

HV  
742  
.18  
I59  
1950

*Mid-cent. White House Conf. On Children and Youth*

*Iowa Commission*

*Report of Com. on Handicapped and Exceptional Children*

~~Iowa  
371.9  
9M58~~

Iowa  
Iowa pam.  
371.9 Mid-cent. White House  
qM58 Conf. on Ch. & Youth.  
Iowa Commission  
Report of com. on hand-

Iowa pam.  
371.9  
qM58  
Mid-cent. White House Conf. on  
Children & Youth. Iowa Commission.  
Report of com. on handicapped and  
exceptional children

## TRAVELING LIBRARY

### OF THE STATE OF IOWA

To communities, and schools, books for reloaning are loaned for a three month's period. To individuals and to clubs for study use, books are loaned for two to four weeks.

Borrowers are requested to return the books as soon as the need for them is passed, and *always* when books are due. Where books are reloaned, fines may be charged by the *local* library and *retained* when the books are returned.

**DAMAGES.** The pages of these books must not be marked and librarians are required to note the condition of books when loaned to borrowers and when returned by such borrowers and to report damages beyond reasonable wear to the State Traveling Library.

DEC 27 1951

JAN 25 '54

APR 21 '54

APR 9 '54

MAR 25 '59

JUN 25 '59

JUN 12 1959

MAR 23 '60

FEB 21 '63

IOWA COMMISSION ON CHILDREN AND YOUTH  
OF THE  
MID-CENTURY WHITE HOUSE CONFERENCE

REPORT OF COMMITTEE  
ON HANDICAPPED AND EXCEPTIONAL CHILDREN

OCTOBER 10, 1950

TRAVELING LIBRARY  
STATE OF IOWA

Iowa  
371.9  
q M58

Pam.

IOWA COMMITTEE ON HANDICAPPED AND EXCEPTIONAL CHILDREN

Carl Gernetzky  
State Board of Education  
Des Moines, Iowa  
Chairman (After 8-1-50)

Mrs. Dorothy Phillips, Director  
Iowa Society for Crippled Children and Adults  
Des Moines, Iowa  
Chairman (Prior to 8-1-50)

- Howard Benshoof, Director, State Vocational Rehabilitation Division,  
415 Bankers Trust Building, Des Moines, Iowa  
(Representing vocational counseling, training, placement, and employment  
of handicapped youths)
- Mrs. C. A. Box, 3920 - 4th Street, Des Moines, Y.W.C.A., Camp Chairman  
(Representing recreation for handicapped children and youth)
- Mrs. Mary F. Driver, Consultant-District No. 5, State Division of Child Welfare,  
400 Iowa Building, Des Moines  
(Representing welfare programs for exceptional children)
- Professor J. E. Evans, Psychology Department, Iowa State College, Ames  
(Technical Consultant)
- Professor E. C. Fossum, Speech, Iowa State Teachers College, Cedar Falls  
(Technical Consultant)
- R. R. Rembolt, M.D., Director, State Services for Crippled Children, Iowa City  
(Representing the official federal-state agency offering diagnostic and  
medical care for handicapped children)
- W. B. Schoenbohm, Superintendent, State Hospital-School, Iowa City  
(Representing residential education and treatment for severely handicapped  
children)
- Miss Barbara Shackelford, 3120 Third Street, Des Moines, a Drake University  
Student. (Representing handicapped youth)
- Mrs. James Shannahan, 805 Buchanan, member, Board of Education, Polk County  
Society for Crippled Children, Des Moines  
(Representing parents of handicapped children)
- Sol Silverman, Ph.D., Director of Social Services, Hospital for Epileptics  
(Representing institutional care and follow-up social services for the  
mentally retarded and epileptic child)
- Mrs. William Seidler, Jamaica, Iowa  
(State Chairman, Federation of Women's Clubs, Committee on Youth Guidance)
- Mrs. Joseph F. Smith, Des Moines - R.F.D. #1, Norwalk, Iowa  
(Representing A.A.U.W., P.T.A. and legislative interests)
- Mrs. D. H. Tyler, 3705 Washington Street, Des Moines, mother
- W. A. Winterstein, Director, Division of Special Education, State House  
Des Moines (Representing special education for the handicapped child  
in the public schools)
- Professor Miles Zintz, Professor in Special Education, Iowa State Teachers  
College, Cedar Falls, technical consultant

