

THE CHILD AND WELFARE

III.

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Introduction

And what about these grimy-faced moppets scuttling down alleys and through crowded streets?

We say, "First let's teach the parents." A number of homes are visited, much time is spent, and we despair of any great possibility of advancement there. It is the children whom we can help, we decide.

So we feed them, clothe them and see that they attend the proper schools. Yet is there not a little more than that? Is our next generation to grow up to be just like its parents, a great many of whom are unfitted to meet and cope with the problems of living and even less prepared to rear their offspring in a manner that is socially constructive?

There are many viewpoints from which to consider the legion of problems involved in child training. One could spend years studying one or two of these. Shall we give our attention to several of these in relation to the way Oregon, and Multnomah County in particular, is caring for its less fortunate children?

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Chapter 1.

Child Care as it Functions in Multnomah County

During the past few years much has been done for the care of the unfortunate child separated from his parents, and for the youngster who is developing a-social tendencies.

Multnomah County is progressive in that it believes that institutionalization is definitely harmful in the larger number of cases. As much as is possible the boarding plan is used. By this plan children are placed in foster homes which have been thoroughly examined and approved and which best fit the personalities and problems of the children.

It is said that *"The outstanding value of boarding care for dependent children lies in the opportunity it affords for an intimate pattern of normal family life for children who need foster care for a long period of time. Adoption is not practical for a large number of children admitted to institutions for care because many of them are children of parents of defective or abnormal mentality. These are often normal mentally in spite of their heritage. In another large group where this particular problem is not present, adoption would involve permanent separation of half grown brothers and sisters. These two groups of children need social opportunities as nearly as possible like those usually provided for the ordinary child in his own family home. Foster care in a carefully selected and supervised private family where brothers

* "Child Care in Oregon. Eighth Biennial Report of the State Child Welfare Commission"

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and sisters are kept together comes the closest to natural homes of any other kind of foster care available. Long time institutional care is now generally recognized as harmful to normal children."

The Children's Department of the Public Welfare Bureau is prominent among child caring agencies. In nineteen thirty-three this agency maintained an average of one hundred forty six children per month in carefully selected and supervised boarding homes, and during the first half of nineteen thirty four a monthly average of one hundred forty one children. Other agencies have also played an important role in bettering the status of the ill-adjusted child.

The Albertina Kerr Nursery Home, 424 N.E. 22nd Avenue, is a congregate institution for infants from birth to five years of age. It is licenced to place children for care in private families. Admission is through court committment or by private application. There is no limitation as to race or religion. Financial support is from private funds, the Community Chest, and state aid.

The Boys and Girls Aid Society of Oregon, 636 N.E. 29th Avenue, is a congregate receiving home for boys from infancy to twenty-one years of age, and girls from infancy to eighteen years of age. These are received on surrender of parents or guardians or through court committment. They are placed in free or work, or boarding homes for adoption. Any religion is accepted. Financial support is from private funds, the

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Community Chest and state funds.

The Children's Home, 3415 S.E. Powell Bvd., consists of three cottages housing twenty children each. Ages range from four to twelve years. They must have been residents of Portland for six months. Support is from private funds.

The Christie Home for Girls is under Catholic auspices. Girls ranging in age from six to sixteen are cared for. They are received by order of the court or through private application. There is no limitation as to religion. Private funds, contributions from the Community Chest are sources of financial support.

The Jewish Shelter Home, 1428 S.W. 12th street, is a cottage for Jewish children requiring temporary care. It is supported by private funds, Community Chest and state funds.

The Mothers' and Children's Home under the auspices of the Volunteers of America is located at 726 S.E. Ash Street. This is a congregate institution for the temporary care of dependent mothers accompanied by two or more children. Employment is secured, if possible, for the mothers. The children are cared for in nursery or school while the mother is working. Admission is by private application or through court commitment. Private funds, Community Chest and state funds are sources of support.

Saint Agnes Baby Home at Park Place is under Catholic auspices. Infants and children up ^{To} the age of seven years are admitted either by court order or through private application. Support financially is from state, private and Community Chest funds.

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Chapter 2

Pre-natal Care; Its Recognized Importance

Where could the value of pre-natal care be more clearly illustrated than in the following cases?

