

Draft of Preliminary Report

of

Subcommittee on Children's Problems

The Subcommittee on Children's Problems in this report will deal successively with the problems of the following groups of children in Iowa:

- 1) mentally ill children
- 2) mentally retarded children
- 3) brain damaged children
- 4) overanxious, psychoneurotic children
- 5) undomesticated children
- 6) delinquent children

Mentally ill children

The number of mentally ill children is not large, but provisions for <sup>the care + treatment of</sup> mentally ill children are grossly inadequate in Iowa. The Mental Health Institute at Independence has a unit with a capacity of 50 children. The only other provision presently available is the Child Psychiatry Service of the State Psychopathic Hospital at Iowa City, which has 10 beds devoted to children. The new building completed there will have a capacity of 27 beds when fully activated. The Mental Health Institute at Cherokee had a children's unit but this was closed in 1961. The Mental Health Institute at Mount Pleasant maintains a day school unit for disturbed children but has no living unit for such children. <sup>We are not aware of any special provisions at Clayinda</sup>  
There is obvious need for a small treatment unit for children in each of the mental health institutes. The establishment of such units will require additional funds.

Prevention is preferable to treatment. The number of children who are frankly mentally ill and need hospital care can be kept down by outpatient treatment of children and their families in the community through private practitioners and mental health centers.

### Mentally retarded children

The number of mentally retarded children depends upon the cut-off point at which a child is defined as mentally retarded. Using the usual definition which in general corresponds to ~~an~~ an intelligence quotient below 70, about 3% of the child population is usually found to be mentally retarded. Thus the problem is a vast one. The state institutions at Woodward and Glenwood provide inpatient facilities for the more severely retarded individuals and facilities for training of limited number of the less severely retarded. However, the number of mentally retarded individuals in Iowa must be about 83,000 and the number in Woodward and Glenwood is about 3900. Thus the great majority of the mentally retarded must be cared for in their own communities. Special classes for the mentally retarded should be established in the schools ~~where~~ they are not available. The establishment of classes for <sup>both</sup> educable <sup>and</sup> trainable mentally retarded children should now be accepted as a normal and necessary part of any adequate public school program. ~~The establishment of classes for trainable children in the public schools of Iowa merits at least a serious trial as a public pilot study.~~ A well-organized program of special education is needful in each county.

### Brain damaged children

In recent years medical authorities have recognized that minor brain damage in children is a much more frequent result of illness and of injury than was formerly believed. Such damage, if serious, may cause mental deficiency or epilepsy. Mental deficiency makes a child eligible for care at Woodward and Glenwood <sup>when institutional care is needed</sup> and epilepsy makes a child eligible for care at Woodward <sup>when such care is needed</sup>. Medicine also recognizes the existence of a group of children who are not mentally deficient nor epileptic but whose are typically overactive, distractible, and difficult to control or to educate because of brain damage. These children need special consideration in the public schools. Some of these children are so severely affected as to need hospital training and control. There is in Iowa no public provision for such children. They are not considered eligible for

them. This need could be met through the proposed children's unit at each of the mental health institutes.

#### Overanxious psychoneurotic children

These are the children who worry themselves sick or who respond to inner conflicts with illness. Except in the most severe cases they are best treated on an outpatient basis in the community by private practitioners or the mental health centers. Specialists or special treatment facilities to back up the general practitioner are not available to many Iowa communities. Mental health centers are available to only 28 of the 99 counties.

Education of the public in mental health principles may advantageously include efforts directed toward the prevention of this kind of illness. The early recognition in home and school of signs of excessive anxiety, the avoidance of expecting of children performances beyond their level of maturity, the avoidance of insecurities relating to unnecessary exposure of children to parental differences or conflicts, the security of family relationships are all recognized as reducing the risks of such reactions in children.