## HANDICAPPED AND EXCEPTIONAL CHILDREN

### Introduction

The Committee met six times, defining its area of work, planning its questionnaires, studying findings and recommendations. It included in its concern any child or youth whose handicap or deviation from the normal is of such a nature that progress in a normal situation is difficult. Examples of the handicapping included are:

1. The mentally retarded
2. The gifted (of superior intelligence)
3. The educationally retarded (of normal mentality, but behind two grades or more)
4. Those defective in speech, hearing, or vision
5. Those with orthopedic or plastic handicaps,--as results of poliomyelitis or arthritis; cerebral palsy; congenital defects such as cleft palate; maimed by accident.
6. Those with abnormal conditions of the heart.
7. Diabetics
8. Luetics
9. Those with convulsive disorders
10. Those with lowered vitality, as the malnourished and tubercular.
11. Emotional problems

One member of the Committee aptly described the task:

"This information we hope will serve as a cornerstone and will in fact become a stepping off point in the development of more adequate and effective programs for our handicapped children. It will also serve to bring about a greater coordination and integration of the various organizations presently serving our children. If the State of Iowa is to move ahead, we must make a prolonged, determined and mobilized effort to see that we bring to our children both normal and exceptional, services second to none in the country."

### Methods used in fact-finding were:

1. A questionnaire used at four district meetings throughout the state, to discover county facilities, needs, and attitudes in special education, medical care, vocational rehabilitation, recreation, and care of children with handicaps outside their own homes.
2. A questionnaire sent to schools in cities of more than 5000 people, to discover the provisions made for the gifted child, and the unmet needs in this field.
3. Questionnaire to members of the Spastic Club of Iowa as to the resources and needs as they see them, and their knowledge about and use of, the resources.
4. A questionnaire to service clubs on their participation in projects for the handicapped.
5. Information from the files of committee members.
6. Personal interviews and correspondence.

All sources stressed the need for considering the whole child, even if he is atypical.

No accurate figures are available regarding the current total number of handicapped and exceptional children in Iowa. The State Services for Crippled Children attempts to maintain a register of all children with physical handicapped conditions. The degree of completeness of this register is not known. However as of December 31, 1949, there were 12,146 children and youth under 21 years of age listed on this register.

#### General Changes

The essentially rural character of Iowa's population affects the general understanding of needs and resources, and the use of the resources, for the handicapped and exceptional children just as it does for the other groups surveyed by the Iowa Commission. Some services must be on a state-wide basis because of the geographic distribution of people. While various kinds of field service have been greatly expanded in the last five years by a number of agencies, opinions were submitted showing that many people thought they did not have clinical facilities close enough to them.

Industrialization in Iowa has increased in the last ten years by 72 percent, according to an estimate by the United States Department of Commerce. This is an important factor in an increasing rate of disablement. Not only is there increased manufacturing, but agriculture has become highly mechanized. The mechanical corn-picker, for example, has practically eliminated hand picking, and the resulting increases in limb amputation among our youth is all too evident. Vastly increased automobile travel has increased the highway accident rate, especially among youth. Safety programs with special appeal to the young have been instituted.

Revolutionary changes in the programs of state institutions for defectives and the change in the attitude of the public toward the purpose and use of such public institutions is a major social change. Whereas the institutions were formerly regarded mainly as custodial, today they are treatment and training centers attempting to provide adequate follow-up care in the community. Staff members of the institutions and of the Board of Control have talked to many groups throughout the state on the objectives of the reorganized program.

#### Outstanding Achievements

The surveys point out the following outstanding achievements in the state which have contributed substantially to the welfare of the handicapped children and youth.

1. Adoption of legislation for the establishment of special education in the public schools. Recent developments in this program include a conservation of hearing program.

The funds for the work of the Division of Special Education in the State Department of Public Instruction have been greatly increased, and a varied program is offered - bedside teaching, two-way radio home teaching from the regular classroom, special classes at school, assistance with extra expense of getting handicapped children to

school, etc. Psychological and diagnostic field services, although still limited, are offered. Thus individualized diagnosis of a child's problem is possible, and the educational program can be developed in accordance with his special needs insofar as community facilities permit. Services are available to rural as well as to city children. The Division served over 21,000 children in the fiscal year, 1949-50. Instructional problems of slow learners are receiving increasing recognition, with special educational programs in their home communities during 1949-50 for nearly 3,500 children whose retardation was not complicated by other handicaps, such as of vision or hearing, for which additional services were made available.

