

MATERNAL AND CHILD WELFARE PROVISIONS OF THE SOCIAL SECURITY ACT

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In any discussion of the various provisions of the Federal Social Security Act, especially of those parts of the Act relating to maternal and child welfare, two questions are frequently raised. The first, why should a program for federal-state coöperation in behalf of the health and welfare of mothers and children be considered a logical part of a broad economic program dealing with such subjects as unemployment compensation and old-age insurance? The other is, what were the special conditions which rendered imperative the establishment of a program of federal aid to the states for maternal and child welfare?

The general purpose of the entire program, and the relationship of children to this program, were indicated by the President in his messages to the Congress of June 8, 1934, and January 4, 1935, in both of which he said: "Among our objectives I place the security of the men, women, and children of the Nation first." This placed the welfare of children on a basis of equal importance with the welfare of adults.

The Committee on Economic Security appointed by the President to make recommendations for legislation to provide "safeguards against misfortunes which cannot be wholly eliminated in this man-made world of ours" was even more specific in defining the relationship of children to a general program of economic security for the individual and his family. In its report to the President the Committee emphasized the fact that "the core of any social plan must be the child" and declared that "Every proposition we make must adhere to this core." The report then proceeded to enumerate the various parts of the plan and to point out their direct or indirect bearing on the welfare of the child, as follows:

"Old-age pensions are in a real sense measures in behalf of children. They shift the retroactive burdens to shoulders which can bear them with less human cost, and young parents thus released can put at the disposal of the new member of society those family resources he must be permitted to enjoy if he is to become a strong person, unburdensome to the State. Health measures that protect his family from sickness and remove the menacing apprehension of debt, always present in the mind of the breadwinner, are child-

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welfare measures. Likewise, unemployment compensation is a measure in behalf of children in that it protects the home. Most important of all, public-job assurance which can hold the family together over long or repetitive periods of private unemployment is a measure for children in that it assures them a childhood rather than the premature strains of the would-be child breadwinner."¹

In addition to the benefits brought to children through these general measures, the Committee recognized the need for special benefits which these general measures alone could not provide.

The effect of economic insecurity upon children had been brought to public attention by the presence of 8,000,000 children under 16 years of age in families receiving unemployment relief—representing about 40 percent of the total number of persons on relief—in the winter of 1934-35, and by evidences that the health and welfare of children, even of those not in relief families, had suffered as a result of the depression and of limitation of the resources of agencies created to serve their needs.

In considering the special needs of children, the Committee on Economic Security, in preparing its report, took into consideration not only the approximately 280,500 dependent children then benefitting by the very uneven and often inadequate grants for mothers' assistance under state laws, a number recognized as representing less than half of the number probably eligible for and in need of such aid, but also the large number of dependent and neglected children receiving care away from their own homes—approximately 250,000—about three-fifths of whom were in institutions and the remainder in boarding, free, work, or wage homes. Some children, in increasing numbers since the depression began, were being cared for in almshouses, a practice condemned a hundred years ago. The Committee was also aware of the more than 200,000 delinquent children who come before the courts each year, of the more than 75,000 children born out of wedlock each year, of the 300,000 to 500,000 physically handicapped children, and of the economic loss and insecurity to children resulting from the high maternal death rate in the United States. It was recognized that the need for a preventive as well as a remedial program to meet these conditions was very great and beyond the power of individual families or local communities to provide for themselves.

These, in brief, were among the major reasons which led the Committee on Economic Security to recommend to the President the inclusion of special measures for public assistance to dependent children, and for maternal and child health and welfare, as an integral part of a broad economic and social program. These recommendations were transmitted by the President to Congress and were embodied in the Social Security Act which was passed after extensive hearings and discussion, and approved by the President, August 14, 1935.² They constitute recognition of the fact that security and opportunity for children are dependent not alone upon family income, but also upon parental intelligence and understanding and community pro-

¹ COMMITTEE ON ECONOMIC SECURITY, REPORT TO THE PRESIDENT (1935) 35.

² Pub. No. 271, 74th Cong., 1st Sess., 49 STAT. 620.

vision for the health and social services which individual families, under modern conditions, cannot provide singly.

Of the eleven titles of the Act, two are especially concerned with children. Title IV, dealing with public assistance to dependent children in their own homes under the so-called mothers' aid laws in effect in the various States, is administered by the Social Security Board. This title will not be discussed here.³

Title V provides for three types of services for maternal and child welfare which are administered by the Children's Bureau of the United States Department of Labor. Part 4 of the title relates to vocational rehabilitation and is administered by the Office of Education of the Department of the Interior.

