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Revisiting Child Welfare Policy and the Field of Social Work

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Abstract

The essence of the field of social work began with issues regarding poverty, abuse, maltreatment, education, neglect, exploitation, health, and safety. For over 300 years, these issues have been at the forefront of Child Welfare policy, which deems to help children and their families remediate adverse life events. This paper will review the history of child welfare policy and its connections to the social work profession. As a dialogic, insights will be shared on how this relationship affects current social work practice.

Keywords: Child welfare, Policy, Social work, Families

Introduction

According to Wyers (1991), policy can be defined as a plan or course of action, as of a government, political party, or business, intended to influence and determine decisions, actions and other matters. Policies can be federal, state, tribal, local or agency specific legislation, mandates, rules and/or regulatory requirements and are relevant to all settings and populations. Child Welfare refers to the continuum of services designed to ensure that children are safe as well as healthy and families have the necessary support to care for their children successfully (Child Welfare Information Gateway, 2019). Thus, child welfare policy can be defined as the plan or course of action governed by federal, state, and/local laws to specify, apply, and enforce those supports.

This dialogic will review the history of child welfare policy and its connections to the social work profession. Insights will be shared on how this relationship affects current social work practice. As such, it is critical to revisit the origins of Child Welfare policy, while highlighting significant policy milestones along with the application of these by the field of social work.

History of Child Welfare Policy- 17th through 19th Centuries

Child welfare policy dates to the seventeenth and eighteenth centuries in which children of paupers and orphans were deemed as those who required attention from the public authorities (McGowan, 2005). According to McGowan's research, the treatment of children in the public sector was derived from the English Poor Law. The English Poor Law introduced concepts of outdoor relief, farming out, almshouses or poorhouses and indenturing (McGowan, 2005, pp.12).

Outdoor Relief

Outdoor relief was a part of the English poor law and referred to as a social welfare program. The program began in 1832 when the English government began to examine and report on the administration and operation of the Laws for the Relief of the Poor following societal concerns regarding social and economic inequality. People who were living in poverty were provided money,

food, clothing, or goods without the requirement for a person to enter an institution such as almshouses or orphanages (Humphreys, 1995, pp. 14-28).

Farming Out

The English government, to alleviate unemployment that plagued society that was prevalent in the mid 1800's, began to employ and run workhouses. These workhouses would be contracted out to a third party who would undertake to feed and house the poor, charging the English government a weekly rate for each person. The contractor would provide affected persons with work and could keep any income generated. This system was known as 'farming out the poor' (Slack, 1995, pp. 37-40).

Almshouses

The idea of almshouses was to provide charitable housing to people in particular communities throughout England. They focused on the poor and elderly of villages who could no longer pay rent. Originally, Almshouses were formed as extensions of churches, but were later adopted by local governments. The idea of Almshouses, or 'poorhouses' as they became to be known, was also utilized in the United States (Rothman, 1971). While altruistic in nature, Almshouses were considered a means to segregate undesirable elements of a population and to sort outcasts of a society. Almshouses are similar in construct to that of orphanages but functioned differently: Yet the complexities of the times lead to an increase in the use of orphanages.

Orphanages

In 1729, the first orphanage was established in the United States known as the Ursuline covenant, however, much of dependent children were cared for in almshouses still (Gates, 1994). During the nineteenth century, there were several social changes that impacted child welfare policy. Some notable events included the civil war, slavery and the abolishment of slavery, massive increases in immigration and the industrial revolution (McGowan, 2010). There was a dramatic increase in the establishment of orphanages across the country, most of which were funded by private religious and charitable organizations (Gates, 1994). Several studies into the treatment of children based on the English Poor Laws abolished almshouses, ended outdoor relief, farming out and indentured servants (McGowan, 2010).

Origins of Foster Care System

Due to the growing population of "black dependent children" that needed to be placed and were excluded from private orphanages, the Philadelphia Association for the Care of Colored Children was established by the Society of Friends in 1822 (Billingsley & Giovannoni, 1972). This association provided a residential-style shelter environment for black dependent children. By 1853, these segregated shelters merged into a system of foster care often known as Children's Aid Society (Billingsley & Giovannoni, 1972).