* Mrs. T. N. had a history of four pregnancies without a child living at that time. The first had died within eight hours of birth; the second was a stillbirth; the third lived three hours. Late in the fourth pregnancy Mrs T.N. saw a doctor who placed her on a dietary regime. This child lived for twenty-two days and died of hemorrhagic disease of the new-born as had all the others. During the next year, Mrs.T.N. became pregnant again and decided to see a doctor early. She was placed on one of the highest protein diets ever prescribed: six grams of protein per kilogram of body weight. This protein was to be in the form of viscera for the most part. The acid forming protein was neutralized with fruits and vegetables. The patient was carried through to full term on the diet prescribed, and delivered a healthy, normal child who is still living.

**Mrs. R came into prenatal clinic in the eighth month of pregnancy in 1929. Her urine showed albumin and she was sent to the hospital where she had a still-birth; in 1930 she had another stillbirth from nephritis of pregnancy; in 1931 she lost a child at the third month; in 1932 another child was lost at the seventh month; in 1933 she came to the prenatal clinic where she was two months pregnant. Termination of

* "Prenatal prevention of Potential Hemorrhagic Disease of the Newborn" Newton Kugelmass, Ph.D, M.D. and John E. Tritch, M.D. Journal of the American Medical Association, Vol. 92, pg. 531
**Illinois Medical Journal, Mar. 1935, pg. 212. G.C.M. McGonigle, Medical Officer of Health, Stockton-on-Tees, England

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of pregnancy was advised, but she wanted the child, so she was given wheat germ extract in the hope that Vitamin E might help carry her through pregnancy. A normal, healthy baby was delivered at full term.

The University of Oregon Medical School offers these expectant mothers the best of medical care at no cost to the patient, yet in spite of this many wait until they are almost ready to deliver before they will come to the clinic.

During the first visit a complete physical examination is given the mother. This includes a Wasserman and urinalysis. At first she visits at least every month unless her condition requires that she come oftener. These visits increase in number as the months go by. She is taught to watch for any untoward symptoms appearing between visits and to report them at once.

Mothers classes are held at frequent intervals to teach the expectant mother more about herself. Dress, care of her body, and many points which will be of value to her before and after the baby comes are touched upon.

Maintenance of proper nutrition is an extremely important factor in the health of both the mother and the baby. The diet must be balanced both in regard to the necessary food elements and in regard to the amount of food taken into the body. The mother should not gain over twenty to twenty-five pounds during gestation. Constipation is often present and should be treated in relation to its cause, which can be from such a number of things that the doctor should always be consulted before the usual increase in roughage is advocated.

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When vomiting occurs, as it often does in early pregnancy, the mother must keep up her intake of high carbohydrate foods, a small quantity at frequent intervals. A little nourishment is absorbed even though the whole meal seems to have been lost in an emesis. The point is important to stress because most people do not know that acidosis and coma follow pernicious vomiting. The acid-base balance becomes disturbed when the fat of the body which is being burned, is not neutralized by the alkalinity of fruits and vegetables. The assurance of a proper intake will prevent anemia, too; iron deficiency will often prevent the birth of a live baby. Vitamin B can be increased up to 400 percent with advantage.

If the necessary amounts of milk, vegetables and fruits are not available to the mother, she is given a refer to social service which looks into the case thoroughly, and if the circumstances are such that the family really is not able to get enough to eat, an order for food will be given.

If the family is under the care of the Family Relief Unit of the Public Welfare Bureau, the clothing will probably be furnished by them. The pregnant mother needs proper abdominal support, some type of garment that supports from below, lifting rather than pressing the abdomen inward. Dresses and undergarments must be comfortably suspended from the shoulders. Nothing may bind nor hinder the normal development of the foetus.

Shoes furnished by the Family Relief Unit are always sensible. Low heels are the only type of shoe that should

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be worn during pregnancy. The abnormal strain upon the abdominal muscles pulls the body forward in a position often called "the pride of pregnancy". High heels only aggravate this position and throw the whole body out of line.

The pregnant woman today is taught to live a normal life. She is told to do her regular work, never tiring herself, of course, but walking, spending as much time as possible out-of-doors.

Hard as it is to realize, there are many, many women who still are slightly, often a great deal, influenced by the belief that they can "mark" their children in utero. One of the tasks the visitor is often confronted with is to correct this erroneous impression. No evidence has ever been produced that would sustain this belief. Authorities are very definite in their denial of this fallacy. That there is any relation between a mother frightened, for instance, by a fire during pregnancy and a reddish birth-mark appearing on her child has never been proven. Such ideas make one think of Salem witchcraft.

