

The Children's Bureau Legacy



ENSURING THE RIGHT TO CHILDHOOD



The Children's Bureau Legacy: Ensuring the Right to Childhood

Published by the Children's Bureau, U.S. Department of Health & Human Services

This book is dedicated to the thousands of child welfare workers across the Nation who work tirelessly to improve the lives of children and families.

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Foreword

On April 9, 1912, the U.S. Children's Bureau became the first national government agency in the world to focus solely on the needs of children. During the past 100 years, the Children's Bureau has played a critical role in addressing vital issues affecting families—from reducing infant mortality and eradicating child labor, to preventing child maltreatment and promoting permanency for children and youth.

The Bureau's tasks were originally limited to investigation and reporting, and it fulfilled this responsibility valiantly. Early research and data collection efforts shed much-needed light on the incidence and causes of infant and maternal mortality as well as treacherous conditions for children working in mines, fields, and factories. However, the Bureau's responsibilities quickly grew beyond its original mandate.

In the following decades, the Bureau was called upon to administer groundbreaking public-health programs and some of the Nation's earliest social service grant programs. It also developed and promoted forward-thinking standards and model legislation in areas such as the operation of maternity and foster homes, juvenile court procedures, provision of day care, and adoption. In all of these activities, then as now, the Bureau worked to forge strong partnerships with States and Tribes, advocacy groups, and nationally recognized experts to help guide and support its efforts.

Bureau initiatives have laid the foundation for a multitude of today's Federal programs for children and families. Some of these, having outgrown the resources of a single bureau, live on within other agencies across the Federal Government, including the Maternal and Child Health Bureau, Office of Juvenile Justice and Delinquency Prevention, Office of Family Assistance, Administration on Developmental Disabilities, Child Care Bureau, and Family and Youth Services Bureau.

Programs focused on child abuse and neglect, foster care, and adoption are still administered by today's Children's Bureau. These carry on the Bureau's longstanding traditions of:

Strengthening families. As early as 1919, child welfare standards recognized the importance of keeping children in their own homes whenever possible. Since then, the Children's Bureau has worked to preserve and strengthen families—through advocacy for “mothers’ aid” programs in the 1910s and 1920s, support for homemaker and day care services to bolster struggling families in the 1950s, and today’s in-home services grant programs and community-based child abuse and neglect prevention efforts.

Fostering child well-being. The Children's Bureau's emphasis on “the whole child” has ensured that our programs address multiple aspects of well-being (e.g., health, educational, emotional and social development). Throughout our history, physical-health programs have included PKU diagnosis and treatment to prevent mental retardation, vaccination initiatives, and comprehensive medical and dental care for urban children. Beginning as early as World War II, however, Bureau programs and publications recognized that children's emotional well-being was as important as their physical wellness. Today, this focus on the whole child continues, evidenced by the Bureau's support for improved health and educational services for children in foster care.

Supporting positive youth development. Taking an interest in juvenile delinquency from its earliest days, the Bureau was quick to look beyond court procedures and treatment to the causes and prevention of delinquency. During the Great Depression, for example, Bureau staff documented difficulties facing older youth and advocated for special work and training opportunities. In the 1960s, the Bureau's new Youth Development Unit created publications and further expanded programs for youth. Today's Children's Bureau promotes positive opportunities for youth through our National Resource Center for Youth Development and grants supporting independent living services for those in foster care, among others.

Promoting permanent homes for children. Under the Children's Bureau's leadership, the child welfare field has evolved considerably from the days of orphan trains, orphanages, and “black market babies.” From its earliest days, advocating for family foster care rather than institutions for dependent and neglected children, the Bureau has done much to advance the standard of care. More recently, our efforts have focused on encouraging recruitment of foster and adoptive families, increasing permanency options (including subsidized guardianship and kin-

ship care), enhancing professional training for child welfare workers, and moving children to permanency more quickly with adoption subsidies and incentives.

As you will see in the following chapters, although today's Children's Bureau has a narrower scope than the Bureau of 1912, the child welfare work at our core is deeply informed by our earlier work in related disciplines. Everything we do today builds on what has come before, and we are delighted to share our history with you in these pages.

Of course, none of our achievements would have been possible without the involvement of countless partners, past and present, who work together in myriad ways to support our Nation's children, youth, and families. Thank you for all you do.

Sincerely,

/s/

Joseph J. Bock
Acting Associate Commissioner
Children's Bureau



Chapter 1

Early poster urging parents to register their newborn babies (Maternal and Child Health Library)

Chapter 1

America's Conscience Gives Birth to the Children's Bureau

Introduction

Today, the Children's Bureau is just one branch of a collaborative network of Federal agencies attending to the needs of American children. This group works together to support States and local communities in their efforts to safeguard the physical and mental health of mothers and their infants, ensure every child's right to an appropriate education, shelter children and youth from unsafe and unhealthy labor practices, reduce juvenile delinquency, protect children from abuse and neglect, and find permanent families for those who cannot safely return to their own homes.

Just 100 years earlier, when the Bureau was established, the picture for children was quite different. Children of the early 1900s were born into a world that threatened their very existence. High infant mortality rates, inadequate health care, back-breaking labor, and routine institutionalization were the norm for many children, particularly those in working-class, minority, and immigrant families. Despite these dire conditions, not a single agency of the Federal Government was tasked with speaking up for children's needs and rights.

Yet turn-of-the-century children were not entirely without advocates. Women of the growing middle class, inspired by a new, idealized view of childhood, were beginning to organize the country's first "baby saving" or "child saving" efforts. In keeping with the Progressive Era's emphasis on government as a solution for social ills, the idea of a Federal bureau devoted to child well-being soon gained

popularity among these women's groups and other social reformers. After a 6-year legislative battle led by the National Child Labor Committee (NCLC), Congress established the U.S. Children's Bureau in 1912, the first Federal agency to "investigate and report ... upon all matters pertaining to the welfare of children."

Industrial Revolution: A Mixed Bag for Children

At the end of the 19th century, large numbers of families left small farms and family-owned businesses for urban areas, where they took work in corporations and factories. This Industrial Revolution led to an increasingly stark division between the upper/middle and working classes—one that was particularly poignant in the lives of children.

In the new middle-class families, fathers went to work, leaving mothers home to raise the children. For the first time, large numbers of children were freed from responsibility to contribute to the family's survival through their work and chores. With large families no longer an economic necessity, family sizes shrunk; children, fewer in number, seemed more precious. These conditions led to a growing sentimentality toward family life among the middle and upper classes. Home became idealized as a shelter from the outside world. Families were more affectionate, directing more love and attention toward children. Childhood came to be seen as a uniquely innocent time, one that should be devoted to play and education. Children's literature, toys, and published information about child-rearing all became more prevalent.



The advent of modern psychology contributed to

A prosperous family enjoys a quiet evening at home, ca. 1902. (Library of Congress, LC-USZ62-99937)

a view of childhood as a special period of life, suggesting that children were not merely “little adults,” but people with distinct needs. As early as 1880, the American Medical Association formed a pediatric division, acknowledging the significant difference between the needs of children and adults. (In 1889, this division became the independent American Pediatric Society.) The recognition that juvenile

delinquents should not be treated as and incarcerated with adult criminals led to the development of juvenile courts, the first of which was established in 1899 in Cook County, IL.¹



A mother and her children—ages 13, 8, and 6—make flowers late into the evening in their New York apartment, earning roughly \$.40–.50 per day, ca. 1911. (Library of Congress, LC-DIG-nclc-04100)



Two young boys in Macon, GA, work in a textile mill, ca. 1909. Some children were so small they had to climb onto the spinning frame to mend broken threads and replace empty bobbins. (Library of Congress, LC-DIG-nclc-01581)

The growing idealization of home life and childhood, however, belied the effects of industrialization on “the other half” of America: the large numbers of poor, working-class families who came to cities seeking a better life. These families included an influx of immigrants from Southern, Central, and Eastern Europe: between 1892 and 1900 alone, nearly 3 million came to the United States in search of factory work. Most gathered in large, urban areas in the north, such as New York City and Chicago.² For these less-privileged families, the move to cities simply meant that children worked alongside their parents in

factories or at home, rather than in the fields. These children had little time for school or opportunity for play. In fact, the 1900 census showed that more than 2 million children between the ages of 10 and 15, or one in five, were employed;³ many researchers believe the actual number of child laborers, including children younger than 10, was much higher.

Most Southern and rural children fared no better. Textile mills, which cropped up after the Civil War with funds from Northern investors, were seen as a life-line for poor Whites and the devastated Southern economy. Sharecroppers and tenant farmers flocked to the mills for what they hoped would be a better life, and parents (who had nowhere to leave their children and needed any extra income, no matter how meager) brought their children to work alongside them. These families were overwhelmingly White and native born; very few immigrants settled in the South, and African-American adults and children were seldom hired. A few African-American adults worked in canneries or peeling shrimp at the docks, but their children were rarely welcome; most African-American families stayed to farm the wornout land White families had left behind. Whether working in the mills, at canneries, or on farms, poor Southern families needed and used every available hand to help make ends meet.⁴

In both the North and South, crowded conditions, widespread poverty, and a lack of affordable medical care led to other difficulties. School attendance was very low. At the turn of the century only 8 percent of high school-age children were in school.⁵ Although no national statistics were yet available, it was widely known that infant mortality rates were high: estimates suggested that one in four children in 1900 died by the age of 5. In Massachusetts, where such statistics had been collected since the middle of the 19th century, infant mortality rates for the period 1895–1899 were nearly 17 percent *higher* than they had been 40 years earlier.⁶ The number of orphaned, neglected, or abandoned children institutionalized in large almshouses and orphanages was perhaps higher than ever. It was becoming clear that many of the so-called advances of industrial society were achieved at the expense of children's health and well-being.



The population of the United States at the time of the 1900 census was 76.3 million people, of which nearly 10.5 million, or more than 13 percent, were foreign born.⁷ Immigrants represented a larger percentage of the population in the North Atlantic, North Central, and Western regions of the United States (22.6, 15.8, and 20.7 percent, respectively), and a much smaller percentage in the South Atlantic and South Central regions (2.1 and 2.5 percent). Youth ages 5 to 20 made up roughly one-third of the total population: 81.5 percent of youth were classified “Native White,” 4.5 percent “Foreign White,” and 14 percent “Colored,” which included “persons of Negro descent, Chinese, Japanese, and Indians,” apparently irrespective of birthplace.

In 1899, 1.75 million children between the ages of 10 and 15 were found to be “gainfully employed” (youth 16 years and older were considered adults). Ratios of working children to all workers (adult and child) were much higher in the South (around 11 percent) than in the North (3–4 percent). A 1900 survey provides a snapshot of the differences among White, non-White (defined as “Negro, Indian, and Mongolian”), and immigrant workers. Among boys ages 10–15, approximately one-quarter of Whites born in the United States were employed, compared to nearly half (48.6 percent) of non-White boys the same age. Both native-born White and non-White boys were far more likely (three and four times, respectively) to perform agricultural work than other types of work, while foreign-born White boys were more likely to work in nonagricultural occupations.

Like their brothers, non-White girls were far more likely than other girls to be employed: 30 percent of non-White girls ages 10–15 worked, compared to 20 percent of immigrant girls and 6 percent of White, native-born girls the same age. Non-White girls also were three times more likely to perform agricultural work than other forms of labor; White and immigrant girls were more likely to work in other occupations.

The Progressive Era and the Advent of Professional Social Work

Since the early 19th century, women's primary influence outside the home had been through participation in women's clubs. Thus, it was natural that early responses to conditions resulting from the Industrial Revolution arose within these groups, which engaged in loosely organized "baby saving" or "child saving" movements. These efforts were not always clearly defined, but in general the groups aimed to fight problems stemming from poverty, including poor child health, child labor, delinquency, and institutionalization.

Progressivism, a social and political movement that sought to reform corruption and injustice through government and apply scientific methods to address social problems, lent momentum to such efforts. Progressives, largely composed of the men and women of the new middle class, saw family as a cornerstone of society that must be protected and strengthened at all costs. As a result, child welfare came to be seen not only as an "appropriate" sphere for women's interest and concern, but as one that was central to Progressive ideals.

Through the Progressive "maternal reform movement," women gradually took a more active part in politics and social activism. This occurred both within women's clubs such as the National Congress of Mothers (founded in 1897, later becoming the National Parent Teacher Association) and within groups formed by men and women working together on specific issues, such as the Massachusetts Society for the Prevention of Cruel-

ty to Children (1878) and the NCLC (1904). Attempts to address infant mortality led to an emphasis on increasing access to medical care and educating mothers in the



Nurses at a Cincinnati, OH, milk station weigh a baby, ca. 1908. Poor milk quality was thought to have contributed to the high infant mortality rate in U.S. cities. (Library of Congress, LC-USZ62-43678)

latest child care methods. (The New York City Health Department led the Nation in this area, establishing the country's first division of child hygiene in 1908.)⁸ Journalists, politicians, and medical doctors also worried about the “milk problem”—appalling conditions in the Nation's dairies were widely believed to contribute to the high annual death rate of infants in U.S. cities, where much of the available milk was of poor quality. During this period, protocols were adopted to ensure the safety of the Nation's milk supply through certification and/or pasteurization.⁹

The people undertaking these early forms of social work were largely volunteers at first—clergy, women's clubs, and philanthropists. Beginning around 1890, child welfare work became increasingly professionalized and secularized. The first higher education school of social work, the New York School of Applied Philanthropy, was established in 1904.¹⁰ By 1920, the field of social work was filled largely with college-educated professional women.