2. The establishment in 1947 of a state residential school for severely handicapped children, under the auspices of the State Board of Education at the State University, where all the educational and medical facilities will be available to the school. Construction of a specially designed building is under way, and in the meantime, the school uses temporary quarters in the Medical College plant. The School will make an important contribution through the training it provides to teachers and technicians, which will strengthen and expand special education programs in Iowa communities.
3. To implement the new laws on special education in the state of Iowa the University has offered a graduate study leading to the master's and doctor's degrees and the number of students has increased considerably. Their lead has been followed by a number of smaller Iowa colleges who are offering specialized studies at the undergraduate or graduate levels.
4. Speech correction facilities in the state have increased considerably since 1943 when out in the state they consisted only of extension services in speech from Iowa State Teachers College. This service has provided counseling to 3,200 parents and service to between 4,000 and 4,500 individual children.

Speech centers are in operation throughout the state under the auspices of the State Division of Special Education -- a program recognized by other states as being very practical. The University of Iowa has increased the number of children served at the Speech Clinic, for example, summer sessions now serve as many as 80 children whereas several years ago they served only 20. About 700 are served during the year, either in field clinics or at Iowa City. The Grinnell Speech Center, a summer project, served to increase the awareness of the value of this type of intensive training.

The Speech and Remedial Reading Clinics at the University have three purposes: to train professional workers through undergraduate and graduate levels for speech pathology and audiology, and remedial reading; scientific research; and service to students and outpatients. Many departments of the University cooperate in providing curriculum and staff. The reading clinic can serve only about 75 children a year, and is about a year behind on requests. The treatment of children over a period of time in Iowa City in either of these clinics creates



a special problem in boarding home care, for the children must remain in the city during the treatment period. A special child welfare unit established a decade ago by the State Division of Child Welfare is responsible for the administration of the boarding home program.

The reading clinic is planning to train 15 reading consultants a year, to work with teachers in the state to increase their proficiency in remedial techniques.

5. The programs for the blind child in Iowa have been enriched by the addition of sight saving classes at the State School for the Blind which offer an invaluable and efficient handling of this problem in a state primarily rural. The pre-school Institute for parents and their visually handicapped babies is held for one week each year. The Institute helps parents to know how to rear their blind children and to become acquainted with the facilities of the State School.
6. The State School for the Deaf introduced in 1949 a deaf-blind department for 4 children six years of age. They have held also the summer training Institutes for parents of children with hearing difficulties.
7. Improvements for the mentally retarded child include an extensive and intensive training program developed at the Woodward State School for those who are educable and trainable and who eventually will leave the school. Excellent working relationships have been developed with organizations like the American Legion Auxiliary, the Red Cross, the Y.W.C.A. in Des Moines, and a group of women in Des Moines interested in improved services for the mentally retarded child. They assist in providing employment, social life, and guidance to young people following their release from the State School. The change in the program has resulted in more rapid turnover of pupils, and much prompter service to those in need of the training afforded at the State School. Field service has also been established to help parolees.
8. Mental health programs in Iowa have included \$10,000 for training mental health personnel and the establishment of new clinics in 4 urban counties. Prevention of mental illness is one of the aims and has been undertaken through Institutes, seminars, workshops, audiovision, radio, etc., as a means to inform the public.
9. Federal and state funds available for Vocational Rehabilitation of disabled civilians have been more than quadrupled during the past 10 years, and additional services have been provided, together with an extension of services to groups not previously included. In the fiscal year 1949-50, the Rehabilitation Division increased by 32 percent the number of persons rehabilitated.\* The Veterans Administration has been able to provide vocational rehabilitation assistance through specialized training to the severely disabled and other eligible veterans.

\*This was the greatest relative rise in rehabilitations of any State Division in the Nation. During this year, branch offices to serve the civilian disabled were opened at Cedar Rapids, Waterloo and Sioux City, in addition to Des Moines.

Efforts have been increased to accomplish the selective employment of handicapped individuals in the state, with employers planning job placements to make better use of human resources. In 1949, Iowa gave official recognition for the first time to the "National Employ the Physically Handicapped Week."

10. Awareness of the importance of adequate parent counseling has appeared in many agency programs and activity along this line is on the increase. For example, State Hospital-School, Cerebral Palsy Center, University Speech Clinic, Institutes for parents of deaf and blind babies.
11. Cooperation among agencies is well illustrated by cooperative planning and activity by agencies and service groups in recreation for the handicapped: camping, clubs, swimming, parties, etc.