There are, however many things she can do to help her child in its early development. She can be reasonably assured of two good sets of teeth for her child, for before the sixth week in utero the basis for both milk and permanent teeth is laid. She can prevent to a great extent the transmission of syphilis if she has been treated both before pregnancy and during pregnancy. By dressing correctly, she can allow the

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infant plenty of room in which to grow. And along with all this she can be happy.

The husband also has a part in this event. His must be a great understanding if he is to get along with his wife at such a trying period. She is often irritable, often does strange things. (We are told of one woman who craved nothing more than a bite out of her husband's arm; and of another whose most delightful place of retreat was behind the kitchen stove in a cubby hole so small that no one could get in to bring her out.)

The father must realize that he ^{is} a parent, too. He can even be taught to give the baby a bath and dress him, especially these fathers who are not working. He develops a greater sense of responsibility if he knows the child is indebted to him at times for its clean body and comfortable bed.

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Chapter 3.

Physical Health

Now that he has arrived with the aid of the best of aseptic techniques, what shall we do about this new human being? Shall he "just grow" as Topsy did?

Public Welfare has a different plan: The child shall be examined and re-examined at periodic intervals; for has he not a right to a sound strong body?

The first six years is the most important^{period} in his whole life as far as development is concerned. Growth is tremendous compared with any other period of life--except intra-uterine development.

While the mother is in the hospital, she is given additional instructions in regard to general care of herself and her baby. She is most receptive at this time and it would seem wise to include a larger program of education for her responsibilities while she is in the hospital. Up to now, however, there has been a lack in personnel at the hospital. The mother receives, therefore, only routine hospital care.

When the mother and her new charge go home, a real problem begins, but she need not attempt to solve it alone. The visiting nurse helps her a great deal, and for the next few years the baby is examined at regular intervals at well baby clinics. Here the child is checked carefully. If defects which can be corrected by surgery are found, the child is referred to clinic or hospital. Instructions in regard to diet can be obtained by the mother also.

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It is very important that defects be repaired early. Harelip , for example, is repaired at anytime after the third week of life; and cleft palate can be repaired when the child is from six months to one and one-half years of age. Healing is rapid and the repair is less noticeable than if it is delayed until the child is older. There is also less malformation of the mouth. The operation is always performed by the very best of surgeons and Doernbecher Hospital is available for any child in Oregon as well as Multnomah County.

Formation of habits begins with life. It is surprising how early an infant learns that he can have his own way by screaming for it. The wise mother watches vigilantly for undesired habits and tries to correct them in their inception.

Eating is one of the very first and most abused of these. At the hospital the infant eats on schedule, usually at four hour intervals. He is happy and gets along nicely; but unless the mother really understands the need for letting the baby alone, she is apt, when she gets home, to pick it up at the first cry, and feed it as often as it opens its mouth. One mother, for example, called into Multnomah Hospital and asked for a doctor. She said her baby was very sick. The nurse who answered the telephone asked her how often the baby was getting its feedings, and she replied, "Why, as often as she cries, of course." A word or two from the nurse or visitor will help a mother understand why she should or should not do such things.

Sleeping is still another important habit to be formed from the very start. The newborn child sleeps almost all

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the time for the first two weeks, and for many ensuing weeks that is one of the two important things in his life. He is never to be disturbed and shown to curious and admiring neighbors.

Mothers or foster mothers of older babies frequently ask the visitor what to do about thumb sucking. There is no hard and fast solution, of course, but several may be suggested. One author has used substitution with success. He maintains that the child sucks his thumb because he has nothing else to do, and the child also experiences pleasant sensations. A bright toy or ball distracts his attention. Very often, too, the same thing can be utilized for correction of masturbation. It is at first a twenty-four hour job to keep the child's mind and hands occupied with desirable objects. In the former case the mouth is often deformed. In both cases the child is retreating from reality and finding satisfaction in himself.

Enuresis is a problem of all ages. One girl under the care of the Children's Department is thirteen years old and still wets her bed almost every night. Physical examination revealed no defect. This was further proved when Patty was in the hospital for care of otitis media. Here she was a model child--clean, modest and attractive.

Some authors suggest that the child be compelled to wash his own linen. It has also been suggested and shown that it is often an outlet for some maladjusted condition at home or at school. Perhaps this is Patty's problem. The first thing is, of course, to try to discover the cause. If complete physical examination reveals no organic defect, then the search

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begins for the difficulty at home, at school or where it may be. It is a time consuming problem and often discouraging.