The Settlement Movement



A view of Hull House facing South along Halsted St., Chicago, ca. 1910. (Jane Addams Hull-House Photographic Collection, [JAMC_0000_0001_0154], University of Illinois at Chicago Library, Special Collections)

The Settlement Movement emerged in the United States beginning in the 1880s, with the goal of establishing “settlement houses” in poor urban areas. In these houses, middle-class volunteers would live among and provide services to their low-income neighbors. By 1913, there were 413 settlement houses in 32 States.¹¹ Settlement houses provided social services that were not offered by

government at the time, including health care, education, and temporary foster care. Some also included kindergartens, libraries, or gymnasiums. Many of the women volunteers became influential advocates for social reforms, including child labor laws, protections for abused and neglected children, and others.

After visiting the very first settlement house in England, Toynbee Hall, a young American woman named Jane Addams was inspired to establish what would become one of the largest and most famous U.S. settlements: Hull House in Chicago. Co-founded with her friend Ellen Gates Starr in 1889, Hull House served the community on Chicago's West Side, primarily recent European immigrants. Volunteers, called "residents," held classes in literature, history, art, domestic activities (such as sewing), and other subjects. Hull House also offered a kindergarten, free concerts, lectures, and social clubs for children and adults. The first Children's Bureau Chief, Julia Lathrop, was a resident at Hull House for many years, as was Grace Abbott, the Bureau's second Chief.¹²

Envisioning the Children's Bureau

Credit for conceiving the idea for the Children's Bureau goes to two women, Lillian D. Wald and Florence Kelley, who were active in the Settlement Movement. Kelley appears to have proposed such an idea as early as 1900 in a series of lectures eventually published in *Some Ethical Gains Through Legislation*. She envisioned a government commission of social workers and health care providers who would review data and make information available to the public in 10 areas of concern: infant mortality, birth registration, orphaned children, desertion, illegitimacy, degeneracy, juvenile delinquency, offenses against children, illiteracy, and child labor.¹³ Most accounts of the Children's Bureau's origins, however, point to a conversation between the two women over morning coffee in 1903, when Wald suggested a Federal bureau was needed to collect and disseminate information concerning *all* children, not just those considered needy or vulnerable.

Later that year, Kelley presented the idea to Columbia University sociologist and child labor advocate Edward T. Devine. A longtime political associate of President Theodore Roosevelt, Devine wired the President introducing Wald's proposal. Roosevelt famously replied, "Bully, come down and tell me about it." Wald, Devine,



American social reformer Lillian Wald. She and Florence Kelley conceived the idea of a Federal bureau charged with protecting children. (Wald, LILLIAN D. WALD by William Valentine Schevill. Oil on cardboard, 1919, National Portrait Gallery, Smithsonian Institution; gift of the Visiting Nurse Service of New York NPG.76.37)

Jane Addams, and Mary McDowell (another former Hull House resident) met with the President on March 31, 1905, to discuss the proposal and secure his approval. (The President privately endorsed the idea, although he declined to speak publicly in the bill's favor until many years later.) The group then took the proposal to the recently formed NCLC, which agreed to make the establishment of a Federal children's bureau its primary legislative goal. NCLC board members Wald, Kelley, Addams, and Samuel McCune Lindsay drafted legislation that would be passed years later, with few changes.¹⁴

At the NCLC's urging, Senator Winthrop Murray Crane (R-MA) and Representative John J. Gardner (R-NJ) both introduced bills to establish a children's bureau in 1906. The bills encountered little opposition but equally little interest; both died in committee. Thus began what would become a frustrating 6-year legislative process. The NCLC was joined in the effort by women's groups such as the National Consumers' League, the General Federation of Women's Clubs, the National Congress of Mothers, and the Daughters of the American Revolution, which helped attract more national and popular attention to the cause.

Origins of Foster Care: The Orphan Train Movement



Rapid migration to America's cities created difficult living conditions for families, including overcrowding, disease, and poverty. Large numbers of children were among the victims. By the middle of the 19th century, an estimated 30,000 orphaned, neglected, or abandoned children were living on the streets of New York City. Other urban areas faced similar problems.¹⁵



Young boys aboard an Orphan Train in Texas lean out the window, ca. 1904. (The Children's Aid Society)

In 1853, Charles Loring Brace established the Children's Aid Society (CAS) to provide a better life for vulnerable children. In cooperation with the New York Foundling Hospital, Brace's CAS arranged to transport orphaned or abandoned children from Eastern cities by train to new families in other parts of the country. The hope was that these children would be given a new life

in a foster family home, where they could benefit from wholesome work and a good education, growing to become productive citizens.

During the next 75 years, an estimated 200,000 urban children of all ages, from infants to teens, took part in these journeys arranged by CAS and other similar organizations. Some of these children were truly orphans; others had single parents or parents who were simply unable to care for them. They boarded the trains in groups, with an agent responsible for their placement. At each stop, prospective parents would meet the trains to select children who suited their needs. In the process, siblings often were separated. Children not chosen at one station would board the train again and ride to the next stop.

Many of the families who agreed to care for the children were kind and well-intentioned. Others, however, saw the children as a convenient and inexpensive source of labor. As social reform movements gained popularity, orphan trains began to be viewed less favorably. With the help of the new Federal Children's Bureau, the trains eventually were replaced by foster family care that promised greater safety and permanency for children.

1909 White House Conference on the Care of Dependent Children

In late 1908, a young lawyer named James West wrote to President Roosevelt regarding the negative impact of routine institutionalization on abandoned, neglected, and destitute children. In October, West, who had been raised in a Washington, DC, orphanage, and Theodore Dreiser, editor of the *Delineator*, met with the President to discuss Dreiser's child rescue campaign and West's concerns. At that meeting, West proposed that the President sponsor a national conference on the subject of dependent children.

West followed up with a formal proposal to the President in December,



American social reformer Florence Kelley. She and Lillian Wald conceived the idea of a Federal bureau charged with protecting children. (Manuscripts and Archives Division, The New York Public Library, Astor, Lenox and Tilden Foundations)

signed by eight other men influential in the child welfare field, including Devine, Dreiser, and prominent social welfare advocate Homer Folks. On Christmas Day, 1908, President Roosevelt issued a call to approximately 200 people known to be concerned with child well-being. On January 25–26, 1909, conference delegates (including Wald, Addams, Lathrop, Booker T. Washington, Devine, and Folks) met in the White House to hear the President’s opening address. He said, “There can be no more important subject from the standpoint of the Nation than that with which you are to deal, because when you take care of the children you are taking care of the Nation of tomorrow; and it is incumbent upon every one of us to do all in his or her power to provide for the interests of those children whom cruel misfortune has handicapped at the very outset of their lives.”¹⁶



The final session and banquet of the 1909 White House Conference on the Care of Dependent Children. (The Dwight D. Eisenhower Library)

For 2 days, attendees discussed, debated, and drafted a list of proposals to the President. Conferees affirmed the importance of keeping children in their own homes whenever possible, emphasizing in particular that poverty alone was not a compelling reason to remove children from their families. Other recommendations included the establishment and expansion of foster family care, adoption agencies, and mothers’ pensions; State oversight of foster homes; and provision of education and medical care for foster children. On the other hand, little or no discussion took place concerning the needs of minority children. Even Washington downplayed the issue, noting that “the number of dependents among my own

race in America is relatively small as compared with the number of dependents among the White population,” while declining to point out that few services or institutions at the time served African-American children and families.

Among the conferees’ proposals was a unanimous call for the creation of a Federal children’s bureau. On February 15, 1909, President Roosevelt wrote to Congress urging it, among other things, to pass legislation creating the bureau.¹⁷

“Each of these children represents either a potential addition to the productive capacity and the enlightened citizenship of the nation, or, if allowed to suffer from neglect, a potential addition to the destructive forces of the community ... The interests of the nation are involved in the welfare of this army of children no less than in our great material affairs.”

—Congressional Record, 60th Congress, 2nd session, February 15, 1909

National Child Labor Committee



One of the Progressive Era’s most visible child-welfare advocacy groups was the National Child Labor Committee (NCLC). The NCLC was organized on April 25, 1904, during a meeting of men and women at Carnegie Hall in New York City.¹⁸ Founding members included Lillian Wald, Florence Kelley, Homer Folks, and Edward Devine, among others. Early NCLC meetings were devoted to determining an agenda for the group, and Kelley and Devine were instrumental in selecting the organization’s first legislative goal: establishment of a Federal children’s bureau. Once this was accomplished, the U.S. Children’s Bureau and NCLC would remain close allies for the next several decades.

In 1908, the NCLC hired Lewis Wickes Hine, an anthropologist and photographer from Fond du Lac, WI. Hine’s now-famous photographs of both rural and urban child workers helped awaken the Nation’s conscience to the problem of child labor. From 1910 to 1920, the Committee published and disseminated Hine’s photographs while promoting State and Federal laws to ban most forms of child labor and encouraging compulsory education.



Lewis Wickes Hine's photograph of a 6-year-old selling newspapers in St. Louis, MO, ca. 1910. (Library of Congress, LC-DIG-nclc-05323)



Lewis Wickes Hine's photograph of 5-year-old Mart, who picks 20 lbs. of Oklahoma cotton every day. (Library of Congress, LC-DIG-nclc-00596)

The Bureau Is Established

The 1909 White House Conference on the Care of Dependent Children, and the President's endorsement of its recommendations, brought much-needed attention to the proposal for a Federal bureau for children and the bill calling for its establishment, which was once again brought before Congress in 1909. High-level government officials, including the Director of the Census, Commissioner of Labor, and Commissioner of Education, formally supported the proposal. Supporters addressed some potential objections to the bill, among them the concern that the bureau would duplicate efforts of other Federal agencies or impinge upon States' rights. Once again, little objection was voiced publicly to the bill, which received favorable recommendations from both Senate and House committees; yet once again, the bill failed to reach a vote.

In total, 11 bills (8 in the House and 3 in the Senate) were introduced between 1906 and 1912 to establish a Federal children's bureau. President William Howard Taft

became the second President to give his endorsement to the proposal in 1910.¹⁹ Still, it took more than another year before the bill finally passed the Senate, on January 31, 1912. After the Senate vote, the bill easily passed the House on April 2, and President Taft signed it into law on April 9, 1912. With Taft's signature, the U.S. Children's Bureau was officially established within the Department of Commerce and Labor; less than 1 year later, on March 4, 1913, it would be transferred to the newly created Department of Labor.²⁰

The text of the final bill was very similar to the original legislation drafted years earlier by the NCLC. It called upon the Children's Bureau to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." Although the bill authorized the Bureau to look into "all matters," a few areas of focus were named for special consideration; these included "infant mortality, the birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children in the several States and Territories."²¹ The Bureau's budget for its first year was to be \$25,640, including payroll for a staff of 15.

A pamphlet published in 1912 lays out the initial charter for the Children's Bureau's work, which focused on surveying existing resources to avoid any duplication of another public or private organization's efforts. Initial tasks included creating a handbook of child-related national statistics, collecting a library of publications relating



President Howard Taft signed the bill creating the Children's Bureau in 1912. (Library of Congress, LC-DIG-hec-15152)

to children, surveying existing and pending State legislation affecting children, investigating the incidence and social causes of infant mortality, encouraging birth registration, and creating pamphlets for the general public on child-related topics. A few boundaries were clearly established. The Bureau did not have the authority to conduct any administrative work, including making or enforcing any regulations concerning child well-being. Its function was strictly to investigate and report on conditions. Also, a last-minute addition to the bill specified that “no official, or agent, or representative of said bureau shall, over the objection of the head of the family, enter any house used exclusively as a family residence.”²²

Selection of the Bureau’s Chief was the next order of business. Both Jane Addams and Lillian Wald were reportedly invited to submit their names as candidates, but both refused for unknown reasons. Addams does appear, however, to have been influential in the decision—she sent both a telegram and letter to Wald just 3 days after the act was passed, proposing Hull House colleague Julia Lathrop for the job. On April 15, members of the NCLC met with President Taft and indicated Lathrop was their first choice. On April 17, Taft named Lathrop as Chief, and she became the first woman ever to be appointed head of a Federal bureau.²³

Julia Lathrop: First Chief of the U.S. Children’s Bureau, 1912–1921



Julia Lathrop was born in 1858 in Rockford, IL, the first of five children.²⁴ Her father was a founding member of the Illinois Republican party and served in both the State legislature and the U.S. House of Representatives. Her mother was a college graduate and suffrage advocate. Lathrop attended Rockford Female Seminary for 1 year before moving on to Vassar College, where she graduated in 1880.

In 1890, after 10 years of service in her father’s law firm, Lathrop heard Jane Addams lecture on settlement house life one night at the Rockford Female Seminary auditorium. Inspired by what she heard, Lathrop soon moved from her parents’ home into Addams’ Hull House, where she lived and worked for

the next 22 years alongside Florence Kelley and other influential advocates of social reform. While there, Lathrop was appointed to the Illinois Board of Charities, inspecting county institutions for homeless and mentally ill adults. She also helped to found the Chicago School of Civics and Philanthropy, which eventually became the University of Chicago's School of Social Service Administration.



