GHQ/SCAP Records (RG 331, National Archives and Records Service)

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CURRENT PUBLICATIONS OF THE CHILDREN'S BUREAU

April 1946

U. S. DEPARTMENT OF LABOR, L. B. Schwellenbach, Secretary
CHILDREN'S BUREAU, Katharine F. Lenroot, Chief

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HOW TO USE THIS LIST

The titles in this list include:

(1) all publications of the Children's Bureau issued in 1944 or later that are available for general distribution, and some reprints of material published elsewhere but reproduced by or for the Bureau;

(2) publications issued by the Bureau in 1943 or earlier that are still available and of current value.

Each title is given full listing once, under health, social services, child labor, or general welfare. Translations are listed only under "Foreign-language publications." The symbols used elsewhere (consisting of a numeral for the page and a letter for the item on the page) refer to these full listings.

An alphabetical subject index provides quick reference to all publications listed on a given subject: i. e., Accidents, Juvenile delinquency, Nutrition, Rheumatic fever, Unmarried mothers, Young workers.

Copies of publications may be purchased from the Superintendent of Documents, at the prices listed or at a discount of 25 percent on orders of 100 or more copies. Remittance must be made in advance of shipment, preferably by money order or check payable to the Superintendent of Documents, or by 5-cent coupons sold by the Superintendent in blocks of 20. Advance deposits of $5 or more can be made at any time. Currency is sent at the sender's risk. Postage stamps and foreign money are not acceptable.

An order blank for the purchase of publications is given on the inside back cover page.

HOW TO USE THIS LIST

If no price is given, the publication cannot be purchased from the Superintendent of Documents.

Single copies of most of the publications, including all publications for which no price is given, can be obtained free from the Children's Bureau, U. S. Department of Labor, Washington 25, D. C., as long as the supply lasts. Do not send money in any form to the Children's Bureau or to the Department of Labor, because neither one sells publications.

* * * *

The price of a subscription to The Child, the Children's Bureau monthly for professional workers in all fields concerning children, is $1 a year, payable in advance to the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Foreign postage is 25 cents additional.

A subscription blank for The Child appears on page 39.

FOR PARENTS

	Full listing under
PRENATAL CARE. Publication 4. 5¢. Here are some things an expectant mother needs to know to safeguard the life and health of her child and herself. The first one is, "Go to a doctor as soon as you think you are pregnant."	*13-d*
INFANT CARE. Publication 8. 10¢. This is an up-to-date revision of a book which a second generation of parents is finding nearly indispensable in taking care of babies—especially first babies.	*10-i*
IF YOUR BABY MUST TRAVEL IN WARTIME. Publication 307. 5¢. Yes, the war is over, but as long as trains and busses are crowded and uncomfortable these hints will be useful—"if your baby must travel."	*10-h*
* * * *	
YOUR CHILD FROM ONE TO SIX. Publication 30. 15¢. Most parents want to give their children emotional security and affectionate understanding. They will find here help in solving some problems of the preschool years.	*11-q*
FOR THE CHILDREN'S BOOKSHELF; a booklist for parents. Publication 304. 10¢. These are the books that children will enjoy and profit by.	*23-b*
GOOD POSTURE IN THE LITTLE CHILD. Publication 219. 5¢. Games given here for children 2 to 6 help to develop habits of good posture.	*12-k*
HOME PLAY AND PLAY EQUIPMENT for the preschool child. Publication 238. 10¢. Play is the child's way of learning, of experimenting, of trying himself out, of finding out everything in the world around him.	*12-n*
ROAD TO GOOD NUTRITION. Publication 270. 10¢. In order to keep their children on the road to good nutrition parents should have in mind a picture of the well-nourished child, the nutritional needs of children at various stages of life, and how to meet these needs.	*11-f*
GUIDING THE ADOLESCENT. Publication 225. 15¢. As a child grows older he does not become independent all at once. Parents need to learn how to replace care and management with tactful guidance.	*12-m*

Full listing under

16-q UNDERSTANDING JUVENILE DELINQUENCY. Publication 300. 10¢. What causes delinquent behavior? ask bewildered parents. Here are some of the causes and some suggestions for prevention and treatment told through the stories of Jimmy and Tom and Peter.

19-e WHY CHILD-LABOR LAWS? Publication 313. 1945. (In press.) When a boy or girl wants to work after school for extra money, or to leave school altogether and take a job, what should his parents say? This pamphlet will help them decide whether the youngster is old enough, whether the job is legal, and what will be best in the long run.

* * * *

9-d CHILD GUIDANCE SERIES ON EATING. Seven leaflets for parents. Sample sets and single leaflets free. Each leaflet, $1.50 per 100. (1) Children like to eat; (2) if your child does not eat well; (3) now your baby is on a bottle; (4) now your baby is ready for solids; (5) now your baby is teething; (6) now your baby is one year old; (7) now your baby has been sick and is getting better.

FOLDERS FOR PARENTS:

15-m Adoption. Folder 13.

12-c Breast feeding. Folder 8.

9-j Emergency maternity and infant-care program. Folder 29.

12-i Expectant mother. Folder 1.

12-q Keeping the well baby well. Folder 9.

13-b Mother! Nurse your baby! Folder 19.

13-c Out of babyhood into childhood. Folder 10.

13-p Your school child's health. Folder 22.

PLANNING FOR CHILDREN AND YOUTH

(All publications listed here are available from the Children's Bureau, U. S. Department of Labor, Washington 25, D. C.)

	Full listing under
NATIONAL COMMISSION ON CHILDREN AND YOUTH[1]	
BUILDING THE FUTURE FOR CHILDREN AND YOUTH; next steps proposed by the National Commission on Children in Wartime. Children's Bureau Publication 310. 1945.	22-c
GOALS FOR CHILDREN AND YOUTH IN THE TRANSITION FROM WAR TO PEACE, adopted by the National Commission on Children in Wartime. Children's Bureau Publication 306. 1944.	23-c
STATE AND COMMUNITY PLANNING FOR CHILDREN AND YOUTH; proposals of the National Commission on Children in Wartime. Children's Bureau Publication 312. 1945.	23-i
* * * *	
WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY:	
CHILDREN IN A DEMOCRACY—General report adopted by the White House Conference on Children in a Democracy, January 19, 1940.	24-c
STANDARDS OF CHILD HEALTH, EDUCATION, AND SOCIAL WELFARE, based on recommendations of the White House Conference on Children in a Democracy and the conclusions of discussion groups. Children's Bureau Publication 287.	24-l
WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY—FINAL REPORT. Children's Bureau Publication 272.	24-p
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[1] Formerly National Commission on Children in Wartime.

Full listing under	
	OTHER:
15-q	CONTROLLING JUVENILE DELINQUENCY; a community program. Children's Bureau Publication 301. 1943.
10-e	HEALTH NEEDS OF SCHOOL-AGE CHILDREN and recommendations for implementation.
10-m	MENTAL HYGIENE FOR CHILDREN AND YOUTH; a joint committee statement.
17-m	NATIONAL BACK-TO-SCHOOL DRIVE, 1945–46.
23-g	OUR CONCERN—EVERY CHILD. Children's Bureau Publication 303.
19-i	YOUR COMMUNITY AND ITS YOUNG PEOPLE—Their employment and educational opportunities. Children's Bureau Publication 316.

HEALTH, PHYSICAL AND MENTAL

(Publications relating to both health and social services are listed under "General Welfare of Children")

1944 and later

BIRTHS, INFANT MORTALITY, MATERNAL MORTALITY IN 1942. (Graphic presentation.) Publication 288, 1945. Seventeen charts and maps, with tables. (Publication 288, 1943, containing 34 charts and maps with tables based on 1940 data is also available.) — *a*

BRITISH RECOMMENDATIONS WITH REGARD TO CHILDREN WITH RHEUMATIC FEVER. Reprinted from The Child, October 1944. 4 pp. — *b*

CARE OF CRIPPLED CHILDREN UNDER THE SOCIAL-SECURITY PROGRAM. Reprinted from Journal of Exceptional Children, April 1945. — *c*

CHILD GUIDANCE SERIES ON EATING. Six leaflets for staff and 7 for parents, prepared by New York City Committee on Mental Hygiene and Department of Health of New York City and reprinted with permission by the Children's Bureau. Sample sets and single leaflets free. Separate leaflets, $1.50 per 100. — *d*

CHILDHOOD MORTALITY FROM ACCIDENTS; by age, race, and sex and by type of accident. Publication 311. 1945. 25 pp. 10¢. — *e*

COORDINATING MENTAL-HYGIENE WORK FOR CHILDREN. Reprinted from The Child, June 1945. 4 pp. — *f*

CRIPPLED CHILDREN. Reproduced from Social Work Year Book, 1945. (Reprints from the 1943 and 1941 yearbooks are also available.) — *g*

EMERGENCY MATERNITY AND INFANT CARE AFTER TWO YEARS. Reproduced from Hospitals, August 1945. 3 pp. — *h*

EMERGENCY MATERNITY AND INFANT CARE; much has been learned so far. Reproduced from Hospitals, October 1944. 5 pp. — *i*

EMERGENCY MATERNITY AND INFANT-CARE PROGRAM. Folder 29. Revised October 1945. — *j*

EMOTIONAL ASPECTS OF CONVALESCENCE. Reprinted from The Child, August 1945. 7 pp. 5¢. — *k*

FACTS ABOUT CHILD HEALTH, 1946. Publication 294. 32 pp. 10¢. — *l*

FACTS ABOUT CRIPPLED CHILDREN, 1944. Publication 293. 1945. 14 pp. — *m*

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a FACTS ABOUT RHEUMATIC FEVER. Publication 297. September 1945. 9 pp.

b FOOD DURING LABOR AND THE PUERPERAL STATE. Reprinted from The Child, May 1945. 3 pp.

c FOR THE CHILDREN'S BOOKSHELF; a booklist for parents. Publication 304. 1946. 28 pp. 10¢.

d GENERAL STATEMENT REGARDING STATE RHEUMATIC-FEVER PROGRAMS. Reprinted from Journal of Pediatrics, March 1945. 7 pp.

e HEALTH NEEDS OF SCHOOL-AGE CHILDREN and recommendations for implementation. Reprinted from School Life, November 1945. 8 pp.

f HOSPITAL AND HOME CARE OF PREMATURE INFANTS; a plan for coordination. Folder 33. 1944. 4 pp.

g IF A CHILD HAS HEART DISEASE OR RHEUMATIC FEVER. Reprinted from The Child, May 1944. 2 pp.

h IF YOUR BABY MUST TRAVEL IN WARTIME. Publication 307. 1944. 24 pp. 5¢.

i INFANT CARE. Publication 8. Revised 1945. 126 pp. 10¢.

j LIST OF REFERENCES TO THE LITERATURE ON PREMATURE INFANTS, 1935 to 1939, with supplements to 1943. October 1944. 5 pp. Mimeographed.

k MATERNITY-LEAVE CLAUSES IN UNION CONTRACTS. Reprinted from The Child, May 1945. 4 pp.

l MATERNITY POLICY FOR INDUSTRY. Folder 30. 1944. 4 pp.

m MENTAL HYGIENE FOR CHILDREN AND YOUTH; a joint committee statement submitted for consideration to the Committee on Plans for Children and Youth of the National Commission on Children in Wartime, February 1945. 15 pp. Mimeographed.

n MENTAL HYGIENE IN THE CHILD-HEALTH CONFERENCE. Reprinted from The Child, August 1944. 4 pp.

p NURSERIES DESIGNED FOR MODERN MATERNITY; as planned for the new George Washington Hospital, Washington, D. C. Reproduced from Modern Hospital, July 1945. 4 pp.

q NUTRITION DURING PREGNANCY; a review. Reproduced from Journal of American Dietetic Association, December 1944. 7 pp.

PHYSICAL FITNESS AND HEALTH PROBLEMS OF THE ADOLESCENT. Reprinted from American Journal of Public Health, June 1945. 5 pp. — a

PROCEEDINGS OF CONFERENCE ON RHEUMATIC FEVER, Washington, D. C., October 5–7, 1943. Publication 308. 1945. 135 pp. 20¢. — b

PROGRESS IN THE CARE OF PREMATURE INFANTS. Reproduced from American Journal of Nursing, July 1945. 4 pp. — c

REHABILITATING THE HARD-OF-HEARING CHILD. Reprinted from The Child, October 1944. 6 pp. — d

REPORT OF CONFERENCE ON DENTAL CARE FOR CHILDREN, February 22–23, 1945. 30 pp. Mimeographed. — e

ROAD TO GOOD NUTRITION. Publication 270. Revised 1944. 57 pp. 10¢. — f

ROAD TO REHABILITATION. Reprinted from The Child, November 1945. (Good teamwork by professional workers helps crippled children to lead normal lives.) — g

ROLE OF MEDICAL-SOCIAL SERVICE IN THE PUBLIC-HEALTH PROGRAM. Reprinted from The Child, February 1945. 4 pp. — h

STANDARDS AND RECOMMENDATIONS FOR HOSPITAL CARE OF MATERNITY PATIENTS. 1946. Publication 314. 22 pp. (For sale.) — i

STATE PROGRAMS FOR CARE OF CHILDREN WITH RHEUMATIC FEVER Under the Social Security Act, Title V, part 2. 1944. 10 pp. — j

TABULAR SUMMARIES (Annual):

Crippled Children on State Registers and Services for Crippled Children; calendar years 1942, 1943, and 1944. June 30, 1945. — k

Maternal and Child-Health Services; calendar years 1942, 1943, and 1944. June 30, 1945, — l

Services for Children With Rheumatic Fever; year ended December 31, 1944. — m

TEN YEARS OF PROGRESS IN REDUCING MATERNAL AND INFANT MORTALITY. Reprinted from The Child, November 1945. 7 pp. — n

TYPE PLAN FOR A PEDIATRIC HOSPITAL UNIT. Reprinted from Pencil Points, August 1945. 4 pp. — p

YOUR CHILD FROM ONE TO SIX. Publication 30. Revised 1945. 147 pp. 15c. — q

1943 and earlier

a APPRAISAL OF THE NEWBORN INFANT. Publication 242. 1938. 24 pp. 10¢. (A motion picture based on this publication is available for loan.)

b BABY'S DAILY TIME CARDS. 1943. 5¢.

c BREAST FEEDING. Folder 8. 75¢ for 100 copies.

d CAUSAL FACTORS IN INFANT MORTALITY. Publication 142. 1925. 245 pp. 30¢.

e CHILD-HEALTH CONFERENCE; suggestions for organization and procedure. Publication 261. 1941. 42 pp. 10¢. (A motion picture on this subject is available for loan.)

f CLINIC SERVICE FOR CRIPPLED CHILDREN. Reprinted from The Child, May-June 1940. 4 pp.

g DIPHTHERIA IMMUNIZATION AND SMALLPOX VACCINATION. 1942. 6 pp.

h EMERGENCY KIT FOR PREMATURE INFANTS. 1942. 10 pp.

i EXPECTANT MOTHER. Folder 1. 75¢ for 100 copies.

j FOOD FOR YOUNG CHILDREN IN GROUP CARE. Publication 285. 1942. 34 pp. 10¢.

k GOOD POSTURE IN THE LITTLE CHILD. Publication 219. 1935. 25 pp. 5¢. (Games that help develop good posture habits.)

l GRANTS TO STATES FOR MATERNAL AND CHILD WELFARE under the Social Security Act amendments of 1939. Publication 253. 1940. 25 pp. 10¢.

m GUIDING THE ADOLESCENT. Publication 225. 1933. 94 pp. 15¢.

n HOME PLAY AND PLAY EQUIPMENT for the preschool child. Publication 238. 1941. 20 pp. 10¢.

p INCUBATORS FOR PREMATURE INFANTS. Three models, plans for which were prepared by National Youth Administration and Children's Bureau. 1942. 4 pp.

Also, Specifications for Incubators, prepared by National Bureau of Standards and Children's Bureau. 6 pp. Mimeographed.

q KEEPING THE WELL BABY WELL. Folder 9. 75¢ for 100 copies.

r MANUAL FOR TEACHING MIDWIVES. Publication 260. 1941. 139 pp. 30¢.

s MATERNAL AND CHILD-HEALTH SERVICES UNDER THE SOCIAL SECURITY ACT; development of program, 1936–39. Publication 259. 1941. 109 pp. 15¢.

a METHODS OF ASSESSING THE PHYSICAL FITNESS OF CHILDREN; a study of certain methods based on anthropometric, clinical, and socio-economic observations made of 713 7-year-old white boys and girls in New Haven, Conn., over a period of 19 or 20 months during 1934–36. Publication 263. 1940. 121 pp. 15¢.

b MOTHER! NURSE YOUR BABY! Folder 19. 75¢ for 100 copies.

c OUT OF BABYHOOD INTO CHILDHOOD. Folder 10. $1.25 for 100 copies.

d PRENATAL CARE. Publication 4. Revised 1942. 58 pp. 5¢.

e PROTECTING THE HEALTH OF YOUNG WORKERS IN WARTIME. Publication 291. 1943. 10 pp. 5¢.

f RHEUMATIC FEVER IN CHILDREN. Reprinted from The Child, May 1943.

g SELECTION AND TRAINING OF VOLUNTEERS IN CHILD CARE. Published by the Children's Bureau in cooperation with the Office of Civilian Defense. Publication 299. 1943. 36 pp. 10¢.

h SERVICES FOR CRIPPLED CHILDREN UNDER THE SOCIAL SECURITY ACT; development of program, 1936–39. Publication 258. 1941. 95 pp. 15¢.

i SOCIAL PLANNING FOR CHILDREN WITH RHEUMATIC HEART DISEASE. Reprinted from The Child, January 1941.

j SOME PARENTAL ATTITUDES TOWARD HANDICAPPED CHILDREN. Reprinted from the Child, August 1941.

k STANDARD PLANS FOR NURSERIES FOR NEWBORN IN HOSPITALS OF 50 TO 200 BEDS. Reprinted from Hospitals, April 1943. 6 pp.

l STANDARDS AND RECOMMENDATIONS FOR HOSPITAL CARE OF NEWBORN INFANTS, Full-term and premature. Publication 292. 1943. 14 pp. 5¢.

m STANDARDS FOR MATERNITY CARE AND EMPLOYMENT OF MOTHERS IN INDUSTRY. 1942. 4 pp.

n STANDARDS OF PRENATAL CARE; an outline for the use of physicians. Publication 153. 1940. 5 pp. 10¢.

p YOUR SCHOOL CHILD'S HEALTH. Folder 22. 75¢ for 100 copies.