#### The undomesticated child

The most obviously preventable serious problem is the problem of the undomesticated child. The undomesticated child is a child who has never learned to trust an adult. Usually he has lacked consistent contact with an adult who cared for him and who sought to train him. Such children are hostile and uncontrolled. When children go through the early years of life without developing trust in and affection for a parent person, they are always damaged and often they are permanently crippled in their capacity to relate to others. Even those severely damaged often can be rehabilitated up to a point, by a heavy expenditure of treatment effort, but they are not able to be what they could have been, and what most others are, in finding a place for themselves in relationships with others. Even though such a child succeeds in keeping out of the prison and the mental hospital, rarely does he grow up to become either a good spouse or a good parent.

Substitute 4

Under the present Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the young undomesticated child who has not as yet developed a real personality distortion will usually be diagnosed adjustment reaction of childhood, conduct disturbance or adjustment reaction of childhood, habit disturbance depending upon whether violation of the rights of others or the retention of infantile habits appears the more prominent manifestation. If such children grow up without effective modification of the personalities they will usually be diagnosed personality disorders in adolescence or later life. The most extreme picture of lack of domestication is that afforded by the diagnosis antisocial reaction. Fortunately it is only a fraction of these children in whom the problem is so severe.

The Subcommittee on Children's Problems began its work with an initial agreement among the Subcommittee members to focus first on the problems of the undomesticated child. The reason for this focus was the experience of some members that this group of children is numerous and that adequate treatment facilities for them are lacking in Iowa. The largest portion of this report is concerned with the undomesticated child.

Normal human development requires a home with relationships of affection, where parents care for and train the child. A first question is then, what provisions exist in Iowa for the preservation and strengthening of the home? It was disturbing to some of us to learn that Iowa's provisions are not adequate to present needs and an even greater revelation to find that some of our present provisions operate to weaken or destroy rather than to preserve the dependent child's tenuous ties to his home.

It is the impression of the members of the Subcommittee that the stability of Iowa homes compares favorably with the nation as a whole. On the other hand, any community has many homes which break up because of death or illness, and many more which break up because of the instability of the adults.

Substitute 4a

The first line of support for the direct parental loyalties is the moral and ethical value system of the parents. In this country this value system usually derives from religion either directly or indirectly. We recognize the value and importance of such moral and spiritual reinforcement of parental responsibility. Since, however, religion is a private matter, the first line of public defense of the home and of the child in the home is the Department of Social Welfare. The public provisions for child welfare in Iowa are woefully inadequate. There is a widespread lack of the basic social services needed for the protection of children. Only a third of Iowa counties have child welfare workers for the complex tasks of aiding families with emotionally disturbed or physically or mentally handicapped children, or for the task of working out suitable arrangements for the care and treatment of dependent and neglected children. Of these child welfare workers only half are fully trained, that is, have two years of graduate study.

Even when social work assistance is given, a certain number of children must be removed from their homes because of illness or other incapacities of their parents. Such removal is usually temporary, and with the exception of

those cases in which the home is really vicious. It is hardly justifiable  
policy to maintain the present policy and differentials and to prepare  
for a future which will be a far more serious one than the present one.

It is the earnest desire of the Administration that there be now, and  
consideration of the following steps to strengthen the program of child welfare

*periodically*

1. Increasingly salaries of county child welfare workers in order  
to make possible the employment of trained staff and the retention  
of those who are already trained.
2. Providing adequate supervision of such staff in order to carry  
out the complicated tasks which would provide services to families  
and allow more children to remain in their own homes within a  
community.
3. Further development of county foster family home services
4. Closer coordination and integration of planning between the  
county departments and those responsible for carrying out the  
program of the state institutions, both at the state and institutional  
level.