The Children's Bureau's first Chief, Julia Lathrop, ushered in research-based investigations to evaluate infant and maternal mortality, child labor, and other social ills. (Library of Congress, LC-DIG-npcc-19209)

At Addams' urging, Julia Lathrop was named the first Chief of the U.S. Children's Bureau in 1912. During the next 9 years, Lathrop directed research into child labor, maternal and infant mortality, juvenile delinquency, mothers' pensions, and illegitimacy. Her staff fought for Federal child labor laws, helped increase birth registration, and published pamphlets on infant and prenatal care that would remain government bestsellers for decades. Lathrop also oversaw a tremendous expansion of the Bureau's budget, staff, and influence—from

its initial limited research and reporting function to an administrative unit with authority to create and implement child welfare policy. Lathrop was instrumental in drafting and achieving the passage of the Sheppard-Towner Maternity and Infancy Act in 1921. This act provided the first Federal funding for State programs to enhance maternal and infant health.

After retiring from the Bureau in 1921, Lathrop returned to Rockford, where she remained active in the women's reform movement and worked with the Child Welfare Committee of the United Nations Commission on the Welfare of Children and Young Persons.

Chapter 1 Notes

¹ Kriste Lindenmeyer, "A Right to Childhood": *The U.S. Children's Bureau and Child Welfare, 1912–1946* (Urbana: Univ. of Illinois Press, 1997), 12.

² Catherine Reef, *Childhood in America: An Eyewitness History* (New York: Facts On File, 2002).

³ Andrew L. Yarrow, *History of U.S. Children's Policy, 1900–Present* (Washington, DC: First Focus., 2009), 2, <http://firstfocus.net/sites/default/files/r.2009-5.1.yarrow.pdf>.

⁴ John R. Kemp, ed., *Lewis Hine: Photographs of Child Labor in the New South* (Jackson: University Press of Mississippi, 1986).

⁵ Yarrow, *History of U.S. Children's Policy*, 2.

⁶ Lindenmeyer, *Right to Childhood*, 11.

⁷ All statistics in this box were taken from Bureau of Statistics, U.S. Treasury Department, *Statistical Abstract of the United States: 1901* (Washington, DC: Government Printing Office, 1902); U.S. Department of Commerce and Labor, *Statistical Abstract of the United States: 1912* (Washington, DC: Government Printing Office, 1913). Both available at <http://www.census.gov/prod/www/abs/statab1901-1950.htm>.

⁸ Lindenmeyer, *Right to Childhood*, 12–13.

⁹ Ron Schmid, "Pasteurize or Certify: Two Solutions to the 'Milk Problem'" (Washington, DC: A Campaign for Real Milk, 2003), http://www.realmilk.com/untoldstory_1.html.

¹⁰ "Social Work," The Adoption History Project, last modified February 24, 2012, <http://pages.uoregon.edu/adoption/topics/socialwork.htm>.

¹¹ Howard Husock, "Bringing Back the Settlement House," *Public Interest*, no. 109 (1992): 54, http://www.nationalaffairs.com/doclib/20080709_19921094bringingbackthesettlementhouse-howardhusock.pdf.

¹² Cecilia Tichi, “Justice, Not Pity: Julia Lathrop, First Chief of the U.S. Children’s Bureau” (guest lecture to the Federal Interagency Workgroup on Child Abuse and Neglect, September 2007), http://www.acf.hhs.gov/programs/cb/aboutcb/history_cb_transcript.htm.

¹³ Lindenmeyer, *Right to Childhood*, 9.

¹⁴ Information for this and the following paragraph taken from Lindenmeyer, *Right to Childhood*, 15–18.

¹⁵ Information for this box taken from “Orphan Train History” and related pages, National Orphan Train Complex, Inc., accessed May 18, 2012, <http://orphantraindepot.com/OrphanTrainHistory.html>.

¹⁶ U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children’s Bureau, *The Story of the White House Conferences on Children and Youth* (Washington, DC: U.S. Government Printing Office, 1967), <http://www.mchlibrary.info/history/chbu/19074.PDF>.

¹⁷ Information for the two preceding paragraphs taken from Lindenmeyer, *Right to Childhood*, 20–24.

¹⁸ “About NCLC,” National Child Labor Committee, 2010, <http://www.nationalchildlabor.org/history.html>.

¹⁹ U.S. Department of Labor, Children’s Bureau, *The Children’s Bureau: Yesterday, Today and Tomorrow* (Washington, DC: U.S. Government Printing Office, 1937), 11, <http://www.mchlibrary.info/history/chbu/20993.PDF>.

²⁰ Information for this and the preceding paragraph, except where otherwise noted, taken from Lindenmeyer, *Right to Childhood*, 21–27, 41.

²¹ U.S. Department of Commerce and Labor, Children’s Bureau, *The Children’s Bureau* (Washington, DC: author, 1912), 2, <http://www.mchlibrary.info/history/chbu/20364.pdf>.

²² *Ibid.*

²³ Lindenmeyer, *Right to Childhood*, 27–29.

²⁴ Information for this box taken from Lindenmeyer, *Right to Childhood*, 27–29; “Lathrop, Julia Clifford,” Social Welfare History Project, accessed May 18, 2012, <http://www.socialwelfarehistory.com/people/lathrop-julia-clifford/>; “Julia Lathrop (1858–1932),” National Women’s History Museum, accessed May 18, 2012, <http://www.nwhm.org/education-resources/biography/biographies/julia-lathrop/>; and Tichi, “Justice, Not Pity.”



Chapter 2

The Children's Year campaign of 1918-1919 was viewed as a wartime activity. "Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children who constitute one-third of our population."

—President Woodrow Wilson (Library of Congress, LC-USZC4-9867)

Chapter 2

Saving Babies and Restoring Childhood (1912–1929)

Introduction

The Children's Bureau's first Chief, Julia Lathrop, took the reins with a small budget of just over \$25,000 but a grand vision. She selected infant mortality as the Bureau's first area of focus: conducting research, advocating comprehensive birth registration, and publishing advice for parents. Saving the lives of young children also was the primary goal for the Bureau's nationwide wartime campaign, "The Children's Year" (April 1918 to April 1919). Later in its first decade, with a budget 10 times its initial appropriation, the Bureau expanded its efforts to include research and standard-setting in the areas of child labor, juvenile delinquency, mothers' aid, illegitimacy, child welfare, and child health. The Bureau's first foray into administrative responsibility was short-lived; the child labor-focused Keating-Owen Act was declared unconstitutional in 1918, less than 2 years after it was passed. However, with the passage of the Sheppard-Towner Maternity and Infancy Act in 1921, the Children's Bureau assumed responsibility for administering the country's first Federal social services grants to States.

Getting Started

Julia Lathrop was appointed Chief of the Children's Bureau on April 17, 1912, and her work began almost immediately. Funds were not available until August, so Lathrop spent her own money to travel the country that spring and summer, meeting with women's organizations, child welfare advocates, and other sup-

porters. She gathered input from such influential reformers as Lillian Wald, Jane Addams, Homer Folks, and Edward Devine; she also attended meetings such as the National Conference of Charities and Corrections and the biennial convention of the General Federation of Women's Clubs.¹ These activities helped Lathrop conceptualize both the content and methods of the Bureau's first year—and became the blueprint for the Bureau's 100-year tradition of convening experts to advise and guide its work.

"The justice of today is born of yesterday's pity ... This bureau is an expression of the Nation's sense of justice. It will need, as perhaps no other bureau of the government will need, the continuance of the popular pity which demanded and secured it."

—Julia Lathrop, National Conference on Charities and Corrections, 1912²

Once her budget was available, Lathrop's first task was to hire staff. Due to her insistence on following civil service protocols to avoid favoritism, this process took nearly 6 months. During that time Lathrop faced her own challenges. After President Woodrow Wilson was elected, some of Lathrop's political rivals suggested she be replaced by a Democrat; however, Lathrop was reappointed to her post and unanimously confirmed by the Senate. On March 4, 1913, the Bureau was transferred to the newly created Department of Labor under the authority of new administrators.³

"It is obvious that ... in order to accomplish anything at all, it was necessary that the staff should be composed of specially qualified persons. In so small a staff also a capacity for all-around work, a spirit of cooperation, and the power of teamwork are indispensable."

—First Annual Report of the Chief, 1914⁴

Given the breadth of the Bureau's mandate and its small budget and staff, Lathrop knew she needed to be selective about the projects she attempted in the first year. In addition to establishing a child welfare library and collecting government data on the demographics and well-being of U.S. children, as directed by legislation, she needed to choose a manageable topic for the Bureau's first original research. Child labor, although a driving force behind the Bureau's establishment, was rejected as



From left to right, Florence Kelley, Jane Addams, and Julia Lathrop at the Hull House 40th birthday celebration. Lathrop established the precedent of consulting with experts in the field. (©Bettmann/CORBIS/ AP Images)

too controversial a place to begin.⁵ In the end, Chief Lathrop decided to focus the Bureau's efforts on decreasing infant mortality. This topic met the criteria she described in her first annual report to the Secretary of Labor: it addressed a "pressing need" and could be done "a small bit at a time."⁶ It also was seen as an opportunity to help establish the Bureau's credibility, as it "offered the possibility of quickly establishing the scientific character of the Bureau's work and its usefulness to the public."⁷ Finally, the topic had popular appeal, its findings could be easily communicated to the public, and it provided a basis for concrete action on

behalf of children. It is likely that the lack of potential for controversy also played a role—no one would argue with the goal of saving babies.

The Important Role of Women's Clubs

Late 19th- and early 20th-century middle-class women found camaraderie and an acceptable outlet for social activism in the formation of women's clubs. Clubs capitalized on the Victorian era's idealization of women as men's moral

superiors and the accompanying authority granted to them in matters of family health and welfare to achieve important social and political goals. These included improving the safety of the nation's food and milk supply, juvenile justice and prison reform, labor reforms for women and children, and more.

Some of the largest, most powerful groups of the time included the Women's Christian Temperance Union (est. 1874), National Congress of Mothers (1897, known today as the National Parent Teacher Association), Daughters of the American Revolution (1890), and the General Federation of Women's Clubs (1890). The National Association of Colored Women's Clubs, established in 1896 by a group of women that included Harriet Tubman and Margaret Murray Washington (wife of Booker T. Washington), focused on enhancing "the home-life, moral standards, and civic life of our race."⁸

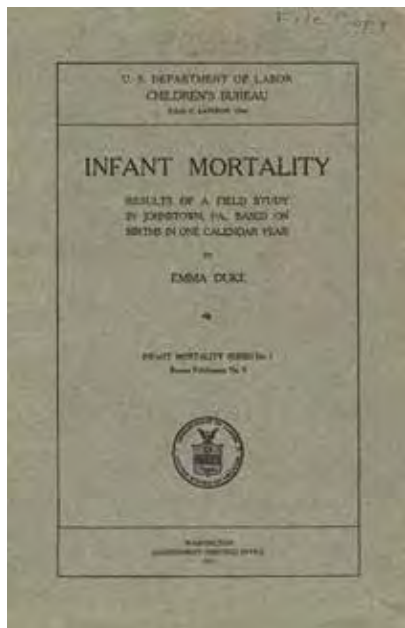
Groups such as these were critical to the Children's Bureau's success during its first few decades, beginning with the establishment of the Bureau itself. Club-women staged powerful letter-writing campaigns to support and, when necessary, protect the Bureau and its chiefs, many of whom were themselves valued club members. Some of their most notable victories included helping Lathrop retain her position when President Wilson's election appeared to threaten the appointment and supporting the Bureau's request for a large budget increase in 1914. Women's clubs also successfully lobbied for landmark legislation such as the Sheppard-Towner Act, the first Federal child labor law, and a deficiency bill authorizing the Emergency Maternity and Infant Care program (EMIC) during World War II.

Equally important, clubs mobilized legions of volunteers to assist the Bureau's efforts in understanding and preventing infant mortality by conducting birth registration and Baby Week campaigns throughout the Nation. This willing army of volunteers supplemented the Bureau's relatively small budget and staff; without them, only a small portion of the Bureau's early achievements could have been realized.⁹

Why Babies Die: The Bureau's First Research Program

Lathrop knew addressing infant mortality would require a two-pronged approach: (1) determine more clearly how many babies were dying, by expanding birth registration efforts, and (2) understand *why* so many babies died before their first birthday.

The Bureau saw birth registration as essential, not only for its role in addressing infant mortality, but also because it supported school enrollment and the management of child labor. At the time of the Bureau's creation, mandatory birth registration existed only in Massachusetts.¹⁰ Beginning in 1914, Bureau staff worked closely with volunteer committees to investigate birth registration in small areas throughout the country. These volunteers were typically women, many of them members of the General Federation of Women's Clubs; as many as 1,500 volunteers in 17 States participated during fiscal year 1914 alone.¹¹ Their efforts resulted in the establishment of a "birth registration area" of 10 States and the District of Columbia by 1915.¹²



The cover of *Infant Mortality: Results of a Field Study in Johnstown, Pa., Based on Births in One Calendar Year*. (Maternal and Child Health Library)

Even with such tremendous volunteer support, however, a national study of the causes of infant mortality was out of the question on the Bureau's limited budget. Instead, Lathrop selected the modest city of Johnstown, PA, for the Bureau's study. Its population of fewer than 100,000 people and its established birth and death registration program made it a good case study. Lathrop also chose to focus her study strictly on social and environmental factors in infant deaths, citing the lack of medical staff at the Bureau (and perhaps to avoid criticism that the Bureau was duplicating work of the Public Health Service). With



A photo from inside *Infant Mortality: Results of a Field Study in Johnstown, Pa., Based on Births in One Calendar Year* depicting the conditions of Plum Street tenements.