The following is a brief summary of those parts of the Act which are administered by the Children's Bureau.

Title V, Part 1, Maternal and Child-Health Services. This part of the Act, in Section 501, authorizes an annual appropriation of \$3,800,000, "For the purpose of enabling each State to extend and improve, as far as practicable under the conditions in such State, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress," and states that "the sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Chief of the Children's Bureau, State plans for such services."

Allotments to the states from this appropriation are directed by Section 502 of the Act to be made by the Secretary of Labor on the following basis: An initial uniform allotment of \$20,000 to each state (Hawaii, Alaska, and the District of Columbia are considered as states for the purposes of the Act); an additional allotment based on the ratio of live births in the State to the total number of live births in the United States; and an allotment based upon the need of the state for financial assistance in carrying out its state plan, the number of live births in the state being taken into consideration. Funds allotted under this latter provision need not be matched. Other allotments are to be matched equally by state, or state and local, funds.

Title V, Part 2, Services for Crippled Children. The annual appropriation authorized under this heading (Section 511) is "For the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as practicable under the conditions in such State, services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling." Plans for such services are to be approved by the Chief of the Children's Bureau.

Allotments for services for crippled children, (Section 512) are on the following

³For a discussion of this title, see Carstens, *Social Security Through Aid for Dependent Children in their Own Homes*, *supra*, p. 246.

basis: A uniform grant of \$20,000 available to each state and the balance available according to the need of each state as determined by the Secretary of Labor after taking into consideration the number of crippled children in such state in need of the services referred to in Section 511 and the cost of furnishing such services to them. These grants are to be matched 50-50 by state, or state and local, funds.

Title V, Part 3, Child-Welfare Services. The annual appropriation authorized by this part of the Act (Section 521) is "For the purpose of enabling the United States, through the Children's Bureau, to cooperate with State public-welfare agencies in establishing, extending, and strengthening, especially in predominantly rural areas, public-welfare services (hereinafter in this section referred to as 'child-welfare services') for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent." The federal funds are to be allotted by the Secretary of Labor for use by cooperating state public-welfare agencies on the basis of plans developed jointly by the state agency and the Children's Bureau. Unlike funds allotted for maternal and child health services and services for crippled children, these funds do not have to be matched by the states. A uniform allotment of \$10,000 is available to each state and the remainder is allotted on the basis of the ratio of the rural population of the state to the total rural population of the United States. Although there is no provision for matching funds, the Act indicates that there must be financial participation by the state or by local communities, since it states that "The amount so allotted shall be expended for payment of part of the cost of district, county, or other local child-welfare services in areas predominantly rural, and for developing State services for the encouragement and assistance of adequate methods of community child-welfare organization in areas predominantly rural and other areas of special need." Another difference between Title V, Part 3, and Parts 1 and 2, lies in the provisions relating to approval of state plans. No conditions are prescribed for approval of state plans for child-welfare services other than that they are to be "developed jointly" by the state agency and the Children's Bureau. In Sections 503 (a) and 513 (a), the Act prescribes the conditions to be met by state plans for maternal and child health services and services for crippled children, respectively, substantially as follows:

1. Financial participation by the State.
2. Administration or supervision of administration by a State agency.
3. Such methods of administration (other than those relating to selection, tenure of office and compensation of personnel) as are necessary for efficient operation of plan.
4. Provision for such reports by the State agency as the Secretary of Labor may from time to time require.
5. In the case of maternal and child-health services: Extension and improvement of local maternal and child-health services administered by local health units.
In the case of services for crippled children: Provision for carrying out the purposes specified in the Act (Section 511).

6. Coöperation with medical, nursing, and welfare groups and organizations and, in the case of services for crippled children, with any agency in the State administering State laws for vocational rehabilitation for physically handicapped children.
7. State plans for maternal and child-health services must also make provision for development of demonstration services in needy areas and among groups in special need.

Even the most cursory examination of the purposes of these three types of maternal and child-welfare services indicates the great emphasis placed by the Act upon the extension of activities to rural areas. Among the considerations which prompted this emphasis on rural needs was the fact that since 1929 the infant mortality rate in rural areas has exceeded that in urban areas each year, although prior to 1929 the reverse was true. The inadequacy of provision for prenatal care and obstetric nursing services in rural districts has long been recognized, as has the lack of resources for dealing with homeless, dependent, and neglected children and children in danger of becoming delinquent.