Play is the life of the child. Here Johnny can "put himself over". It is an expression of the child's own personality, the realization of childish dreams and ambitions. The six year old can be mistress of a large household of dolls; she can command at will and everything is done to her desire. The boy can be a real-for-sure cow-boy in the twinkling of an eye. Parents who understand, will take time to play with their three-year-old when they are asked to do so. They can gain the confidence of their son and an insight into his personality in no better way. Here, too, is an excellent opportunity to teach fair play and the ability to share honors with some one else.

Toys are too often a source of irritation to a youngster. He is often given playthings far beyond his years. Fond relatives will give the six-months-old mechanical cars when balls, rattles etc. would be cheaper and more to the point. Toys can help a baby grow or can confuse and anger him.

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Chapter 4.

Mental Health

The first six years because of its priority, perhaps, is one of the most plastic periods of development. Mental growth continues all through immaturity and in fortunate persons through old age, yet there are indications that the foundation is laid during the first six years. The world about the young child is large and new. His reaction to each situation is the foundation for the way he will react in later years to similar situations. Unless a child is handicapped mentally, training can be most effective here.

With the newer concept of the relative importance of heredity and environment one need not be so greatly concerned about a child with a poor background--provided his environment can be ideal. Parents are often puzzled at two children brought up, they believe, in exactly the same environment, yet developing into totally different persons. We learn, however, that no two children grow up in the same environment. The home varies greatly from day to day and through the years. No children do the very same things, or have identical interests.

The parent-child relationship is an important factor in the development of the child's attitude. It is not fair to the child to substitute him for some mal-adjustment that the parent has made. He must be freed from dependency as soon as possible. In that way only can he be an independent individual, thinking for himself.

Parents are the pattern that the child unconsciously

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copies. The importance of intelligent, thinking, conduct on the part of the parents cannot be too much emphasized. Bickering, quarreling, disagreeableness will be reflected in the child's behavior. Cheerfulness, easy adjustment to difficulties an air of happiness and contentment can characterize the poorest of homes, though it is regrettably infrequent.

The way the child meets life from the very first will carry over through the years. The boy who is not made to see the undesirability of peeking at hide and seek becomes the vendor who cheats the unsuspecting customer. From the first months the child is taught to meet life squarely, face reality--be a man like his Dad. And there again we have a great need for parent education.

Child placing with respect to his mental health and development is a problem of the Children's Department. There are so few mothers capable of correcting defects in their own children let alone someone's else child. Several visits are made to the future foster home before a child is placed. One visitor does nothing but find and investigate future foster homes. She tries on her several visits to gain the confidence of the man and woman who propose to care for a child. She tries to really know them, the way their home is conducted, their preparation and motive for giving a strange child a home. Then the visitor who is placing the child calls, and with the child's problem in mind attempts to fit his personality and needs to the right home. Often several changes must be made before a satisfactory home can be found. Betty's

case was an example of this, I think.

Betty was a pathetic figure--thin, one could almost see the very bones of her slight body--pale-- large eyes under a mop of straight brown hair--and defiant. Her home had been of the very worst type, for her mother died when she was very young and her father was a renegade of the lowest sort; yet for some years until the court intervened he was allowed to keep her. She was placed in a Catholic institution where she made a fair adjustment. Then she stayed in various homes where she made herself so obnoxious that they would refuse to keep her any longer. She had a heart condition which eventually proved fatal, and had always been pampered a little because of her weakness. When we saw Betty she was dictating to her foster parents, telling them what she would not eat, when she would go to bed, refusing to do her lessons which were taught at home, and being uncooperative in every way until these two old people were in despair and anxious to have Betty taken away. She was placed in the home of a middle-aged woman, mother of a fine boy, and who understood Betty as no one had. Her manner was firm, her attitude kindly and Betty grew to love her. Her conduct improved immensely and she was on the road to adjustment when she had another heart attack and was taken to the hospital where she died after a prolonged illness.

Betty's whole mal-adjustment seemed to point to her most unfortunate and loathesome early home life. Her father is still a problem to the community.

What might not have been done if the right home had been provided early?

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Chapter 5.

The Mal-adjusted Child

The so-called problem child is referred as a final resort to the Children's Department for help or relief by the parents or the court. The ^{often}parents are in despair over the child.

