment. 13 pp.

White House Conference on Children in a Democracy: Final Report. Pub. 272. (In press.)

White House Conference on Children in a Democracy. Reprint from *The Child*, March 1940. 12 pp.

The Follow-Up Program of the White House Conference on Children in a Democracy. Supplement to *The Child*, July 1940. 16 pp.



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