In Iowa, when a child welfare worker places a child in a boarding home,  
the cost of foster care must be paid for out of the county poor fund. If the  
county transfers responsibility for the child to the state by committing the  
child to the Anne Whitney Home or the State Juvenile Home at Toledo, half  
of the costs of care are paid by the state. In the case of the child of a veteran  
all of the costs are paid by the state (Iowa Code 242.14). Thus, a county which  
seeks to preserve the home life of its dependent and neglected children must bear  
the cost of foster care, while a county which moves to transfer the responsibility  
for its dependent and neglected children is immediately and totally relieved of  
all further legal and financial responsibility for the children of veterans and  
is relieved of half of the cost of care in the case of all other children. This

This creates an inequity. The evolution of language in which an inequity became an iniquity unfortunately predicts the effect of such a practice. These laws make it more difficult and more costly for counties to follow a policy of ~~carrying~~ <sup>accepting</sup> rather than transferring their human responsibilities for their children under existing circumstances. The law operates to penalize responsible behavior.

Inasmuch as commitment to either of these state homes involves removal from the home county and an unlimited and permanent transfer of responsibility to the state, it is not a measure which is likely to preserve home ties. Indeed we have even heard of an instance in which a mother who had re-established a home came to the Annie Wittenmyer Home to collect her children, only to find they had been placed in adoption and the adoptions had been completed. Such an occurrence is of course exceptional, but it serves to dramatize the risks involved in such transfer of responsibility.

The members of the Subcommittee are not aware of any political philosophy in this country which would offer any justification for these provisions, and certainly they cannot be justified in terms of social welfare or child welfare. It is sometimes necessary for the community to aid a family to perform its functions. It is frequently necessary for the state to aid the local government. In such cases it is important that the aid given be in the nature of assistance in the carrying out of a local function, not simply a transfer of responsibility to the larger unit.

In the wider perspective, these provisions seem shocking. The members of the Subcommittee believe that the goals of treatment and rehabilitation are preferable to the continuing practice of public custody. It is better and more economical to provide children with normal home experiences than to maintain them in institutional custody. The last legislature provided funds necessary to develop a treatment program at the Boys Training School at Eldora, and the progress evident there to the Subcommittee is most encouraging. It has been a financial as well as a human saving in Iowa that the mental hospitals have replaced a custodial philosophy with a treatment philosophy. It is unfortunate

planning for

that this philosophy has not yet been extended to Iowa's dependent and neglected children.

In the country as a whole, when a child cannot be cared for in his own home, a foster home is normally used. Foster home care is recognized as preferable to institutional care for most children, and its cost is substantially less. Institutions properly serve limited and special purposes such as for diagnostic study or for domesticating children to a point which makes foster home placement possible, or for special types of children for whom foster homes are not available. When children are adolescent, institutional care is less objectionable than for younger children. Adolescents are normally reducing their dependent ties to their own homes and it may at this time be more difficult for them to take root in a foster home than to adapt to a small group care institution.

It is the impression of the Subcommittee that Iowa is in some <sup>respects</sup> ~~regards perhaps~~ half a century behind the country as a whole in its <sup>planning</sup> ~~practice~~ for dependent and neglected children. A forward-looking program <sup>would</sup> ~~may~~ use institutions for diagnostic study, for effecting transitions, for treatment or special training. It does not use them for the custodial care of young children. The two state institutions in Iowa have very limited diagnostic facilities, almost no treatment facilities, and very limited facilities for special training. There are limited and insufficient staff and funds for an adequate program of boarding home placement. The result is institutional care of children at a per capita cost very substantially higher than the per capita cost of boarding home care, and with a result typically less good. It seems ironical that because of insufficient resources this should be occurring in Iowa (and particularly at the Annie Wittenmyer Home) where much of the work demonstrating the superiority of boarding home care for the development of children was originally carried out. The relatively mild but substantial "population explosion" in Iowa reflected in the census figures on the increasing number of young children makes it economically as well as humanly important that this unfortunate situation be remedied.

Our report must now proceed from the broader considerations of community

provision to a few specifics.