Charles Loring Brace created the Children's Aid Society in New York and by the end of the 1800's Children's Aid Societies were established across most major eastern cities. Some criticisms of the initial foster care system were the lack of training and resources for families that had to care for these children (Mandell, 2010). Several of the children were still treated as indentured servants or experienced traumatic levels of maltreatment. In 1874, the Prevention of Cruelty to Children was created, which was one of the first legal acts intended to address abuse of children (Child Welfare Information Gateway, 2017). According to Mandell (2010), by the end of the nineteenth century two distinct systems were created that included free foster homes and children's institutions, which were funded and governed by the local state governments.

Rise of Settlement Houses

By 1889, Hull House was created by Jane Addams. Of more than 400 U.S. settlement houses established in poor urban areas during the late 19th and early 20th centuries Hull House is the most

famous. Settlement houses provided neighborhood residents with critical social services that governments did not offer at the time, including health care, education, and temporary foster care (Dubois & Krogsrud-Miley, 2019). Many of the women volunteers, including Hull House founder Jane Addams, became influential advocates for social reforms such as child labor laws and protections for abused and neglected children (The Children's Bureau, 2018).

It is important to acknowledge and understand the historic origins of child welfare policy. The field of child welfare emerged from these plans, protocols, and policies. By extension, the revisions and adaptations of child welfare policies continue to present time and shape best practices for the profession of social work.

History of Child Welfare Policy- 20th Century through Present Day

In the early 1900s, there was a strong movement to create a federal agency to represent children's interests. This movement led the establishment of a wide range of programming and offices designed to remediate adverse life events for children. The first White House Conference on Children was held in 1909 and was designed to raise public awareness and address children's issues applicable to the time, including addressing the effects of institutionalization and neglected children (Michael & Goldstein, 2010). From this conference, one such remediating force, the Children's Bureau was created in 1912 (Michael & Goldstein, 2010).

Children's Bureau

The Children's Bureau's first two Chiefs, Julia Lathrop and Grace Abbott, who were both Hull House alumna. The Children's Bureau, focuses on improving the lives of children and families through programs that reduce child abuse and neglect, increase the number adoptions, and strengthen foster care (The Children's Bureau, 2018). During the 20th century, child welfare policy continued to expand across the United States in response to differing needs and presenting problems.

Federal Grants

The United States Federal Government implemented and used several spending programs designed to assist children in the evolution of child welfare policy. Many of these grants were tied to the creation of the Social Security Act of 1935 and adapted over the years with the new iterations off the Social Security Act (Schorr et.al, 2000, 124-138). These various federal grants add the necessary infrastructure and financial resources to enhance the lives of children that have experienced adverse life events.

The Social Security Act of 1935

This act authorized the first federal grants for child welfare services. According to Title V section 521 of the Social Security Act of 1935,

For the purpose of enabling the United States, through the Children's Bureau, to cooperate with State public-welfare agencies establishing, extending, and strengthening, especially in predominantly rural areas, public-welfare services (hereinafter in this section referred to as child-welfare services) for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent, there is hereby authorized to be appropriated for each fiscal year, beginning with the year ending June 30, 1936, the sum of \$1,500,000 (Social Security Act of 1935, 2012).

This act also created the Aid to Dependent Children (ADC). The ADC has evolved from the initial Aid to Families with Dependent Children, or AFDC into two additional program options: Temporary Assistance to Needy Families, or TANF, and the block grant program, which in turn replaced AFDC in 1996. The purpose of these ADC programs was to provide financial assistance to children's families with little to no income (Social Security Act of 1935, 2012).

In 1963, there were amendments to the Social Security Act that added a foster care component to the ADC (Social Security Act of 1935, 1963). The Social Security Act continued to evolve and by 1967 foster care was a mandatory child welfare option in all states (Social Security Act of 1935, 1967). While the above various acts were targeting remediation of children's experiences, it became necessary to address the prevention and criminalization of maltreatment.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA was originally envisioned as a means of the Federal Government to monitor and prevent child abuse. In 1970, the Nixon administration held a conference to focus on child maltreatment in the United States (National Child Abuse and Neglect Training and Publications Project, 2014). In response, the United States Senate created a new subcommittee whose sole focus was to provide for the welfare of children and youth. As a result of these efforts, CAPTA was signed into law in 1974. The Act itself provides financial assistance for programs for the prevention, identification and treatment of child abuse and neglect (National Child Abuse and Neglect Training and Publications Project, 2014). It is worth noting that CAPTA has been amended several times over the years and was completely rewritten in the Child Abuse Prevention, Adoption and Family Services Act of 1988. The unremitting essence of CAPTA is that it provides federal funding to support the assessment, prevention, investigation, treatment, as well as the prosecution of child maltreatment (Child Welfare Information Gateway, 2020). The lens of CAPTA provides a useful framework for highlighting the connections between the field of social work practice and Child Welfare policy.

