

Today's Trouble Spots for Children and Youth

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Three troubled areas affecting many of today's children and young people—migration, delinquency, mental retardation—are discussed in this article. Hope arises through the increase in useful information available in these areas and through extension of efforts by local, state and national agencies in alleviating these conditions.

WHAT are the chief trouble spots for children and young people today? It would seem to me that the following areas are particularly noticeable: the effects upon children of family migration for employment, the area of juvenile delinquency, and the needs of mentally retarded children.

Children in Migrant Families

For many years low economic status, poor and unsanitary housing, child labor, lack of educational and recreational opportunity, lack of care for children while mothers work have characterized the life of children in the families of migratory agricultural laborers. Many other children suffer from conditions somewhat similar, but the child of migrants has the added disadvantage that usually he belongs to no community.

As the migrants move from south to north following the ripening of the crops, they pass through one state after another, staying only a short while in any state.

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There may be as many as a million children of migratory farm workers in our nation. A great proportion of these children are not accepted by the communities through which they pass. Many of them are denied the health, education and welfare services to which others are entitled, or they have intermittent help only. And they lack the feeling of security that comes through acceptance by neighbors and school-mates.

Besides, too many of their parents are ignorant of what is available to them in a strange community.

It is a rare state, indeed, that does not feel the ebb and flow of these migratory workers.

For years the plight of these children has been investigated, talked about and reported. Progress in alleviating their conditions has been slow. At one moment, because they move from state to state, they are considered a federal responsibility. At another time, because states ask for and use migrants, states are expected to assume responsibility for them.

The areas where these families work on crops sometimes lack local health units; they may be without child-welfare services; and they may lack suffi-

cient school facilities to accommodate migrants. Besides, the children may receive little protection from child-labor laws, for these often do not apply to agricultural labor.

If conditions are to improve for the children of migratory families, local health units will have to be established, schooling planned for, and child-welfare workers employed in key places. Regulation of child labor will have to be strengthened. Daytime care for children whose mothers are at work in the fields is also needed. And something should be done to help these children gain some continuity in their lives.

Spots where community action has succeeded ought to be studied, and the benefit of this experience shared with other communities and other states or groups of states. Methods by which states can work together cooperatively for these families have yet to be developed.

Through the Interdepartmental Committee on Children and Youth, the Children's Bureau is working with other federal agencies in a joint effort to help states develop plans that will result in a better life for the children of the agricultural migratory workers.

The Children's Bureau has had its eyes, most particularly, on the East Coast migratory stream, involving the States from Florida to New York. In this stream are some 26,000 people who work primarily at harvesting fruits and vegetables.

The purpose of such a project would be to get services to children started in the home base and continued, in an integrated fashion, wherever the children go. This would involve working with health, education and welfare

agencies of the states along this route; working with the migrant parents so that they know what services can be used; and working with other federal agencies and national organizations so that they tie into the network. Already there is much local and state interest in this team approach to a long unresolved problem.

Juvenile Delinquency

The year 1953 will be known as the year of mobilization for a major advance on one of the oldest problems of society—juvenile delinquency.

Need for action had clearly become acute. Delinquent behavior by youngsters, it was obvious from juvenile-court records, was increasing. From 1948 to 1952, the number of youngsters appearing before the courts had grown 29 percent. This was almost five times the actual percentage increase in numbers of teen-age boys and girls.

The prospect for the future, too, was disturbing. By 1960, it is expected there will be 40 percent more children between the ages of 10 and 17 years than there were in 1952. Even if the rate of delinquency stood at its 1952 level, the number of youngsters picked up by the police, for instance, could mount from 1,000,000 in 1952 to 1,400,000 in 1960 because of the growth in child population.

Not only have numbers of young delinquents been increasing; reports seem to indicate that serious violations of law appear to be more numerous. Fingerprint arrests, recorded by the FBI, show that in 1951 auto thefts by juveniles were up by more than half from their 1948 level. Robbery had

increased 25 percent; burglary, 15 percent; assault, 10 percent.

During the first 6 months of 1952, according to the FBI, a greater number of serious crimes were committed by boys and girls 18 years old than by persons of any other age.

People who work most closely with delinquent children know how involved and complex this problem is. Indeed the very causes of juvenile delinquency are far from completely understood. A great deal of research into causes, preventives and treatment is called for.

Enough is known, however, about the personal problems of youngsters who get into trouble with the law and about their family and community backgrounds to provide sound guidelines for action.

Agencies in contact with delinquent children find many difficulties in their efforts to deal effectively with such children.

Across the country, these agencies—whether police, courts, social-service agencies, detention homes, training schools—report that it is hard for them to find the kind of staff that knows how to deal with disturbed and rebellious youngsters. Too often these agencies have to follow antiquated ways of working because there has been a lack of agreement as to what are good practices or a lack of support for putting such practices into operation. In many places, even the physical structures for housing delinquents are bad.

Behind these shortcomings is the most serious one of all: citizens in general have not been helped to see how essential their aid is to the prevention and treatment of juvenile delinquency.

The world is excited right now at the prospect, in the next 5 or 10 years, of victory over polio, one of the great enemies of childhood. Such a victory could be won only with laymen and experts together working for it.