The Annie Wittenmyer Home as a policy seeks to avoid placing children who are mentally retarded in adoptive homes. Since for adoption to be a success it is necessary that the adoptee effectively be accepted as a member of the adopting family, this is good public policy. However, this policy results in an accumulation of borderline defective and mentally retarded children within the Home, ~~and the Home lacks adequate provision for the education of such children.~~ Negro children also accumulate in the Home because of the dearth of adoptive homes and boarding homes willing to accept Negro children.

The Subcommittee members are of the opinion that more social service staff should be provided <sup>here</sup> and that a more aggressive program of home finding should be undertaken. It will probably be necessary to increase the financial allowance for hard-to-place children. There is ample margin for this before the costs of institutional care are equalled.

The State Juvenile Home at Toledo also obviously deserves some re-thinking as to its most useful role in the state program.

The Subcommittee on Children's Problems recommends to the Governor's Advisory Committee on Mental Health that it support the following policies for Iowa:

(1) The child's own home should be recognized as the major resource for the <sup>care,</sup> domestication and training of children in Iowa

(2) It be recognized that the local government has an obligation to seek to help the home in this task when the home needs such help. Permanent removal of children from their homes should be undertaken only when it is reasonably clear that such removal will serve the best interests of the child.

(3) In conformity with the principle that responsibility for children is first of all domestic and local, the state government should seek to aid the local government in the fulfillment of these tasks. Its facilities should not be an avenue (as they often are at present) for the evasion of local

responsibility for local children and the "dumping" of such children and total responsibility for them upon the state. When state facilities are used, except for adoption, it should normally be with the plan of eventual return of the child to his home community. Under such circumstances commitments to state institutions should be temporary, not permanent.

The implications of such a policy include many specific points such as:

(1) There should be no higher cost to the county for keeping children in foster homes in their own communities than for sending them to state institutions. If the state pays the cost of maintaining a veteran's child in the Annie Wittenmyer Home, it should pay the cost of maintaining the same child in a foster home in his home community. If the state pays half the cost in Annie Wittenmyer it should not pay less in the child's home county. The state should not maintain policies which reward the violation of basic principles of child welfare. It is not good public policy that a county be billed for the care of a child in one institution and not in another. If a county is billed for the training of a mentally retarded delinquent boy in Woodward or Glenwood, his commitment to Eldora should not be without comparable cost to the county.

(2) The state institutions should be available for diagnostic study, treatment, special training (as with the deaf or the blind) and as a preparation for placement. The custodial function should be primary only for those whose handicaps are so severe and so permanent that even with treatment they cannot adjust outside of an institution. This includes many children who have severe mental defects and some few with severe physical handicaps.

For the Annie Wittenmyer Home, substantial re-thinking is needed, despite the many favorable elements evident. Its function in placement for adoption seems clearly appropriate, but those children who are unsuitable or difficult to place in adoption should have foster home care and should not be permitted to accumulate in the institution. Institutional care is appropriate as a

transition for many children, as a place for study and observation of the child, as a place for bringing about the further domestication of the undomesticated or poorly domesticated child and for helping the child with educational handicaps or who is inept in peer group relationships <sup>to</sup> make enough progress toward an adjustment to be able to continue the progress in a foster home.

This need for a treatment function for the Home points up some evident lacks. Group care of toddlers encourages some measure of social exchange, but it is obvious, despite the efforts of the staff, that babies in cribs must receive less attention and stimulation there than is generally recognized as needful. We were pleased to learn that through cooperation between Toledo and the Annie Wittenmyer Home one teenage girl from Toledo is giving service with young children at Annie Wittenmyer as a part of her training and hope that this practice can be extended.

A conspicuous lack in Iowa is that of training facilities for undomesticated children and an obvious place for developing such facilities is the Annie Wittenmyer Home. We urge the development of an initial unit for 12-16 such children in the building not presently open which served as a reception unit. We believe that requirements for such a treatment unit include:

(1) Small groups of children and a very favorable staff-child ratio.