(Maternal and Child Health Library)

the help of volunteers, four field agents spent the early months of 1913 and a budget of \$2,500 collecting data on all children born in Johnstown during 1911.¹³

The study, published in 1915, found an overall mortality rate of 134 deaths per 1,000 live births—slightly higher than the national estimates of the time.¹⁴ More importantly, it revealed a vast discrepancy in mortality rates based on

socioeconomic factors: babies born to literate and native-born mothers and those whose fathers earned higher wages, for example, fared better than those born to illiterate or foreign-born women or those whose fathers earned less. Babies also were more likely to survive if their mothers were married and stayed home with them during the first year. Those born to single or working mothers were at far greater risk.

The findings of this initial study provided concrete data to demonstrate the grave necessity of the Bureau's work. In her very first report to the Secretary of Labor in January of 1914, Lathrop introduced a plan to expand the Bureau's budget and staff. She wrote, "It is obvious that even the most superficial survey of the Bureau's great field is impossible with the present force...."¹⁵ Therefore, she requested her budget be increased to \$164,640, more than six times its original level. This request was initially denied. But on April 16, 1914, after a brief letter-writing campaign by Bureau supporters, the decision was reversed and her appropriation increased for 1915. Annual appropriations for the rest of Lathrop's term would range between \$250,000 and \$350,000.¹⁶

In 1915, Lathrop increased her staff from 15 to 76 people. The Bureau continued to draw on the assistance of its volunteers from the General Federation of Women's

Clubs, National Consumers' League, Congress of Mothers, Daughters of the American Revolution, and other women's associations to complete birth registration campaigns and infant mortality studies. Between 1914 and 1921, the birth registration area grew to include 27 States, and research similar to the Johnstown study was completed in nine more cities. Further infant mortality studies confirmed the connection between poverty and infant deaths, finding low paternal income to be the primary factor in high infant mortality rates. In one study, the infant death rate among the poorest families was as high as 1 in 7, while prosperous families experienced a much lower rate of 1 in 27.¹⁷ These studies also revealed higher mortality rates among immigrants.

Few of these early studies (most of which were conducted in Northern cities where few, if any, African-American families lived) explored discrepancies in infant mortality rates due to race. However, at least two studies—one in Montclair, NJ, and the other in Baltimore—were conducted in communities with significant African-American populations. The Montclair study,¹⁸ for example, found that the infant mortality rate for the fourth ward of the city, the poorest and most congested area where most of the city's African-American and immigrant families lived, was nearly one and one-half times as high as the rate for the town as a whole in 1912 (130.4 deaths for children under 1 year old per 1,000 births, vs. 84.6). African-American families bore the brunt of this discrepancy: While the infant mortality rate for foreign-born mothers (88.1) was higher than for native White mothers (49), the rate for African-American mothers (151.5) was more than three times as high. In the Baltimore study,¹⁹ infant mortality among African-American families (158.6 deaths per 1,000 live births) was found to be nearly one and one-half times greater than for all families (103.5) and higher than any other group except Polish immigrants (163.2). The report identifies several reasons for this, the most significant being the very low wages earned by African-American fathers (median annual earnings of \$474 vs. \$796 for native-born White fathers) and the prevalence of mothers' employment. None of the early studies were conducted in areas with significant Asian, Hispanic, or Native American populations.

In addition to the community infant mortality analyses, Bureau staff researched preventive measures in the United States, several European countries, and New Zealand. All of these studies led to a growing emphasis on prenatal care and physician-attended births, in response to the high proportion of infants who died

within their first few days of life. The Children's Bureau also urged cities to improve public sanitation and milk supply, on the basis of its research. At least in part due to these efforts, national infant mortality rates fell 24 percent between 1915 and 1921.²⁰

Seven Decades of *Infant Care*



In its popular *Infant Care* booklet, Children's Bureau staff worked diligently to provide parents with the most current information and guidance available. As medical knowledge grew and social mores shifted over time, so did the advice given to parents in each new printing of the booklet, of which at least 14 editions were published between 1914 and 1989.²¹

Feeding Baby

The 1914 edition strongly emphasizes breastfeeding due to the absence of safe alternatives: "*Statistics gathered from this country and many others show that breast-fed babies have a much greater chance for life than those who are bottle fed.*"²² For mothers unable to breastfeed, this edition includes instructions for home pasteurization of milk and how to make an inexpensive wooden icebox (39–41).



Cover from the 1935 issue of *Infant Care*, a popular Children's Bureau booklet that provided parenting guidance. (Maternal and Child Health Library at Georgetown University)

1989: "*If for some reason you cannot or choose not to breastfeed your baby, bottlefeeding of infant formulas is a good substitute.*"²³

Toilet Training

1914: *"In order to do away with the need for diapers as early in life as possible, the baby should be taught to use the chamber. This training may be begun by the third month, or even earlier in some cases"* (51).

By 1963, thinking on the subject had changed dramatically: *"Most babies aren't ready to master such delicate timing until long past a year of age, so the subject scarcely belongs in a book on infants."* It is not mentioned in the 1980 or 1989 edition.²⁴

Father Involvement

1914: *"It is a regrettable fact that the few minutes of play that the father has when he gets home at night, which is often almost the only time he has with the child, may result in nervous disturbance of the baby and upset his regular habits"* (59–60).

By 1989, fathers are mentioned frequently throughout the booklet: *"Fathers can do almost anything for baby that mothers can do"* (101). Play is encouraged: *"You and your baby get to know and understand each other as you play together. That's a good reason to make sure that father, grandparents and other children as well as mother have time to play with baby"* (52).

Habits

A section labeled "Bad Habits" in the 1914 edition includes crying, pacifiers, thumb or finger sucking, bed wetting, and masturbation. For thumb sucking: *"The sleeve may be pinned or sewed down over the fingers of the offending hand for several days and nights, or the hand may be put in a cotton mitten"* (61).

Compare this to the 1989 edition's advice: *"Most babies get their thumbs and fingers in their mouths and suck on them. Many seem to find it very enjoyable and do it often. It causes no harm and can be ignored"* (38).

Nurturing Baby

Some of the advice given to mothers in 1914 rings true, even today:

"[A baby] has no other means of expressing his needs in the early months of life, and his cry ought to be heeded" (60).

"Harsh punishment has no place in the proper upbringing of the baby" (62).

"All babies need mothering, and should have plenty of it" (60).



***Prenatal Care* was first published in 1913.**
(Maternal and Child Health Library at Georgetown University)

Guidance for Parents

The publication of a modest pamphlet on prenatal care, released around the same time as the Children's Bureau's first infant mortality study, would prove to be one of the Bureau's most notable accomplishments during its early years. *Prenatal Care*, first published in July of 1913, was prompted by findings that more than 42 percent of infants dying in their first year did not survive even their first month of life and that nearly 70 percent of those died as a result of conditions present before birth or accidents occurring at birth. Its first edition was written by Mary Mills West ("Mrs. Max West"), a Bureau staff member whose qualifications Lathrop lists in her Letter of Transmittal as "university training, experience in Government research, and ... a family of young children." In writing the booklet, West conducted "careful

study of the literature of the subject” and sought the advice and feedback of doctors, nurses, and mothers.²⁵

A second booklet by the same author, *Infant Care*, followed the next year. Both booklets claim to offer “such statements regarding hygiene and normal living as every mother has a right to possess in the interest of herself and her children.”²⁶ In fact, a certain level of income is assumed by many of the recommendations. Women are advised to breastfeed their infants and not to work. Suburban homes are strongly advised; “tenements with dark rooms are not fit homes for children.”²⁷ On the other hand, recommendations such as providing lots of nurturing and avoiding harsh punishment were accessible to all.



Your Child From One to Six was added to the Children's Bureau's publication catalogue as a result of the Children's Year campaign in 1918 and was printed well into the 1970s. (Maternal and Child Health Library at Georgetown University)

The booklets, first published at a time when the only parenting advice available to many women was passed orally from generation to generation, were soon in high demand. Women from all over the country, many of whom lived in rural areas with limited access to medical care and advice, wrote to the Bureau requesting the information. The demand consistently outpaced frequent printings. The Children's Bureau distributed almost 1.5 million copies of *Infant Care* alone between 1914 and 1921; by 1929, the Bureau estimated that the information in its pamphlets had benefited one-half of all U.S. babies.²⁸ Both booklets remained on the Federal Government's bestseller list for decades.

A third popular booklet, *Your Child From One to Six*, was added as a result of the Children's Year in 1918. In 1919, a medical advisory committee of pediatricians

and obstetricians was established; this body advised the Bureau for decades on these and other publications for parents.²⁹

Defending a Right to Childhood: The Bureau and Child Labor

With increased staff capacity, the Bureau was able to expand its focus to other areas of child welfare beginning in 1915. Child labor was a top priority. By 1912, every State had some form of protective legislation for child workers. However, those laws and their enforcement varied widely. Many Children's Bureau supporters believed that a Federal child labor law was the best way to ensure uniform protection for all children.³⁰

In 1915, the Children's Bureau published two studies on the issue. One gathered and summarized the child labor laws in every State, finding tremendous disparities. The second looked at the enforcement of such laws in Connecticut.³¹ During the decades that followed, the Bureau undertook a series of studies to examine children's working conditions by visiting child laborers in their homes and workplaces: Eastern European immigrant boys toiling in Pennsylvania coal



Lewis Hine's photo of 12-year-old Clinton Stewart, ca. 1915, on the mowing machine that severed his hand. Like Hine's images, Children's Bureau research raised awareness of the conditions and struggles experienced by child laborers. (Library of Congress, LC-DIG-nclc-00305)

mines; poor, native White and African-American families working side by side in oyster-shucking shacks on the Gulf coast; children of Russian-German and Mexican descent laboring in Colorado beet fields; and children of all races engaged in various forms of “street work” in cities across the country, to name just a few.³²

At the same time, the NCLC was leading the charge for a Federal child labor law. In January 1914, a bill discouraging child labor by prohibiting interstate shipment of materials produced by businesses that employed young children was introduced in both the Senate and House. That bill was not successful; however, a similar bill introduced in 1916 by Senator Robert L. Owen (D-OK) and Representative Edward Keating (D-CO) was passed and signed by President Wilson on September 1, 1916. The Children’s Bureau was tasked with administering and enforcing this law, including the authority to levy fines or impose imprisonment in situations where employers knowingly violated the law. This was a significant provision, because it marked the first time that the Bureau’s authority was expanded beyond its original “investigate and report” mandate. Congress appropriated \$150,000 for the law’s enforcement, which was to begin 1 year after its passage.³³

Chief Lathrop hired Grace Abbott to lead the Bureau’s newly created Child Labor Division in April of 1917. In the year before the law went into effect, staff helped State officials inspect approximately 700 factories and mines and issued work certificates (permits) in five States where child labor regulations fell below the Federal standard. However, on August 31, 1917—just 1 day before the new law went into effect—a North Carolina judge ruled the law unconstitutional. A legal battle ensued, ending in a five-to-four Supreme Court decision in June 1918 upholding the North Carolina ruling.

A second Federal child labor law, this one using the tax code to penalize those employing children, was passed on February 24, 1919. Although supported by many of the same groups, this law was to be enforced by the Internal Revenue Service, rather than the Children’s Bureau. With no administrative authority remaining in this area, Lathrop had no choice but to dismantle her Child Labor Division; Grace Abbott returned home to Illinois. This second law also was ruled unconstitutional, in May 1922.

Faced with the defeat of two Federal laws, the child labor movement shifted its focus to passing a constitutional amendment. The Bureau was supportive but not

directly involved in this fight, contributing primarily through its research. Between 1915 and 1930, the Bureau published 31 studies on the topic, with titles such as *Canal-Boat Children*, *Minors in Automobile and Metal-Manufacturing Industries in Michigan*, *Child Labor and the Work of Mothers on Norfolk Truck Farms*, *The Welfare of Children in Cotton-Growing Areas of Texas*, and *Industrial Accidents to Employed Minors in Wisconsin, Massachusetts, and New Jersey*.³⁴ These studies helped to uncover the extent of child labor and the difficult conditions under which many children worked. An amendment was presented to the States in 1924; supporters were optimistic about ratification, but it was never achieved.

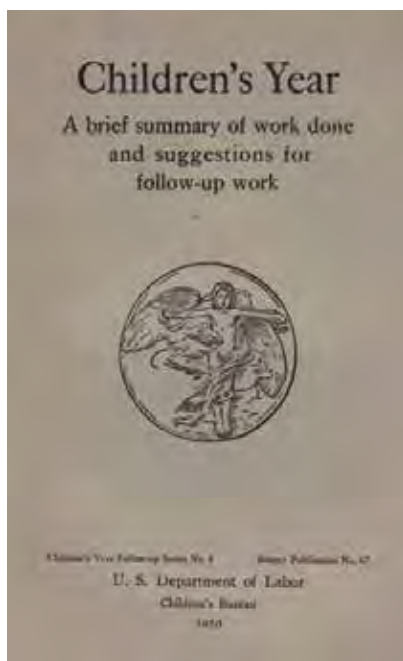
Baby Weeks, Children's Year

Meanwhile, the Bureau's commitment to fighting infant mortality led to a natural tie-in with the proliferation of "baby saving" campaigns throughout the country.³⁵ The National Congress of Mothers had held "well baby conferences" since 1909, offering free preventive and diagnostic exams for infants. In 1912, the General Federation of Women's Clubs got involved in the effort, adding elements of community education and advocacy for public improvements such as enhanced sanitation. "Better baby" contests at State fairs also became popular during this period, although they tended to focus more on aesthetics than health.