In addition to the question of need for maternal and child welfare services and the extent to which the Federal Social Security Act attempts to meet this need, a question frequently asked is, Were the states in a position to undertake immediate coöperation with the federal government in carrying out the purposes of the Act or did they require special enabling legislation to permit them to do so?

As far as maternal and child-health services are concerned, all but three states had participated in a coöperative program for the promotion of the welfare and hygiene of maternity and infancy from 1922 to 1929, at which time the federal maternity and infancy act expired and federal funds were withdrawn. Following withdrawal, state appropriations were materially reduced, especially during the depression. At the time the Committee on Economic Security made its report to the President, 23 states were listed as having no special funds for maternal and child health, or as having appropriations of \$10,000 or less for this purpose. Meantime the need for such services had become acute and the fact that the maternal mortality rate in the United States continued to be higher than that of nearly all other progressive countries, even after allowance is made for differences in estimating mortality rates, suggested the need for renewed federal participation in a nation-wide program for maternal and child health. What is contemplated in the Social Security Act, however, is not merely a revival of the same type of service given from 1922 to 1929 but a program embracing children above the age of infancy and early childhood, as well as maternity and infancy, and stressing particularly the rural areas and the smaller communities. The federal government, under this provision of the Act, will not engage directly in such activities, but will merely give aid to the states for this purpose under well-established precedents. Legislative action to be taken by the states under this arrangement, where needed, has been confined to simple authorization enabling the state to coöperate, and appropriations to provide state financial participation. State plans for coöperation under this part of Title V of the Social Security Act have

already been submitted by all but three states. Plans have been approved for 31 states (as of March 31).

At the time the Social Security Act was approved by the President, all but 11 states had passed laws recognizing the need for public funds for medical care and services for crippled children and state funds actually had been appropriated in 33 states although some appropriations were so small that but few children could be cared for. There was, therefore, less readiness on the part of the states for coöperation under Part 2 of Title V than under Part 1. Plans have been officially submitted by 31 states, and 19 plans have been approved (as of March 31).

As regards child-welfare services, very few states were in the position of Alabama which, for 12 years, had been laying the foundations for an adequate program of public-welfare services and which had established local machinery for this purpose in every county in the state but one. Alabama was the first of the states to receive approval for its child-welfare plan which is under the administration of the Bureau of Child Welfare of the State Department of Public Welfare. About a dozen states, in all, had developed some form of state or local coöperation in extending child-welfare services to areas outside the large urban centers. Plans for coöperation under the Social Security Act have been submitted by 30 states, and of these 17 have been approved (as of March 31).

In a number of states special enabling legislation would not seem to be required to permit coöperation under the maternal and child-welfare provisions of the Social Security Act since existing laws relating to the promotion of maternal and child health, services to crippled children, or child welfare, appear to be broad enough to authorize the particular state to accept the grants-in-aid available for these purposes and to coöperate with the federal agency in administering them.

A few states have made possible, by general enabling legislation, the acceptance of federal grants for unemployment relief and social security, and coöperation with the federal government. Some of the states, however, have found it necessary to pass laws authorizing a state agency to accept federal grants-in-aid and to coöperate under the maternal and child-welfare provisions of the Act.

Plans and budgetary estimates submitted to the Children's Bureau by the states are made out on special forms and are accompanied by a certificate of the executive officer of the official state agency administering the services concerned, agreeing that the plans as submitted shall, upon their approval by the Chief of the Bureau, constitute the basis of administration as contemplated under the Act, and certifying that the estimates are based on the availability of state and local funds for the services and facilities described in the plan. There are submitted with these documents, a certificate from the state treasurer showing these funds to be on deposit, and a certificate from the attorney general of the state, stating that he has examined into the constitution and law of the state with respect to the matter of the administration of the services (maternal and child health, crippled children, or child welfare) and has examined

the rules, regulations, and other instruments, and certifies that the statutes are valid and that the statutes, rules and regulations constitute all the applicable law of the state. Copies of all such state laws, rules, regulations, orders and court decisions pertaining thereto, are submitted with the plan. Every precaution is taken to make sure that federal-state coöperation in carrying out the purposes of the Act is legal in every way.