(2) Firm, kindly, patient cottage personnel in charge of the children. Superior understanding and warmth are necessary and a more favorable salary scale such as that developed at Eldora is essential. A work week of not over 40 hours is also essential, as no one can maintain the necessary patience with undomesticated children without daily hours off duty.

(3) Professional personnel involved in the study and treatment of these children working with the cottage parents.

(4) A flexible arrangement whereby as children show improvement they can be gradually moved into the open program of the Annie Wittenmyer Home.

It is the belief of the Subcommittee members that many of the considerations which have been listed with respect to the Annie Wittamyer Home are also applicable to the State Juvenile Home at Toledo. In the face of substantial difficulties, this institution has been returning a larger number of children to live in their own homes after a period of care. It has endeavored to develop its very limited resources for diagnosis and treatment but is handicapped (as is the Annie Wittamyer Home) by legal and administrative requirements which have been discussed.

The Subcommittee recommends that its resources should be planned with respect to three functions which seem appropriate.

- 1) As a transitional institution for the short-term care of essentially normal older children whose homes are unavailable or unsuitable for their care. In general, we would expect such children to move to foster home care or care in a small group care home.

- 2) As a treatment institution for older undomesticated or mildly delinquent children whose problems are not sufficiently severe to call for the facilities at Eldora or Mitchellville.

- 3) As a training institution for older children not mentally defective but who are slow learners or who have educational handicaps and who are more suited to a manual or vocational program than to an academic program.

There is a need for thought concerning the organizational and administrative relationships which will best promote the effective coordination of community and institutional programs for children at both the state and the county level. As children in institutional treatment become ready for community placement, the effective cooperation between institutional and community staffs is necessary.

The problem of undomesticated children in Iowa should not be left without

## Substitute 11

The Subcommittee members recognize the need and importance of educating the next generation so far as possible to a more general understanding of the successful management of the problems and responsibilities of family life and parenthood. While the school cannot and should not relieve the home of its responsibilities for motivating children toward becoming responsible adults, the Subcommittee members believe that the school can and should by thoughtful policy and planned teaching help children with their understanding. This includes understanding the ways in which these desirable ends can be accomplished and the avoidance of some of the common pitfalls which bring unhappiness not so much by reason of anyone's bad intent as because of a lack of understanding. It seems particularly desirable to try to help children develop the capacity to see human situations from the viewpoint of other persons.

### SUMMARY

1) The Subcommittee on Children's Problems recognizes that reasonable provision for mentally ill children in Iowa will require a children's unit at each of the Mental Health Institutes as well as full activation of the unit at the Psychopathic Hospital in Iowa City. Among the mental health institutes only the one at Independence has such a unit at present.

2) The establishment of classes for both educable and trainable mentally retarded children should now be accepted as a normal and necessary part of any adequate public school program. A well-organized program of special education is needful in each county.

3) There is at present no public provision whatever for brain damaged children who are not mentally retarded, psychotic nor epileptic. Such children are not accepted in the children's unit at Independence. There should be recognition of the need of some of these children for a period of institutional training or care.

4) There is a need for more specialists and mental health clinics to back

Substitute 12

up the general practitioner in the treatment of overanxious psychoneurotic children. At present mental health centers are available to only 28 of Iowa's 99 counties.

5) The area of greatest present neglect is the undomesticated child. Iowa law in fact encourages Iowa counties to break up homes rather than to rehabilitate them. Professionally trained public child welfare services are more widely absent than present in Iowa. The two public institutions relating to dependent and neglected children are laboring under the multiple handicaps of backward-looking state policy, inadequate diagnostic facilities and almost no treatment facilities, because of inadequate budget. At the same time normal children are being maintained in these institutions at costs substantially beyond the costs of the foster home care which would be preferable for many if not for most of these children.

6) There is a need to broaden the concept of public education in Iowa since the school provide too little of training or meaningful activities for the child who is not academically minded. The lack of a positive school challenge for these children is an important factor in the problem of juvenile delinquency.