

Toward Greater Security in Childhood

by CHARLES I. SCHOTTLAND*

THE classic symbol of the insecure child is the orphan, the young child whom death has robbed of both his natural protectors. In this country, which happily has been free for generations from invasion, pestilence, and famine, the young child who has lost both parents is a rarity.

This fortunate situation reflects the enormous progress the United States has made in recent decades in keeping the family circle intact by cutting down deaths from causes that once were common among young and middle-aged adults, such as causes associated with childbirth, typhoid fever, and, in particular, tuberculosis. The Social Security Administration has estimated that in the middle of 1953 there were only about a thousand fully orphaned 6-year-old children, for example, though some 74,000 children of that age had lost their fathers, and some 35,000 their mothers, by death. The number of full orphans under age 6 was too small to estimate. The figures, moreover, include children who had gained new parents by adoption or stepparents by the remarriage of the surviving father or mother.

Though the "orphan asylum" no longer is the outstanding safeguard of unfortunate children, causes of childhood distress and dependency remain, and modern life has added some new ones and aggravated some old. Most important to our Nation in the whole gamut of activities directed toward the total well-being of children are basic health, welfare, and educational programs that center on the development of a healthy personality in each and every child. Today this country's chief efforts in making childhood happier and more secure are directed toward strengthening the family and assuring the community resources that can help families to give their children a good start in life. This discussion

deals with some of the efforts in which the Federal Government plays a part under the Social Security Act.

Maintaining Family Income

Of basic importance to an increasing number of children are the income-maintenance programs established by the Social Security Act, old-age and survivors insurance and public assistance—in particular, aid to dependent children.

More than a million children under age 18 are drawing monthly insurance benefits under the Social Security Act because of the death of the insured father or, in a relatively few instances, the insured mother. About 270,000 widowed mothers who are caring for such children also receive monthly benefits. In addition, more than 100,000 children are receiving monthly insurance benefits because family earnings have been cut down by the retirement of an aged father. All these payments are based on the insurance credits that the parent built up in covered work in which he and the employer paid contributions to this Federal insurance system.

In addition, more than 1,600,000 children, along with 535,000 mothers or other relatives responsible for the care of the child, receive aid to dependent children through State public assistance programs maintained with the help of Federal grants under the Social Security Act. These Federal funds may be used only for needy families in which a child has been deprived of parental support or care by reason of the death, absence from home, or incapacity of one or both parents.

About 1 in 20 of the families receiving children's insurance benefits also receives supplementary assistance because the family's benefits and other resources are not enough to meet its requirements. Allowing for such duplication, some 2,600,000 children, it is estimated, or about 5 percent of the child population under age 18, are in families that re-

ceive income under these programs because of a parent's death, incapacity, absence from home, or old-age retirement.

These programs do not reach all children who are economically insecure for these or other reasons, nor do they provide adequately for all those whom they do reach. Very substantial progress has been made, however, in turning aside or at least dulling the cutting edge of economic insecurity in homes where parental capacity for family support has been lessened or lost. Under the Social Security Act, aid to the needy children of this country has been extended and improved, and need and dependency have been prevented or their effects alleviated in hundreds of thousands of families.

Families Receiving Aid to Dependent Children

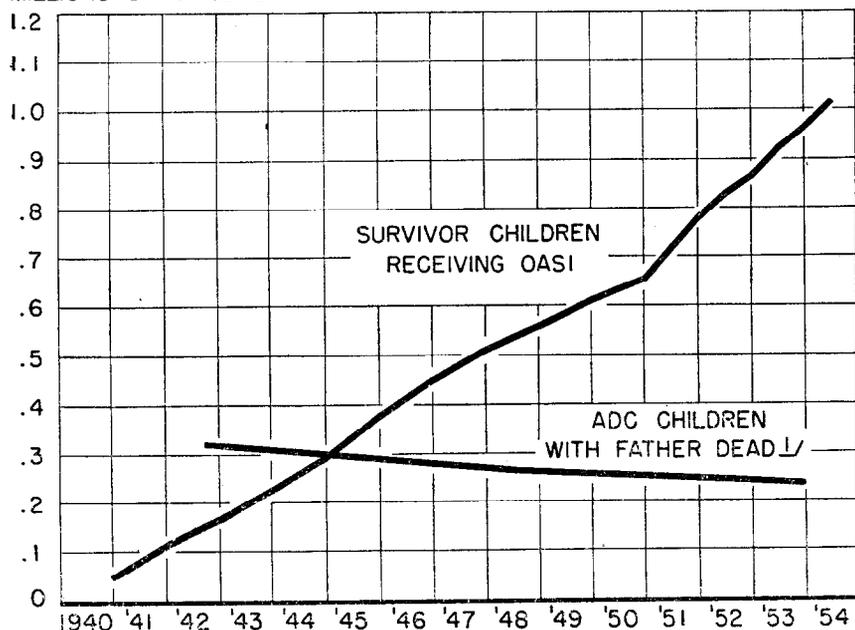
Early State programs for aid to needy mothers and children were often permissive with the counties, spotty geographically, and sporadic in operation. Aid was commonly limited to "widow's pensions," given only when the father had died, and it was often restricted further by severe residence requirements and other eligibility conditions. Sometimes aid was given in kind—in terms of coal, clothing, or grocery orders.