When a state plan is received in the Children's Bureau, these legal documents and budgetary estimates are carefully examined, and the plan is also considered in the light of its provisions for administration. In this part of its task the Children's Bureau follows the guidance of a general advisory committee composed of outstanding authorities, and of three special advisory committees, one for each of the three types of services, which meet from time to time to discuss and recommend general principles of administration and procedure.

The state plan, accompanied by the relevant budgetary and legal comments, is passed on by the director of the division concerned. The Children's Bureau has organized a Maternal and Child Health Division, a Crippled Children's Division, and a Child-Welfare Division, to have immediate direction of federal administration. With the approval of the division director, a state plan for maternal and child-health or crippled children's services is then submitted to the Assistant Chief of the Bureau, who is a physician, and to the Chief, who is a social worker. Final approval of all plans is by the Chief of the Bureau.

When the Chief of the Children's Bureau has approved a state plan, she is required by the Social Security Act so to notify the Secretary of Labor who, under the terms of the Act, is to estimate the amount to be paid to the state. A certificate for payment of the federal funds is then made out and forwarded to the Treasury with a voucher which is filed in the General Accounting Office. The check is then sent out from the Treasury with a notice advising the state of the particular type of service for which the check is intended. This is more or less routine procedure, and payments are usually received by the states with great promptness after approval of the state plans.

For the present fiscal year, the appropriations authorized by Congress for carrying out the purposes of the Social Security Act were carried in the Supplemental Appropriation Act and are for the period February 1 to June 30, 1936. As payments to the states are, for the most part, on a quarterly basis, the first checks sent to the states were for the two months of the quarter ending March 31.

The federal administrative staff in the Children's Bureau is not large. As already stated, administration of each of the three types of services is under the immediate direction of a division director. The directors of the Maternal and Child-Health Division and the Crippled Children's Division are both physicians, and receive general supervision from the Assistant Chief of the Bureau who is also a physician. The Child-Welfare Division is headed by a social worker receiving general supervision

from the Chief of the Bureau. A Public-Health Nursing Unit, headed by a public health nurse, is placed, for administrative purposes, under the Maternal and Child-Health Division, but serves all three divisions, since the entire program is closely coördinated. The same applies to the small staff of regional consultants who are available to give consultation service and assistance to the state agencies on the three phases of the program. Through this consultant staff the services of a medical officer, a public-health nurse, and a social worker are made available to a group of states in each region.

The plans already submitted by the states reveal the extreme latitude permitted in adapting the coöperative services to local needs and conditions. No two plans contain identical provisions for any one type of service although all aim at the attainment of an identical goal: Security for the beginnings of life and for the nurturing of the Nation's most valuable asset—the children of today who are the citizens of tomorrow.

The following are summaries of three state plans—one for maternal and child-health services, one for crippled children's services, and one for child-welfare services—each from a different section of the country. These plans were not selected on a comparative basis, but as examples chosen at random of the different types of activity to be carried on by the states under these three different provisions of the Social Security Act.

(1) *Plan for Maternal and Child-Health Services*

This state has the highest infant mortality rate, the highest mortality rate from infantile diarrhea, and one of the highest maternal mortality rates in the United States.

All public-health work in the state is under the Bureau of Public Health and every county but one has a public health nurse. Under the state plan for maternal and child-health work made possible by the Social Security Act a division of Maternal and Child Health will be established with a full-time director to be responsible to the Director of the Bureau of Public Health. This division will administer directly the following activities: Coördination of the activities of the Bureau of Public Health and the Bureau of Child Welfare that affect maternal and child health; direction and supervision of all maternal and child-health activities in the state; assistance to local communities in planning programs for child health; seeing that all areas in the state are reached as far as possible, with special attention to sections most in need; assistance to local communities in coördinating plans; provision, insofar as is possible, of facilities for improving local health services; provision of teaching programs to reach general practitioners, physicians, and nurses; provision of periods of formal education for workers conducting a health education program. This program is to include mothers' classes, prenatal and infant clinics, midwife classes and supervision, dental and eye clinics, school health supervision, orthopedic clinics for diagnostic purposes conducted in coöperation with the Bureau of Child Welfare.

The state plan calls for additional county public-health nurses, for regional supervising nurses, and for the extension and improvement of existing prenatal clinics, syphilis clinics, well-baby clinics, and dental clinics in rural areas, hitherto limited by lack of personnel or funds. A demonstration maternal and child-health program is contemplated in a district composed of two counties selected because of the high infant death rates.