Connections to the Field of Social Work Practice

The essence of the field of social work began with issues regarding poverty, abuse, maltreatment, education, neglect, exploitation, health, and safety. For over 300 years, these issues have been at the forefront of Child Welfare policy, which deems to help children and their families remediate adverse life events. Social workers began to work within the developing field of child welfare in the areas of assessment, prevention, investigation, treatment, and even in some circumstances the prosecution of child maltreatment. It is critical to define and explain each of these facets in relation to child welfare and social work practice.

Assessment

Assessment is the practice of identifying factors that impact children and youth. It occurs from the time children and their needs are brought to the attention of the child welfare system. This assessment will reveal the needs and continue to treat those needs on an ongoing basis through the period when the affected child exits the child welfare system (Child Welfare Information Gateway, 2018). Assessment in child welfare often include the following: permanency planning, which is the process of determining who and where the child will reside permanently; safety and risk assessments, which are systematic collection of information on risk conditions and observable threats to the safety of the child; strengths and needs assessments identify safety concerns and determine resources for the child and family (Cohen, et.al., 2005, pp. 87-101).

These are just a few of the assessments that take place that help to guide prevention, investigation, and treatment for children within the child welfare system.

Criticisms

There have been several criticisms over lack of assessments or the types of assessments that have been utilized in the child welfare system. Criticisms have settled around the length of stay of children

within the foster care system. In addition, the lack of assessment in termination of parental rights is a critical concern. These issues have both been addressed through legislation such as CAPTA, which created the Adoption and Safe Families Act of 1997 (Child Welfare Information Gateway, 2020).

Multi-Faceted Field of Social Work

According to the U.S. Department of Health and Human Services (2020), the safety of the children is the paramount concern that must guide all child welfare services. It is out of these concerns and criticisms, that the field of social work has become interwoven with the work of the child welfare system. Assessments are certainly an essential tool in guiding the social worker in understanding the needs of each child and family to do what is in the best interest of the child. Yet, social work professionals do more than assess as the profession also seeks to prevent, investigate, treat, and prosecute (NASW Illinois, 2018).

Prevention

Prevention is referred to as activities that stop an action or behavior. Prevention must focus on child abuse interventions that reduce risk factors and promote positive factors to do what is in the best interest of the child (Seay et.al., pp.179-197). Examples of prevention could include parenting training, access to mental health services and treatment, physical health services and treatment, access to the necessary support for parents and children, financial resources, housing resources, and education. The Adoption and Safe Families Act of 1997 began to try to address the lack of access to these prevention services (Adoption and Safe Families Act of 1997, 2008). The goal of the Act was to alleviate several of the problems that were affecting children within the child welfare system, which included chronic medical conditions affecting physical health.

According to “Working Together: Health Care Services for Children in Foster Care (2009),” approximately 60 percent of children in care have a chronic medical condition, and 25 percent have three or more chronic problems (Szilagy, 1998, p.39-50). Developmental delays are present in approximately 60 percent of preschoolers in foster care (Halfon et. al, 1995, p.390). Children in foster care use both inpatient and outpatient mental health services at a rate 15 to 20 times higher than the general pediatric population (Takayama et.al. 1994, p.1850-1855). Between 40 percent and 60 percent of children in foster care have at least one psychiatric disorder (Halfon et al., 1996, 1238-1244). These points are used throughout the practice of the New York State office of Children and Family Services.

Currently, children’s mental and physical health is at the forefront of child welfare policy. The Adoption and Safe Families Act of 1997 began to address several issues with the foster care system: one of those issues being the lack of accountability of child welfare agencies on the mental health and physical health states of the children in the system. To assist states with improving health care outcomes and access for children in foster care, the Fostering Connections to Success and Increasing Adoption Act of 2008 now requires each state to develop a plan, in consultation with pediatricians and other experts, for the oversight and coordination of health care services for foster care youth. The plan must also include consideration of mental health and dental health needs. The plan shall include an outline of: a schedule for initial and follow-up health screenings; how health needs identified through screenings will be treated; how medical information for children will be updated and shared (may include electronic records); steps to ensure continuity of health care; the oversight of prescription medication; and how the state consults with physicians and other professionals in assessing the health and wellbeing of children in foster care (Fostering Connections to Success and Increasing Adoption Act of 2008, 2008).