SOCIAL SERVICES

(Publications relating to both health and social services are listed under "General Welfare of Children")

1944 and later

a BABIES ON THE MARKET. Reprinted from Survey Midmonthly, March 1945. 3 pp.

b BABIES WANTED. Reproduced from Trained Nurse and Hospital Review, July 1945. 5 pp.

c BIRTH OUT OF WEDLOCK. May 1945. 13 pp. Mimeographed.

d CHANGES IN VOLUME OF FOSTER CARE, 1933–43. Social Statistics, June 1945. 10 pp.

e CHILDREN BORN OUT OF WEDLOCK TO MARRIED WOMEN. 1945. 4 pp. Mimeographed.

f CHILDREN'S INSTITUTION IN THE CHILD-WELFARE PROGRAM. Reproduced from Public Welfare, August 1944. 5 pp.

g COMMUNITY EXPERIMENT IN THE MEASUREMENT OF JUVENILE DELINQUENCY. Reproduced from National Probation Yearbook, 1946.

h CONFERENCE ON SERVICES FOR NEGRO CHILDREN, DECEMBER 6 AND 7, 1943; summary and recommendations. 1944. 9 pp. Mimeographed.

i DEVELOPMENT OF LOCAL RESOURCES TO MEET EXISTING CHILD-WELFARE NEEDS. Reproduced from Social Service Review, December 1944. 7 pp.

j GUARDIANSHIP AND THE STATE. Reprinted from Public Welfare, April 1945. 7 pp.

k HOW A NURSE CAN HELP AN UNMARRIED MOTHER. Reproduced from American Journal of Nursing. October 1945. 3 pp.

l JUVENILE AND DOMESTIC RELATIONS COURTS. Reprinted from Social Work Year Book, 1945. 6 pp.

m JUVENILE-COURT STATISTICS, 1943. Social Statistics, June 1945. 14 pp. (Earlier reports on this subject are also available.)

n JUVENILE COURTS, DETENTION, AND POLICE. Reprinted from The Child, August 1944. 7 pp.

p LEISURE-TIME ACTIVITIES FOR CHILDREN AND YOUTH as a concern of a State department of public welfare. Reprinted from The Child, December 1944. 8 pp.

q LIST OF REFERENCES ON ADOPTION. April 1945. 12 pp. Mimeographed.

LIST OF REFERENCES ON FOSTER-HOME CARE. February 1945. 24 pp. Mimeographed. a

LIST OF REFERENCES ON ILLEGITIMACY. January 1945. 11 pp. Mimeographed. b

LIST OF REFERENCES ON INSTITUTIONAL CARE OF DEPENDENT CHILDREN. January 1945. 14 pp. c

MATERNITY HOMES FOR UNMARRIED MOTHERS; a community service. Publication 309. 1946. 94 pp. (For sale.) d

NEGRO YOUTH'S DILEMMA. Reprinted from The Child, December 1945. 4 pp. e

PERSONNEL IN PUBLIC-WELFARE AGENCIES PROVIDING NONINSTITUTIONAL SERVICES TO CHILDREN in the United States, July 31, 1944. June 1945. 24 pp. Mimeographed. f

SELECTED REFERENCES ON SOCIAL CONDITIONS AFFECTING FAMILY AND COMMUNITY LIFE AMONG NEGROES in the United States. March 1945. 8 pp. Mimeographed. g

SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN. 1945. 18 pp. 10¢. h

SERVICES TO THE UNMARRIED MOTHER; a reference shelf. Reproduced from American Journal of Nursing, October 1945. 2 pp. i

SERVICES TO UNMARRIED MOTHERS as Kate Waller Barrett Might Have Wanted Them Today. Reproduced from Florence Crittenton Bulletin, August 1944. j

SUPERVISED HOMEMAKER SERVICE; a method of child care. Publication 296. 36 pp. 10¢. (1946 revision in press.) k

TEEN-AGE RECREATION PROGRAMS. Reprinted from The Child, April 1945. 4 pp. l

1943 and earlier

ADOPTION; what it means. Folder 13. 1938. $1.50 for 100 copies. m

CHILD-WELFARE SERVICES UNDER THE SOCIAL SECURITY ACT; development of program, 1936–38. Publication 257. 1940. 82 pp. 15¢. n

CHILDREN IN JAIL. Reprinted from The Child, April 1943. 5 pp. p

CONTROLLING JUVENILE DELINQUENCY; a community program. Publication 301. 1943. 27 pp. 10¢. q

a DIRECTORY OF STATE, COUNTY, AND MUNICIPAL TRAINING SCHOOLS Caring for Delinquent Children in the United States. 1943. 25 pp.

b FATHERS OF CHILDREN BORN OUT OF WEDLOCK. 1939. 6 pp. Mimeographed.

c FOSTER-HOME CARE FOR UNMARRIED MOTHERS. Reprinted from The Child, September 1938. 5 pp.

d GRANTS TO STATES FOR MATERNAL AND CHILD WELFARE Under the Social Security Act of 1935 and the Social Security Act Amendments of 1939. Publication 253. 1940. 25 pp. 10¢.

e HANDBOOK FOR RECREATION LEADERS. Publication 231. 1936. 121 pp. 20¢.

f JUVENILE COURT IN RELATION TO THE COMMUNITY; an evaluation. Reprinted from Social Service Review, March 1943.

g JUVENILE COURT STANDARDS. Publication 121. 1937. 10 pp. 5¢.

h LAW OF GUARDIAN AND WARD With special reference to the children of veterans. Reprinted from Social Service Review, September 1943. 38 pp.

i LIST OF REFERENCES ON HOMEMAKER SERVICE, January 1942. 11 pp. Mimeographed.

j LIST OF REFERENCES ON JUVENILE DELINQUENCY, March 1939, and supplementary list, March 1940. 41 and 15 pp.

k MEANING OF STATE SUPERVISION IN THE SOCIAL PROTECTION OF CHILDREN. Publication 252. 1939. 22 pp. 5¢.

l RECORDING CHILD-WELFARE SERVICES; report of committee on case recording in public child-welfare agencies in rural areas. Publication 269. 1941. 38 pp. 10¢.

m RURAL SOCIAL SERVICES FOR NEGRO CHILDREN. Reprinted from The Child, March 1941.

n SHALL I KEEP MY BABY? Reproduced from Trained Nurse and Hospital Review, July 1942.

p STANDARDS FOR DAY CARE OF CHILDREN OF WORKING MOTHERS. Publication 284. 1942. 20 pp. 10¢.

q UNDERSTANDING JUVENILE DELINQUENCY. Publication 300. 1943. 52 pp. 10¢.

r URBAN EXPERIMENT IN CHILD WELFARE. (St. Paul.) Reprinted from The Child, February 1942.

CHILD LABOR AND YOUTH EMPLOYMENT

1944 and later

ACCIDENTS STILL TAKE TOLL OF YOUNG WORKERS. Reprinted from The Child, August 1945. 4 pp. — a

ADOLESCENTS AWAY FROM HOME. Reprinted from The Annals of the American Academy of Political and Social Science, November 1944. 9 pp. — b

CHILD LABOR AND YOUTH EMPLOYMENT in this Nation's third year of war. Reprinted from Social Service Review, December 1944. 17 pp. — c

CHILD LABOR IN AGRICULTURE. Reprinted from The Annals of the American Academy of Political and Social Science, November 1944. 9 pp. — d

CHILD LABOR IN ALASKA; report based on questionnaire study made in 1941. 1945. 21 pp. Mimeographed. — e

CHILD LABOR MAPS. (Minimum age for employment in factories; minimum age for employment during school hours.) December 1944. 2 pp. — f

EMPLOYMENT OF CHILDREN IN BOWLING ALLEYS. Reprinted from The Child, January 1944. — g

GIVE THE YOUNGSTERS A BREAK. Reprinted from Mill & Factory. May 1945. 3 pp. — h

GOOD CONDITIONS MAKE FOR GOOD RESULTS when boys and girls work on farms. Folder 32. 1944. — i

HAZARDOUS OCCUPATIONS subject to a minimum age of 18 years under the Fair Labor Standards Act of 1938. Folder 27. Revised 1945. — j

HISTORY OF FEDERAL REGULATION OF CHILD LABOR. January 1945. 3 pp. Mimeographed. — k

MAJOR STANDARDS RECOMMENDED BY THE INTERNATIONAL ASSOCIATION OF GOVERNMENTAL LABOR OFFICIALS FOR STATE CHILD-LABOR LEGISLATION; and the extent to which existing State child-labor laws meet these standards. November 1944. 1 p. — l

NATIONAL BACK-TO-SCHOOL DRIVE, 1945–46. A handbook for communities, prepared by Children's Bureau and U. S. Office of Education. 1945. (Copies of 1944–45 edition also available.) — m

PROPOSALS FOR DEALING WITH CHILD-LABOR AND YOUTH-EMPLOYMENT PROBLEMS in the reconversion and adjustment period. Reprinted from The Child, September 1944. — n

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CHILD LABOR

a SELECTED REFERENCES ON CHILD LABOR AND YOUTH EMPLOYMENT. November 1944. 18 pp. Mimeographed.

b SIXTEEN-YEAR MINIMUM AGE FOR EMPLOYMENT PROPOSED FOR 1945 LEGISLATIVE ACTION. Reprinted from The Child, January 1945. 3 pp. (An information kit, 16-Year Minimum Age for Employment, including this statement, is available on request.)

c STATE CHILD-LABOR STANDARDS; a State by State summary of laws affecting the employment and compulsory school attendance of minors. 54 pp.

d STATES IMPROVE CHILD-LABOR STANDARDS. Reprinted from The Child, October 1945. (Summary of State child-labor legislation in 1945; similar summaries for earlier years are also available.)

e TREND OF CHILD LABOR, 1940–44. Reprinted, with additional material from Monthly Labor Review, April 1945. 20 pp. (An earlier report, covering 1939–42, is also available.)

f WARTIME REPORT ON CHILD LABOR, December 1944. 4 pp.

WHICH JOBS FOR YOUNG WORKERS? Advisory standards issued from 1942 through 1945.

g No. 1—Advisory Standards for the Safe Employment of Young Workers. Revised March 1944.

h No. 2—Advisory Standards for Shipbuilding. 1942.

i No. 3—Advisory Standards for Lead and Lead-Using Industries. 1942.

j No. 4—Advisory Standards for Employment Involving Exposure to Carbon Disulfide. 1942.

k No. 5—Advisory Standards for Employment Involving Exposure to Chlorinated Solvents. 1943.

l No. 6—Advisory Standards for Welding Occupations. 1943.

m No. 7—Advisory Standards for the Operation of Metal-Working Machines. 1943.

n No. 8—Advisory Standards for the Aircraft Industry. 1943.

p No. 9—Advisory Standards for the Pulp and Paper Industries. 1944.

q No. 10—Advisory Standards for the Textile Industries. 1944.

r No. 11—Advisory Standards for the Railroad Industry. 1944.

No. 12—Advisory Standards for Foundries. 1945. a

No. 13—Advisory Standards for the Brick and Tile Industry. 1945. b

No. 14—Advisory Standards for the Converted Paper-Products Industries. 1945. c

No. 15—Advisory Standards for the Slaughtering and Meat-Packing Industry. 1945. d

WHY CHILD-LABOR LAWS? Publication 313. 1946. 16 pp. e

WORK LEADERS FOR GROUPS OF NONFARM YOUTH EMPLOYED IN AGRICULTURE. Publication 305. 1944. 10 pp. 5¢. f

YOUNG AGRICULTURAL WORKERS IN WARTIME AND AFTERWARD. Reprinted from The Child, February 1945. 10 pp. (Earlier articles on this general subject are also available.) g

YOUNG WORKERS IN THE WARTIME LABOR MARKET. Reprinted from The Child, November 1944. 7 pp. (More detailed report is available in mimeographed form.) h

YOUR COMMUNITY AND ITS YOUNG PEOPLE—Their employment and educational opportunities. Prepared by the Interagency Committee on Youth Employment and Education. Publication 316. 1946. (In press.) i

1943 and earlier

AGE AS A FACTOR IN SUSCEPTIBILITY OF YOUNG WORKERS TO TOXIC SUBSTANCES. Reprinted from Journal of Pediatrics, January 1943. j

AGE CERTIFICATES ARE THE EMPLOYER'S PROTECTION under the Fair Labor Standards Act of 1938. Folder 28. $1 for 100 copies. k

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BD
What
about
your FOOD?

CHECK THE FOOD YOU EAT
~One day each week . . .

Milk - 1 quart	☐	☐	☐	☐
Green or yellow vegetables	☐	☐	☐	☐
Oranges, tomatoes or their "kin" foods 2 servings	☐	☐	☐	☐
Other vegetables and fruit 2 servings	☐	☐	☐	☐
Lean meat or a meat alternate	☐	☐	☐	☐
An egg	☐	☐	☐	☐
Whole grain or enriched bread and cereal	☐	☐	☐	☐
Cod liver oil or other sources of Vitamin D	☐	☐	☐	☐

YOUR FOOD SCORE FOR THIS MONTH IS ~

Excellent ☐ Fair ☐

Good ☐ Poor ☐

TO THE EXPECTANT MOTHER

TO GET ENOUGH OF THE RIGHT KINDS OF FOOD FOR YOU AND YOUR BABY - *EVERY DAY* IN YOUR MEALS *include*

MILK (*one Quart*) - sweet milk, buttermilk, evaporated milk, to drink and in cooked foods.

GREEN & YELLOW VEGETABLES - at least one, preferably two servings. Use greens at least three or four times each week.

ORANGES - TOMATOES, grapefruit, raw cabbage, raw turnips or melons - two servings

OTHER VEGETABLES (*including potatoes*) **& FRUIT** - two or more servings

LEAN MEAT, fish, poultry, dried beans or peas - at least one large serving

EGGS - one or more

WHOLE GRAIN OR ENRICHED FLOUR, BREAD, CEREAL use enriched white flour and home ground meal

COD LIVER OIL or other sources of Vitamin D

EAT ENOUGH OF THE RIGHT KINDS OF FOOD THROUGHOUT PREGNANCY..

for

BETTER HEALTH for you now and after the baby arrives.

BETTER HEALTH for your baby both at birth and after.

YOUR PHYSICIAN OR PUBLIC HEALTH NURSE WILL ADVISE WITH YOU . . . .

BRING THIS WITH YOU FOR YOUR NEXT APPOINTMENT

ON _____

AT _____ O'CLOCK

DATE _____

PLACE _____

_____ M. D.

(1) See your physician as soon as you think you are pregnant—not later than the third month..

(2) Have blood tests for anemia and syphilis early in pregnancy.

(3) Have a chest x-ray for tuberculosis early in pregnancy.

(4) See your dentist early in pregnancy —repeat visits as he advises.

(5) Spend at least two hours a day in the open air and sunshine.

(6) Light work and exercise during pregnancy are good for you.

(7) Drink 6 to 8 glasses of fluids—water, milk, and fruit juices—a day.

(8) Get eight hours sleep at night and rest at least one hour in bed during the day.

(9) Wear comfortable clothing and low-heeled shoes.

MISSISSIPPI STATE BOARD OF HEALTH

FELIX J. UNDERWOOD, M. D.
Executive Officer
JACKSON, MISS..

GOOD POSTURE IN THE LITTLE CHILD

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
U. S. CHILDREN'S BUREAU ***Pub. 219***

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Children's Bureau Publication No. 219 - 1935

Good Posture in the Little Child

GOOD POSTURE AND HEALTH

THE CHILD who is well nourished and rosy cheeked, who is alert and vigorous in play, is likely to be the child who holds his body well poised or balanced.

The child who is thin, pale, listless, and "always tired" is likely to be the child who stands in a slouchy, drooping position such as is commonly called the "fatigue posture."

This does not mean that every child with good posture will be healthy, nor that every child who has an illness will have bad posture. But it does mean that there usually is a close relation between the child's health and the way he holds his body.

Good posture is much more than merely "standing straight"; it is the use of all parts of the body with proper balance, with ease and grace. This proper use of the body is called good body mechanics. The body is in some ways like a machine; its parts are accurately adjusted to one another, and if any part is out of correct position the machine does not work perfectly. For example, if the feet are not in good position, the balance of the whole body may be changed.

When the body is out of balance, some part is likely to be pushed or pulled out of its normal place or to work under a strain. When the body is in correct balance, all its parts, including the internal organs, are held in good position.

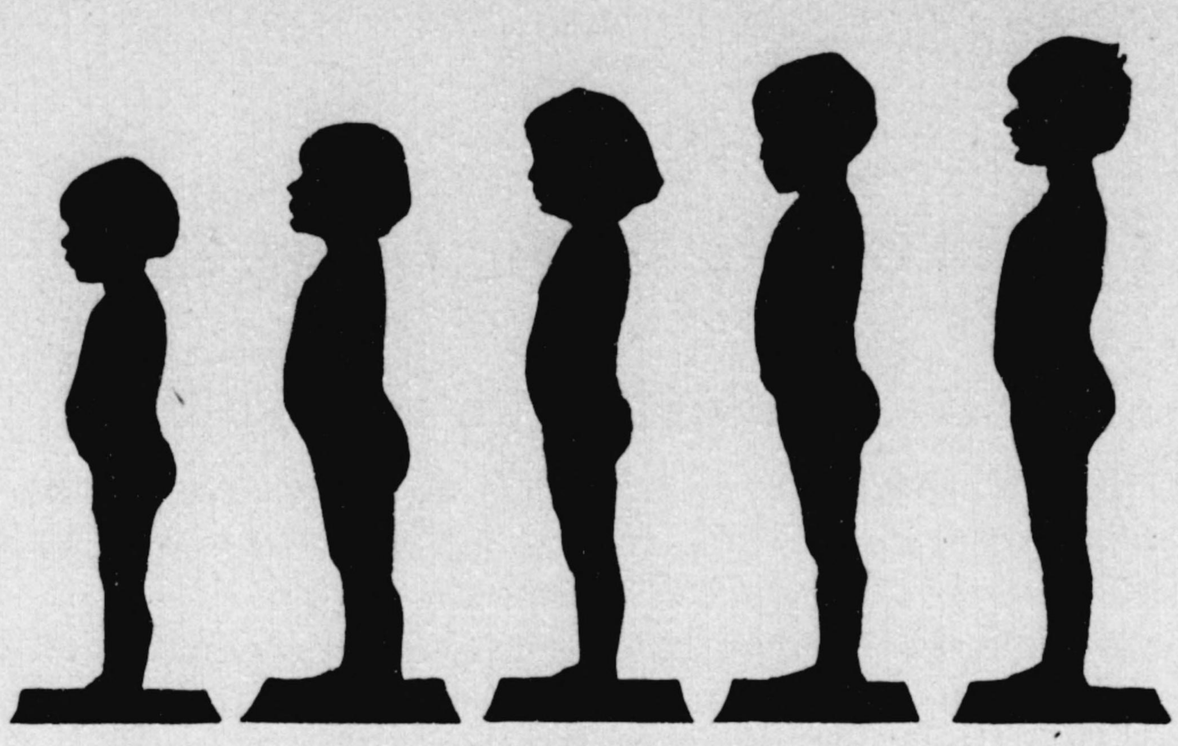


FIG. 1. GOOD POSTURE

Does your child stand like any of the children in figure 1? These children all are in good posture, but they do not all stand alike. They have various types of body build. Each one looks healthy, alert, and full of energy.