Juvenile delinquency is of course not caused by a virus that can be isolated in a laboratory; it cannot be prevented by anything like inoculation. Nevertheless, as with a physical illness, if we are to prevent and treat delinquency effectively we must have the same kind of team play.

As a move in that direction the Children's Bureau early in the fiscal year created a Juvenile Delinquency Branch in its Division of Social Services. During the year, various private foundations and individuals financed a Special Juvenile Delinquency Project to work with the Bureau.

Together, the Bureau and the Project, with the help of hundreds of specialists from a wide range of professions, have been firming up plans for focusing public concern on the situation and for spark-plugging community action in behalf of delinquent youth.

Meetings were held during the year with representatives of some 90 national organizations concerned with this problem. These included health, welfare, educational and civic groups.

Expert help was enlisted in preparing guides to better practices in the treatment of delinquent children. These guides cover police handling of youngsters; juvenile courts; institutions for juvenile delinquents; and the training of staff for these agencies.

Handbooks for civic groups were published: one, to alert citizens to the

size and seriousness of the problem; another, to tell them how services for delinquent youth might be improved; a third, to show how citizens can find out what needs doing in their own communities.

Already these handbooks are going into active duty through some of the outstanding civic organizations of the nation.

A round-up of research, completed and in process, was made.

In these and other ways a wide variety of facts and forces were mobilized in 1953.

These will be strengthened, undoubtedly, as a result of the hearings being held in the fiscal year 1954 by the Subcommittee on Juvenile Delinquency, created by a resolution of the United States Senate to inquire into the extent, character and causes of juvenile delinquency, and into the adequacy of existing provisions of law for dealing with delinquents and youthful offenders.

To put this newly gathered information to work is our task for the immediate future.

Mentally Retarded Children

Large numbers of families have a child who is mentally retarded. The exact number of such children is not known; but among school-age children in this country the Office of Education estimates that 2 percent are retarded.

Most of these children are only moderately retarded, and if they are helped and encouraged and given special teaching many of them make a reasonably adequate social adjustment and can also learn limited skills in school subjects. After patient and

skillful training in a special class and at home and with good vocational counseling, many of these children can later hold simple jobs and be at least partly self-supporting. But as yet only about 25 percent of the moderately retarded are in special classes.

The severely retarded are much fewer (perhaps 1 child in 1,000 of the general population). Even among these the majority can be helped to achieve a limited amount of social adjustment. And after they grow up a number of them may be able to do some useful work in their own homes or under similar sheltered conditions. A few hundred school classes for the severely retarded have been established but these cover only about 4,500 children. Educators are hopeful of extending this program.

Whether it is the parents or the school authorities that first suspect that a child's mental development is not normal, the skills of a variety of experts are needed to make an adequate diagnosis and to develop plans that will best help the child and his family. Skills of the family physician, the psychologist and the social worker must be combined, and often need to be supplemented by those of the psychiatrist, other medical specialists, the dentist and the speech therapist. The team sometimes needs to keep the child under observation for a considerable period before making a diagnosis. Unfortunately, in many localities the complete services of such a team are not readily available.

Diagnosis alone is not enough, of course. The parents will need a great deal of help but if they know they have been given an expert diagnosis

and are helped to understand their problem they are less likely to go from doctor to doctor, or from clinic to clinic, seeking hope.

To help families carry out the program recommended, professional skills are needed. In some places more and better facilities for such help need to be developed. In others, agencies already exist that can help and would be willing to do so; but the families may not know about them. Teamwork on the part of education authorities, social agencies and medical services in the community is needed to acquaint parents with the resources available and to provide complete and integrated services.

Many parents need to be helped to accept the child as he is. Some expect too much of the child and resent his not keeping up with their expectations. Others tend to overprotect him.

Even if a child really needs institutional care—and some do—the institutions for the mentally retarded have long waiting lists, and cannot admit all children who need such care, especially the younger ones. When the severely retarded child remains at home, as a rule the mother needs to be helped and encouraged in her efforts to care for him and to teach him even such simple things as dressing and feeding himself.

When a skilled social worker can visit the child's home regularly and guide the mother's efforts, it has been found the child may progress enough that the mother gives up her former idea of sending him to an institution.

Like other children, a mentally retarded child needs opportunity to develop through play with others of his

own age. Group care of such children would not only provide valuable opportunities to the retarded child but would also relieve the mother—for a few hours—of the strain of constantly caring for the child. Some nurseries and kindergartens for the mentally retarded are being developed.

In the now widespread efforts to improve the opportunities for mentally retarded children much of the initiative has come from the parents. This movement began some years ago in a few local groups of parents. Now 241 such local groups, representing more than 40 states, are united in the National Association for Retarded Children. This association, which works to promote the welfare of mentally retarded children wherever they are—at home, in institutions or in schools of any kind—recently held its fourth annual convention. More than 700 persons attended this convention—not only parents, but also professional workers and others.

Comparatively little is certain about what causes mental retardation. Undoubtedly retardation in many children is due to conditions existing before birth, some of which may some day be preventable through greater medical knowledge. It may happen in some cases that social and psychological factors produce the appearance of mental retardation in children who have potentially normal intelligence.

If we understood better what may be some of the multiple causes of mental retardation, as well as its multiple forms, perhaps we could prevent it in many children. But before such prevention is possible a great deal more research will be necessary.

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