Federal grants in aid under the Social Security Act have enabled the States to make their programs State-wide, more certain in operation, and more nearly adequate in the amounts of assistance. Aid is given in money, which the mother (or other relative) can spend as other families spend their income, enabling her to play her usual role in the family and community and helping her to maintain her self-respect and that of the children. Moreover, the groups of needy children for whom aid is available have been broadened. As early as 1942, only about one-third of the families on the rolls were receiving aid because of the father's death,

* Commissioner of Social Security.

Number of fatherless children receiving aid to dependent children¹ and number of survivor children receiving old-age and survivors insurance benefits, 1940-54.

MILLIONS OF CHILDREN



¹Data available only for October 1942, June 1948, and November 1953.

and by November 1953, only one-sixth. For the large majority of the families on the rolls, the parent's incapacity or absence from the home is the reason for assistance.

Families Receiving Insurance Benefits

The drop in the proportion of families receiving aid to dependent children because of the father's death has been due partly to the development of survivor insurance under the social security program. At the end of June 1953, nearly half of all the children in the United States who had lost their father by death were receiving these insurance benefits. The proportion was highest among children at the youngest ages and was considerably higher for white children than for nonwhite children—52 percent of the fatherless white children under age 18 and only 25 percent of the nonwhite children.

All these figures reflect the program's earlier restrictions on coverage, which kept many workers from earning insurance protection for their families. After a year or two,

as soon as the 1954 amendments to the Social Security Act become fully effective, there will be a considerable decline in the proportion of families with children that lack this insurance protection. The extension of coverage to the work of farmers, in particular, and to that of additional employed farm and domestic employees, will close much of the most serious remaining gap in coverage, which has been in rural areas and among nonwhite families. At present, about 8 out of 10 mothers of children under age 18 could receive insurance benefits for their children and themselves if the father should die. In 2 or 3 years, the proportion will be 9 out of 10.

This extension of coverage and the increase in the annual amount of earnings subject to contributions and included in computing benefits will also increase benefit levels, since a worker's benefit amount will more frequently be based on all or practically all his earnings. As a result of these changes and of the improvements Congress made last summer in other benefit provisions to reflect the rise in living costs and

earnings levels, payments to survivor families will become more nearly adequate. In September 1950 about 8 percent of the families on the beneficiary rolls, and in November 1953 about 5 percent, had had to ask for and were receiving public assistance to supplement their inadequate income.

Survivor insurance is a means of preventing need and dependency by insuring against a general economic risk against which many families cannot defend themselves individually. It has lightened the financial burdens of dependency on the general taxpayer. Many fatherless families that otherwise would have had to apply for public aid are able to get along with their benefits and other resources. For the relatively few of these families that still must ask for public aid, average assistance payments are considerably smaller than for all families on the assistance rolls.

The financial aspect, however, is only part of the picture. The beneficiary families have an assured, definite, and socially acceptable income. It is theirs by reason of the dead worker's past participation in a system in which practically everyone in the community shares, from bank president to ditch digger. Most families with this income are able to keep their economic independence. The effects of these characteristics on the beneficiaries—both adults and children—cannot be measured, but they are substantial and constructive.

Money in Family Life

Much of the social thinking of recent decades has been devoted to ways to assure money income—basically in the form of adequate and regular earnings—through stimulating industry and combating unemployment. These efforts have been supplemented by special measures to ensure money income for families in which earning power has been lessened or lost. It has become clear that national well-being and progress depend on the flow of purchasing power to buy needed goods and services. What is the bearing of this modern money economy on children and family life?