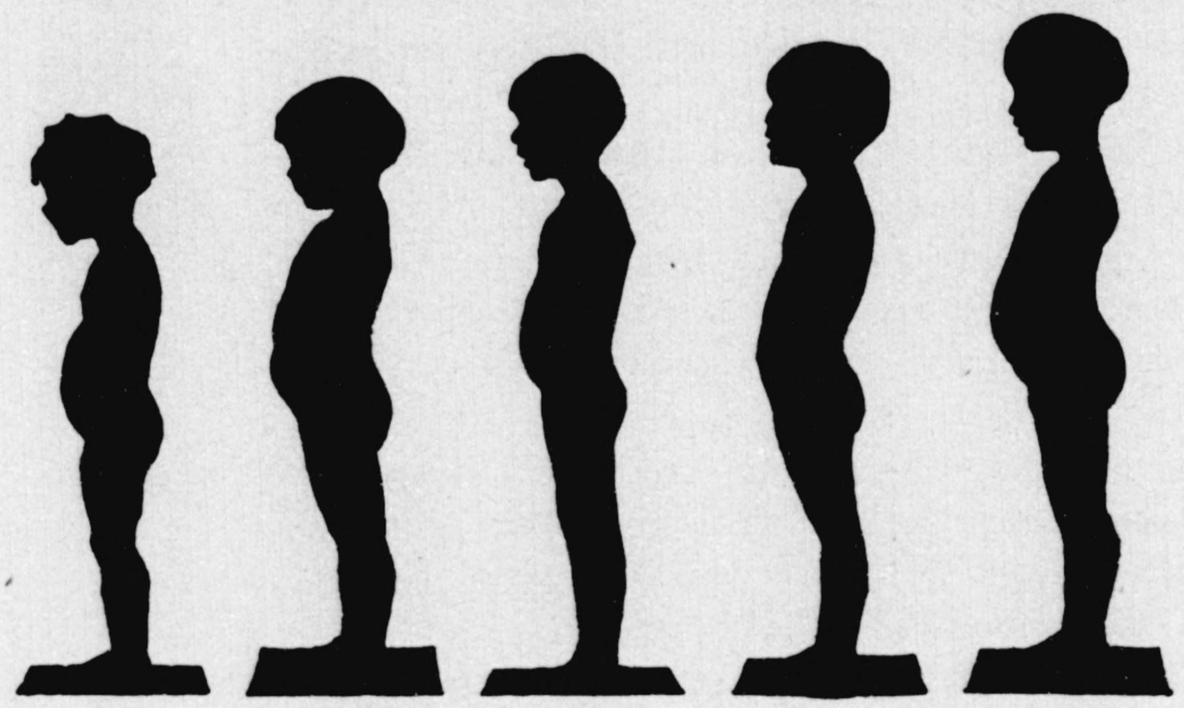


FIG. 2. POOR POSTURE

Does your child stand like any of the slouchy, tired-looking children in figure 2? These children all have poor posture. Note their drooping, weary look.

In order to realize more clearly the differences between good and poor posture, look at the diagrams below. (Each of these represents a child about 5 years old.) It must be remembered that few children, especially younger ones, hold their bodies exactly like the diagrams; some children, especially little ones, have more prominent abdomens; some have slightly more curve in their backs.

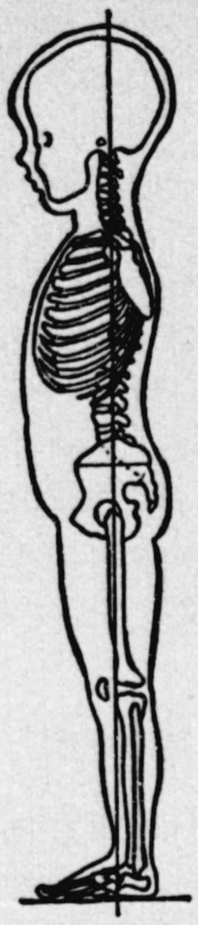


FIG. 3. GOOD POSTURE

FIG. 4. POOR POSTURE

This child stands at his full height, with his weight on the balls of his feet.	This child stands in a slumped position, with his weight on his ankles and heels.
He holds his head high, with his chin in.	He holds his head forward, with his chin out.
His chest is high, and his shoulder blades do not stick out in the back.	His chest is flattened and sunken and his shoulder blades stick out in the back.
His abdomen is drawn in.	His abdomen is relaxed and sags.
The curves of his back are slight.	The curves of his back are too great.
His knees are straight.	His knees are slightly bent.

The position of the feet cannot be shown in the side view given in these diagrams. For discussion of feet see p. 7.

HOW HABITS OF GOOD POSTURE DEVELOP

Parents must not expect the very little child to have the same type of posture as his older brother or sister. As the little child grows up his posture tends to change. For example, a little child who has just learned to walk is at an age when his abdomen is more prominent than it will be after he grows older. By the time he is 5 or 6 years old the muscles of the abdomen should be strong enough to keep it nearly flat.

The habit of holding the body in balance—in good posture—is learned gradually as the child learns to control his body. First, as a baby, he learns to sit up, then to creep, then to take a few steps, and finally to walk. Throughout these stages he is learning slowly how to hold his body in balance. All through childhood he continues to learn this lesson. How well he learns it depends largely on the strength of the muscles that hold the body erect, and these muscles should be gradually growing stronger as he grows older and as he uses them more and more actively.

FROM BABYHOOD INTO CHILDHOOD

The little baby gets his exercise by kicking, crying, waving his arms about, and squirming. He needs all this exercise, and he should be allowed to take it. Do not restrain him by dressing him in tight clothes, nor by wrapping him so that he can not move freely and turn over when he becomes able to do so. Change his position in the bed from time to time so that his body will not be cramped and so that it will develop evenly. Let the little baby lie on his stomach part of each day.

The baby gets some exercise when his mother holds him in various positions, as she feeds him, dresses and undresses him, bathes him, and plays with him. Twice a day, before bathing the baby in the morning and after undressing him for the night, let him kick and play on a firm, flat bed in a warm room. Ten to twenty minutes of such exercise morning and evening gives the baby added opportunity to develop his muscles.

By the time he is 5 or 6 months old the average baby is able to roll himself over and may try to sit up. He tries to sit up by

raising his head, by arching his back, by tightening his abdominal muscles, by pulling on the sides of the crib, by pushing with his arms and legs. When his abdominal and other trunk muscles are strong, he will be able to sit up easily and maintain a sitting position well.

Let him be free to try as much as he likes, but do not try to make him sit up until he shows by his own efforts that he is ready for it.

Watch him when he has no clothes on and you will see his abdominal muscles tighten each time he tries to sit up.

When a baby first sits up he should have his back well supported from the shoulders to the hips. If a strap is used to hold a baby safely in a chair or baby carriage, be sure that he has the proper support at his back, so that he will not have to depend upon the strap alone for support. He should not be left to sway unsteadily or to sit hanging over the strap.

When the baby is 7 or 8 months old he usually can sit up well by himself, and the muscles of his abdomen, back, arms, and legs should be strong enough to let him creep on hands and knees or on all fours. Creeping strengthens muscles that will later help him to walk and stand in good position. By the time the baby can sit up well, he should be put into a play pen two or three times each day, so that he can get up on his hands and knees or hands and feet.

After a while the child learns to pull himself to his feet, and to stand up, holding on to the side of the play pen or the crib. Then he learns gradually to balance himself on his feet without holding on to anything. At last he takes a few steps. It is not wise for parents to urge the baby to walk until he is ready to try it himself. Too early walking may keep the natural bowing of his legs from straightening out or may actually make him bowlegged if his bones are not strong enough to bear his weight.

When the child finally learns to stand and walk, his muscles, though stronger than they were when he was a baby, have not yet learned to work well together. This makes his walk-

ing unsteady, and he holds his feet far apart to help him to keep his balance. The unsteady gait should not last very long. With practice the average child quickly gains the ability to control his muscles and thus balance himself. A child who has rickets may be late in beginning to learn to walk, and when learning may walk unsteadily for several months. The average child gradually becomes more and more expert in walking and balancing, and before long likes to practice balancing himself by walking along the curbstone or on a log.

LEARNING THE HABIT OF GOOD POSTURE

All-around development, which is gained by strengthening *all* the muscles of the body through active play—climbing, throwing balls, running, jumping, skipping, shouting—lays the foundation for good posture. But if the child is to learn the habit of good posture he must not only gain all-around development but must also strengthen the muscles that have the most to do with holding the body in good balance. These are: (1) The muscles of the abdomen, (2) the muscles of the buttocks, (3) the muscles of the shoulders and of the upper trunk, and (4) certain leg muscles that hold the feet in good position.

The lower abdominal muscles should pull in and flatten the lower part of the abdomen. When a baby first begins to walk, his abdomen extends farther than his chest, but gradually, as he grows older, his abdominal muscles should become stronger and should pull in and flatten his lower abdomen more and more, until finally his abdomen extends no farther than his chest. Figure 3 (p. 3) shows in general how the abdomen should be held by a child about 5 years old.

When the buttock muscles are well developed, they help to straighten the lower spine and keep the child's back from becoming too hollow. As the child grows older he can learn to use them in this way and to strengthen them.

The muscles of the shoulders and neck and those of the upper trunk help to hold the chest high and the chin in. Many a child

who has plenty of opportunity for free play does not use these muscles enough because of the lack of fences and trees to climb and bars to swing on. If these muscles are to be strong enough to hold the child's chest up in good position, they must get plenty of exercise.

Proper use of the feet is necessary if the child's body is to be held in good balance. When the feet are used correctly, the child's weight is on the balls and outer sides of the feet, the toes point straight forward, and the inner sides of the feet are parallel with each other. Wearing the proper kind of shoes and keeping the feet parallel and pointing straight forward will help to throw the weight correctly, but how well the feet do their work depends largely on the strength of certain leg muscles that hold the feet in the proper position. If these muscles are strengthened as the child learns to stand and walk and as he becomes more and more active they will help to keep the whole body in good balance. If the muscles are not strong enough or if the child's weight falls on the inner sides of his feet so that he walks with his toes pointing outward, the ankles may become turned inward and the long arch of the foot flattened and the body may be put in bad balance. This is what may happen to a child who has the habit of toeing out. This turning in of the ankle results in what is called "pronation of the feet" and when severe is described as "flatfoot" or "fallen arches." Knock-knees are often found in the child who has flat feet.

The muscles that keep the feet in good position are especially strengthened by skipping, running, dancing, and going on tiptoe.

Games and play that help the child to get the "feel" of good posture and to strengthen groups of muscles important in maintaining good posture are described on page 15.

716426°—46——2

What Brings About Good Posture?	What Brings About Poor Posture?
Good general health; good nutrition; freedom from fatigue; freedom from repeated or long-continued infections and from diseases that bring about deformities; good sight and hearing.	Poor general health; malnutrition; fatigue; repeated and long-continued infections such as adenoid and tonsil infections; deformities, such as those caused by rickets, infantile paralysis, or tuberculosis of the bones and joints; bad sight or hearing, which tend to make a child lean forward or sideways in an effort to see or hear better and cause him to take other strained or awkward positions.
A well-balanced diet, including the foods that help to build bone and muscle—milk, fruit, green vegetables, eggs, and meat (and cod-liver oil for the child under 2).	A poorly balanced diet made up largely of cereals, bread, or potatoes, without milk, fruit, green vegetables, eggs, meat, and cod-liver oil.
Plenty of sleep and rest.	Too little rest and sleep, resulting in overfatigue.
Varied exercise outdoors—running, jumping, skipping, climbing. Encouragement by parents to take part in games and play that lead to symmetrical development of the body.	Lack of vigorous exercise outdoors; or lack of variety in the exercise, so that the child develops one set of muscles rather than the whole body.
Wearing well-planned, well-fitting clothes and shoes, which put no strain on the bones or muscles or soft tissues of the child but let them develop naturally.	Wearing wrongly planned or badly fitting clothes and shoes, which press or pull the bones out of place and force the child into unnatural positions.
Sitting in a chair that supports the lower part of the child's back and that is low enough to let him keep his feet flat on the floor.	Sitting too long in chairs that are too large. A child who must sit in a chair too large for him sits in a strained position with his back and feet unsupported.
Sleeping in a bed that does not sag, with a firm, comfortable mattress and a flat spring; using no pillow, or a very small one, so that the child's neck is straight.	Sleeping in a sagging bed, on a mattress that is too soft; propping up the head with a large pillow, which forces the neck to bend forward.

HOW PARENTS CAN HELP CHILDREN TO DEVELOP GOOD POSTURE

CARE OF THE GENERAL HEALTH

Since the child who is healthy is likely to have the best posture, parents who wish their child to have good posture should pay attention to the things that bring about general health. (See the Child from One to Six; his care and training, U.S. Children's Bureau Publication No. 30.) In their efforts to keep their child well and active they should have the advice of their doctor. A baby should be taken to the doctor once a month during the first year for advice regarding his health and hygiene and for a complete physical examination regularly at least every 4 months. During the second year he should be taken to the doctor at least every 3 or 4 months for advice and examination and from his second birthday to school age at least twice a year.

Since poor posture is very often found in the child who is overfatigued and poorly nourished special attention must be given to all those aspects of the child's daily routine that insure good nutrition and prevent fatigue. The muscles of a poorly nourished, tired body cannot be expected to hold that body in the erect position of good posture. An adequate, well-balanced diet, long hours of sleep at night and a rest during the day, outdoor exercise (but not too much) and sunlight are all necessary to restore a poorly nourished, overfatigued child to normal. At the periodic visits to the doctor advice should be sought as to ways of avoiding overfatigue and maintaining the best nutritional condition possible for each individual child, for by improving the child's general health a better foundation for good posture will be laid.

Periodic health examination

At the regular health examinations the doctor will see whether the child's posture is good for his age and he will look for any conditions that might bring about poor posture, such as rickets, malnutrition, or apparent overfatigue. He will point out signs of the beginning of poor posture, which parents would not be likely to notice. If a habit of poor posture is developing, the doctor will try to find out the underlying

causes and eliminate them. He may recommend a change in the type of clothing—especially shoes—worn by the child. If he finds certain deformities, he will probably recommend that the child be taken to an orthopedic physician. He will advise the mother as to matters of the child's general hygiene, such as sleep and rest, diet, exercise, and sunshine, all of which have a direct bearing on posture.

CLOTHES AND SHOES

A child cannot develop good habits of posture unless his body is free to develop normally without being pressed or pulled into unnatural positions by wrong clothing. Clothing should be planned so as to allow freedom for growth and for muscle activity and should not exert too great pressure on any of the child's bones or soft tissues.

A baby's diaper should not be pinned too tightly, and his legs should not be forced apart by too bulky a diaper. If a band is worn, one of the loose knitted type with supporting shoulder straps should be used. A tight abdominal band should not be worn after the first few days of life since it tends to limit the activity of the abdominal muscles and thus prevent them from growing strong.

The little child's shoulders are easily pulled forward into bad position by hose supporters that put weight upon the outer parts of them. For this reason the underwaist or whatever garment the hose supporters are fastened to should place the pull near the child's neck, where it can be borne satisfactorily. An underwaist with a "built-up neck" does this and is much more desirable than one with ordinary shoulder straps. A supporter with wide shoulder straps crossed high in the back also puts the weight near the neck and permits the child's shoulders to hold their natural position. Hose supporters should be fastened at the sides, not in front or toward the front, as the latter positions pull the shoulders forward and down. They should not be fastened so tightly as to cause strain at waistline or shoulders.

Night clothes should be loose, so as to allow the child to turn and stretch in his sleep.

If a child is to learn to stand well, his shoes and stockings must fit properly so as to permit his feet to develop normally. A child's feet are easily injured by poorly fitting or badly shaped shoes and by stockings that are too small.

Shoes should follow the natural shape of the feet. Before buying shoes for a child make a careful tracing of his foot on paper, with the child standing. Select shoes one-fourth inch wider than the tracing and one-half to three-quarters inch longer.

Laced shoes of the "blucher" type (having the tongue and the toe continuous) and straight along the inner side are best. Shoes with the moccasin type of upper are satisfactory if they have soles and are laced. Soles should be firm, flat, moderately flexible, and not slippery. Although heels are not advisable, the sole should be somewhat thicker at the heel and under the arch; a perfectly flat sole is undesirable. The shank of the shoe should be narrow, the heel close fitting, the upper full and soft over the child's toes, and the toe of the shoe broad so that his toes can move easily.

Great care must be taken that when shoes are repaired they are not made shorter or narrower or the shape changed. Careful watch should be kept to see where the wear comes on the child's shoe. A child who wears his shoes down very unevenly should have his feet examined by a doctor.

If a child has flatfoot, he must have his shoes specially adjusted. Ask your doctor about this.

Stockings should be bought large enough for free toe action and should be well shaped to fit the feet. After shrinking, the foot of the stocking should be one half to three fourths inch longer than the child's foot. When stockings are outgrown they must be discarded.

BED AND BEDCLOTHES

The child should sleep in a bed by himself, and the bed should be large enough for him to have plenty of room to turn and move in his sleep. The springs and mattress should be firm and flat, so as to enable the child to lie perfectly flat. A

sagging bed throws the body into poor position. No pillow, or a small flat one, should be used, as a large pillow forces the child's neck to bend instead of being straight. The bedclothes should be light in weight and not too tight.

CHAIRS AND TABLES

A little child needs a low chair, even if it is made at home out of a soap box. It should be of such a height that his feet can be placed flat on the floor. The seat of the chair should be shallow enough to allow the lower part of the child's back to touch the back of the chair while his feet are flat on the floor; that is, it should not be longer than the child's thighs. A low table at which the child can sit comfortably in his chair should be provided, and he can use this for eating meals and for many kinds of play.

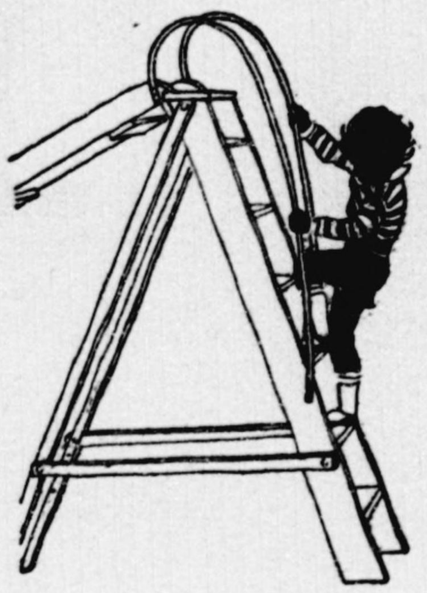
TOYS AND PLAY APPARATUS

Simple home-made apparatus that will help children develop their muscles can be had even in a small yard or on a porch. Climbing is one of the best exercises to develop shoulder and other muscles that hold the body in good position. A horizontal bar fastened securely to uprights and placed at a height that the child can grasp when standing on tiptoes, or a set of climbing bars with crosspieces at various heights gives children the opportunity to climb. A small ladder, securely fastened, can be used for climbing. To put up a ladder for swinging, place it in a horizontal position supported by uprights just high enough for children to grasp the rungs with their hands over their heads and swing from rung to rung. A slide not too high, built with a ladder leading up to the platform at the top, gives opportunity to learn sureness of step and balance. Boxes and boards that can be pushed and pulled around and used for building give children opportunity for good exercise. Such things should be examined carefully to see that no nails are sticking out of them.