Furthermore, the Patient Protection and Affordable Care Act requires states to provide free health care to foster children until the child reaches the age of 26, so long as they were in foster care at the age of 18 (Patient Protection and Affordable Care Act of 2010, 2018). A social worker’s role within prevention in the child welfare system would be to ensure that upon assessment, families have access to these resources and can access them. Often when children enter the foster care system, there is a lack of the above-mentioned prevention services. When a family does have access to

preventative services, it leads to increased instances of child maltreatment (Campbell, 2019). This results in the role of the social worker having to act and investigate the causes of the child maltreatment.

Investigation

Investigation occurs when reports of possible child neglect or abuse are received or reported to a responding agency. The investigations are conducted by child protective services professionals such as: the police, social workers, and case workers. The purpose of the investigation is to determine if the child is at risk of harm, has suffered harm, and to increase the safety of the child. Further, investigation and assessments can determine the need for services that support the family (Goldman & Salus, 2003).

Methods of investigation include interviewing and the child protective services professional conducting a safety and risk assessment. Over the years, the number of reports to responding child welfare agencies has exponentially increased. As a result, the number of investigations having to be conducted has also exponentially increased.

According to Health and Human Services (2020), there were 437,500 children in the foster care system at the end of 2016 an increase of over 10,000 children from 2015 and only 57,000 of those children were adopted (Children's Rights, 2016). As child welfare continues to grow astronomically there have been several provisions throughout the years that have been implemented through the federal government, however, in several states they lack the resources and personnel to address these growing numbers. Child welfare policy is governed by the federal government, however, there are state statutes as well and depending on each state depends on the funding, they must implement these changes in the system (Goldman & Salus, 2003). The child welfare system is often referred to as broken.

With ever growing caseloads, the Department of Child & Family Service workers are genuinely over worked and do not have time to provide the care that the child welfare policy wants implemented (NASW Illinois, 2018). The social worker, while being over worked and lacking the time and resources to appropriately respond to all the demands placed upon them, must use sound and reasoned methods of investigation, and continue to promote the positive aspects of the child welfare system. Investigation is not only important in the scope and overarching themes of child welfare policy, but it has also direct and tangible impacts on both the children the system is designed to protect, and the families and households being investigated (Newlin, et al., 2015). It remains an important tool for the social worker within the child welfare system and must not be ignored, even in the face of increased numbers of reports and a lack of resources and time.

Treatment

Treatment is the identification, assessment, and act of addressing maladaptive symptoms and deficits within a person or a whole family system. Treatment within the child welfare system includes treating the child, the parent, and the family unit in the hopes of increasing safety and support for the child and family (Child Welfare Information Gateway, 2018).

Assessment is an important precursor to treatment as it helps to identify the deficits and strengths of the child and family system. After these factors have been identified, a treatment plan can be created and implemented. Often the treatment plans final goal is for family reunification, if possible. Treatment can include the following: in-home services, family support services, family preservation services, and support to the child and family members experiencing mental health or substance abuse disorders (Child Welfare Information Gateway, 2018).

The role of the social worker would be to identify, assess, and implement the appropriate means of treatment for the symptom that was identified. It is the duty and role of the social worker to measure the efficacy and effectiveness of the chosen treatment method, while keeping in mind the overall goal and best practice of doing what is in the best interest of the child (New York State Office of Children and Family Services, 2009).

Prosecution

Once a report is made to a responding agency, and has been assessed and investigated, it is the responsibility of that child welfare agency to act within the accordance of the law and prosecute the action appropriately (Child Welfare Information Gateway, 2017). Prosecution of these issues and

violations of the law are in the care and trust of state governments, rather than the federal government. There has been several issues and criticisms regarding the prosecution of offenders of child welfare policy. One such criticism is the amount of time it takes to terminate parental rights (Child Welfare Information Gateway, 2017).

An important part of the Adoption and Safe Families Act of 1997 is the filing of the termination of parental rights. According to the Act, states must file a petition to terminate parental rights as well as find an appropriate adoptive option for the child that has been in foster care for 15 out of the most 22 months. It is important to review all petitions and ensure the specifics of the situation are confirmed (Adoption and Safe Families Act of 1997).