The Children's Department worker who is assigned to the case goes into the background first of all seeking a possible cause for the a-social behavior exhibited by the child. Sometimes the parents are reticent; sometimes they give a wrong impression, and often it takes weeks to find the underlying factor or factors which are causing this abnormal reaction in the child. A psychiatrist is consulted. Both the child and his parents talk with him, and they try to work out the problem together.

When the cause is finally found, as often as not, it is the home which is at fault. Occasionally it seems wise to place the child in a new environment where he usually shows marked improvement. Sometimes the child is removed from his parents by order of the court. In whatever manner the Children's Department is given jurisdiction, the problem remains the same. In which home will the child best fit?

Much time, energy and money are consumed in getting the child in the right place. Would it not be possible to have trained persons with an understanding of behavior and of mental hygiene ready to care for these children in great need of something more than haphazard, hit or miss, trial and error methods? Could there not be some plan similar to the

one employed for caring for sick children in the home? Here the child is placed in the home of a graduate nurse, and is given scientific, purposive care with the minimum of worry and cost both to the child himself and to the agency.

Here we should like to suggest that a thorough course in mental hygiene be included in the nursing school program along with anatomy and physiology. In future years this might help solve the problem. There is a lack of persons trained in this field with the result that both time and money are needlessly wasted.

Rolma is an example of the effect scientific care can have in development. Rolma's mother was young, careless and a very poor housekeeper. One day the visitor called and found Rolma (eight months of age) lying in wet clothes, the same ones she had had on the previous evening when the visitor had called. The child was sucking a dirty stick of candy. Her little body was broken out and covered with sores from lack of attention, and she was pitifully pale. Her condition demanded careful consideration, so she was placed in the home of a graduate nurse who observed that the child was listless and seemed ill. A hospital permit was arranged for, and it was found there that Rolma's hemoglobin was very, very low. Transfusions of blood were given. She improved and was returned to her foster nursing home. Today she is the picture of health built up by correct diet, a schedule that is adhered to , and a happy clean atmosphere. She is chubby and pretty, now, and is learning to walk. Her mother is amazed at the difference in her appearance.

Would it not be wise to treat mental illness as wisely and carefully?

When the problems of a child are being examined, an effort is always made to find some particular interest which he may have. One boy, below par mentally, and a problem at school where he was always molesting other children, was interested in playing the violin. This interest was encouraged as much as possible, although no great progress was made. It did, however, constitute a goal toward which the boy might direct his energy.

It has been suggested at various times that institutionalization of children would provide the ideal environment. Trained persons would devote their time to developing the growing personalities correcting faults, guiding mental and physical activities, developing individuality--all without the potent power of affection.

Such an experiment has only proved the value of home life, so if there is one possible idea or interest that can hold a family together, the social worker tries to bring it out and nourish it. A growing boy or girl thrives emotionally it seems, best in the home; whether it is his own or a foster home seems to matter very little.

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Chapter 6

The Child at School

During the twentieth century there has been a definite movement toward nursery school development. England in 1918 passed the Education Act which was a great step forward in pre-school care. The Act provides in part for the following;

* "The powers of Local Education Authorities shall include power to make arrangements for supplying or aiding the supply of nursery schools.....for children over two and under five years of age....whose attendance at such a school is necessary or desirable for their healthy physical and mental development."

A nursery school is neither a day nursery where the mother leaves her child to be "minded" nor is it a kindergarten, which is conducted on the school plan. Its purpose is rather in nurturing the young child. In order not to overstimulate the growing child the nursery school follows a plan of purposive neglect. A combination of milk, sunshine, rest, and happy, wholesome self-expression works wonders in development of the unfortunate child who only a few years ago would have been under-nourished and defective in many ways. Gesell says that "a few years ago nearly all the preschool children in this particular part of Queen Bess's area were verminous and suffering from rickets, malnutrition, and physical defects." In this district of London the MacMillan sisters established an open air type of nursery consisting of a central garden and shelters. It

* Gesell "The Guidance of Mental Growth in Infant and Child" Chapter 6.

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cares for over two-hundred children who are escaping the bondage of poverty and neglect. It is proving to be a valuable device for raising the standards of child hygiene.

The school plays an important part in the mental and physical development of the growing child. Here are developed further the patterns of reaction begun during the pre-school period.