A tricycle suited to the child's size, which he operates by the use of pedals, exercises the feet correctly, for the child must keep his feet in good position in order to put the right pressure on the pedals. It is dangerous, however, to allow a little child to ride a tricycle in city streets. In a back yard, or even on the sidewalk, it is usually safe if some responsible person is watching the child.

Some kinds of toys and play apparatus, instead of helping to develop the child's body normally and symmetrically, either force him into wrong positions or lead him to use one side of his body while the other is neglected. A toy car that is pushed with one foot may cause one-sided development. A toy car that has too wide a seat may force the child's legs apart and bring about a deformity of the thighs.

"Jumpers", "baby walkers", and other such apparatus should not be used in teaching a baby to walk, as these force him to walk on the inner parts of his feet, with the legs spread apart. Such apparatus, besides, overtires the child, for it keeps him too long in one position.



When your child is of school age, which of the following pictures would you rather have him look like?

FIG. 5.
GOOD POSTURE

FIG. 6.
BAD POSTURE

GAMES THAT HELP TO DEVELOP HABITS OF GOOD POSTURE

[For children about 2 to 6 years old]

THE FOLLOWING games are planned to strengthen the muscles that hold the body in an erect position and to give the child the "feel" of standing and sitting correctly, even though he is not yet conscious of how he does it. The games should help the child to form the habit of using his whole body well when he is doing the ordinary things of life such as sitting, standing, and walking. To teach a young child to use his body well is not difficult if appeal is made to his imagination and love of imitation.

If exercises are presented as games, the little child will take part eagerly, and he will take more interest in the games if several of his playmates—brothers and sisters or other children—join him in the games. Most children like to act a part or to "make believe." Pretending to be a paper doll or a giant is more interesting than doing an exercise. Also it is easy for a little child to understand that to be a paper doll he must flatten his back, and that to be a giant he must stretch himself up to his full height. By means of such imitative games he can learn how to stand well, to pull in his abdomen, to raise his chest, and to stand and walk with his feet parallel and toes pointing forward.

Games that have to do with the posture of the body as a whole and games that strengthen different groups of body muscles are given. Let the children play games of different types so as to use various sets of muscles. The games played standing and those played lying down, which teach the child the "feel" of good posture for the whole body should be alternated with the more active games, which tend to strengthen special groups of muscles. By such alternation of games the exercises can be kept from being too strenuous.

Do not tire nor bore the child by having him play the games too long. Ten to fifteen minutes of supervised and interesting play is better than a longer period of half-hearted play; and a daily short period is better than an occasional long period.

GAMES PLAYED LYING DOWN

(These games teach the children how it feels to pull in their abdomens and flatten their backs while lying on the floor.)

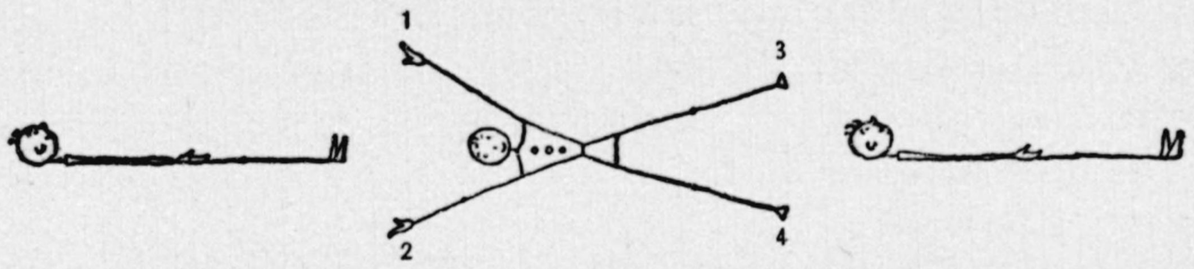
PAPER DOLLS PASTED ON THE FLOOR

Each child lies flat, with arms stretched outwards and legs held straight, pretending to be a paper doll lying on the floor. By pulling in his abdominal muscles the child can make the lower part of his back touch the floor. He may pretend to need more paste in the hollow of the back to fasten this part to the floor.

THE BOOK

The children lie on the floor with arms at their sides and legs close together, each pretending to be a closed book. Each tries to lie as flat as a book, pulling in the abdomen and pressing the back flat against the floor. The following lines are said:

Jack laid his book upon the floor.
He opened the leaves, One, two, three, four.
He closed the leaves, Four, three, two, one.
When the book was closed, he said, "That's done."

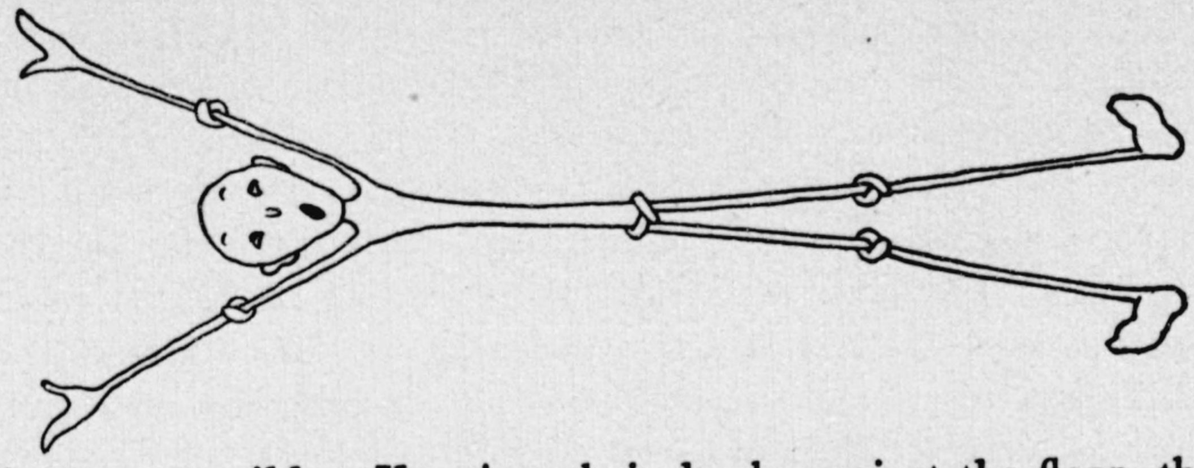


While the words "One, two" are being said the child raises his arms shoulder high, one at a time. While the words "Three, four" are being said he moves his legs outward, one at a time. When both arms and both legs have been stretched out, the "book" is open.

While the words "Four, three, two, one" are being said, each child returns his legs and arms to their original position, one at a time. When the child's arms are close to his sides and his legs are close together, the "book" is closed. Throughout the game the abdomen should be held in.

THE RUBBER MAN

Lying on the floor with arms raised above his head, chin in, and back flat against the floor, each child pretends he is made of rubber, and stretches himself out so as to be as



long as possible. Keeping their backs against the floor, the children expand their chests and stretch their arms and legs while the following lines are being said:

Watch this funny long rubber man.
See him stretch as far as he can.
Up go hands and down go feet.
Now relax and then repeat.

THE BICYCLE MAN

Each child lies on the floor, his hands over his head and his chin drawn in. The children move their feet as though pedaling a bicycle, while the following lines are said:

Riding, riding, pushing his feet,
The bicycle man comes up the street,
Sometimes fast and sometimes slow,
It's really a pleasant way to go.
Sometimes slow and sometimes fast,
Then he stops to rest at last.

ROLY-POLY

The roly-poly is a tumbling man who cannot be upset, and to imitate him the children lie on the floor with hands clasping their ankles. Their knees are drawn up over their chests. Each roly-poly rolls back and forth from lying to sitting position and from side to side. Finally he brings himself up to the sitting position again. This game tends to make the spine flexible.

GAMES PLAYED STANDING IN GOOD POSTURE

(These games help the children to hold their chins in, to raise their chests and stretch their trunk muscles, and to pull in their abdomens and flatten their backs while standing.)

During these games it is easy for the mother to show each child now and then how to pull in his abdomen, by placing one of her hands on the lower part of his abdomen and one on his buttocks and then pressing upward with the hand on his lower abdomen and downward with the hand on his buttocks. The child will respond by pulling his abdomen in and his buttocks downward. Touching the lower part of the abdomen may make the child draw it in and thus show him how to contract these muscles. Little emphasis need be put on this, but if it is repeated from time to time the child will learn to do it by himself.

PAPER DOLLS PASTED ON THE WALL

This game lasts only a minute or two. The children join hands and stand against the wall with heels 3 or 4 inches away from the wall. With head, shoulders, and hips against the wall and chin in, each child tries to flatten his back by pulling in his abdomen until the lower part of his back touches the wall. The object of the game is to see who can be the flattest paper doll.

TREES

Each child tells what tree he would like to be, and then each one plays that he is that tree, standing in the best possible position with his head and chest high, his chin in, the lower part of his abdomen drawn in, and arms raised to represent the branches. Different kinds of trees may be imitated. All the trees together are a forest. The wind blows and sets the trees swaying. When the wind stops and the branches are quiet, the trees all stand still again in good position.

GIANTS

A giant is very tall and strong and stands very straight. The children all pretend to be giants and walk on tiptoe standing just as well as they know how.

FAIRY WISHES

The children all lie flat, listening for fairies. All at once they hear a fairy call. (The fairy may be an older child or the mother.) Then they get up and gather around, and the fairy promises to change each one into something very straight and tall. Each child chooses what person or thing he wishes to be. One would like to be a mountain, another a tower, and others a big tree or a tall Indian or a giraffe. Perhaps all pretend to be the same thing. The fairy waves her wand and gives each his wish. Then each acts his part, standing on tiptoe in the best position he knows, each one trying to be the straightest and tallest.

BEAN-BAG TAG

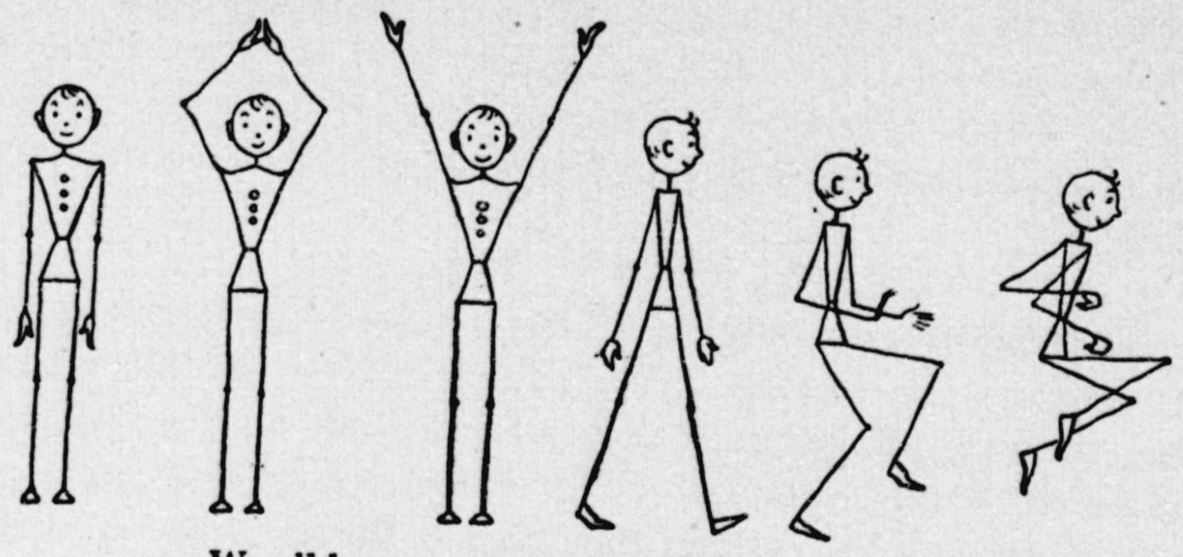
The children all stand in a circle. One is chosen to be the runner and another the chaser. Each of these two has a bean bag on his head and must keep it there while he runs, without using his hands. The two children run around the circle. If the chaser tags the runner, they change places. Whenever the runner wishes to, he puts his bean bag on the head of another child standing in the circle and then that one becomes the runner. If the bean bag falls off, the game stops until it is replaced and then the game begins again. The child who is the runner must try to keep the bean bag from falling off his head.

BALLOONS

Each child first blows up his own toy balloon. Then all toss the balloons high overhead. The object of the game is to see how long the balloons can be kept in the air. To keep the balloons up the children must reach and stretch up over and over again, sometimes using the right hand, sometimes the left. Children enjoy playing with balloons and usually can keep them overhead for long periods.

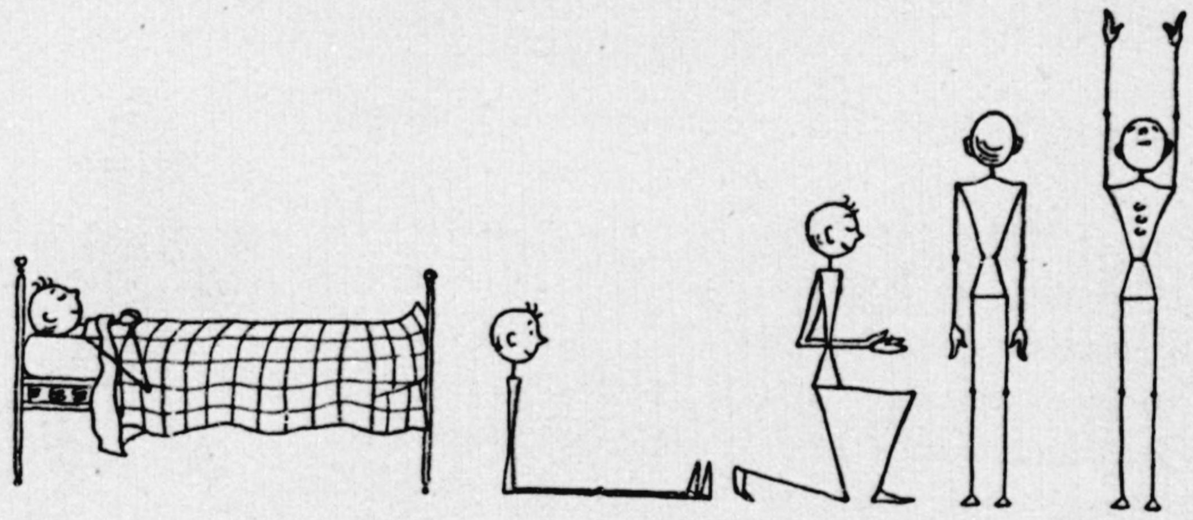
THE VERY STRAIGHT MAN

Each child tries to be just like the very straight man described in the lines below. Each one should hold his chin in and his chest high, pull in his abdomen, and be as straight as he can. An older child or the mother reads or recites the verses and the children may join in saying them. The children try to do what the very straight man does.



We all know a very straight man
Who lives in a very straight house
Right under a very straight tree.

This man takes a very straight walk,
This man takes a very straight skip,
And a straight jump, one, two, three.



He is straight when he lies on the bed,
He is straight when he sits on the floor,
He is straight when he kneels on his knee.

He stands up straight by the wall,
He reaches up straight toward the sky,
Do you know what is straight? Look at me.

THE JUMPING JACK

The children face the wall, and some one quickly passes along the line with a piece of chalk making a mark on the wall at the level of each child's head. Next they all stand on tiptoe, with chins in, chests high, and abdomens drawn in, and a new chalk mark is made. Then each child is given a piece of chalk, and, standing on tiptoe a little distance away from the wall, he stretches first the right arm upward and then the left, to see how high a mark he can make with each hand. Finally all the children become jumping jacks, and each child jumps to see how high a mark he can make, first with his right hand and then with his left. The children may be shown that by pulling in their abdomens when reaching upward they may be able to make a higher mark on the wall. When the child is reaching high his abdomen may sag and his back may arch, unless some effort is made to prevent it.

GAMES THAT HELP TO KEEP THE SHOULDERS FLAT

THE WINDMILL

The children stand very straight, with abdomens in, chests high, and chins in, and play that they are windmills. They rotate both arms toward the right for a few minutes. Then the wind is supposed to change, and the children rotate their arms toward the left for a few minutes. The speed at which the "windmills" move may be varied as the wind blows harder or slackens.

THE DUCK

"Let's play duck." Each child squats down, buttocks resting on heels, head held high with chin drawn in, chest high, fingers touching the tips of the shoulders, elbows held back and close to the sides, "just the way a duck holds his wings." Then the mother calls, "Let's all waddle across the barnyard." While the child is holding the position of a duck his shoulders are very flat.

THE SEAL

Each child lies flat on his stomach like a seal with head and shoulders raised from the floor (chin held in); his feet also are raised from the floor and are held close together. The arms are rolled outward and held close to the body, with palms toward the floor and thumbs outstretched, so as to imitate a seal's flippers.

The "seal" then flaps his flippers by lifting his arms up from the floor and lowering them again. As he does this he tries to move from side to side. An energetic child may actually succeed in making a little progress across the floor, but this is not necessary for the game.

THE CRAB

The children first lie flat on their backs on the floor. Then they raise themselves up on hands and feet, with abdomens up and backs toward the floor. Last of all, they try to walk sidewise "just like crabs."

GAMES TO STRENGTHEN THE ABDOMINAL MUSCLES

THE BICYCLE MAN

This game has already been described among "Games played lying down."

THE RABBIT

To play rabbit, each child gets down on all fours and then hops and leaps forward.

THE MULE

The "mule" lowers his head, and, supporting himself entirely upon his front legs, lashes out with his hind legs.

THE SCISSORS

Each child sits against the wall with his legs straight out in front, keeping his knees straight. His legs are supposed to be the blades of scissors. His hips, back, shoulders, and head all touch the wall. First the child raises the left leg and lowers it. Then he raises the right leg and lowers it. His head and the lower part of his back must touch the wall all through the game.

The following lines are said, at first slowly, later faster and faster:

Here are great big scissors,
They go snip, snip, snip.
Here are great big scissors,
They go clip, clip, clip.
I'll cut the cloth before I sew it,
I'll make a coat before you know it.