The Children's Bureau favored campaigns focusing on effective prenatal care, public sanitation, and education of mothers. It also endorsed activities such as infant health clinics, visiting nurses, certified milk stations, and "Little Mother Leagues," which instructed school-age girls in the proper care of their younger siblings. In 1913, Lathrop surveyed mayors of 109 cities with populations of more than 50,000 people about their baby saving efforts. The results were published in *Baby-Saving Campaigns: A Preliminary Report on What American Cities Are Doing to Prevent Infant Mortality*, in 1914.³⁶

Large cities such as New York, Pittsburgh, Philadelphia, and Chicago began to hold "Baby Week" campaigns around the same time. Typically conducted as collaborations between municipal health departments and local child welfare organizations, these campaigns sought to educate mothers in the best ways to promote their children's health. In 1915, the Bureau released a pamphlet titled *Baby-Week Campaigns*:

Suggestions for Communities of Various Sizes at the request of the General Federation of Women's Clubs.³⁷ This booklet described some of these early Baby Weeks; it also provided suggestions for communities wishing to carry out their own campaigns. The publication helped prepare communities for observances of National Baby Week in March 1916 and May 1917, efforts cosponsored by the Children's Bureau and the General Federation of Women's Clubs. At least 2,100 communities participated in National Baby Week in 1916 alone.³⁸ The collaborative spirit of this early venture, as well as the Bureau's commitment to making its research findings accessible not just to a select few professionals but to all parents and communities, would prove consistent with the Children's Bureau's later work.



The cover of the Children's Year final report.
(Maternal and Child Health Library at Georgetown University)

"If the bureau is to investigate and to report as the law directs, then it must try to find ways of reporting that will be heard by the whole public which it was created to serve."

—Julia Lathrop³⁹

Apparently encouraged by the success of these observances, the Bureau proclaimed a "Children's Year" beginning April 6, 1918. This wartime campaign, jointly sponsored with the Woman's Committee of the National Council of Defense, was developed to remind the country of the importance of protecting children "as a patriotic duty."⁴⁰ There were many potential threats to children's health during World War I, including shortages of milk, food, and public health nurses. The Children's Bureau also feared that increased labor demands would lure more mothers of

young children into the workforce. Attention to children's health now, the Bureau argued, would help ensure a ready supply of physically fit soldiers in the future.

President Woodrow Wilson gave the Children's Bureau \$150,000 from a defense fund to implement the Children's Year. The primary goal was to save the lives of 100,000 babies—one-third of the estimated 300,000 U.S. children under age 5 who died each year. Activities included three separate campaigns: a back-to-school campaign to keep children out of the workforce, a campaign to establish more opportunities for children's recreation and physical fitness, and a campaign to educate parents in child health and nutrition. Volunteers weighed and measured millions of children, resulting in the publication of the Nation's first age, height, and weight standards.⁴¹ (These standards are provided on the basis of measurements of 167,024 White children with "no serious defects." No explanation is offered regarding why children of color were excluded from the averages; it was likely due to the relatively small number of African-American children whose heights and weights were recorded.) The Bureau also encouraged State agencies to create traveling health and welfare exhibits for rural areas. In all, Children's Year efforts engaged 17,000 committees and 11 million women—an unprecedented effort to raise awareness and improve child health and welfare.⁴²



During WWI, while waiting for a train, four French refugee children are fed with milk and bread supplied by the American Red Cross. (AmericanPhotoArchive.com)

The Bureau's International Program Begins

In 1916, Chief Lathrop received a letter from a group of Argentinian women who were putting together a Pan-American Congress on child welfare. Lathrop agreed to cooperate, helping to organize a U.S. committee that sent an unofficial representation of the United States to the first congress that year.⁴³ Subsequent meetings took place through 1942; these meetings, and the U.S. Children's Bureau's participation, were critical in helping



A badge from the First Pan-American Child Welfare Congress held in Buenos Aires, Argentina , July 6–16, 1916. (Library of Congress, LC-DIG-nclc-05119)

to establish child-protective legislation and programs in Latin America.

During World War I, the Bureau's international program extended to Europe. Staff volunteers traveled there to work with the International Red Cross; in turn, representatives from allied nations were invited to the Second White House Conference on Children. From late December 1918 to mid-February 1919, Chief Lathrop and Grace Abbott visited France, England, and Belgium to interview potential conference participants and explore the plight of children in war-torn Europe.⁴⁴

1919 White House Conference on Standards of Child Welfare

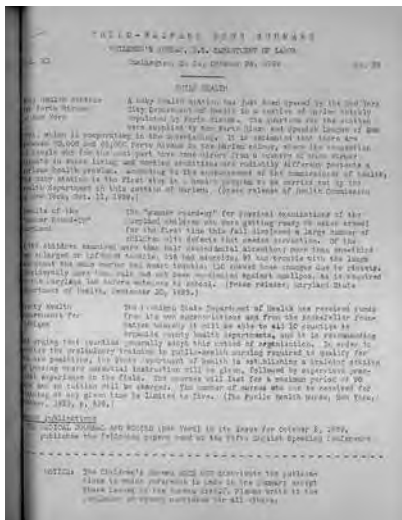


Some of the nearly 200—domestic and international—attendees at the second White House Conference on Children in 1919. (Library of Congress, LC-DIG-npcc-33232)

At the conclusion of the Children's Year, President Wilson and the Children's Bureau called the second White House Conference on Children, held May 5–8, 1919, in Washington, DC. The small gathering of approximately 200 child welfare specialists met with the goal of establishing "certain irreducible minimum standards for the health, education, and work of the American

child.”⁴⁵ The gathering included representatives from a few of the allied nations, including France, Great Britain, and Japan, as well as representatives from the Public Health Service, juvenile court judges, State officials, social workers, pediatricians, psychiatrists, economists, and other child welfare professionals. During the meeting, Chief Lathrop presented her plan for the Federal Government to provide grants to States for educational programs to decrease infant and maternal mortality.⁴⁶

The national gathering was followed by a series of eight regional conferences and a number of city and State meetings. Discussion at the regional conferences centered on four topics: the health of mothers and children, the economic and social basis for child welfare standards, child labor, and children with special needs.⁴⁷



In 1919, the Children's Bureau published its first periodical, *Child Welfare News Summary*, which was circulated to Bureau staff as well as State and local Bureau partners. (Regenstein Library at the University of Chicago)

Child Welfare News Summary (1919–1935)



The Children's Bureau's first periodical appeared in 1919. The mimeographed *Child Welfare News Summary* was originally created just for Bureau staff. Eventually, its mailing list expanded to include State and local Bureau partners—at one point as many as 1,200 people. Issued three times per month from 1921 to 1932, and irregularly between 1932 and 1935, the *News Summary* was replaced in 1936 by *The Child*.⁴⁸

Sheppard-Towner Maternity and Infancy Act

As early as 1917, Chief Lathrop outlined a plan for “the public protection of maternity and infancy with Federal aid” in her annual report to the Secretary of Labor. It included provisions for public health nurses, child hygiene education for mothers, child health conferences to provide well-child exams and advice, and accessible maternity and hospital care.⁴⁹ She proposed Federal grants to States to provide these services, a model without precedent in social services but well established in agriculture, transportation, and other areas of national concern.

In August of that year, Chief Lathrop, Lillian Wald, Florence Kelley, and several Bureau staff members met with Representative Jeannette Pickering Rankin (R-MT), who had recently become the first woman elected to the U.S. Congress. Adapting



The Sheppard-Towner Act of 1921 was the first of its kind, sending Federal funds through the Children's Bureau to the States. Pictured here, ca. 1921, are many of the women who worked on the passage of the act: Mary Stewart, Mrs. Ellis Yost, Mrs. Maud Wood Park, Jeannette Rankin, Mrs. Florence Kelley, Lida Hafford, Mrs. La Rue Brown, Adah Bush, Betsy Edwards, Mrs. Raymond Morgan, Mrs. Arthur Watkins, Mrs. Milton P. Higgins, and Amy Maher. (Library of Congress, LC-USZ62-63740)

models for public maternal and infant care in New York City, Great Britain, and New Zealand, and incorporating findings from the Bureau's own infant mortality studies, the women drafted a plan for a U.S. program with an emphasis on services for rural areas. The bill was first introduced by Rankin and Senator Joseph T. Robinson (D-AR) in 1918 without success. Similar bills were proposed in late 1919 by Senator Morris Sheppard (D-TX) and Representative Horace Mann Towner (R-IA). Although initially unsuccessful, this later bill was reintroduced and eventually passed in 1921, thanks in part to the support of President Warren G. Harding and pressure from recently enfranchised women voters.⁵⁰

The Sheppard-Towner Act was signed into law on November 23, 1921. The program called for a Federal Board of Maternity and Infant Hygiene to review and approve State-originated plans for the use of Federal funds. This board comprised the U.S. Surgeon General, the Commissioner of Education, and the Chief of the Children's Bureau. Children's Bureau staff also administered the funds and provided consultation upon request to States in developing their plans or legislation to comply with the act. Funding was authorized for 5 years, through June 1927.

Even before the bill was passed, it became clear that Lathrop did not intend to be the one to implement it. In June 1921, Chief Lathrop had written to her former employee, Grace Abbott, about returning to the Bureau in the role of Chief. Lathrop officially announced her intention to retire in August, and she recommended that Abbott be named as her replacement. With the Senate's unanimous approval, President Harding appointed Grace Abbott to be the second Chief of the Children's Bureau.⁵¹

Sheppard-Towner funds became available on March 20, 1922, but it took most States longer to enact legislation that made them eligible for the funds. By the end of June, 11 States had qualified; 31 others were in the process. Only three States—Connecticut, Massachusetts, and Lathrop's home State of Illinois—refused to take advantage of the funding for the program's duration. Opposition to the program seemed to arise from concerns about the Federal Government infringing on States' rights.⁵²

The projects implemented with Sheppard-Towner funds in most States included:

- Midwife training programs, licensing, and enforcement

- Individualized parent instruction through traveling health demonstrations, stationary health centers, home visits from public health nurses, and correspondence courses
- Group education, such as classes in prenatal and infant care or nutrition, traveling health clinics, and movies or filmstrips
- Distribution of literature, including the translation of some Bureau publications into other languages
- Establishment of standards and licensing procedures for maternity homes
- Data collection on maternal and infant mortality and morbidity



Among the many activities established by the Sheppard-Towner Act were traveling health demonstrations and dispensaries, such as this traveling health dispensary in Connecticut. (Library of Congress, LC-USZ62-16720)

Although most of these activities benefited White families, some efforts were made to reach out to minority populations. For example, an African-American female physician instructed African-American midwives in Delaware, Georgia, Tennessee, Texas, and Virginia and conducted child health conferences at Tuskegee Institute. A Spanish-speaking public health nurse helped instruct midwives in New

Mexico.⁵³ Sheppard-Towner activities as a whole, many of which were concentrated in rural areas where women might otherwise lack access to medical care, likely contributed to the decline in the overall U.S. infant mortality rate during this period. Within the birth registration area of 44 States and the District of Columbia, the infant mortality rate decreased from 76 infant deaths per 1,000 live births in 1921, to 69 in 1928. However, these activities had little effect on the higher-than-average



Sheppard-Towner Act activities included home visits by public health nurses. A toddler is weighed at a child health clinic with an exhibit in the background featuring Children's Bureau pamphlets used by nurses to train "Little Mothers" on proper infant and child care. (National Library of Medicine)

mortality rate for non-White infants, which declined only slightly from 108 in 1921 to 106 in 1928.⁵⁴

Under Abbott's direction, an annual appropriation of \$1 million was distributed to States in each of the program's initial 5 years. In 1927, with President Calvin Coolidge's approval, Congress continued the program for 2 years. Efforts to continue the program beyond 1929 were not successful. Before it was

terminated, however, it was estimated that the program touched the lives of more than 4 million infants and preschool children and approximately 700,000 pregnant women.⁵⁵

Grace Abbott: Chief of the Children's Bureau



1921–1934

Grace Abbott was born in 1878 in Grand Island, NE.⁵⁶ After graduating from Grand Island College in 1898, she taught high school while completing graduate studies at the University of Nebraska and University of Chicago. In 1907 she moved to Chicago, where she earned a master of philosophy degree in political science from the University of Chicago and eventually became a resident of Jane Addams' Hull House.

A staunch advocate of immigrants' rights, Abbott helped to organize the Immigrants' Protective League, studied conditions at Ellis Island, and testified

before Congress against immigration restrictions. In 1909–1910, Abbott penned a weekly article for the *Chicago Evening Post* on the subject. Her book, *The Immigrant and the Community*, was published in 1917.



The press gave Grace Abbott, the Bureau's second Chief, the moniker "Mother of America's 43 million children." (Associated Press)

Abbott first joined the staff of the Children's Bureau in 1917, as Director of the Child Labor Division. In that role, she administered the first Federal child labor law until it was declared unconstitutional in 1918. In 1919, after staying on to assist Lathrop with the Second White House Conference on Children, Abbott returned to Illinois. Her stay there was brief,

however; in 1921, President Warren Harding called on Abbott to return to Washington as Julia Lathrop's successor and the Children's Bureau's second Chief.