Not long ago educators were more concerned with the curriculum than the pupil. If one were successful at all he had his cut and dried education. No attempt was made to suit the course to the individual. If one failed, it was because he was stupid or lazy. The law was resorted to in order to maintain regular attendance.

Now since the coming of intelligence tests and grading on the basis of mental equipment many methods of education are being introduced in the the school program. The child is recognized as being an individual in the making. School has revised its program from that of instilling a prescribed course into each child to one with the motive of preparing the child to fit into his duties and responsibilities when he has completed school.

The mentally defective child was most handicapped by the old method of education. Special classes referred to as the "dummy classes" by the other pupils were the first change from the old routine. Some schools have ungraded rooms in which the child is placed and given individual attention and help. The teachers of these classes are prepared for this kind of work.

In special classes the children are kept occupied with something they can understand. They develop habits of regul-

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arity of attendance and learn to do something definitely of use to them.

Some schools provide clinical facilities for the study and treatment of disciplinary problems or abnormal behavior exhibited by the child. Here in Portland we have the Child Guidance Clinic of the University of Oregon Medical School.

Some persons maintain that if children were taught how behavior patterns develop, why some are desirable and others undesirable, they would be able to observe themselves and avoid many of the pitfalls which they enter unconsciously.

The relationship between the home and the school is a close and delicate one. The teacher in the early grades takes the place of the parents while the child is at school, and the attitudes developed at home will be expressed at school. Open antagonism between school and home makes learning difficult for the child.

The school experience is potential for further development. Here attitudes on many and varied subjects from sex to citizenship are formed. Perhaps one of the earliest advantages of school is its ability to separate parent and child. This makes it necessary for the youngster to shift for himself, and helps to make him independent. Group life brings with it also the necessity for socialization.

The Children's Department has little to do with schools except as the child is reacting to his environment. If a good adjustment cannot be made, the child is always transferred to another school, if possible.

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Chapter 7.

Parent Education

For a long time, children existed for the advantage of adults. In ancient times the child could be kept or sold as the family desired. Later they were brought from the status of property, but were still bound to serve their parents in return for the life passed on to them. Then came the century of the child. The parent is considered responsible for the welfare and every possible advantage for the child. Health, freedom from child labor, opportunities for education, free self-expression and play interests are considered the child's right.

Parent education is a comparatively modern trend. Only recently has it seemed especially necessary to be trained to bring up one's children. Susannah Wesley's doctrine was the order of the day, and still is in many homes. Her theory of child care is interesting and reveals the difference in attitudes of yesterday and today.

Susannah Wesley, one of the most thinking women of her day, had a group of well-defined theories about infant training and pre-school education. There were nineteen children, thirteen of whom died early. Here is a glimpse of the excessive infant mortality characteristic of the eighteenth century.

The children were placed on a regular routine* as in dressing, undressing, changing their linen etc. At eight the maid put them to bed."

*"The Guidance of Mental Growth" Gesell
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In regard to eating, she said, "As soon as they were grown pretty strong, they were confined to three meals a day. At dinner their little tables and chairs were set by ours, where they could be overlooked; and they were suffered to eat and drink (small beer) as much as they would; but not to call for anything. If they wanted aught, they could whisper to the maid which attended to them, who came and spoke to me; and as soon as they could handle a knife and fork they were set to our table. They were never suffered to choose their meat, but always made to eat such things as were provided for the family. --- Drinking or eating between meals was never allowed unless in case of sickness; which seldom happened. --- They were so constantly used to eat and drink what was given them, that when any of them was ill, there was no difficulty in making them take the most unpleasant medicine; for they durst not refuse it though some of them would presently throw it up. This I mention to show that a person may be taught to take anything, though it never be so much against his stomach."

"When turned a year old (and some before) they were taught to fear the rod, and to cry softly; by which means they escaped abundance of correction they might otherwise have had."

All the children were taught to read at the age of five years. She taught them the Lord's prayer as soon as they could speak, and had a strong belief in the teachability of the first six years. One of her first tasks was to subdue the will of the child which is "the one grand impediment to our temporal and eternal happiness", she says. "In order to form the minds of children, the first thing to be done is to con-

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quer their will, and bring them to an obedient temper. To inform the understanding is a work of time, and must with the children proceed by show degrees as they are able to bear it; but the subjecting the will is the thing which must be done at once; and the sooner the better." What a marked contrast to the present-day conception of the individual personality of the child! Perhaps our ideas will be more out-dated in the next two-hundred years than Susannah Wesley's were in the past two centuries.