According to Health and Human Services, only about 13% of children in the foster care system were adopted (Children's Rights, 2016). Despite the well-meaning, albeit lofty goals of the Act, it fails to meet the best interest of the child. As children often have lengthy stays in the foster care system, the well-intentioned goals of the Act cannot be met due to the permanency options for a child in the foster care system not being available (Children's Rights, 2016).

The Adoption and Safe Families Act of 1997, addressed some of the pitfalls of children in the system and the length of stay within it, however, there are several exceptions still to the provisions in this act that effect the children in the system (Adoption and Safe Families Act of 1997). Termination of parental rights is an extremely sensitive topic throughout the child welfare system as the goal is to reunify families, but also only at the best interest of the child. The best interest of the child is scarcely defined and there is no universal definition of this, every child is different.

Trauma as the Intersection of Child Welfare and Social Work Practice

Trauma informed care has been increasing over the years in many institutions and agencies. According to Sweeney and colleagues (2018), trauma informed care means that service providers understand and acknowledge the widespread prevalence and effects of trauma on people and incorporate this knowledge into their scope of practice. The Substance Abuse and Mental Health Services Administration (2014) state, there are six key principles of a trauma informed approach (safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment with voice and choice, along with careful considerations of cultural, historical, and gender issues) and ten key principles of implementation of trauma informed care (governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening-assessment-treatment services, training and workforce development, progress monitoring and quality assurance, financing, and evaluation).

The six key principles of trauma informed care (safety, trustworthiness, transparency, peer support, collaboration, mutuality, empowerment with voice and choice), often can be related to the assessment, prevention, investigation, and prosecution of child welfare policy (Substance Abuse and Mental Health Services Administration, 2014). The effects of ignoring these six key principles could lead to a plethora of medical issues later in life, such as anxiety and depression (Kimberg & Wheeler, 2019, p. 25-56). Untreated trauma can lead to reengaging in society's cycle of abuse and neglect which prompted the creation of the child welfare system.

The ten key principles of trauma informed care relate to prevention and treatment aspects of child welfare policy (Sweeney, et.al, 2018). These key principles are imbedded within child welfare policy and are delineated and demonstrated through the numerous federal government grants and laws, such as: The Social Security Act of 1935, the Adoption and Safe Families Acts of 1997, the Patient Protection and Affordable Care Act of 2010, and other grants and laws implemented by various local and state governments.

Children involved with the child welfare system experience higher rates of physical and emotional problems than those in the general population (DosReis et.al, 2001, p.1095). This high level of need can be attributed to many factors including exposure to trauma, the pervasive effects of abuse or neglect, inadequate health care or medical neglect before entry into care, the inherent stress of out-of-home placement, and movements between settings that result in interruptions in health services (DosReis et.al, 2001, p.1095). Social workers are uniquely poised in the child welfare system to ensure children receive proper healthcare and the supports necessary to cope with the aftermath of adverse life events.

Child welfare professionals must respond to situations involving high levels of trauma and with the principles of trauma informed care are able to better understand the impact of this trauma on the child and family. As demonstrated above, with the passing and implementation of the numerous programs at the Federal and State levels, social workers have made an objective and tangible impact on society and how society approaches trauma informed care. These principles of trauma informed care reach every aspect of the child welfare system from the prevention through the prosecution. As with most issues and problems being addressed by society, child welfare is a constantly evolving and changing environment that requires adaptation and learning from child welfare professionals and social workers.

In conclusion, the field of social work is ever-expanding. Social workers can be found in nearly every social, medical, mental health, and behavioral health service-delivery (Kimberg & Wheeler, 2019, p. 47-48). Each of these various service-delivery settings has a touch stone to the child welfare system and can benefit from recognizing that children's adverse life events are best managed when linked to trauma informed care (Kimberg & Wheeler, 2019, p. 28-29). Unfortunately, the child welfare system continues to remain necessary. Each child involved within the child welfare system has experienced some adverse life event. Child welfare policy and the profession of social work will remain linked. Thus, each social worker can benefit from a thorough understanding of the historic origins of child welfare policies along with their present-day implications. Child welfare amendments and acts will require constant revisions and additions to ensure a more effective approach for the next 300 years.

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