A few generations ago, even a

young child was likely to be an economic asset to his parents. On a family farm, and unhappily also in earlier days of trade and industry, young children did work that was often worth more to the family in money than the cost of their keep. Today's children must be supported to a later age if they are to get the education they need; except in rare cases they no longer learn by doing in farm and field or family workshop. It takes money also to fulfill parental responsibilities for meeting modern standards of food, health care, and recreation. Families are smaller than they were in earlier days, and the mobility of present-day life in the United States has weakened the protection the clan and the immediate neighborhood once afforded for the old and the young and persons who fell on hard times. Ordinarily, in our society today the individual and the family must have some assurance of money income, earned or otherwise secured, to obtain basic necessities and maintain self-respect.

This is not to say that children are less valued by their parents because ordinarily they can no longer make an economic contribution to the home. Proof of the hunger most people have for parenthood is evident in the steadily increasing number of births and in the eagerness of childless couples to adopt a youngster for their own. The affectional tie between a child and his parents, natural or adopted, is still his basic security. The income-maintenance programs help to preserve that tie in the circumstances of present-day life by easing the hardships and worries and humiliation that lack of money otherwise might entail for both the adults and the children in the home. They help parents to continue to exercise their responsibilities and prerogatives despite economic misfortune.

Money Is Not Enough

As the basic operations of these programs have become established, however, it has been made increasingly clear that money alone does not always suffice. Many social security beneficiaries and recipients need something more to enable them

to maintain or increase their usefulness, happiness, and independence. There is growing recognition that certain kinds of services and programs, in addition to money payments, are essential.

Need for service may originate in the character of the program itself, as in the example from old-age and survivors insurance given below. It may be accentuated by the characteristics of the group of persons concerned, as in aid to dependent children, since there is a close correlation between financial need and unsolved personal and health problems.

Problems of health, welfare, educational, and other services for children concern many units of the Social Security Administration and a wide range of other organizations—Federal, State, and local; public and private. They can be solved only by collaboration and continued patient study and work by all these groups. The following illustrations indicate only a few of the situations engaging the efforts of the Social Security Administration through the programs of the Bureau of Old-Age and Survivors Insurance, the Bureau of Public Assistance, and the Children's Bureau.

Paying Children's Insurance Benefits

A young child who becomes eligible for a child's monthly benefit is, in effect, heir to a considerable sum of money. By the time he or she reaches age 18, the payments may have added up to thousands of dollars. The money has large potentialities for the child, and it could represent a temptation to the adult who receives it on the child's behalf.

The law gives the Secretary of Health, Education, and Welfare the right to determine that a benefit shall be paid to a relative of the beneficiary or to some other person when it appears in the beneficiary's best interest to do so. In administering the program, the Bureau of Old-Age and Survivors Insurance strongly favors the policy of paying a child's benefit to a parent or other relative in order to maintain the family relationship. More than 97 percent of child's benefits are thus paid. The remainder go to social

agencies, foster parents, or institutions, including banks and trust companies.

A sample study of children's benefits showed, encouragingly, that only in less than one-half of 1 percent of the cases studied had the payee failed to use the benefit to the child's advantage. More than 92 percent of the benefits were being used to meet the child's current needs, and about 7 percent were being conserved, presumably for his later use. It was estimated, however, that among the 1,083,000 children receiving benefits in March 1954 there were about 16,500 for whom a change of payee was in order. A grandparent, for example, who is receiving the benefit may become too old or feeble to continue his or her responsibilities. The adult to whom the benefit is paid may die or leave the child's home for one reason or another, or the child may be placed in a school or other institution. It is of interest that in none of the cases in which the benefit was being misapplied was the child then living in the home of the payee, though ordinarily he had lived there when the award was made.

How can such cases be identified in the continuing effort to ensure that benefits are serving the purposes for which they are intended?

As benefit claims are filed, the field office of the Bureau of Old-Age and Survivors Insurance notes situations that may indicate need for later followup by the Bureau's staff, directly or through consultation with social agencies in the community. Special study of criteria for such cases has been a joint project of this Bureau and two other Bureaus of the Social Security Administration, the Children's Bureau and the Bureau of Public Assistance. In collaboration with the other two, the Bureau of Old-Age and Survivors Insurance has worked out instructions to its staff concerning types of cases in which the field office should consult the appropriate social agency—public or private—in determining the payee for children's benefits. Similar problems arise in connection with payments to aged beneficiaries who become ill or otherwise unable to manage their affairs.