GAMES TO STRENGTHEN THE LEG AND TRUNK MUSCLES

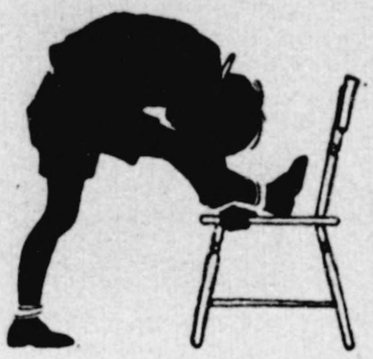
SEE-SAW

See-saw is a game for pairs of children of about equal height. They sit down on the floor facing each other, with the feet of one between the legs of the other, just far enough apart so that they can easily clasp hands. As one child leans forward the other pulls back with a long, strong pull that carries his body back to the floor. They continue these see-saw motions, one child saying "Up" while the other says "Down." Head, chest, and abdomen should be held in good position throughout the game.

THE ELEPHANT

The children walk on hands and feet, keeping their legs straight, imitating elephants. The knees must not be bent. The head should be held high and the chin in. The head may be swayed from side to side in imitation of the way an elephant swings his trunk.

THE CRANE



The youngster who patterns himself upon the crane faces a chair and stands on one leg, while the heel of the other foot rests upon the seat of the chair. Bending his head forward, he tries to touch the knee of the raised leg with his forehead. He should then stand on his other leg and repeat the game.

GAMES TO STRENGTHEN THE MUSCLES THAT SUPPORT THE FEET

[These games should be played barefoot]

THE TIGHT-ROPE WALKER

Use a chalk-line on the floor or a crack between two boards to represent a tight rope. The game is to walk this line with great care and exactness. The "tight-rope walker" walks on tiptoe, with toes turned in and heels turned out, and tries to grasp the floor with his toes.

WALKING THE RIDGEPOLE

Nail together three smooth planks, each about 10 feet long, to form a triangle resembling the ridge of a roof, the peak being about 6 inches from the floor. The children practice walking along the ridge with one foot on each sloping side. Their toes are pointed forward. If this game is played barefoot, the child's feet will cling to the sloping sides.

SAND PILE

The child stands in the sand pile or sand box, dabbles his feet in the sand, and scrapes up piles of sand with his toes.

PICKING UP MARBLES

Sitting in a low chair, each child tries to pick up a marble under his bare toes and put it down again, using first one foot and then the other. Then he tries to pick up two marbles at a time, first with one foot, then with the other, then two marbles with each foot, using both feet at the same time.

A more difficult stunt is walking across the floor holding a marble under the toes. Later the child may try to walk across the floor holding two marbles with each foot.

MARBLE RACE

Each child sits in a low chair with several marbles in front of him. At the word of command, each child picks up a marble under his toes. He then crosses his foot over the opposite leg in such a way that he can see the marble he holds in his toes. He then uncrosses his foot and without using his hands puts the marble into a basket. Each child tries to be first in picking up a certain number of marbles, looking at them, and putting them into the basket. The feet should be used alternately.

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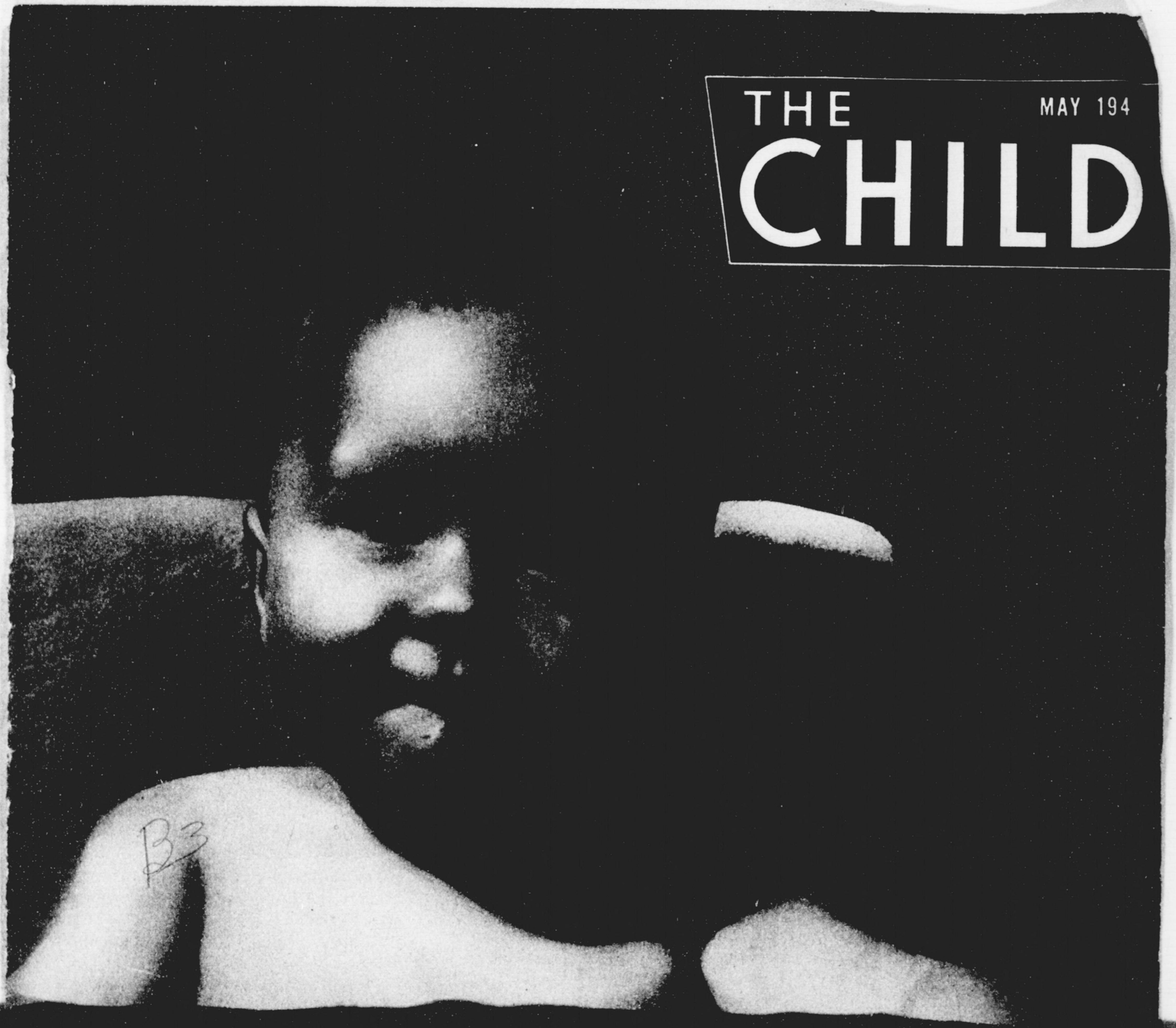
THE CHILD

MAY 194



WHAT DO CHILD-WELFARE SERVICES OFFER?

ELIZABETH W. DEUEL
Regional Child-Welfare Consultant,
U. S. Children's Bureau

TODAY hundreds of thousands of children are living under conditions that deprive them of the opportunities and privileges contributing to good citizenship.

Can ways be found, through social services, to meet the problems of these children, who need attention beyond that given by their parents, teachers, Sunday-school teachers, family physicians, and the other normal contacts in the lives of ordinary children?

Let us seek the answer to this question by asking five more: (1) Who are the children that need social services? (2) Whose responsibility is it to meet these needs? (3) What kind of services must be provided in the child's community? (4) How do State responsibilities mesh with local services in a complete program for the individual child? (5) What does it take to get social services to children?

Who are the children that need social services?

Children who need social services are those who are not getting from their own parents the care they should have. They include children who are mentally limited, emotionally immature, or mentally ill.

Some of these children don't wait for social agencies to recognize their needs and help them. They run away, hoping to escape from their unhappiness.

The more fortunate of these children of broken or breaking homes are the ones that parents or others bring to a social agency for care and placement in a substitute home. For some other children the State takes over their care to protect them from moral or physical harm. But many children do not have this help and protection. They are in jails, or in overcrowded institutions, or in unsupervised, unlicensed foster homes. Or they are stranded, without any form of shelter, and are subject to every kind of exploitation.

And more and more children have difficulties that require special attention—children who are handicapped physically, mentally, or socially. They include children of minority groups. They also include children of unmarried mothers, and many of these mothers are hardly more than children themselves. Less dramatic and less clearly recognized are the needs of children with regard to legal guardianship.

Many sources tell us of the needs of children. Yet their needs are not yet being fulfilled, in spite of the fact that we know these needs and how urgent they are. Our job is to meet these children's needs, which brings us to the second question:

Whose responsibility is it to meet these needs?

There was a time when we could not have answered that question—when children had no rights; and when adult responsibility for children was at best inconsistent. That day is past. Today we have firmly established the responsibility of the whole group—the public—for everyone when individual responsibility fails.

A major part of the State's responsibility to safeguard the welfare of its citizens is to assure necessary care and protection to all children. And counties, townships, and municipalities share in this responsibility through power delegated by the State.

It is a public responsibility to be certain that necessary social services are available for all children who need them, regardless of residence, economic status, race, religion, or any condition other than need for services. We must face the full meaning of "Our concern every child."

"Every child" means more than "children of selected races and communities," and more than "children whose needs

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Who are the children that need social services?

We are inclined to think of children in twos or threes, as members of family groups. We often know little of the number and significance of children's problems in relation to the total picture of the life of the Nation. But nearly one-third of our population are children under 18 years of age.

Many children are homeless because their parents have died, or have deserted them, or are separated. Many more are in homes that fail to meet their needs because their fathers and mothers are unable to fulfill the normal responsibilities of parenthood because

they are mentally limited, emotionally immature, or mentally ill.

Some of these children don't wait for social agencies to recognize their needs and help them. They run away, hoping to escape from their unhappiness.

The more fortunate of these children of broken or breaking homes are the ones that parents or others bring to a social agency for care and placement in a substitute home. For some other children the State takes over their care to protect them from moral or physical harm. But many children do not have this help and protection. They are in jails, or in overcrowded institutions, or in unsupervised, unlicensed foster homes. Or they are stranded, without any form of shelter, and are subject to every kind of exploitation.

And more and more children have difficulties that require special attention in their own homes.

These mentally or physically handicapped children are among those greatly in need of care. The child and his parents too will need special help if he is to remain at home, make normal adjustments within his limitations, and get satisfactions from his successes.

Then there are other children, who are under pressure of economic want or of social or racial discrimination. These include the children of minority

Condensed from paper given at the National Conference of Social Work, held April 13–19, 1947, at San Francisco. The complete paper will be published later by the Children's Bureau.

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It is a public responsibility to be certain that necessary social services are available for all children who need them, regardless of residence, economic status, race, religion, or any condition other than need for services. We must face the full meaning of "Our concern every child."

"Every child" means more than "children of selected races and communities," and more than "children whose needs can be fulfilled by existing facilities." It means *every* child, regardless of the nature of his problems or of individual or social prejudices.

If the services are to be available to every child, they must be available in the locality where he lives. They must be known throughout the community and must be accessible to all families.

If the public welfare program is State-administered, there must be sufficient units to provide State-wide coverage. When programs are locally administered, the State must assure the operation of the basic child-welfare program in every locality. There are more

rural children in proportion to adults. But the average family income and the per capita income are lower in rural than in urban areas. And a majority of our children have the benefit of only a minority of the resources of our country, including resources for health, education, recreation, and social service.

However, acceptance of public responsibility in either urban or rural areas does not mean that all services must be public. The private agency has the right to define the scope of its service in accordance with community needs. We must never impose limitations upon the experimental creative genius of private effort. Volunteer agencies can push the goals beyond present hopes.

Regardless, however, of the accident of strong or of ineffective leadership in the community where a child lives, he must be assured minimum standards of service. We agree that the State is not obligated to provide all services, nor to duplicate those now meeting the needs of children. But it is a public responsibility to see that social services reach all children needing them.

What kind of services must be provided in the child's community?

Services can be classified into two broad groups: (1) The personal services directed toward helping to meet a child's need; (2) the broad services that reach behind existing problems to find causes, prevent the same problem from occurring for other children, and build strong communities.

The most effective service is one that relieves a difficulty before it becomes a serious problem. The case worker is apt to see only children whose needs have become acute enough to demand urgent action. If the children are to be

Child-welfare programs include services to children in their own homes: (1) When the parents see the need for help as the child's problem, not theirs; (2) when the agency goes into a family to protect the child. The focus is the child—the total child as an individual in a family setting. The agency does not enter the family primarily because of the parents' behavior or needs, even though its service may help to meet those needs and to bring about changed behavior.

Comprehensive social services for all people are not available. Therefore the public child-welfare agency is giving service in some cases that may be appropriate to family service. As services for all people are provided, agency responsibility for these situations will be redefined. However, many of them will remain in the children's field because the recognized problems are approached through the child.

What then are some of the situations in which children need social service?

Many children suffer from defective vision, deafness, speech difficulties, crippling conditions, mental retardation, or illness. The child and his parents need help in understanding his limitation and obtaining treatment and training. Behavior problems that result from emotional factors, less apparent but equally handicapping, also need special attention that social services make possible. Often these conditions pose problems beyond the normal range of parental understanding and experience. They are baffling to families at all economic levels, in all races, in all locations. But skilled social services often make it possible to help the child in his family setting and prevent the added problems arising from placement away from his own home.

Health services, education, recreation—all resources that can help diagnose and meet the child's needs—must be brought to bear upon his problem. Case-work service is the thread that weaves through the complicated strands of these programs and ties them into a pattern of unified service for the child and his family.

If the child's problems arise not from his individual handicaps, but from pressures of family and community disorganization, his need may be met by strengthening the family or supplementing its efforts. For example, when a mother is ill, or both parents are ab-

Social services should be available to any child that needs them, regardless of residence, economic status, race, or religion.

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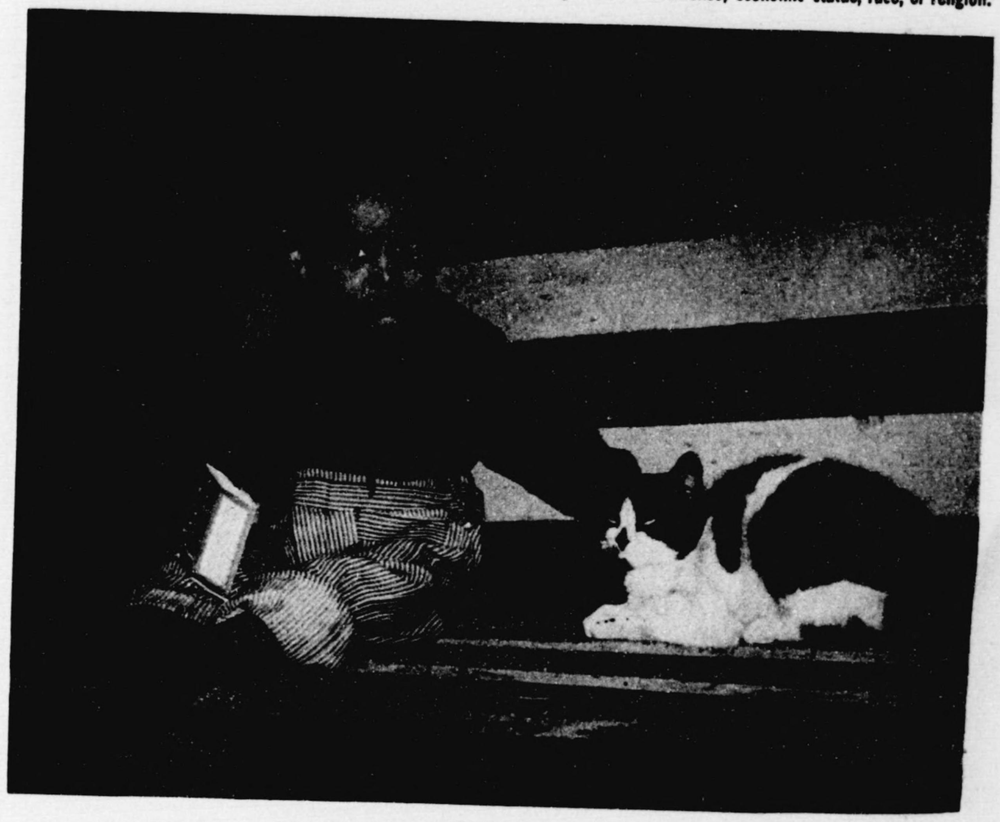

sent, homemaker service may keep children from being neglected or placed away from their homes. Counseling service may help a mother who is seeking employment, because exploration of ways of meeting the family needs may make it unnecessary for her to go out to work. Or information about facilities for day care, and guidance in using them, may help relieve the unfavorable effect of the mother's absence upon the children.

When children are abused, exploited, or neglected to the extent that their welfare is jeopardized, protective service is required. The child-welfare worker must know how far the rights of parents to care for their children in their own way will be endorsed by the community. If social service is not already being provided, it must be initiated by the agency. And it must be sustained until the condition improves or the case is brought to court for adjudication.

Placement of children also makes up a large part of these direct personal services to meet identified needs. Children are placed in foster care for numerous reasons and in countless ways—some based on skill, some on chance. But all children in foster care need the help of skilled social services. The type of placement should be determined by competent diagnosis of the child's needs. Social services must meet the needs of children in all kinds of foster settings. For a child not known to a children's agency at the time he is placed emergency shelter care may be needed. Need for such care may result from sudden illness of the mother, extreme neglect, or lack of social services to help the child in his own home.

Social services for children in foster care cannot be given if appropriate facilities for that care are not provided. The same facility cannot combine long-time and temporary care, or detention and temporary care. Each facility must be geared to meet specific purposes. Otherwise plans for treatment are confused, and adjustments of children disrupted.

Even though children in detention care are under the jurisdiction of the court, social service should be available as for any child in foster care. Casework service is helpful, not only to the child but to the court and need not be confused with judicial authority and action.

The facilities should include a variety of foster homes and group-care agencies so as to individualize the adjustment of each child.

We cannot think the saturation point of foster homes has been reached when we have not put our best skills into home finding, allowed time for it, or explored fully the possibilities of paying for service of foster parents.

To establish and maintain group-care facilities, we must encourage careful selection of personnel, adequate pay, and good working conditions. But every kind of group-care facility need not be set up in every locality. Some, like institutions for physically or mentally handicapped children, can be provided better on a State-wide or district basis. Others may be seldom needed so that out-of-State facilities will be acceptable.

Foster-care programs must be financed adequately to assure the children security. The time and effort child-welfare workers have put into soliciting funds to support children even inadequately in foster care are evidence of the serious gaps that exist.

This brings us to the broad planning and preventive services that make up the second part of the services we must provide. Interest in community resources extends beyond the identified needs of children in their own homes or in foster care. The services that are specific in relation to individual children become broad and inclusive in relation to community planning.

Community patterns differ in organization of services and facilities, in agreements between agencies, and in practices. Into that framework the social services for children must fit. Their content cannot be detached from community developments. They must not, however, be merely part of the

Symptoms of difficulties often appear in group relationships; parents, teachers, group leaders usually see children's problems first.