Local nursing advisory committees already exist in most counties. A state committee on maternal and child health will be formed with members from the state medical, dental, nursing, tuberculosis and other associations, and of representatives of child welfare, educational, and other groups.

(2) *Plan for Crippled Children's Services*

This plan, formulated by a western state, provides for close coöperation between the maternal and child-health, crippled children's, and child-welfare services. Administration will be in a Division for Crippled Children of the State Board of Health, the agency designated by executive order of the governor to administer the plan. The director of this division will also be director of the Division of Maternal and Child Health, and will give one-fourth of his time to the crippled children's work. A full-time assistant director—either a qualified medical social worker with actual experience in a crippled children's program or an orthopedic nurse with the same experience—will have the responsibility of actually supervising the activities undertaken after the plan and policies have been established.

Activities contemplated under this plan include the locating of crippled children in coöperation with state and private agencies and the maintenance of an active file of cases in the state; the holding of itinerant diagnostic clinics at various points and at various times depending upon the number of known cases in need of care in the different areas, preparations for such clinics to be made by the local nurses on the staff of the State Board of Health; hospitalization, surgical, corrective, and convalescent care in approved orthopedic or general hospitals and in approved convalescent and boarding homes (as there are no facilities or personnel for such activities in this state, the children will be taken to a nearby state where such services are available); follow-up work in the child's home through coöperation with the State Welfare Department and public-health nurses; and establishment of a program for prevention of crippling, through coöperation in promotion of a general public-health program, through accident-prevention campaigns, through furthering the maternal-care program to prevent birth injuries, and by encouraging the immediate reporting and providing for immediate care of infantile-paralysis cases through the family physician, consultation service, hospitalization, etc.

An advisory committee appointed by the State Health Officer and composed of representatives of medical, nursing, dental, and hospital groups as well as civic organizations will assist the state's efforts to carry out its plan for crippled children's services and will also help to coördinate the activities of private agencies in the state having an interest in this type of service for children.

Heretofore some of the children in the state have been rendered partial service at the state home for children or in private homes as wards of the state. The plan set up under the Social Security Act marks an entirely new development in this state in that it establishes a service for the complete physical rehabilitation of the crippled child.

(3) *Plan for Child-Welfare Services*

This state for twelve years has been laying the groundwork for an adequate structure for public-welfare services. The plan for child-welfare services under the Social Security Act submitted by the State Department of Public Welfare was the first to receive approval by the Children's Bureau.

The activities to be undertaken under this plan combine new services with a strengthening and development of those already in effect. The State Bureau of Child Welfare of the State Department of Public Welfare is now responsible for general supervision of all cases involving children, including the social investigation of all adoption petitions filed, the

licensing and supervision of child-caring institutions, the reception and care of a group of children committed to its custody through the juvenile courts, administration of the Aid to Dependent Children Act of the state (the plan for which has been approved by the Social Security Board), regulation of boarding-home care of children, etc. The Bureau of Child Welfare serves the county staffs of child welfare through the Bureau of Field Service.

With funds allotted under Title V, Part 3, of the Social Security Act, the field staff of the State Department of Public Welfare is to be made adequate to serve smaller districts so that they may give consultant service to every county on special problems of child care, dependency, prevention of delinquency, protection of neglected or ill-treated children, and probation work, and so that they may encourage and strengthen children's agencies, public and private. Three trained and experienced case consultants, one a Negro, will be added to the field staff to give more intensive supervision of children's problems to the county staffs.

In order to give greater emphasis to community organization and recreational facilities for children, four selected areas, of four counties each, in different sections of the state, are to be used for demonstration purposes to develop such resources. General child-welfare activities will be developed and recreation as a deterrent to delinquency will be stressed. One person will be assigned to each of these areas, one of them to be a Negro. In each area one county will be selected for intensive work. Coöperative arrangements have been established with an educational institution and with women's groups.

As funds do not yet permit establishment of a Bureau of Mental Hygiene, the plan provides for a psychiatric social worker to serve the Bureau of Child Welfare. This worker would also serve the Division of Foster Home Care and would be available to the special children's workers in the county departments of public welfare.

The whole plan aims to establish a coherent program beginning with state supervision and bringing the whole service down to a basis of intensive case work with the individual child who may come to the attention of the county unit.