Relieving Childhood Dependency

There is no field in which constructive social services are more important and complex than among families receiving aid to dependent children, in which youngsters are developing patterns of living that will govern their future for many years to come. Social agencies have long been working with persons who have problems resulting from desertion, illegitimacy, and other situations hazardous to children. Never before, however, has there been such a concentration of these problems in one program as there is now in aid to dependent children.

About three-fifths of the families on the rolls in November 1953 were receiving aid because of the absence of the father from the home. He may never have married the mother or may have deserted after marriage, or the parents may have been separated or divorced.

All States make it the legal responsibility of a parent to support minor children. In 1950 Congress passed a law requiring, effective July 1952, that State assistance agencies notify law-enforcement officials promptly when aid is given to children who have been deserted or abandoned by a parent. In June 1952, such notifications were sent concerning 368,000 children in 155,000 families, about one-fourth of all families then on the rolls. Some indication of the difficulties of enforcing the support laws is evidenced by the fact that the whereabouts of about half these absent parents was unknown. An additional 18 percent could be located but were outside the State. About 40 percent of the parents had been away for 5 years or more; about 45 percent, for 1-5 years; and only 12 percent, less than a year.

A Nationwide study of the effect of these notifications now is being made in cooperation with State public assistance agencies. It was planned with the aid of an advisory committee that includes representatives of public welfare agencies, national private welfare agencies, and the courts. The objectives are to find out to what extent this measure has affected caseloads and assistance expenditures by inducing the absent

father to return home or to contribute to the family, what the agencies and courts have done to obtain support and promote family reconciliations, what are the social and economic characteristics of the families concerned, and what has been the effect of the action on the family. Until there is more actual evidence and experience on these points, it is not possible to gauge the usefulness and effectiveness of this approach to child dependency.

No one, however, can envisage the experience of these families without wondering how much needless suffering, shame, and dependency might have been prevented. A study of desertion as a factor in aid to dependent children in one State found that nearly half the fathers concerned had deserted before the birth of the youngest child or before the youngest child was a year old, and that 90 percent of those reported on had shown earlier evidences of instability that might have responded to family casework services or psychiatric help. For some of these families, surely, skilled help at a moment of family crisis might have averted the subsequent need for large public outlays and, even more important, have given the children and adults concerned a chance to work out a more satisfying life.

Similarly, it is more than likely that appropriate medical, vocational rehabilitation, and social services could have prevented or could lighten dependency among the families receiving aid to dependent children because of the parent's incapacity—about one-fifth of the total number in November 1953. Some States have adopted a promising approach by having the parent's incapacity appraised by an "evaluation team" or "clinic team" composed of medical representatives, rehabilitation and employment counselors, and social workers.

A working group of staff members of the Children's Bureau and the Bureau of Public Assistance is engaged in studying basic concepts of services in aid to dependent children, potentialities in providing needed services under this program and child welfare programs, goals toward which effort should be di-

rected, and means of attaining these ends. In the States, likewise, joint conferences and workshops of public assistance and child welfare staff and special studies have been devoted to these and similar topics.

A common finding of all such study and investigation is the dearth of professionally trained staff and appropriate community facilities for identifying and dealing with the many and intricate factors affecting the lives of children.

Health and Welfare Services

Stress has been laid on the services in the income-maintenance programs for children because these are relatively new fields, and there is increasing realization that poverty and dependency often further complicate problems that are serious for any child. This emphasis should not, however, obscure the importance to the whole community of the ongoing health and welfare services for children generally.

For more than 40 years the Children's Bureau has been carrying out the mandate of Congress, issued in the Act establishing the Bureau, to "investigate and report upon all matters pertaining to the welfare of children and child life." The Bureau has concerned itself with problems that beset all or certain groups of children and has transmitted to the country the best information that science and experience offer to safeguard the health and welfare of children. For the past 20 years the Bureau has also administered Federal grants in aid under the Social Security Act to enable the States to extend and improve—especially in rural areas—services for maternal and child health and child welfare and medical and related care and service for crippled children.