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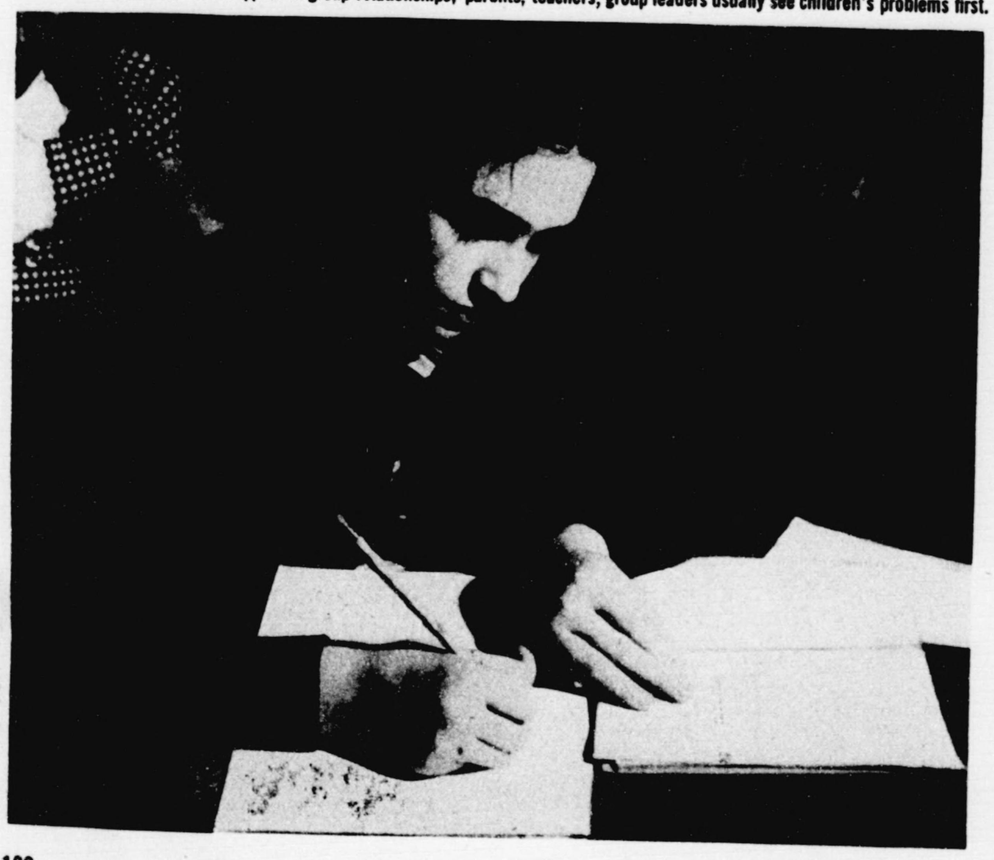

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Community patterns differ in organization of services and facilities, in agreements between agencies, and in practices. Into that framework the social services for children must fit. Their content cannot be detached from community developments. They must not, however, be merely part of the community stream. Persons carrying responsibility for social services for children must help to direct the course of the stream and to harness its power in behalf of children.

The child-welfare worker sees the bad spots of social disorganization and knows the problems of children whose needs are not being met. In addition to her first-hand knowledge of problem areas, the child-welfare worker brings to community planning her understanding of facilities and services needed. She must establish effective relationships with a wide variety of agencies

and individuals. She must be active in fostering leadership in group programs for children. She must help strengthen whatever meets the needs of children.

But before it appears that the child-welfare worker has the entire job to do, let us remind ourselves of some of the things she does not do. She does not take on the job of recreational leader, public-health nurse, or judge. She does not undertake group work or psychiatric techniques or psychological services. She does not run the community fund-raising campaign. She does not operate the group-care facility nor act as foster mother, regardless of the need. The core of the child-welfare worker's job is individual service to children, but she participates actively in community planning through her knowledge of children's needs and of appropriate ways to meet them. She makes certain that children are not forgotten.

Interpreting children's needs and social services for them is a constant part of the child-welfare worker's life. Every contact she makes, even the simplest, is a kind of interpretation.

Coordination of social services for children with programs of other agencies is basic to serving the child. The child-welfare worker has a primary responsibility in this, for it is her job to keep children's rights in view.

As we look at the variety and complexity of the services that must be provided in the child's community, we cannot but feel a keen sense of obligation to the child-welfare worker who takes on this job. Aware of that obligation, let us look at the fourth question:

How do State responsibilities mesh with local services in a complete program for the individual child?

If the program is State-administered, the State will provide all the

There are about 43 million children under 18 years of age in the United States—nearly one-third of our population.

Both minimum standards and desirable goals should be established. State service should extend beyond routine inspection to supervision as an educational process. State services should help improve standards and foster dynamic relations between agencies and with communities.

For agencies that do not meet minimum standards courage is required in helping the agency achieve that minimum or discontinue its program. Perpetual provisional licenses for substandard agencies do not fulfill the responsibility to protect children.

In establishing new agencies, State responsibility ideally includes (1) determining the need for the facility; (2)

of the child and not in security bonds or legal penalties that may be imposed for nonconformity with laws and regulations. Unplanned, unsupervised long-distance placements too often have resulted in need for emergency care.

State review is also helpful in adoptions, even when the placement has been made by a licensed children's agency. As a party to all adoptions, the State welfare department assures representation of the child's interest.

Another responsibility of the State is setting and maintaining standards of social services to children. This requires providing specialized consultant service or supervision for all local public agencies on a regular, continuous basis. The general child-welfare consultants

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If the program is State-administered, the State will provide all the services already discussed, in addition to those peculiar to its position. In a locally administered program the State may provide facilities or services that cannot be carried by local units, such as specialized institutional programs for physically or mentally handicapped children, psychiatric and psychological services, and special group-work consultation.

In the role of leader and protector the State has responsibility for the licensing and supervision of children's agencies, institutions, and foster homes.

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In establishing new agencies, State responsibility ideally includes (1) determining the need for the facility; (2) passing upon the application for incorporation; (3) help in coordinating the new program with the existing one.

The State may delegate responsibility to local child-placing agencies for studying and recommending foster homes for licenses, but it keeps the ultimate responsibility.

Interstate placements are a concern of the State department that licenses the child-placing agency and of the similar department in the State where the child is placed. The interest of both States should be in the protection of the child and not in security bonds or legal penalties that may be imposed for nonconformity with laws and regulations. Unplanned, unsupervised long-distance placements too often have resulted in need for emergency care.

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Another responsibility of the State is setting and maintaining standards of social services to children. This requires providing specialized consultant service or supervision for all local public agencies on a regular, continuous basis. The general child-welfare consultants help improve the quality of case-work services, stimulate effective community planning, and make available State and other facilities. Consultant service from other specialists on the State staff should also be available to local agencies. These experts will include child-welfare consultants working in such fields as adoptions or institutional programs, and also specialists such as the group-work consultant, the psychologist, the legal adviser, the nutritionist, and the research expert.

(Continued on page 188)

YOUNGER WORKERS MOST LIABLE TO INJURY

MIRIAM NOLL

Consultant in Accident Statistics, Child Labor and Youth Employment Branch, Division of Labor Standards, U. S. Department of Labor

CHILD WORKERS are more likely to be injured on the job than adult workers, and they are far more likely to suffer injuries that result in a lifelong handicap. That is what the Department of Labor found recently in a Nation-wide sample survey of selected manufacturing industries.

According to preliminary data compiled from this survey, the frequency rate of disabling injuries (that is, the number of disabling injuries per million man-hours of employment) was 22.9 for minors under 18 years of age; this was 46 percent higher than the corresponding frequency rate for workers 18 and over—15.7.

nent impairments, and all temporary disabilities that resulted in an inability to work that extends beyond that day—or shift—on which the injury occurred. "Permanent impairments" include only those nonfatal injuries that permanently disabled the worker either totally or partially.

The special survey of industrial injuries in manufacturing industries from which these rates were computed was a joint project of the Child Labor and Youth Employment Branch of the Division of Labor Standards and the Bureau of Labor Statistics. It covered one quarter of the year 1945 for each industry. The information was collected in connection with the Bureau's regular quarterly collection of monthly data on injuries from selected establishments in a wide variety of manufacturing industries.

termine, under the child-labor provisions of the Fair Labor Standards Act, the occupations particularly hazardous to minors.

The survey included all types of workers in the reporting establishments, regardless of occupation. Office, clerical, and sales workers were covered, as well as those employed on production, in maintenance, and in transportation.

The high frequency rate of industrial injuries found among minors under 18 emphasizes the need for State and community action to safeguard young people from industrial hazards.

Legislative protection can be given to young workers in three ways:

(1) Through extension of the 16-year minimum-age standard to all manufacturing industries in States where lower standards prevail.

(2) Through setting an 18-year minimum-age standard for employment in industries and occupations known to be especially hazardous for minors, with employment certificates required for minors up to 18 years of age and limitations on night work and on maximum working hours for minors under 18.

(3) Through payment of additional compensation under State workmen's compensation laws in the case of minors injured while illegally employed. This method, although only indirectly preventive, makes possible a relatively generous restitution to children injured through society's failure to protect them.

But putting laws on the statute books is not enough by itself. The development and carrying out of desirable standards for youth employment calls

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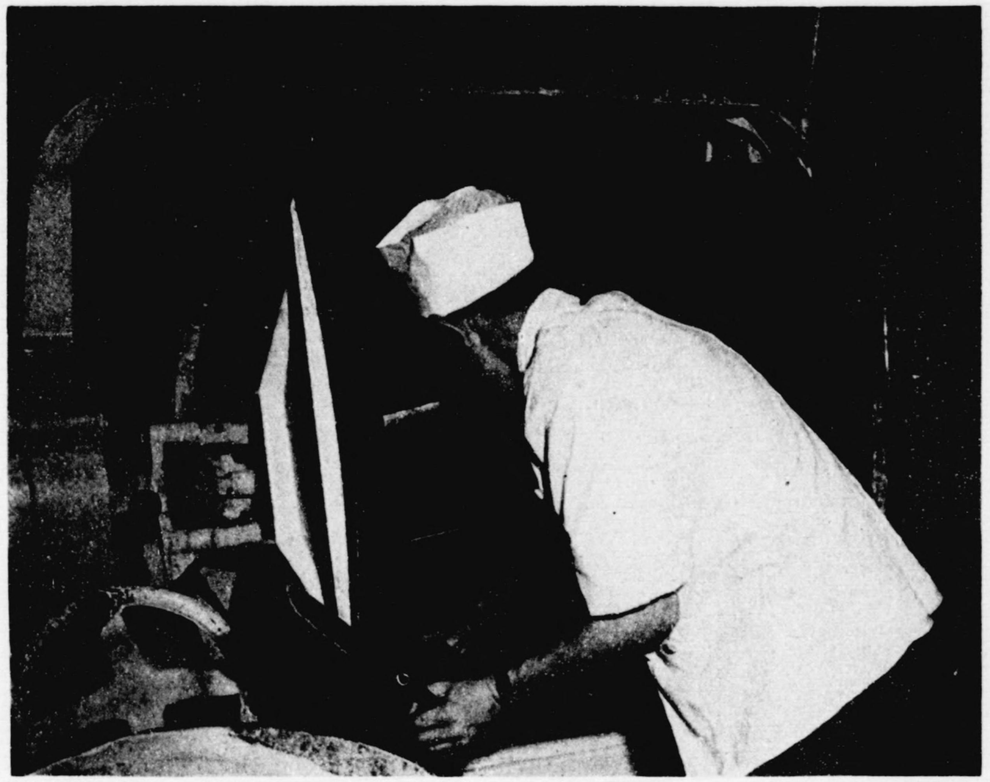

Work on bakery machinery is extremely dangerous for a 17-year-old boy like Charles, who is likely to put safety last.

For permanent impairments, the frequency rate was nearly twice as high for minors under 18 years as for those 18 and over—1.1 for the younger workers and 0.6 for the older ones.

"Disabling injuries," as defined in this survey, include all fatalities, all permatries, including iron and steel products, textiles, paper and allied products, food products, leather goods, chemical products, and others.

The Child Labor and Youth Employment Branch is studying the data on individual industry classifications to de-

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But putting laws on the statute books is not enough by itself. The development and carrying out of desirable standards for youth employment calls for interest on the part of the entire community, and for active cooperation by parents, schools, counseling and placement services, employers, labor unions, and youth-serving agencies.

Many industrial injuries to youth could be prevented not only by better laws and by better law enforcement, but by better placement of young workers, by better training in safe practices, and by better supervision on the job, especially of the immature and less experienced worker.

Joe has been living with his adopted parents for some time. But the final adoption decree cannot be issued in his State until a year has passed and the child-welfare division of the public welfare department is satisfied that the adoption is suitable.

STATES TIGHTEN ADOPTION LAWS

AT LEAST 20 State legislatures in session during the 1947 legislative year have been considering extensive changes in their adoption laws and related procedures. This estimate of the number of States considering such legislation is based upon requests received in the Children's Bureau for its advice on bills being drafted in line with the Bureau's recommendations on adoption laws.

Changes are contemplated not only in such laws, but also in laws affecting

Only about a fourth of the States now have the kind of adoption legislation that the Children's Bureau considers necessary for adequate protection of the child and the rights of the natural parents and the adoptive parents.

The Bureau's main recommendations have been embodied in the legislation suggested by the Council of State Governments for 1947. These recommendations are:

1. Adoption proceedings should be held before a court accustomed or quali-

the agency should have the right to appear at the hearings.

4. Court hearings should be closed to the public and the confidential nature of the records should be assured.

5. A period of residence in the adoption home, preferably one year, should be required prior to issuance of the final adoption decree, so that the suitability of the adoption may be determined.

Through these and other safeguards in adoption and related matters babies would be taken out of the "black market." Their chances of getting a good home would be greatly increased, and, as a corollary, good foster parents would have a better chance than they now have to get a baby to adopt. Those who are willing to go through authorized channels are today losing out, in all too many instances, to those who bypass the procedure set up for the protection of all three parties concerned in the transfer of custody.

Along with a tightening of the laws must come an improvement and expansion of those social services that are involved in the matter. These include, first of all, services for the unmarried mother and her child, for unless the social agency is able to offer such a mother help of the kind she needs she will seek another way out of her difficulty. Her baby will be "given away" as thousands of babies are now being "given away" without anyone's taking official responsibility for the kind of home he is getting. Many of these children are not adopted by those taking them, but "given away" again with little regard for the fitness of those taking them.

In addition to getting more services and better services for the unmarried mother and her baby child-placing agencies must be adequately staffed so

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Changes are contemplated not only in such laws, but also in laws affecting relinquishment of parental rights, licensing of child-placing services, and determination of guardianship.

A number of States have also been considering changes in birth-registration procedures in order to protect the child born out of wedlock. More and more States are adopting a simple "birth card," which has on it only the name of the person, the place and date of birth, and sex. The complete record, on which the illegitimacy item appears, is safeguarded and is accessible only to those who have a direct interest in the matter.

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The Bureau's main recommendations have been embodied in the legislation suggested by the Council of State Governments for 1947. These recommendations are:

1. Adoption proceedings should be held before a court accustomed or qualified [otherwise] to handle children's cases, in the locality or State where the petitioners for adoption reside.

2. Consent to adoption should be obtained from the natural parents, or, if their parental rights have been legally relinquished or terminated, or if there is no parent, from the person or agency legally authorized to consent to the adoption.

3. The court in every proposed child adoption should have the benefit of study and recommendations by the State welfare department, or an agency designated by it. The department or

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In addition to getting more services and better services for the unmarried mother and her baby child-placing agencies must be adequately staffed so that they can give adoptive parents and the courts the kind of help they want and are willing to accept.

Adoption proceedings are initiated for some 50,000 children each year, according to estimates. Recent statistics for 15 States show that approximately three-fifths of the children being adopted were born out of wedlock. Most of those born in wedlock were children whose homes had been broken by the death of one parent, or both, or by divorce, desertion, or separation.

R.E.C.

completely to take into consideration why and how the mother's attitudes developed. What is more, such advice, if taken, may make matters worse, for the mother may begin to substitute secret devices for infantilizing the child so as to avoid criticism. Obviously, parents like Mrs. L. need professional help—not criticism, nor blame.

Parents were once children

Those who still insist on fixing blame for juvenile delinquency should make doubly sure that the blame is falling upon the persons who are truly responsible.

Let us take the case of Johnny D., 10 years of age, who has been picked up by the police 12 times for petty thievery and destruction of public property. His father has always been extremely severe in his punishment of the boy. He openly dislikes the boy and tolerates his presence only when Johnny either is quiet or is doing something useful at home. He is quick to criticize, and never praises the boy. The mother is weak, self-effacing, and fears disagreement with the father, who has a violent temper. She does not display any affection toward John because her parents taught her that too much demonstration of love spoils children.

Thus far, the picture is clear. These parents by any standards are inadequate parents. But they were once children too! Mrs. D. was unwanted and unloved. Mr. D. was raised by parents who had to struggle so hard to eke out a mere subsistence that all he ever knew all through childhood was hard work and thankless tasks. He had never seen a toy and never received approval from his parents. He heard from his father, though, when the corn was not planted in a perfectly straight row! What was there in this man's heritage which would enable him to enjoy the company of children? Yet the community is perfectly willing to render its diagnosis, "abusive father."

Do we mean, then, that the true blame for Johnny's delinquency goes back to the father's father? And to the mother's mother? Why not to Adam and Eve?

That is precisely the point; it is fruitless to spend our time fixing blame. Let us rather see Johnny's parents as individuals who are in need of sympathetic guidance given by those who are competent through professional training and experience to offer such guidance. The problem of helping Johnny's mother and father to become more adequate parents can never be accomplished by the "holier than thou" lecture. Well-intentioned amateur advisers merely cause resentment and may fix harmful attitudes permanently. A father such as Johnny's, who had to struggle against overwhelming odds, feels that he is doing the best he can to maintain his family. He is already embittered about life and is sensitive to his failures; this makes it all the more necessary for him to bluster and act tough.

It is essential, therefore, to see and understand the parent as a person who is in need of help with his own problems. It is vitally important that we understand the parent of a poorly adjusted child as a person who has had more than his share of difficulties and frustrations. He doesn't desire words of advice, since he probably has tried and discarded many conflicting and confusing remedies. Too often the neighbor who has unlimited advice to offer closes the door of her home to Johnny lest he contaminate her Henry. Yet Henry's friendship could be of more help to John than her words of advice.

Not wanted in neighborhood

The writer, and undoubtedly the reader also, has witnessed the pathetic spectacle of the "undesirable" youngster who goes from house to house in quest of human companionship and learns that there is a neighborhood boycott against him. What choice is there but to seek the company of other outcasts, who invariably take a keen delight in getting back at "acceptable" society?