In the last five years, day camps for periods of two or three weeks each, have been held for handicapped children in several communities under the sponsorship of county Crippled Children's Societies. There were seven such camps in 1950. Other recreational facilities have been developed during the same period - a state-wide camp supported by private funds, training of two life guards to teach swimming and water safety to the handicapped, organization of troop-groups for handicapped children who cannot participate in the activities of the regular groups. Some of these have a very limited coverage, but a beginning has been made.

12. Establishment of the Iowa Polio Planning Committee, chaired by the State Commissioner of Health. Sub-committees deal with problems of nursing, hospitalization, medical care, and rehabilitation.
13. Increased activities of voluntary agencies, not only in providing direct benefits and sponsoring group projects for the handicapped, but also in giving support to public programs.
14. A substantial increase in the activities of the State Services for Crippled Children.

#### Reports on Surveys

The attached chart is a compilation of the number of children served in 1949 by agencies working with the handicapped, and the types of services offered including follow-up.

The questionnaire used at the district meetings showed that few people thought their communities were opposed to programs for handicapped children, although many did not look favorably upon use of public money to supplement family resources for the care of the handicapped or to pay higher salaries for personnel. The attitude was generally average to better toward varied programs. Of the 18 items on the list of facilities for the education and training of the handicapped, not one facility was reported as available in even half of the communities answering the question. Nearly half reported there had been no county-wide surveys to determine the number of handicapped children. Only 17 percent of the answers stated the community attitude was excellent toward provision for special counseling, apprentice training, or pre-employment training for handicapped

youth. Many reported knowing that their communities provided for some handicapped children in institutions and foster homes. Some said their communities had children in nursing homes, and a few said the county poor farms were used. Eighty-two percent said some foster home care was given. While many community activities for the handicapped were reported, the ones most frequently mentioned were educational projects, the programs of fraternal and community organizations, and the work of the Society for Crippled Children.

Unmet needs of many kinds were listed in this report. The leading ones were: need more careful surveys; more education of parents to understand problem; provision made for the gifted; need special rooms for the mentally retarded. Lack of information about resources and where to seek help was commonly mentioned. Practically all answers indicated that local swimming facilities for the handicapped were poor, that seldom were special entertainments conducted, but that some handicapped children were admitted to camping programs and troop groups.

The survey of members of the Spastic Club produced many of the same items mentioned above.

A wide variety of answers was evident, and results inconclusive. Questions asked related to resources available in their county and the use made of them by the families of spastic children.

The greatest needs indicated by this group were for special schools and physical therapists. Few of the people were using the loan library of the State Spastic Club.

Another questionnaire went to service clubs regarding their program for helping handicapped children. Returns are still incomplete and would indicate that there is no widely organized program serving the handicapped, among the service clubs. Another survey not made for the Commission showed that many local women's clubs are actively aiding safety programs, safety councils, fire prevention, driver-training courses. This group reported an example of two or three counties uniting in planning for their handicapped, evidently surveying their needs and working to relieve them.

A survey was made of the educational programs for gifted children. Questionnaires were sent to the school superintendents of 47 cities with populations over 5,000, returns coming from 31. Nineteen stated that they gave special consideration to the gifted child, mostly in the form of enriched school programs and opportunities for leadership. A number reported grouping students on the basis of ability, and allowing the gifted to select extra subjects. Many schools are aware of a lack of an organized program for the gifted child, and are studying the problem.

#### Emotionally disturbed youth

The ramifications of this complex problem were described by one county clinic from its experience with 35 youthful patients seen in 1949:

"Six were girls with illegitimate children. Nine of the 35 patients had been married and divorced before the age of 20. Ten were married at the time of the examination. All of the nineteen marriages had been contracted before 18 years, one as young as 13" (although state law does not

recognize a marriage under 14 as valid). Most of the young men "had jail, prison, or police records". "The patterns of family life and the progressive patterns of behavior of these patients are discouragingly similar; they come from homes where there was almost complete disintegration of family relationships. They utilized no community resources for recreation, religious life; and the schools failed with them. Parental rejection with its inevitable effect is very evident in all these cases."

More treatment facilities have developed in the last five years -- in preventive and rehabilitative services in county welfare departments; in mental health centers; in private family welfare agencies; in the programs of child caring agencies serving troubled adolescents. However, a variety of treatment resources are not readily available to the more rural areas.