American children in all walks of life have benefited immeasurably from the Bureau's activities in finding out—or in encouraging and aiding others to find out—ways to ensure healthy and happy childhood. Each year, literally millions are served by clinics and by medical, hospital, nursing, and other services provided by the States with the aid of Federal grants for expectant mothers, well babies, preschool and

school-age children, and crippled children. More than a quarter of a million children receive services under the child welfare programs of State and local public welfare agencies aided by Federal grants. Last year Federal grants helped pay for more than 4 million immunizations of school children against diphtheria and smallpox and for more than 2½ million inspections for dental defects. Many babies and children are better off because of research the Bureau has conducted or stimulated and because of the publications it has made available to health and welfare workers, research workers, parents, and others throughout the Nation.

In these child health and welfare fields, as in other medical and social fields, serious gaps in knowledge remain; even more challenging, there is failure to apply the knowledge at hand or to put to work fully and effectively principles and practices that have been tested and found good.

At present, to take an example from one field, about one-fourth of the Nation's children live in counties where there is no full-time public child welfare worker. There are many other places seriously understaffed with respect to trained personnel to carry on the welfare services needed by children and their parents.

The functions of a local child welfare worker include, among others, finding new homes for children who cannot be cared for by their own families, either temporarily or permanently; protecting children who are neglected or abused; aiding in constructive planning for children who seem likely to become delin-

quent; and providing information and counsel for parents of children who are emotionally disturbed or physically or mentally handicapped. The worker may help a community to provide day-care facilities for children of working mothers and home-maker services to care for children when a mother cannot carry on her usual role. He may give social case-work help to unmarried mothers and help adopting parents satisfy their longing for a child they can call their own.

A mere listing of these activities that can contribute to the well-being of children in any economic group in the community calls to mind the situations and special needs of children on the assistance and insurance rolls. By definition, these children come from homes where one or both parents are absent or incapacitated or aged. Because most of these families live close to the margin of subsistence, it is of particular importance for them and for other low-income families that their community should have adequate resources on which they can draw for needed health care, vocational guidance and rehabilitation, opportunities for wholesome recreation, and educational facilities adequate for both normal and handicapped children.

The Next Advance

The United States has been advancing on a wide front in the battle against the forces that scar or warp childhood and, on the positive side, toward securing the opportunities that give children a chance to realize their potentialities as individuals and

future citizens. The basic security of the Nation's families rests on a healthy and dynamic economy and on the achievement of peace in our time. Even when these circumstances are favorable, many households incur, and many more of them risk, family disaster.

On the economic side, the social insurance programs go far toward preventing or mitigating poverty and dependency arising from most of the major risks of loss of family support—the breadwinner's unemployment or untimely death or old-age retirement. The assistance programs likewise have come a long way toward meeting the basic economic requirements of needy families in which income has already been cut down or lost in old age, blindness, or total and permanent incapacity, or in which children lack support or care because of a parent's death, absence, or incapacity. There continues to be room for improving such programs in both scope and adequacy, but a substantial groundwork has been laid. Further advance in social well-being now should include renewed emphasis on the development and coordination of needed services aimed at helping families and children help themselves toward a fuller and more satisfying life. Progress here can serve to make more effective the resources already at our command through social insurance and public assistance and can prevent much needless misery and dependency. In no part of this field will efforts be more fruitful than in the development and maintenance of adequate services for the welfare and health of all our children.

PROGRAM OPERATIONS

(Continued from page 2)

\$170.6 million; the December total was \$153.0 million, and the amount paid out in January 1954 was \$158.4 million.

January was the first month of operation for the new program of unemployment insurance for Federal employees. During the month, 38,300 initial claims were filed, and 55,900 weeks of unemployment were claimed. Benefits paid under this program amounted to \$306,900, in compensa-

tion for 12,300 weeks of unemployment.

Medical Advisory Committee

Appointment of a Medical Advisory Committee to the Social Security Administration was announced on February 8, 1955, by Commissioner Charles I. Schottland. The Committee, which held its first meeting on February 9 and 10, will advise the Administration on the medical aspects of administering the "disability freeze" provision. This

new provision was included in the 1954 amendments to the Social Security Act to protect the old-age and survivors insurance rights of workers totally disabled for an extended period.

The Medical Advisory Committee will work with the Bureau of Old-Age and Survivors Insurance in setting up guides and procedures for obtaining and interpreting medical evidence and for determining the

(Continued on page 23)