The task of parenthood has never been easy. It is even more difficult during a period of industrial unrest, acute housing shortage and complex postwar readjustments, because parents reflect such strains in family life. And since children invariably reflect parental strains, it is logical to expect an increase in juvenile behavior and personality disorders.

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Thus, no matter how we twist or turn, the inevitable conclusion is that maladjustment and delinquency are responsibilities of the entire community. Our goal must be wholesome physical and social development for *all* children and a sound program of professional help for those children who are in conflict with the standards set by society.

One of the primary obligations of the community is to set up adequate social agencies which are so well equipped with professionally trained social case workers, psychologists, and psychia-

(*Continued on page 189*)

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FOR THE BLIND CHILD'S FUTURE

BLINDNESS of itself does not necessarily retard a child seriously, but lack of affection and of security in his early life may result in personality defects that are far more injurious to the blind child than his lack of sight.

This idea was emphasized at the National Conference on the Blind Preschool Child, which met at New York March 13–15 under the sponsorship of the American Foundation for the Blind.

About 200 workers in various fields—education, nursing, child development, social work, psychology, and ophthalmology—came to this conference to exchange experiences in fulfilling the needs of babies and little children who are blind or nearly blind. Workers came from a number of States, and from Brazil, Canada, China, Panama, Paraguay, and South Africa.

The conference was the first of its kind, for it is only within the past few years that the majority of persons working with blind children have begun to realize that the earliest years of life—long before the child is old enough to go to school—are the critical ones in determining his future.

The first day of the conference was devoted to social-work aspects of the problem of the preschool blind child. Dr. Elise Martens, chief, exceptional children and youth, U. S. Office of Education, was chairman at the morning session, and George F. Meyer, executive director, New Jersey State Commission for the Blind, in the afternoon.

On the second day, educational aspects were taken up. The morning chairman was Dr. Kathryn E. Maxfield, director, Lighthouse Guidance Service;

life will have personality defects that later educational efforts can hardly banish, Lauretta Bender, M. D., associate professor of psychiatry, New York Unicersity, told the conference. If he is placed in an institution or is changed around from foster home to foster home, or if his mother is not affectionate and understanding in her attitude toward him, continued Dr. Bender, the child will be deprived of the secure feeling that he needs in this critical period of his development. A child with a physical disability such as blindness, she said, needs such care and affection even more than do other children. And the personality difficulties caused by lack of affection in his early years may cause him more unhappiness than his blindness.

Parents respond in various ways to the shock of learning that their baby is blind, said Eunice W. Wilson, director of social service, Massachusetts Eye and Ear Infirmary. Their reactions range from hysterical outbursts to emotional paralysis. Some refuse to believe the child is blind, and seek the opinion of one specialist after another.

The medical-social worker tries to help the mother to keep from developing an attitude toward the child that may become harmful to their relations, for she knows that the blind child, like the seeing child, reacts to the mother's feelings. It is possible, when the child is still very young, to help the mother to modify her tendency to reject him or overprotect him or both.

If the case worker can do this, giving the mother specific suggestions on training the child and relieving her from family strains that arise in connection with him, the mother may gradually

Butler, medical-social worker, Massachusetts Eye and Ear Infirmary. The blind child should have access to convalescent care, foster-home care, child-guidance clinics, and nursery-school programs. Also, she said, the blind child finds his greatest sense of security in his own home, in his place in the family group, rather than in an institution.

Frances E. Marshall, social worker, Perkins Institution and Massachusetts School for the Blind, told of a summer nursery-school project for helping a group of mothers of blind babies with their problems. About a dozen mothers, all of whom had babies with visual handicaps were brought together for about 2 weeks. The project was carried out cooperatively by Perkins Institution, where the summer nursery school was held, and the social-service department of the Massachusetts Eye and Ear Infirmary, with financial help from a foundation. The nursery school also was part of a research program for study of the cause of these children's blindness.

Group experience valuable

The mothers had many things in common, said Miss Marshall. For example, each of the babies was prematurely born, and had been separated from his mother for a considerable time while he was cared for in an incubator. Some mothers had feelings of guilt or inferiority about having a blind child, and some worried over the baby's mental development. Others disliked being conspicuous when taking the baby out in public. Some had well-meaning in-laws who pampered the child.

The mothers liked belonging to a group, with common experiences, and they helped each other in working out

About 200 workers in various fields—education, nursing, child development, social work, psychology, and ophthalmology—came to this conference to exchange experiences in fulfilling the needs of babies and little children who are blind or nearly blind. Workers came from a number of States, and from Brazil, Canada, China, Panama, Paraguay, and South Africa.

The conference was the first of its kind, for it is only within the past few years that the majority of persons working with blind children have begun to realize that the earliest years of life—long before the child is old enough to go to school—are the critical ones in determining his future.

The first day of the conference was devoted to social-work aspects of the problem of the preschool blind child. Dr. Elise Martens, chief, exceptional children and youth, U. S. Office of Education, was chairman at the morning session, and George F. Meyer, executive director, New Jersey State Commission for the Blind, in the afternoon.

On the second day, educational aspects were taken up. The morning chairman was Dr. Kathryn E. Maxfield, director, Lighthouse Guidance Service: the afternoon chairman, Dr. Gabriel Farrell, director, Massachusetts School for the Blind.

Medical aspects were reported on in a single session on the third day; Conrad Berens, M. D., executive surgeon in opthalmology, New York Eye and Ear Infirmary, was chairman; and Willis S. Knighton, M. D., surgeon at the same institution, cochairman.

Child needs to feel secure

A child who lacks motherly care and affection during the early years of his development. A child with a physical disability such as blindness, she said, needs such care and affection even more than do other children. And the personality difficulties caused by lack of affection in his early years may cause him more unhappiness than his blindness.

Parents respond in various ways to the shock of learning that their baby is blind, said Eunice W. Wilson, director of social service, Massachusetts Eye and Ear Infirmary. Their reactions range from hysterical outbursts to emotional paralysis. Some refuse to believe the child is blind, and seek the opinion of one specialist after another.

The medical-social worker tries to help the mother to keep from developing an attitude toward the child that may become harmful to their relations, for she knows that the blind child, like the seeing child, reacts to the mother's feelings. It is possible, when the child is still very young, to help the mother to modify her tendency to reject him or overprotect him or both.

If the case worker can do this, giving the mother specific suggestions on training the child and relieving her from family strains that arise in connection with him, the mother may gradually come to accept the child as a personality from whom she receives—and to whom she gives—affection. And the child will benefit accordingly.

Some parents cannot face reality

Some mothers—and occasionally fathers—seem unable to deal with the fact that their child is blind, and these need help from a psychiatrist, Mrs. Wilson said.

All community services that are useful to the seeing child should also be available to the blind child, said Ruth with their problems. About a dozen mothers, all of whom had babies with visual handicaps were brought together for about 2 weeks. The project was carried out cooperatively by Perkins Institution, where the summer nursery school was held, and the social-service department of the Massachusetts Eye and Ear Infirmary, with financial help from a foundation. The nursery school also was part of a research program for study of the cause of these children's blindness.

Group experience valuable

The mothers had many things in common, said Miss Marshall. For example, each of the babies was prematurely born, and had been separated from his mother for a considerable time while he was cared for in an incubator. Some mothers had feelings of guilt or inferiority about having a blind child, and some worried over the baby's mental development. Others disliked being conspicuous when taking the baby out in public. Some had well-meaning in-laws who pampered the child.

The mothers liked belonging to a group, with common experiences, and they helped each other in working out their difficulties.

Although the project was successful in showing that group work, in support of individual work, was effective in dealing with the problems of mothers of blind children, Miss Marshall said that this type of therapy had drawbacks. Many mothers who most needed this help could not leave their families for any length of time. Some made comparisons between themselves and other mothers, which left them overoptimistic; others found themselves more anxious than before. And some felt a

let-down when they returned home. Also it was impossible to give adequate follow-up on account of distance. Besides, Miss Marshall said, a school for the blind may not be as acceptable a place for a nursery school of this type as an ordinary school.

In 1947, instead of the summer-school project, Perkins Institution expects to offer 2-day institutes in various localities, Miss Marshall announced. In each area a local advisory committee will be formed, composed of a worker from the division of the blind, an opthalmologist, a pediatrician, and social workers. The program is planned primarily for the mothers of blind preschool children, continued Miss Marshall, but it is hoped that social workers from State and local agencies for the blind and other workers will take part.

Frieda M. Kuhlmann, case superviser, Children's Aid Society, Newark, N. J., showed how case-work techniques, although not specifically gained from experience with blind children, are nevertheless effective because they are based on sound principles of general welfare and child psychology.

Legislative provisions for the blind preschool child were discussed by Dr. Robert B. Irwin, executive director of the American Foundation for the Blind.

Anna W. M. Wolf, senior staff member, Child Study Association of America, described the social and emotional development of the young child in relation to his need for his mother and his later separation from her.

From 20 years of experience in visiting the homes of preschool blind children, Harriet E. Totman, visiting teacher in charge of Braille classes and preschool children with visual defects, Cleveland Public Schools, said that

A discussion of tests for blind preschool children, by Samuel P. Hayes, M. D., Perkins Institution and Massachusetts School for the Blind, and Anna S. Elonen, assistant professor of psychology, division of psychiatry, University of Chicago Clinics, brought out that there are as yet no definite and reliable scales, although beginnings have been made. It was agreed that tests must be considered only in relation to the child's behavior as a whole.

Miss Elonen urged that in attacking this problem not only should opthalmologists, social workers, and psychologists be consulted, but also neurologists, psychiatrists, pediatricians, and obstetricians.

A panel on facilities for the education of blind preschool children presented various provisions for these children, such as the residential nursery and the day nursery especially for the blind; placement in a regular nursery, kindergarten, or foster home; and training courses to help the mother teach the child in the home. It was pointed out that each of these facilities is useful for some children, but that none of them can solve the problem for all.

The guidance and education of the child must be based on his inborn growth potentialities, said Arnold Gesell, M. D., director of the Clinic of Child Development, School of Medicine, Yale University. Dr. Gesell made it clear that the fundamental factor in the child's mental growth is his maturation. Conditioning and learning play a secondary role, he added.

If the blind child is given ample opportunity to assert his natural capacities, said Dr. Gesell, he will tend to traverse stages of maturity that are not un-

ing to Dr. King this can be explained in part by the increased survival rate of premature babies. It is hoped, said Dr. King, that research being conducted at various universities and hospitals will be successful in combating this disease, for which no treatment has yet been found.

A summary of the conference was given by Dr. Berthold Lowenfeld, director of educational research, American Foundation for the Blind. In connection with provision for teaching the blind preschool child, Dr. Lowenfeld said that the accent should be on leaving the child in his home, rather than placing him in a residential school, and providing the family, particularly the mother, with guidance and if necessary with case-work help. Dr. Lowenfeld spoke of the inadequate staffing of State services for parents and blind children in their homes. To meet such a situation he suggested mobilizing community resources, but expressed the hope that State staffs would be provided in increasing numbers.

Helen Keller, the famous blind author, was a guest at the conference. She said:

"It is encouraging to see how parents everywhere are waking up to the importance of preparing their blind children for school as soon as possible after the loss of sight. Truly a child's first years of learning the way he should go are decisive, and anyone who fights the benumbing effects of early blindness that arrests the stricken child's naturalness is his guardian angel.

"'Let there be light' remains an inviolable decree, and unless the blind child has inward eyes planted in his mind, he is denied that very beauty of

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From 20 years of experience in visiting the homes of preschool blind children, Harriet E. Totman, visiting teacher in charge of Braille classes and preschool children with visual defects, Cleveland Public Schools, said that through concern for the blind baby's safety his parents may keep him in his crib months longer than they would keep a seeing child. When he is at last placed on the floor he is seldom permitted more territory than a play pen. After he creeps and even after he walks the cautious mother may keep him long hours in his chair or stroller. This overprotection often makes the child fearful. Miss Totman mentioned also that some parents do not give the little child the opportunity to do things for himself at the time his physical development permits it.

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If the blind child is given ample opportunity to assert his natural capacities, said Dr. Gesell, he will tend to traverse stages of maturity that are not unlike those of the seeing child. Dr. Gesell urged that the blind child be encouraged to grope, to reach, to grasp, to manipulate, to stand, to walk, to run, and to play games insofar as his development permits.

Merrill J. King, M. D., Massachusetts Eye and Ear Infirmary and Harvard University School of Medicine, described the status of research on retrolental fibroplasia, a fibrous growth of tissue behind the crystalline lens, occurring most frequently in prematurely born babies. Cases of blindness from this cause have increased, and according the child in his home, rather than placing him in a residential school, and providing the family, particularly the mother, with guidance and if necessary with case-work help. Dr. Lowenfeld spoke of the inadequate staffing of State services for parents and blind children in their homes. To meet such a situation he suggested mobilizing community resources, but expressed the hope that State staffs would be provided in increasing numbers.

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"'Let there be light' remains an inviolable decree, and unless the blind child has inward eyes planted in his mind, he is denied that very beauty of childhood. As we all know, left to himself, he is apt to become abnormal and have little or no experience."

Miss Keller said that if when a blind child enters school he is unhampered by the feeling of being different from others, he will not suffer from the obstacles he encounters. After all, she added, it is not a specialty of blindness to conquer obstacles.

"The united influences of parents, teachers, doctors, and the community are necessary," said Miss Keller, "to protect the young blind child against 'the mildew of broken sense.'"

CHILD-WELFARE SERVICES

(*Continued from page 181*)

The State also must keep up with the growing content of social services to children and help practitioners achieve and maintain competence. All staff members, and especially isolated rural workers, need professional stimulation and the opportunity to refresh themselves if they are to grow and give their best service. Professional development does not come by chance, but from a planned, continuous program. This must apply to all staff members, and for professional staff it must include the full sequence of on-the-job training, graduate training, and continued training within the agency upon return from school.

The State has a role in recruitment of staff. We need to dip deep into colleges and high schools to tell about careers in child welfare. Young child-welfare workers with some glamour are probably the best recruiters, just as foster parents are the best finders of new foster homes.

Adequate salaries are needed, but money is not enough. Professional persons want to work in agencies that offer adequate supervision, reasonably secure tenure, and a chance to make a contribution. Many agencies don't pass the test. The candidates for positions select the ones that do.

The State must also lead in making effective use of available personnel. We cannot afford to let talents lie idle. But we are doing just that, even as we cry for personnel. What about the well-trained and experienced social workers of minority groups? With courage, imagination, and conviction, we must employ them and prove our concern for children. Areas cannot be left uncovered or workers stranded with[illegible]

bility extends to securing adequate financial support and clarifying administrative difficulties that require legislative action.

Interpretation of the place of social services and of children's needs is a perpetual responsibility of the State, as it is of each local agency. We cannot tell the story too often.

Research and reporting are also basic to the State's function of planning and interpreting its program.

The State department must promote effective relationships within the total public-welfare program. Integration of related programs within one agency can be achieved without loss to any program if the differentiating elements of each are clearly defined and protected. However, we cannot give good service to children unless the special functions, knowledge, understanding, and skills of the child-welfare field are sustained in practice. Nor can we separate child welfare from the total welfare program of which it is a part.

Setting standards and developing comprehensive social services for children also require close cooperation with related organizations. Education, health, recreation, and mental health have expanding programs with which child welfare must be closely and continuously related.

What does it take to get social services to children?

This fifth and last point reminds me of the grasshopper, who, come winter, turned to his friend the ant for a loan of food. The ant suggested he turn himself into a cockroach and live in a rich man's kitchen for the winter. The grasshopper started off with delight, then paused, and called back to the ant, "That's a good idea, but how do I do [illegible] replied, "I've given you [illegible] pro-

What does it take to serve children in this way? We know it takes special skill and understanding. There are different ways of communicating with children and of understanding their feelings, which they rarely express verbally. There are special skills in helping without being asked to do so and in carrying the responsibility for what happens to children. The complications of the three-way relationship of child, parents, and foster parents cannot be directed without skill; and also the ramifications of supporting resources and community experiences.

To understand the child who has a problem the worker must know what is normal development for children of different ages and experiences. Why do adolescents run away to seek recreation in another town or neighborhood when they have a teen-age center close at hand? Why does an infant suddenly seem afraid of the same persons to whom he responded happily a short time ago? Why does Jack know everyone at school and his brother practically no one?

Then there is that scientific body of knowledge about children who have special problems. What are the pressures of group living for the child in an institution? Can Alfred take on a new mother? Why does Mary dislike the foster home that has all the things she wanted? The child-welfare worker must know about communities, which are as individual and complicated as children; about government with its realties; about all kinds of agencies and their programs. What can an advisory committee do that is genuine and sound? How can latent community interest be made to work for children? We know about the knowledge and skill this job takes, and the urgency of getting trained

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Adequate salaries are needed, but money is not enough. Professional persons want to work in agencies that offer adequate supervision, reasonably secure tenure, and a chance to make a contribution. Many agencies don't pass the test. The candidates for positions select the ones that do.

The State must also lead in making effective use of available personnel. We cannot afford to let talents lie idle. But we are doing just that, even as we cry for personnel. What about the well-trained and experienced social workers of minority groups? With courage, imagination, and conviction, we must employ them and prove our concern for children. Areas cannot be left uncovered or workers stranded without supervision or consultant services. All the genius of administration must be directed to preventing that collapse.

The State welfare department has responsibility for promoting appropriate legislation and defining basic requirements for the care and protection of children. The State department must speak out for laws related to licensing, adoptions, guardianship, interstate placements, juvenile courts, and all areas of child life. This responsibility for coordination of related programs within one agency can be achieved without loss to any program if the differentiating elements of each are clearly defined and protected. However, we cannot give good service to children unless the special functions, knowledge, understanding, and skills of the child-welfare field are sustained in practice. Nor can we separate child welfare from the total welfare program of which it is a part.

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How do we fill in the details? As case workers, supervisors, consultants, directors, board members, we must reach out to children. Often when a child needs help, the first reaction is to doubt whether the service comes within our responsibility or function. Let us stop holding back and reach out to serve.

To understand the child who has a problem the worker must know what is normal development for children of different ages and experiences. Why do adolescents run away to seek recreation in another town or neighborhood when they have a teen-age center close at hand? Why does an infant suddenly seem afraid of the same persons to whom he responded happily a short time ago? Why does Jack know everyone at school and his brother practically no one?

Then there is that scientific body of knowledge about children who have special problems. What are the pressures of group living for the child in an institution? Can Alfred take on a new mother? Why does Mary dislike the foster home that has all the things she wanted? The child-welfare worker must know about communities, which are as individual and complicated as children; about government with its realties; about all kinds of agencies and their programs. What can an advisory committee do that is genuine and sound? How can latent community interest be made to work for children? We know about the knowledge and skill this job takes, and the urgency of getting trained staff. And we know the need for appropriate legislation, adequate financing, and sound administrative practices and relationships. Those are the things it takes to raise services for all children to the standard that has been achieved for some.