An example was reported of the services offered by a county school system in the training and guidance of handicapped or disturbed youth. This program of special education counseling through the county school department serving rural schools includes counseling with teachers and planning for special pupils; home visits and counseling with parents; psychological examinations and referrals to a treatment center; parent-teacher conferences; vocational guidance.

#### Resource File

The committee has compiled a resource file, bringing together comprehensive reports about public and private programs for handicapped and exceptional children. This includes a list of the theses and dissertations written at the University of Iowa on various aspects of the education, training, social adjustment, and care of children with various types of handicaps.

#### Unmet Needs and Plans

Most of the surveys the Committee made revealed the same major needs which are not now being met.

1. Increased information for the public about various handicapping conditions, to overcome the stigma attached to them, to overcome reluctance of employers to hire the handicapped, to aid people in the early recognition of problems arising from handicaps, and to enable them to help children and youth adjust better in their own communities.
2. Better methods of locating those to be served, to achieve a complete registry, followed by more referrals to existing resources for treatment.
3. Enrichment of teacher training programs which will place more stress on the need of deviates.
4. More help to parents in understanding their problems and their children's needs, and the benefit their children may derive from enrollment at state institutions for the blind, mentally handicapped, etc.
5. Increase in professional personnel, and in funds with which to provide training of personnel.

6. Improved attention to aptitudes and individual differences in planned recreation and rehabilitation problems.
7. Provision to remove the large backlog of unserved applicants known to the rehabilitation services.
8. Provisions for the gifted child.
9. More pre-school centers; also residential centers for homebound youth; and more adequate licensing laws, so that all residential facilities may be licensed on basic standards.
10. Lack of facilities to train enough speech correctionists and audiologists to meet the demand. It is doubtful that more than 10 percent of the existing jobs are being filled by individuals with even a reasonable minimum of professional training, including internship and job experience.
11. Need for scientific research, with adequate funds to finance it.
12. Even the most urgent needs of Iowa's speech and hearing handicapped are not being served to a sufficient degree. At least 7 percent of school-age children have serious hearing and speech defects, approximately 35,000 in Iowa.

Although the services of the Division of Special Education reached nearly twice as many handicapped children in 1949-50 than in the year before, it was able to serve only 7117 with speech defects and 4,567 with hearing defects (unduplicated totals). Lack of adequately trained personnel and funds limit the division.

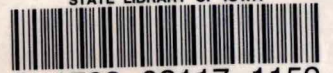
IOWA COMMISSION ON CHILDREN AND YOUTH

Committee on Handicapped and Exceptional Children and Youth

Service Provided by Selected Agencies in Iowa - 1949

	Special Education Division	National Foundation for Infantile Paralysis	Iowa Society for Crippled Children and Adults	State School for Blind	State School for Deaf	State Services for Crippled Children	State Teachers College	State Tuberculosis Sanatorium	Vocational Rehabilitation Division
<u>Services Offered</u>									
Education	x		x	x	x		x		x
Social			x	x	x	x		x	x
Psychological	x		x			x	x		x
Speech Evaluation	x		x	x	x	x	x		x
Hearing Evaluation	x		x		x	x	x		x
Medical Diagnostic		x	x	x	x	x	x	x	x
Medical Therapeutic		x	x	x	x	x		x	x
Vocational Guidance & Counseling			x						x
Job Placement and follow up			x						x
Total No. of Children served in 1949	21055	1400	?	150	340	4119	200	20	987
Total No. of Children receiving medical services in 1949			55	150	340	4119		20	
<u>Sources of Referral of Children:</u>									
Official Agencies			x			x			38%
Private Organizations		x	x			x			7%
Private Physicians		75%	x	1%	1%	80%			2%
Local Nurses		x	x	1%	1%	15%			3%
School Teachers	100%	x	x	2%	2%	x	95%		16%
Parents		x	x	1%	1%	x	5%		10%
State Agents				95%	95%				
Others									23%
Full-time Salaried Doctors on staff						15		7	
Part-time Salaried Doctors on Staff			2	2	1			2	1
Consultant Doctors without Salary		150		x	x				15
Patients served in 1949 who received medical follow-up	?	70%	850	100%	100%	80%		100%	100%
<u>Patients served in 1949 referred to:</u>									
Private Physicians	23%	x	?	x	x	100%		x	95%
Medical Services of other agencies		x	?	x	x			x	5%

STATE LIBRARY OF IOWA



3 1723 02117 1152