As Chief, Abbott was responsible for administering the Sheppard-Towner Act, which provided Federal grants-in-aid to States for maternal and infant health care. After a second Federal child labor law was declared unconstitutional in 1922, she also supported a constitutional amendment prohibiting child labor. Abbott became one of the first female broadcasters to a national audience when she hosted the NBC Radio series, "Your Child," beginning in 1929.

In 1934, Abbott resigned from the Children's Bureau and accepted a position as professor of public welfare at the University of Chicago's School of Social Service Administration. However, she remained involved with the Bureau; in 1934–1935 she helped draft the child welfare provisions of the Social Security Act as a member of President Franklin D. Roosevelt's Advisory Council on Economic Security. She also wrote an influential sociological work, *The Child and the State*, published in 1938. Abbott died in 1939.

Delinquency, Dependency, and Disease: The Bureau's Research Expands

Maternal and infant care and child labor consumed the bulk of the Bureau's resources and attention during its first two decades. However, the Bureau also conducted approximately 50 other studies concerning children's welfare during

that period, focusing on juvenile delinquency, mothers' aid, illegitimacy, foster care, and children's diseases.⁵⁷

Delinquency and Juvenile Courts

Juvenile and family courts were still very new to the United States—the first true juvenile courts were created in 1899. As early as 1914, the Bureau undertook a study of juvenile court procedures in Connecticut.⁵⁸ In 1921, field work was completed for a more extensive study of the organization and methods of 10 juvenile courts in different States. This research revealed a lack of standardization in the courts' organization and procedures, prompting the creation of a committee to establish the first-ever standards for effective juvenile courts.⁵⁹ These were officially adopted in May 1923, at a Washington, DC, conference cosponsored by the Bureau and the National Probation Association. These standards would remain the field's benchmark for the next 20 years.

Not long after, in 1926, the Bureau began to collect the first nationwide uniform juvenile court statistics; these were



Cover of the 1926 publication *Community Care of Dependent, Delinquent, and Handicapped Children*. (Maternal and Child Health Library)

published in annual reports starting in 1927. In her annual reports to the Secretary of Labor for the years 1926 and 1927, Abbott lobbied unsuccessfully for additional funds to create a division of delinquency. She made similar requests in 1928 and 1929—asking for funding both for statisticians to help with the uniform statistics project and to hire a “corps of experts” to keep up with requests for assistance from States and cooperating Federal agencies.⁶⁰

At the heart of the Bureau's interest in juvenile courts was the belief that such courts should strive “not to punish, but to save” the offenders.⁶¹ Along with this sentiment naturally came an interest in discovering the causes of delinquency, with the belief that an understanding of causes would pave the way for more effective prevention efforts. Interest in this area intensified with the onset of World War I, and in 1918, the Bureau issued *Juvenile Delinquency in Certain Countries at War*, a report that examined the incidence and causes of delinquency in England, France, Germany, and Russia during the war.⁶² Studies like this one pointed to other areas of Children's Bureau interest, including mothers' aid, illegitimacy, and child welfare.

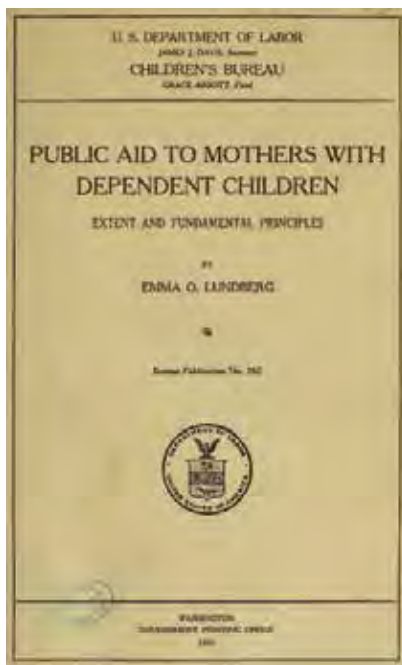
Mothers' Aid

The Bureau's interest in mothers' aid dated back to the first White House Conference on Children, when participants affirmed the importance of home life, a mother's care, and the belief that children should not be removed from their homes due to poverty alone.

“Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons.”

—From the concluding report of the first White House Conference⁶³

In 1914, staff completed the Bureau's first study of mothers' aid: a compilation of the history and laws relating to mothers' pensions in the United States, Denmark, and New Zealand. By 1916, 21 States had passed mothers' aid laws; by 1920, that number climbed to 40 States.⁶⁴ The Bureau's attention then turned to administration of those laws, which varied widely—it soon became apparent that many mothers who needed aid were not receiving it, even where they qualified for aid under State law. In 1921, the Bureau published a study examining the administration of the illi-



Research in the 1926 publication *Public Aid to Mothers of Dependent Children* laid the groundwork for the 1935 Aid to Dependent Children provisions. (Maternal and Child Health Library)

nois mothers' aid program. The following year, a small conference of experts on mothers' aid gathered to discuss case-work standards and other issues. Several additional studies followed, including a 1926 bulletin summarizing the history and current state of legislation: *Public Aid to Mothers of Dependent Children*.⁶⁵ This research would help lay the groundwork for the Aid to Dependent Children provisions developed by Bureau staff for the 1935 Social Security Act.

Illegitimacy

Mothers' aid laws typically applied only to "deserving" women, usually married women who had been widowed or abandoned. However, the Children's Bureau recognized that the needs of another group of children, those born out of wedlock, also must be addressed to effectively prevent delinquency and dependency. In the years 1913 through 1916, the Bureau held conferences in

five cities to discuss the needs of unmarried mothers and their children, with another two regional conferences in Chicago and New York occurring in 1920. Publications around the same time reported on illegitimacy laws in the United States, Norway, and other countries. In 1923, in part due to these efforts, a uniform illegitimacy law, providing for the support by both parents of children born out of wedlock, was approved by the National Conference of Commissioners of Uniform Laws; this became the basis of laws in several States.⁶⁶

Child Welfare

The 1920s also saw an increased focus on child welfare, as States turned to the Children's Bureau for assistance in organizing and evaluating their services.

Studies in 1924 and 1925 examined the organization and results of various county-based child welfare services in multiple States. On February 15, 1929, representatives of 32 State departments of public welfare came to Washington, DC, for a conference on child dependency and protection. Topics of discussion included the scope of child welfare activities, problems at the county level, oversight by States, provisions for the care of dependent children, and collection of statewide statistics. Across States, there was a growing recognition that providing institutional care for dependent children was not the answer; instead, resources had to be invested in prevention efforts and social work with families to help children stay in their homes. For those who could not remain at home, there was a growing interest in foster family care. The Bureau published *Foster-Home Care for Dependent Children* in 1923.⁶⁷



Rickets, a condition caused by a lack of vitamin D, calcium, or phosphate, weakens and softens bones. The disease and effective prevention methods were the center of a landmark Children's Bureau study in the mid-1920s. Here, a sharecropper's child in Mississippi County, AR, with rickets. (Library of Congress, LC-USF33-002002-M2)

Disease

"Diseases of children" was another topic the Bureau was mandated by legislation to study as its resources grew. Early research on what were then referred to as "feeble-minded" children was conducted in 1914–1915, in cooperation with the Bureau of Education and the Public Health Service.⁶⁸ By the mid-1920s, the Children's Bureau could fund such studies independently. One landmark example was the study of the incidence and prevention of rickets, conducted in partnership with the Yale University School of Medicine and the New Haven, Connecticut, Department of Health. Directed by Drs. Martha Eliot (who would later serve as Chief of the Children's Bureau) and Edward A. Park, this study broke new ground by demonstrating the effectiveness of simple preventive methods such as sunbaths and cod liver

oil. A study conducted around the same time of provisions for children with physical disabilities in 14 States would later form the basis of the Bureau's recommendations to President Roosevelt's Committee on Economic Security for a crippled children's program.⁶⁹

Decline of Indian Boarding Schools



Beginning in the late 19th century, the United States Indian Service established 25 boarding schools for the education of Native American children and provided funding for many more such schools established and run by churches. Many of these were based on an assimilation model developed at the Carlisle Indian Industrial School, founded in 1879. Ostensibly intended to improve Native Americans' lot by easing their transition into White society, in reality many of the

schools proved dangerous to the children's physical and emotional health.

A 1928 report produced by the Institute for Government Research, commonly known as the Meriam Report, found conditions at the schools to be "grossly inadequate."⁷⁰ Problems included overcrowding, disease, insufficient medical care, long hours of domestic work, and not



From 1871 to 1934, a period known as the Boarding School Era, thousands of American Indian children were removed from their homes and placed in federally operated boarding schools. They were forbidden from speaking their Native language or practicing any aspect of their culture. Here, students sit in a government class at an Indian Boarding School in Carlisle, PA. (Library of Congress, LC-USZ62-55423)

enough nutritious food. In recent years, reports of physical and sexual abuse also have come to light.

The Meriam Report took issue with the removal (at times forced or coerced) of very young children from their homes and Tribes: "Education for the Indian in the past has proceeded largely on the theory that it is necessary to remove the Indian child as far as possible from his home environment; whereas the modern point of view in education and social work lays stress on upbringing in the natural setting of home and family life." It suggested that cooperative relationships with public and private organizations, including the Children's Bureau, could better inform the Indian Service's work. Cooperation between the two agencies would be established in the decades to come.

By the time this report was issued, the Indian Service had already begun to shift its policy away from boarding schools toward the education of Native American children in public and day schools closer to home. However, boarding schools would remain open and in use, particularly for adolescents, well into the 1970s.

Chapter 2 Notes

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⁴ Julia Lathrop, *First Annual Report of the Chief, Children's Bureau, to the Secretary of Labor* (Washington, DC: Children's Bureau, 1913), 6, <http://www.mchlibrary.info/history/chbu/21867-1st.PDF>.

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⁷ Helen Witmer, *A Research Program for the Children's Bureau* (Washington, DC: Children's Bureau, 1953), 8.

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- ¹³ Lathrop, *First Annual Report*, 7–8
- ¹⁴ Emma Duke, *Results of a Field Study in Johnstown, PA., Based on Births in One Calendar Year* Infant Mortality Series No. 3 (Washington, DC: Children's Bureau, 1915), <http://www.mchlibrary.info/history/chbu/2155.pdf>.
- ¹⁵ Lathrop, *First Annual Report*, 6.
- ¹⁶ Lindenmeyer, *Right to Childhood*, 56.
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- ¹⁸ U.S. Dept. of Labor, Children's Bureau, *Infant Mortality, Montclair, N.J.: A Study of Infant Mortality in a Suburban Community* Infant Mortality Series No. 4 (Washington, DC: Government Printing Office, 1915), <http://www.mchlibrary.info/history/chbu/2140.PDF>.
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- ²⁰ Bradbury, *Five Decades*, 8-9.
- ²¹ *Infant Care* and its companion booklets, *Prenatal Care* and the *Your Child* series, were published by the Children's Bureau through the release of the 1980 edition of *Infant Care*. Some-time before the 1983 edition of *Prenatal Care* was released, responsibility for their publication was shifted to the Maternal and Child Health Division of the Public Health Service.
- ²² Mrs. Max West, *Infant Care* (Washington, DC: Children's Bureau, 1914), 7, <http://www.mchlibrary.info/history/chbu/3121-1914.PDF>. Subsequent citations from this edition will be noted by page number only.
- ²³ Bureau of Maternal and Child Health and Resources Development, Health Resources and Services Administration, U.S. Public Health Service, *Infant Care* (Washington, DC: U.S. Dept. of Health and Human Services, 1989), 30, <http://www.mchlibrary.info/history/chbu/3121-1989.PDF>. Subsequent citations from this edition will be noted by page number only.
- ²⁴ Quoted in Judith Reed, "Infant Care—Then and Now," *Children Today* 20, no. 1 (1981): 20.
- ²⁵ Mrs. Max West, *Prenatal Care* (Washington, DC: Children's Bureau, 1913), 5, <http://www.mchlibrary.info/history/chbu/2265-1913.PDF>.
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- ²⁷ *Ibid.*, 9.
- ²⁸ Molly Ladd-Taylor, *Raising a Baby the Government Way: Mothers' Letters to the Children's Bureau, 1915–1932* (New Brunswick, NJ: Rutgers University Press, 1986), 2.
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- ³⁴ These and other titles can be found in the Maternal & Child Health Library at Georgetown University: <http://www.mchlibrary.info/history/childrensbureau.html#history>.
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- ⁴³ Bradbury, *Five Decades*, 11.
- ⁴⁴ Lindenmeyer, "A Right to Childhood," 74.
- ⁴⁵ President Woodrow Wilson, quoted in the Children's Bureau's *The Story of the White House Conferences on Children and Youth* (Washington, DC: printed by author, 1967), 6, <http://www.mchlibrary.info/history/chbu/19074.PDF>.