What are we waiting for? We know what should be done. We know who must do it! We have the know-how. Let us move forward until social services for all our children become a reality.

FOR YOUR BOOKSHELF

UNMARRIED PARENTHOOD; a study of 1,839 unmarried parenthood cases, prepared by Helen C. Dean. Welfare Council of Metropolitan Los Angeles, 1946. 133 pp. $2.50.

Twenty-six agencies, public and private, participated in this study of unmarried parents, which focuses attention on the nature and extent of services in Los Angeles for unmarried mothers and fathers.

The agencies included 10 family-welfare agencies; 4 child-welfare agencies; 6 health agencies; 3 maternity homes; 2 authoritarian agencies, which offer protective services in addition to their basic purpose of juvenile-delinquency prevention and control; and the State department of welfare.

The report presents statistics on the age, race, religion, residence, occupation, and marital status of the mothers; the occupation and marital status of the fathers; the sources of referral; and the nature of the requests for help. These figures are given for all the agencies combined and for the agencies grouped according to function.

A copy of the schedule used and a selected, comprehensive bibliography are given.

Although the findings of the study apply specifically to Los Angeles, the report is a good example of how research and statistics can be used effectively in evaluating the strengths and weaknesses of a community social-welfare program so as to assist in planning to extend and improve needed services.

I. Richard Perlman

THE CHILD FROM FIVE TO TEN by Arnold Gesell, M. D., and Frances Ilg. M. D. Harper & Bros., New York, 1946. 475 pp.

There is a verisimilitude about many of the descriptive sketches in this book of the behavior, interests, and outlook

portion of parents using the books will note in the introduction that the findings were based on the study of less than 70 children, all told, and that these children were "representative of a prosperous American community?"

Among these selected children the 9-year-old girls "have usually been told about menstruation." But will some readers get the impression, therefore, that this applies to 9-year-old girls in general?

Will some be puzzled by the idea that a child 5½ years old "holds his pencil more awkwardly" than he did earlier?

And where does environment come in? No mention is made of the kind of home and family setting that has influenced the behavior. When we are told that the 8-year-old "does fairly well with younger siblings" and that the 9-year-old "frequently gets on well with his siblings" are we to assume that this is true regardless of the number of brothers and sisters, their ages, and the way their parents manage them?

Although the authors emphasize over and over again that "the maturity traits are *not* [authors' italics] to be regarded as rigid norms, nor as models," the reader has an almost irresistible tendency, in referring to such an outline of development, to measure the child he has in mind.

The chief aim of the book, says the introduction, is "to impart a sense of growth trends." Perhaps it is not possible, using chronological ages as the frame into which the behavior sequences are fitted, to avoid the illusion of steps in behavior and attitudes, rather than flowing, meandering trends.

The book reflects unmistakably the immense amount of loving, painstaking work that has gone into assembling the observations. The humorous, casual way in which many of the behavior items are phrased gives a much-to-be-desired impression that parents may as well accept a lot of these items lightly, exclaiming "O tempora! O mores!" instead of glooming over them as "problems." And there are innumerable sug-

STOP SNIPING AT PARENTS

(*Continued from page 185*)

trists that they will have the confidence of all the families in the community. Some people believe that only the children of lower-income families need the services of such workers. But a brief chat with the local chief of police should convince us all that the children of families in higher-income groups *do* break the law, and there is no reason why these families should not have the same privilege as others in seeking advice and guidance from a reputable family-service agency or child-guidance clinic.

There are people who argue that it is a waste of time and money to support such corrective agencies. They say it is wiser and less expensive to concentrate on preventive measures, such as well-supervised recreation and improved education. The reasoning is that delinquency can be prevented by providing the type of education which is suited to the capacities of each child and also by after-school recreational programs which would meet the child's need for adventure and constructive social experiences under skillful and trained leadership. We agree that such measures are necessary to a sound community program, but we disagree that education and recreation can take the place of treatment. Both are essential. In dealing with typhoid, it is indeed wise to think of purifying the source of the city water supply, but who is so rash as to minimize the typhoid victim's need for treatment?

The job ahead is not easy. The solution is not simple. Blaming the parents solves nothing; it merely pours salt on open wounds. In the future, when we see a child with a misguided or warped

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There is a verisimilitude about many of the descriptive sketches in this book of the behavior, interests, and outlook of children 6 to 10 years old that gives reason enough for the delight with which many parents will hail its appearance. They will recognize the 6-year-old who grabs for food, knocks things over, wriggles in his chair, teeters back, and kicks the table legs. And the 8-year-old who scorns some of the simple earlier games and may make up his own games, with rules. Recognition by fathers and mothers of some of their own child's characteristic behavior is lots of fun and it has reassurance value, too.

But in such an attempt as this to show in great detail what may be looked for at various ages there are bound to be snares to catch the unwary. What pro-

home and family setting that has influenced the behavior. When we are told that the 8-year-old "does fairly well with younger siblings" and that the 9-year-old "frequently gets on well with his siblings" are we to assume that this is true regardless of the number of brothers and sisters, their ages, and the way their parents manage them?

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Marion L. Faegre.

SOME DYNAMICS OF SOCIAL AGENCY ADMINISTRATION. Family Service Association of America, 122 East Twenty-second Street, New York 10, 1946. 76 pp. 75 cents.

A series of papers, by different authors, focused on the role of the executive, but emphasizing also the interrelation of membership, board, executive, and staff in agency planning.

ice agency or child-guidance clinic.

There are people who argue that it is a waste of time and money to support such corrective agencies. They say it is wiser and less expensive to concentrate on preventive measures, such as well-supervised recreation and improved education. The reasoning is that delinquency can be prevented by providing the type of education which is suited to the capacities of each child and also by after-school recreational programs which would meet the child's need for adventure and constructive social experiences under skillful and trained leadership. We agree that such measures are necessary to a sound community program, but we disagree that education and recreation can take the place of treatment. Both are essential. In dealing with typhoid, it is indeed wise to think of purifying the source of the city water supply, but who is so rash as to minimize the typhoid victim's need for treatment?

The job ahead is not easy. The solution is not simple. Blaming the parents solves nothing; it merely pours salt on open wounds. In the future, when we see a child with a misguided or warped personality, let us not fall in with the temptation of blaming the parents. Let us, rather, help the parents to understand and make use of the services of the family agency or the guidance clinic. Let us help them to seek out the appropriate recreational agency where a child may find not only satisfying activities but, even more important, human contact with adult leaders. Let us stop criticizing the parent. Let us begin to practice the good-neighbor policy in our own neighborhood!

Reprints available in about 5 weeks

IN THE NEWS

Civic Council Acts as Information Clearinghouse on Children and Youth

In Oshkosh, Wis., the Civic Coordinating Council conducts a continuous program of giving information to the public about the needs and opportunities for children and youth in the city and of receiving information and recommendations from the public.

The council is a planning body, founded on the conviction that "in every community there should be a group of citizens reviewing what children and youth need, exploring the extent to which such needs are met, and stimulating community agencies and planning groups to develop services or policies found to be necessary."

The members are representatives of citizens' organizations serving children and youth; of public health, social-service, and family-welfare agencies; of public and private child-caring and protective agencies; of the juvenile court; of departments of the city government; of educational, church, labor, employer, and farm groups; and of youth organizations. It draws its information from this broad membership, from agency studies and reports, from special research, and from the reports and complaints that come to it because of its announced function as a clearinghouse.

The broad objectives of the council are:

1. To strengthen the resources for fulfilling the needs of all children.

2. To protect groups of children especially vulnerable to delinquency.

3. To control harmful influences in the community.

4. To provide services for the delinquent child and the child with behavior problems.

ing and placement services for youth wanting to enter industry; and finally, advisory service for parents and youth.

The president of the Civic Coordinating Council is Mr. F. Orville Weber, 224 Grove St., Oshkosh, Wis.

Stella Scurlock

Three States Report Advances in Work for Children and Youth

Louisiana Juvenile Court Commission gets under way

Louisiana's Juvenile Court Commission, authorized by a former legislature, was activated in November 1946 when the Governor appointed its five members, including the commissioner of public welfare, the dean of Tulane University School of Social Work, two judges, and the president of the State parent-teacher association. The commission is now getting under way, with Ethel K. Muse of the State public welfare department as executive secretary. Miss Muse has previously served this department as child-welfare consultant and as appeals referee.

The commission is authorized to study juvenile-court standards in the various States and to make a survey of juvenile delinquency, neglect, and dependency throughout the State of Louisiana, with a view to proposing measures to protect children and to modernize the juvenile courts.

New Jersey Governor's conference on youth

The Governor of New Jersey is calling a conference on youth in May "to implement the conclusions and recommendations of the National Conference on Prevention and Control of Juvenile Delinquency," held in Washington in November 1946. A "core committee"

tation. The division meetings will consider, also, eradication of harmful influences, services for delinquent youth, and general youth services.

High-school and out-of-school youth will be included in the membership of these panels, along with representatives of citizens' organizations, public and private agencies, and experts in the designated fields.

A general program committee of about 25 persons "broadly representative of youth-welfare interests" will receive and study the panel reports and route them to the conference divisions. Judge Richard Hartshorne is chairman of this committee, and Douglas H. MacNeill, director of the division of community services for delinquency prevention, is secretary.

Arkansas Council on Children and Youth

On March 28, 1947, the Arkansas Council on Children and Youth came into being, when the Governor signed a bill creating it.

Its duties will include:

1. Making a continuous study of the educational, health, recreational, welfare, moral, and spiritual environment of children and youth in Arkansas and of their economic and working conditions, with the object of improving these conditions.

2. Reviewing legislation and appropriations pertaining to services for children and youth, and suggesting revisions.

3. Appraising the adequacy and accessibility of existing services for children and youth.

4. Formulating programs for improving existing conditions, after consultation with individuals and agencies concerned with the welfare of children and youth.

The Governor will be the honorary chairman, and the State commissioner of education, the State health officer, the State commissioner of welfare, and the State commissioner of labor will be the permanent members. These perma-

more

The council is a planning body, founded on the conviction that "in every community there should be a group of citizens reviewing what children and youth need, exploring the extent to which such needs are met, and stimulating community agencies and planning groups to develop services or policies found to be necessary."

The members are representatives of citizens' organizations serving children and youth; of public health, social-service, and family-welfare agencies; of public and private child-caring and protective agencies; of the juvenile court; of departments of the city government; of educational, church, labor, employer, and farm groups; and of youth organizations. It draws its information from this broad membership, from agency studies and reports, from special research, and from the reports and complaints that come to it because of its announced function as a clearing-house.

The broad objectives of the council are:

1. To strengthen the resources for fulfilling the needs of all children.

2. To protect groups of children especially vulnerable to delinquency.

3. To control harmful influences in the community.

4. To provide services for the delinquent child and the child with behavior problems.

In the furtherance of these objectives the council is emphasizing this year an eight-point plan: A parent-teacher association in every school, with a central executive council to coordinate the efforts of these groups; a program of family-life education; a laymen's interdenominational group for better understanding of youth groups and their common problems; suitable detention facilities for children and youth needing such protection; a full-time psychologist to assist in treatment of youthful offenders; an increase in taxes to provide recreational facilities; day care for children of employed mothers; counsel-

Louisiana Juvenile Court Commission gets under way

Louisiana's Juvenile Court Commission, authorized by a former legislature, was activated in November 1946 when the Governor appointed its five members, including the commissioner of public welfare, the dean of Tulane University School of Social Work, two judges, and the president of the State parent-teacher association. The commission is now getting under way, with Ethel K. Muse of the State public welfare department as executive secretary. Miss Muse has previously served this department as child-welfare consultant and as appeals referee.

The commission is authorized to study juvenile-court standards in the various States and to make a survey of juvenile delinquency, neglect, and dependency throughout the State of Louisiana, with a view to proposing measures to protect children and to modernize the juvenile courts.

New Jersey Governor's conference on youth

The Governor of New Jersey is calling a conference on youth in May "to implement the conclusions and recommendations of the National Conference on Prevention and Control of Juvenile Delinquency," held in Washington in November 1946. A "core committee" of about 40 members, appointed by the Governor, decided at its first meeting in February that the program of the conference will be patterned after that of the national conference, with emphasis on the general promotion of the welfare of youth. Panels on community organization, home, housing, school, church, recreation, police, juvenile court, detention, treatment facilities, health, and public opinion will meet in advance to prepare reports.

The conference will be organized in subject-matter divisions, and each panel will present its reports to one of the divisions for discussion and implemen-

of this committee, and Douglas H. MacNeill, director of the division of community services for delinquency prevention, is secretary.

Arkansas Council on Children and Youth

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3. Appraising the adequacy and accessibility of existing services for children and youth.

4. Formulating programs for improving existing conditions, after consultation with individuals and agencies concerned with the welfare of children and youth.

The Governor will be the honorary chairman, and the State commissioner of education, the State health officer, the State commissioner of welfare, and the State commissioner of labor will be the permanent members. These permanent members will appoint not more than 21 rotating members from organizations, agencies, and institutions interested in the welfare of children and youth.

The four State departments represented by permanent members will present to the council from time to time the results of studies in the areas of child and youth welfare, and will also investigate problems referred to them by the council.

The new law is the result of the work of the Governor's Committee on Arkansas Children, under the chairmanship of Mrs. Scott Wood, which has been

carrying on a program of study regarding the welfare of Arkansas children and youth for several years.

Stella Scurlock

They Need You

THEY NEED YOU is a project to bring about better understanding between American and European youth. As a step in carrying out this project several articles have been prepared, addressed to the young people of the United States, describing the plight of the children in Europe and suggesting ways to help. These articles are published in pamphlets that are sold at a nominal price, which only partly meets the cost of printing, mailing and handling. The titles are: "What One Friendly Gift Can Do," "Misery of Children in War-Torn Countries of Europe," and "How It Feels To Be Hungry." Single copies are 5 cents; 100 copies or more 4 cents each. Write to THEY NEED YOU, 21 South Twelfth Street, Room 226, Philadelphia 7.

The pamphlet entitled "What One Friendly Gift Can Do," says: "You as an American have plenty of food, clothes, good schools, loving care, and medicine when you are ill; therefore you surely would like to share with those European children who have so few of these things."

Summer Courses

Louisiana State University School of Social Welfare, Baton Rouge 3, will offer a 3-week, a 9-week, and a 12-week summer term beginning June 9; also two 3-week courses, beginning June 30 and July 21. The subjects include juvenile delinquency, a workshop in services to children, child-welfare problems, and trends in child welfare.

family life, health, and social relations for high-school and college teachers, counselors, nurses, parent educators, supervisors, and community health workers (June 23 to August 2).

New York School of Social Work, Columbia University, New York 10, will hold three series of summer institutes for experienced social workers at the school, and additional ones at Camp Edith Macy, Pleasantville, N. Y. Series I, July 14–25; Series II, July 28–August 8; Series III, August 11–22; and Camp Edith Macy, September 3–16.

Dr. Eliot, Chief Medical Consultant to International Childrens' Emergency Fund

Dr. Martha M. Eliot, Associate Chief of the U. S. Children's Bureau, has been lent to the International Children's Emergency Fund for 4 months to serve as its chief medical consultant.

She left April 25 for Paris to join the chairman of the executive board of the ICEF, Dr. Ludwik Rajchman, for visits to several European countries to develop plans for the operation of the Fund. She will visit France, Czechoslovakia, Poland, Austria, Yugoslavia, Greece, Italy, and Switzerland.

She will return to the United States the first week in June and her headquarters for the remainder of her time with the ICEF will be her office at the Children's Bureau.

Conference Report Postponed

We [illegible] postponing till a later issue

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

CONFERENCE CALENDAR

June 2–4, 1947—National Congress of Parents and Teachers. Chicago.

June 9–13—American Medical Association. Ninety-sixth annual session. Atlantic City.

June 17–20—National Tuberculosis Association. Forty-third annual meeting. San Francisco.

June 23–26—American Home Economics Association. Thirty-eighth annual meeting. St. Louis.

June 23–28—General Federation of Women's Clubs. Annual convention. New York.

July 6–12—American Physiotherapy Association. Twenty-fourth annual meeting. Asilomar, Calif.

July 9–13—First Pan American Congress of Pediatrics. Washington.

July 14–17—Fifth International Congress of Pediatrics. New York. This international congress was to have been held in Boston in 1940, but had to be postponed because of the war. Further information from the secretary, Dr. L. Emmett Holt, Jr., Bellevue Hospital, New York 16.

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We wish that every baby could have the good health that the cover girl on our May issue shows. The photograph is by Philip Bonn for the Children's Bureau.

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Mills College, Oakland, Calif., is offering its Summer Session in Child Development. For further information write to Mills College, Oakland 13.

University of Southern California, Los Angeles, will conduct its second workshop in intercultural education, carrying six units of graduate credit. It includes a lecture series, entitled "Racial and Cultural Tensions in America." Further information from the School of Education, University of Southern California, Los Angeles 7.

University of California, Berkeley 4, announces a 6-week training center in

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She will return to the United States the first week in June and her headquarters for the remainder of her time with the ICEF will be her office at the Children's Bureau.

Conference Report Postponed

We are postponing till a later issue the report of the recent conference at the Children's Bureau on the child with cerebral palsy.

Children's Bureau Has Thirty-fifth Anniversary

April 9, 1947, marked the beginning of the thirty-fifth year of the Children's Bureau. On that day in 1912 an act of Congress establishing the Children's Bureau received Presidential approval. This act requires that the

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CHILD HEALTH DAY, 1947

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A Proclamation

Whereas the Congress by a joint resolution of May 18, 1928 (45 Stat. 617), authorized and requested the President "to issue annually a proclamation setting apart May 1 of each year as Child Health Day and inviting all agencies and organizations interested in child welfare to unite upon that day in the observance of such exercises as will awaken the people of the Nation to the fundamental necessity of a year-round program for the protection and development of the health of the Nation's children"; and

Whereas every citizen of our country has an inescapable obligation to aid in insuring the American child's birthright of health and of freedom from handicaps; and

Whereas accidents are the leading cause of death and an important cause of crippling among children:

Now, therefore, I, HARRY S. TRUMAN, President of the United States of America, do hereby designate May 1, 1947, as Child Health Day; and I invite interested individuals and agencies to observe the day with appropriate ceremonies designed to stimulate interest in and devotion to the cause of child welfare in the coming year.

I call upon parents to dedicate themselves on that day to the exercise of unusual diligence throughout the year toward the prevention of accidents in the home, so that the children may be protected from needless injury and suffering and may receive and enjoy the blessings of health and happiness.

In witness whereof, I have hereunto set my hand and caused the seal of the United States of America to be affixed.

Done at the City of Washington this eighth day of April, in the year of our Lord nineteen hundred and forty-seven, and of the Independence of the United States of America the one hundred and seventy-first.

Harry Truman

By the President:

Dean Acheson

Acting Secretary of State.

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FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

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Standards and Recommendations For Hospital Care Of Newborn Infants

Full-Term and Premature

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