Gesell has said that the home is an uncontrolled laboratory; and how true that seems. There is a great opportunity for the best of nurturing care, yet so few parents are interested or trained to control and work toward a goal in this laboratory of theirs.

Now how can parents be educated to care intelligently for their youngsters--the large number of parents, we mean? Always there is a minority trained to perform this common yet fine piece of work. Always there are those who can afford consultations with psychiatrists, psychologists, and pediatricians, but are their numbers not few when one thinks of a cross section of any part of the United States?

Here the welfare worker can play her part most effectively. She has the opportunity to make visits into each home where she and the mother can talk over the problems arising in any household. The clever worker will put across her suggestions as to child care, training etc. in an in-offensive and helpful manner. She must use tact, must have thorough training and be open to suggestions at all times;

she must be in close contact with authorities on the subjects about which she makes suggestions.

Other sources of parent education are the clinic, and the hospital during the confinement of the mother. It has been mentioned in Chapter 3 that she is very receptive at this time. and much more ground could be gained if we had the staff and time to reach the mother at this period. She must be made to feel the need and understand why early training, training from the first day of her baby's life is so necessary and so important. She must have some concept of the fundamentals of growth and development and the primary part her home plays in this development. The way she conducts the routine of each day, the way she greets her husband, little courtesies among the members of the family, fair play and hundreds of other illustrations can be pointed out to her as practical examples of what environment really means.

Many parents, desirous of giving their children the things they themselves missed, become depressed over their inability to do this in a material manner. They must be shown that one of the richest heritages which they could possibly give their children is a sane, healthy and normal way of meeting life. Physical fitness, mental health, courage can be their priceless possessions.

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Chapter 8.

Summary

Several important facts seem to stand out above others when we think of the child--whether he is a relief-baby or one whose parents have no bread and butter problems.

First: The pre-school period, perhaps because it has priority over other years, or because it is an unusually impressionable period is a time of tremendous growth and development. The little person who is to be an adult is laying important foundations for all time. Now since most habits are developed by using some one older as a pattern, it seems very wise to have an ideal pattern for development.

Second: Parent education is assuming an important place in our minds. Young persons hardly more than children themselves undertake their important duties with scarcely a thought of how capable they are to perform these duties. Why should it be so much more significant to have years of specific training to be an efficient stenographer than to have training to be an effective mother? Just how much actual training does the average boy or girl have for marriage and parenthood? It is the custom, the thing to do, the ultimate goal for many, and it is accepted with no more consideration.

Third: Public Welfare, social service and other relief agencies are overworked, and under-trained in some cases. Sufficient funds are not available for individual help. Workers are forced to handle twice the cases they are capable of doing with less degree of satisfaction in work well done.

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* "The urgent need in every county is for a high quality of social case work that will assemble as a basis for action in each case verified information about the real difficulty in the home, about the location and degree of interest of relatives and their qualifications as guardians of the children concerned. The special needs of the children should also be known, if there be special needs, as well as the sources for meeting these. Frequently children who belong in the state institution for feeble-minded are sent into institutions for dependent children of normal mentality thus victimizing both the normal and the sub-normal. --- Such errors are costly for they require two different adjustments on the child's part where one would serve more adequately if the right diagnosis had preceded placement. --- Obviously, there is a pressing need for a continuing program of social case work in each county in order that some responsible and qualified person keep touch with changes in the family situation of the children concerned, and definitely assist in reconstruction of family homes where there is found to be anything to build on in the adults remaining in the shattered homes from which the children have been removed."

Fourth: There is an apparent need for persons trained to care for mentally and emotionally upset children.

Goals for the future can be the remedying of this situation. Much is being accomplished each day, yet the field is barely opened.

* "Child Care in Oregon. Eighth Biennial Report of the State Child Welfare Commission "

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Certain Statistics in
Regard to Juvenile Delinquency *

Healy and Bronner, summing up the findings concerning 4000 juvenile delinquents in Chicago and Boston found:

	<u>Chicago</u>	<u>Boston</u>
Mental Diseases	5.6%	1.0%
Epilepsy	5.5%	1.6%

72.5%, stating it in a different manner, of the whole 4000 were mentally normal. The cause of delinquency seemed to be a deficiency in socialization.

* "The Child and Society", Phyllis Mary Blanchard

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