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- ⁵⁶ Information for this box taken from John Sorenson, *Grace Abbott: An Introduction* (Omaha, NE: The Grace Abbott School of Social Work, 2010), http://www.unomaha.edu/socialwork/legacy/grace_abbott_introduction.pdf; "Grace Abbott," National Women's History Museum, accessed May 22, 2012, <http://www.nwhm.org/education-resources/biography/biographies/grace-abbott/>; Lindenmeyer, *Right to Childhood*.
- ⁵⁷ Lindenmeyer, *Right to Childhood*, 139.
- ⁵⁸ Bradbury, *Five Decades*, 18.
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- ⁶¹ Quoted in Lindenmeyer, *Right to Childhood*, 141.
- ⁶² U.S. Dept. of Labor, Children's Bureau, *Juvenile Delinquency in Certain Countries at War: A Brief Review of Available Foreign Sources* (Washington, DC: Government Printing Office, 1918), <http://books.google.com/books?id=xx7httNcTU0C&printsec=titlepage#v=onepage&q&f=false>.
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⁶⁵ 1921 study: Edith Abbott and Sophonisba P. Breckenridge, *The Administration of the Aid-to-Mothers Law in Illinois* (Washington, DC: Children's Bureau, 1921), <http://books.google.com/books?id=oTuwFdaieiEC&printsec=titlepage#v=onepage&q&f=false>; 1922 conference mentioned in Lindenmeyer, *Right to Childhood*, 156; 1926 study: Emma O. Lundberg, *Public Aid to Mothers With Dependent Children: Extent and Fundamental Principles* (Washington, DC: Children's Bureau, 1926), <http://www.mchlibrary.info/history/chbu/20602-1926.PDF>.

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⁶⁷ *Ibid.*, 33–34, 36.

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⁶⁹ *Ibid.*, 26–27, 38–39.

⁷⁰ Lewis Meriam, *The Problem of Indian Administration: Report of a Survey Made at the Request of Honorable Hubert Work, Secretary of the Interior, and Submitted to Him, February 21, 1928* (Baltimore, MD: Johns Hopkins Press, 1928), http://www.alaskool.org/native_ed/research_reports/Indian-Admin/Indian_Admin_Problms.html.



Chapter 3

The National White House Conference poster, "Devotion to Child Welfare," ca. 1930 (White House Conference on Child Health and Protection records, Box 145, Hoover Institution Archives)

Chapter 3

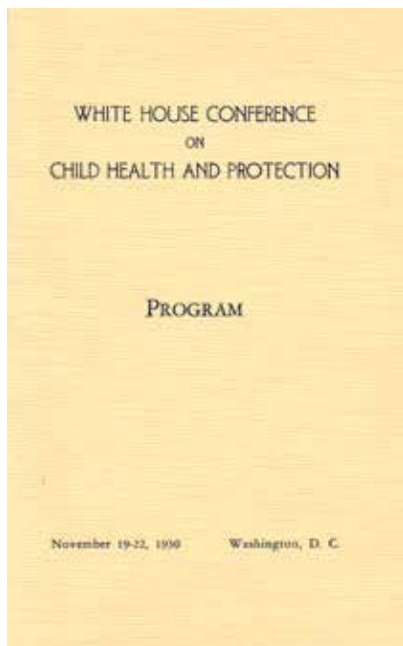
The Great Depression and Social Security (1930–1939)

Introduction

As the country plummeted into the Great Depression and began its slow recovery, the Children's Bureau's efforts focused on documenting the dire conditions that millions of the Nation's families and children experienced. After the election of President Franklin Roosevelt, early relief efforts such as the Federal Emergency Relief Administration and the National Child Health Recovery program paved the way for Bureau leadership's involvement in drafting child-focused provisions for the landmark 1935 Social Security Act. With its passage, the Bureau assumed responsibility for distributing millions of dollars in Federal grants-in-aid to States. Another long-time goal of the Children's Bureau, Federal oversight of child labor, also was achieved during this period through the passage of the 1938 Fair Labor Standards Act.

1930 White House Conference on Child Health and Protection

The third White House Conference on Children took place amid an industrial depression and grave economic uncertainty. President Herbert Hoover issued the call in July 1929, seeking “to study the present status of the health and well-being of the children in the United States and its possessions: to report what is being done; to recommend what ought to be done and how to do it.”¹ A planning committee was named, including Children's Bureau Chief Grace Abbott, who also served as secretary of the executive committee. The President secured a budget of \$500,000 for the conference.²



The program cover from the White House Conference on Child Health and Protection.

(White House Conference on Child Health and Protection records, Box 94, Folder 8: "Materials Distributed to Delegates," Hoover Institution Archives)

Preparations began immediately. A total of 17 committees were established across the four major sections of the conference: medical service, public health service and administration, education and training, and handicapped children. For the next 16 months, 1,200 experts gathered research and statistics to document conditions for U.S. children, information that was gathered into a 643-page volume presented to attendees upon their arrival.³ In November, approximately 3,000 attendees met in Washington, DC, to review the research and listen to committee reports. In addition to the largest-ever group of attendees, the 1930 conference was the first to utilize radio broadcasts to bring some proceedings to the general public.⁴ Among the Children's Bureau's contributions was a nontechnical summary of conference findings regarding the causes, treatment, and prevention of juvenile delinquency.⁵

The economics of family life were understandably a significant focus throughout the conference. James J. Davis, Secretary of Labor, noted, "No item is more important to the child or contributes more to our national welfare than the uninterrupted employment of American fathers at a wage which will provide security and a reasonable standard of living for their families." Chief Abbott also spoke to the damage that periods of economic depression wrought upon the Nation's youngest citizens: "Children need not only food and a comfortable home, but they need above all things security...."⁶

One controversy arising at the conference was the majority opinion of the Committee on Public Health Organization, which recommended all Federal health

functions be consolidated within the Public Health Service (PHS). This proposal would have transferred all work pertaining to child health, at that time a large focus for the Bureau, from the Children's Bureau to the PHS. Chief Abbott submitted a minority opinion protesting this proposal. She reminded the President that the original recommendation for a Federal children's bureau was based on the belief that "the needs of the child should be considered as a whole by one governmental agency." In defense of retaining the Bureau's independence, she cited both the Bureau's care not to duplicate work done by other agencies and the "abundant evidence that parents have looked to the Children's Bureau for national leadership in problems relating to the health and general welfare of children." In the end, the Bureau's many advocates rose to its defense, and the reorganization was tabled without a vote.⁷



A family gathers around a radio, ca. 1925–1930. The third White House Conference on Children in 1930 was the first White House Conference to be broadcast over the radio.

(Library of Congress, LC-USZ62-54357)

Final reports from the conference were published in 32 volumes totaling more than 10,000 pages. The sheer heft of the findings made substantive follow-up difficult, if not impossible—an issue later conferences would seek to address. Arguably the most lasting outcome of the conference was a 19-point Children's Charter on what every child needs for his or her education, health, welfare, and protection.

Although its statements are fairly general, the ideals encapsulated in this charter served for many years as a compass for Americans working to protect child welfare.

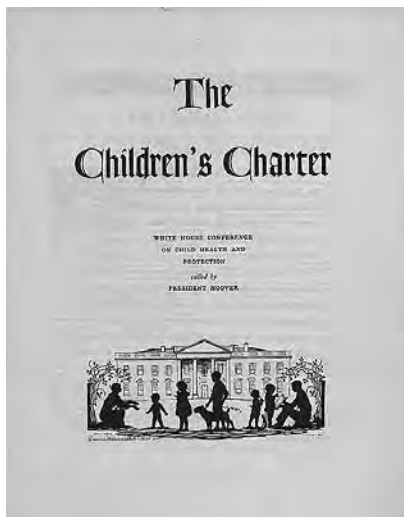
The Children's Charter, White House Conference on Child Health and Protection, November 22, 1930



PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION, RECOGNIZING THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP, PLEDGES ITSELF TO THESE AIMS FOR THE CHILDREN OF AMERICA.

[Excerpts:]

III. For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home.



The cover of *The Children's Charter*, a product of the third White House Conference on Children that outlined 19 points necessary for every child's education, health, welfare, and protection. (National Archives)

...

IX. For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places to play and recreation; and makes provision for his cultural and social needs.

...

XIII. For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him the [sic] he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met.

XIV. For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court, and the institution when needed, shaped to return him whenever possible to the normal stream of life.

XV. For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps.

FOR EVERY CHILD THESE RIGHTS, REGARDLESS OF RACE, OR COLOR, OR SITUATION, WHEREVER HE MAY LIVE UNDER THE PROTECTION OF THE AMERICAN FLAG.⁸

Documenting Need: The Depression's Early Years

By 1930, the Nation began to realize the current Depression was a greater and more lasting crisis than at first imagined. Having studied the effects of an earlier industrial depression, in 1921–1922, on children's health and well-being, the Children's Bureau was already aware that children suffered "not temporary but permanent losses" during extended periods of unemployment.⁹ Under the Hoover administration, the Children's Bureau would play a large role in documenting these losses.

In 1930, President Hoover's Emergency Committee for Employment asked the Children's Bureau to document the need for relief, and resources for meeting those needs, in several coal-mining communities. The Bureau completed a similar study in 1933, this time of railway workers and their families. In these and other ways, the Bureau helped to identify the widening gaps between communities' needs and abilities to provide relief. Resources, according to these studies, were few and inadequate to address the problems, which included unemployment, decaying buildings and infrastructure, and widespread hunger.¹⁰

Also in 1930, the Children's Bureau assumed the task of gathering monthly reports from nearly 7,000 agencies providing public and private family relief, mothers'



The “Migrant Mother,” Florence Thompson (*far right*) with four of her seven children in Nipomo, CA, ca. 1936. Thompson and her family were migrant agricultural workers captured in photographer Dorothea Lange’s famous “Migrant Mother” series. (Library of Congress, LC-USF34- 009098)



Advocating for planned housing as a method to deter juvenile delinquency, this 1936 poster features silhouettes of child criminals stealing a piece of fruit and committing armed robbery. (Library of Congress, LC-USZC2-1017)

aid, and aid to transients in 38 cities. The Bureau soon was asked to expand this reporting to include all cities with populations of more than 50,000. These reports were for many years the sole source of national relief statistics. The Bureau continued to gather this data until 1936, when the newly created Social Security Board took over the job.¹¹

The plight of older youth, sometimes neglected in

times of crisis, remained a concern for the Children’s Bureau. One focus was the Depression’s effects on juvenile delinquency. From 1932 through 1936, the Bureau undertook a joint study on juvenile delinquency and probation with the University of Chicago and the Cook County Juvenile Court.¹² Another study focused on youth who left their homes to escape poverty and unemployment. Bureau field workers visited cities such as St. Louis, Kansas City, New Orleans, and El Paso, talking with workers in relief agencies and others (such as police officers and railroad employees) who came into contact with the youth. In most cases, Bureau staff found conditions were not much better for youth on the road than at home.

This information would lead Chief Abbott to propose, at a congressional hearing in 1933, work camps for youth “in which there is an opportunity for training in a wholesome environment...” and an “opportunity for vocational classes and for work relief in the cities and towns.” This idea was later reflected in the establishment of the Civilian Conservation Corps and the National Youth Administration.¹³

Continuing its tradition of gathering experts to share information and advise the Bureau on solutions, the Children’s Bureau called several conferences to review the state of child welfare during this time. In December 1932, an emergency conference was held regarding the Depression’s impact on child labor.¹⁴ One year later, the Conference on Present Emergencies in the Care of Dependent and Neglected Children met at the Children’s Bureau, arising from a request by the Child Welfare League of America to President Hoover.¹⁵

Relief Efforts Begin

As reports of the deprivation suffered by families became more prevalent, and the situation more dire, support grew for the Federal Government to step in with unprecedented forms of aid. During the administration of President Hoover, who favored a voluntary/private response, such proposals met with little success. In 1932, Senator Robert M. La Follette (R-WI) introduced the La Follette-Costigan bill (S. 3045), proposing \$375 million in aid and the creation of a Federal Board of Unemployment Relief. Although the bill did not contain special provisions for children, the proposed board would be headed by the Chief of the Children’s Bureau, and La Follette’s proposal was bolstered by a Children’s Bureau report on the effects of the worsening economy on children’s basic needs. The bill, however, failed to pass. The following winter (1932–1933), the Bureau asked Hoover’s administration for a \$100,000 appropriation to help States conduct demonstrations of county child welfare work; this, too, was denied.¹⁶

With the election of President Roosevelt, the tide began to turn. President Roosevelt appointed Frances Perkins as Secretary of Labor in March 1933. Secretary Perkins was the first female Cabinet member, a Hull House alumna, and a well-established friend of the Children’s Bureau. In May, Congress established the Federal Emergency Relief Administration (FERA). The Children’s Bureau helped



Calling for more Federal relief funds for States, Chief Grace Abbott (right) told a 1933 U.S. Senate hearing that, "... a million families were drawing relief funds, but that no one familiar with relief works believes the needs have been met anywhere." (Associated Press)



Frances Perkins, the first woman appointed to a Presidential Cabinet position, served as Secretary of Labor for 12 years under President Franklin D. Roosevelt. A Hull House alumna, Secretary Perkins was no stranger to social reform and played a leading role in the establishment of Social Security and new programs for workers. (The Frances Perkins Center)

collect data for the FERA, helping to determine how the program's \$500 million appropriation was spent.

Secretary Perkins called an informal Child Health Recovery Conference in October 1933. This meeting was attended by representatives of a number of Federal agencies, State departments of health, private health organizations, medical societies, and relief agencies, as

well as First Lady Eleanor Roosevelt herself. Conference proposals were wide-ranging, focused on myriad ways to address widespread malnutrition and inadequate health care. The Children's Bureau was central to the conference and to many of these proposals. After the conference, the Bureau worked with the FERA to establish the Child Health Recovery Program, providing emergency food and medical care to children in greatest need. This was the Federal Government's only "New Deal" relief program focused on young children until the Social Security Act was passed.¹⁷

With Secretary Perkins at the helm, Chief Abbott felt the Children's Bureau's status was safeguarded for the time being. Sick with tuberculosis, she resigned

in June of 1934 to accept a position as professor of public welfare at the School of Social Service Administration, University of Chicago. In her letter of resignation, she clearly states her hopes that the Bureau would continue to play an important role in the New Deal programs, writing, “a final test of our recovery program may well be what it does to remove the injustices from which children have suffered in the past.”¹⁸ The President was then presented with two highly qualified candidates for the position of Chief: Katharine Lenroot, a social worker, and Martha Eliot, a doctor. Perhaps because of her experience serving as Acting Chief during Abbott’s earlier leaves of absence, Lenroot was ultimately appointed Chief in November 1934. She promptly named Eliot Assistant Chief.¹⁹

“Perhaps you may ask, ‘Does the road lead uphill all the way?’ And I must answer, ‘Yes, to the very end.’ But if I offer you a long, hard struggle, I can also promise you great rewards. Justice for all children is the high ideal in a democracy.”

—Chief Grace Abbott, 1934²⁰

Katharine Lenroot: Chief of the Children’s Bureau



1934–1951

Katharine Lenroot was born in Superior, WI, in 1891.²¹ Her father, Irvine Lenroot, had a successful political career, serving in the Wisconsin State legislature, the U.S. House of Representatives, and the U.S. Senate. Lenroot majored in economics and minored in sociology at the University of Wisconsin, Madison. After graduating in 1912, she joined the Industrial Commission of Wisconsin as a civil servant, assessing living costs in relation to the State’s new minimum wage law.

In the winter of 1914–1915, Lenroot left Wisconsin to join the U.S. Children’s Bureau. She started as a special investigator in the Social Services division, studying juvenile courts and issues facing unmarried mothers. She advanced quickly and in November 1922 became Assistant Chief of the Bureau under Grace Abbott. A few months after Abbott’s retirement, Lenroot was appointed the Bureau’s third Chief in November 1934.

Under the Roosevelt administration and Lenroot's leadership, the Children's Bureau's responsibilities expanded significantly. Lenroot helped design several key provisions of the Social Security Act of 1935, authorizing the Children's Bureau to administer millions of dollars in Federal aid to States. Also during Lenroot's tenure, the Bureau assumed responsibility for enforcing the child labor provisions of the Fair Labor Standards Act of 1938. She was involved in planning both the 1940 and 1950 White House Conferences on Children.

Lenroot had a great interest in international child welfare. In 1924, she attended the Fourth Pan-American Child Congress in Chile. Fluent in Spanish, she was the chair of the U.S. delegation to the Fifth, Sixth, and Ninth Pan-American Child Congresses and served as the president of the Eighth. In 1946, she helped create the United Nations International Children's Emergency Fund

(UNICEF). Lenroot served as the U.S. representative on the executive board of UNICEF from 1947 to 1951 and played a significant role in establishing direction for the new organization.

Lenroot retired from the Children's Bureau in 1951. For her nearly 37 years of service in the Bureau, Lenroot received the Federal Security Agency Distinguished Civilian Service Award.



Katharine Lenroot, the Children's Bureau's third Chief, joined the Bureau in 1915 and succeeded Grace Abbott as Chief in 1934. Attending her swearing in were Assistant Secretary of Labor Edward F. McGrath, Chief Lenroot, Acting Chief Clerk J. C. Watts, and Secretary of Labor Frances Perkins. (Bettmann/Corbis)

A New Deal for Children: The Social Security Act of 1935

The President established a Committee on Economic Security on June 29, 1934; an Advisory Committee on Child Welfare was announced on November 19 of the same year. Thomas Eliot (no relation to Martha Eliot) was selected to write the Social Security bill, and he asked Katharine Lenroot to draft the child welfare sections. Lenroot enlisted Martha Eliot and Grace Abbott to assist her, so the three Children's Bureau leaders worked together to create the child-focused sections of this historic act.²²

Four sections were proposed by the Children's Bureau:

Aid to Dependent Children increased local and State government contributions to mothers' aid programs and provided Federal matching grants.

Maternal and Child Health Care funded clinics, professional education, and medical care for needy children, expanding upon the Children's Bureau's experience under the Sheppard-Towner Act.

Crippled Children's Services created Federal grants, to be matched dollar-for-dollar by States, to assist children with physical disabilities.

Child Welfare Services provided grants-in-aid to States to address the needs of dependent and neglected children.

Most of the attention given to the bill was focused on the old age and unemployment insurance sections. As a result, the child-focused proposals were included with minimal changes in the Presi-



President Franklin D. Roosevelt signed the Social Security Act on August 14, 1935, which substantially increased the Children's Bureau's authority, staff, and funding. (The Franklin D. Roosevelt Presidential Library & Museum, Hyde Park, NY)

dent's final report to Congress. When the bill was signed on August 14, 1935, the Children's Bureau received authority to administer the last three of its four proposed programs. The first—Aid to Dependent Children—was to be administered by the newly established Social Security Board, along with the old age insurance program. Thus, with a swoop of the pen, the Bureau went from distributing \$337,371 in 1930 to dispensing \$10,892,797 by the end of the decade. Its staff grew from 143 to 438.²³

"The early days of these programs were exciting days ... These were days of exploring possibilities, days of questioning, days of refreshing advice and aid from people in many professions, days of great satisfaction as we saw functioning programs emerge from planning."

—Chief Martha Eliot, reflecting on the early days of the Social Security Act, in 1953²⁴

The first thing the Children's Bureau did after passage of the Social Security Act was to establish advisory groups for each of its programs. As with earlier work, advisory groups remained a critical aspect of the Children's Bureau's work, helping to guide the technical and administrative aspects of these programs.²⁵



A visiting nurse from the Henry Street Visiting Nurse Program visits a home in New York City, ca. 1940. (Roy Perry/Museum of the City of New York)

Maternal and child health funds helped medical staff (including doctors, dentists, nurses, medical social workers, and nutritionists) reach mothers and children in primarily rural areas, where adequate medical care was frequently not available or accessible.²⁶ Funding provided for prenatal and child health clinics and, when necessary, home visits. Most of the maternal and child health funds for the first few years were used to pay for pre-

ventive care and professional training, rather than directly for medical or hospital care. Funded services also included some experimental demonstration projects in the areas of maternal and infant health. For example, several special programs for premature babies were funded. In January 1938, at the urging of an advisory group, the Children's Bureau called a special Conference on Better Care for Mothers and Babies to examine and address the continuing problems of maternal and infant mortality at childbirth and during the first month of life.

"In planning health services, as in meeting mass disaster, the needs of mothers and children require that they be placed among the first to be cared for ... The time for major advance is at hand. We must go forward."

—Chief Katharine Lenroot at the 1938 Conference on Better Care for Mothers and Babies²⁷



A student nurse teaches a toddler to use his crutches by encouraging him to walk toward a picture book, ca. 1942. The crippled children's program was the first U.S. medical care program to provide continuing Federal grants to States. (Library of Congress, LC-USE6-D-006947)

The crippled children's program represented the first U.S. program of medical care providing continuing Federal grants to States. One requirement established by Congress was for States to seek out eligible children, effectively providing diagnostic services to all U.S. children. The types of conditions treated with these funds varied from State to State, but they tended to expand as funding increased over the years. In 1939, additional funds were made available for this program, in part to provide care for children with rheumatic heart disease.

While most U.S. cities by this time had voluntary or public child welfare agencies to protect and care for vulnerable children, such programs were still the exception for rural children. Most rural areas lacked trained workers and the resources to provide for children who had to be removed from their homes due to abuse, neglect, or abandonment. As a result, early Social Security child welfare funds focused on addressing this gap. States developed their own plans for use of the funds, but they frequently called on Children's Bureau staff for technical consultation and advice. Because of the small amount of money available, the Bureau's advisory group determined funds should be used to employ and train staff and/or provide services to children, rather than to maintain children in foster homes.

Special Attention to Minority Groups



The Children's Bureau was envisioned from the beginning to be an inclusive agency. Its founders emphasized that the Bureau's focus was to be on the needs of *all* children, not only those privileged by race or class—and many of the early studies included an examination of the role race played in determining a child's health and well-being. However, around the time of the development of the Social Security Act, several special studies of the needs of minority groups were undertaken to ensure the development of responsive programs.

One such effort collected and analyzed infant and maternal mortality statistics for African-Americans.²⁸ Although it had long been recognized that rates of both infant and maternal mortality were unusually high, most analyses up to this point had combined statistics for African-Americans with those for other non-White groups, including Native Americans and Asian-Americans. Like studies of a smaller scale conducted before 1930, *Infant and Maternal Mortality Among Negroes* (1937) found that "in every section of the United States the mortality rate for Negro infants is greatly in excess of that for White infants." The mortality rate was found to be highest during the infants' first month. Combined with findings of disproportionately high maternal mortality among African-American women, this led the Bureau to conclude that there was a "great need for the development of widespread activities" for African-American mothers and infants.

Meanwhile, Bureau staff were conducting a more general survey of the health and social welfare needs and provisions for Native American children in seven States.²⁹ This study, *Survey of Health and Social Needs of Indian Children*, was published in 1937 as an outgrowth of an interdepartmental committee formed in 1935, consisting of representatives of the Children's Bureau, Office of Indian Affairs, and the Public Health Service. Interviews were conducted with State officials, field staff of the Office of Indian Affairs, and Native Americans themselves, during visits to individual homes. In some States the report found Native American children and families excluded from social services, either by regulation or individual discrimination; in others, Native American families appeared to receive services on an equal basis with White families. In all cases, the Bureau made recommendations to enhance inclusiveness and community health.



Three American Indian children at the Mescalero Reservation in New Mexico, ca. 1936. (Library of Congress, LC-USF34-001668-E)

Child Labor Reform and the Depression

The early years of the Depression brought greater challenges with regard to child labor, as families struggled to survive and some sweatshop owners sought to cut costs by hiring young workers. The 1930 census counted 2 million employed children; other estimates at the time were much higher.³⁰ As during earlier periods, the rates of working children continued to be many times higher among African-Americans and “other races” than among native or foreign-born Whites, probably because child labor and truancy laws were not as strictly enforced among these groups.³¹ Five years after Congress approved the national child labor amendment to the Constitution, it was still many States short of ratification. The Children’s Bureau called an emergency conference in December 1932 to review current conditions and strategies. Fearing public opinion would not support further ratification attempts, conference participants instead decided to focus efforts on State laws that would set a minimum employment age of 16.³²



Ten African-American children picking dewberries near Southern Pines, NC, ca. 1920. (Library of Congress, LC-USZ62-36651)

In 1933, the National Industrial Recovery Act (NIRA) opened the door for the Children’s Bureau to establish industry-specific child labor codes.³³ The Bureau set a full-time employment minimum age of 16, with children ages 14 to 16 allowed to work only when school was not in session; 18 was the minimum age for certain dangerous occupations.

The Children’s Bureau also succeeded in establishing the first agricultural labor code, requiring children to be at least 14 years old to work in the sugar beet industry. In all, the Children’s Bureau and the National Child Labor Committee worked with industry representatives to establish 45 codes for child labor. Unfortunately, the NIRA was declared unconstitutional by the Supreme Court in May of 1935. The Bureau

encouraged employers to continue following the codes voluntarily, but without the NIRA they lacked any authority to enforce them.



A young Mexican boy works in the sugar beet fields near Lincoln County, NE, ca. 1938.
(Library of Congress, LC-USF34-008764-D)

Lasting Federal regulation of at least some child labor was finally achieved with the passage of the 1938 Fair Labor Standards Act. This law essentially recreated the NIRA codes and granted the Children's Bureau enforcement authority. Only about 6 percent of child workers in the United States were affected by the law, which regulated only businesses that shipped products across State lines. It also exempted most agricultural industries, although the sugar beet industry had already been addressed in the Federal Sugar Act of 1937. Although imperfect, the Fair Labor Standards Act represented great progress from where the country had been when the Children's Bureau was established just 25 years earlier, and it set the stage for the future of child labor enforcement efforts.

The Child (1936–1953)



In 1936, the Children's Bureau introduced a new periodical. *The Child: Monthly News Summary* succeeded the Bureau's mimeographed *Child Welfare News Summary*, which it had published at varying intervals since 1919.³⁴ As introduced by Secretary of Labor Perkins in a foreword to the first edition, the publication's aim was to "provide a regular means of communication between the Children's Bureau and those who in their own States and communities are striving to establish a more adequate basis for child life."³⁵ Contents included

reports from the Bureau divisions, including summaries of current research and recent publications, international news, and events of interest.



The Child, a monthly Children's Bureau publication introduced in 1936. An extensive archive of the issues is available: <http://hearth.library.cornell.edu/h/hearth/browse/title/4732639.html>.
(National Archives)

Chapter 3 Notes

¹ Children's Bureau, *The Story of the White House Conferences on Children and Youth* (Washington, DC: printed by author, 1967), 8, <http://www.mchlibrary.info/history/chbu/19074.PDF>.

² Kriste Lindenmeyer, "A Right to Childhood": *The U.S. Children's Bureau and Child Welfare, 1912–1946* (Urbana: University of Illinois Press, 1997), 165.

³ Child Welfare League of America, *The History of White House Conferences on Children and Youth* (Washington, DC: printed by author, n.d.), 4–5, <http://www.cwla.org/advocacy/whitehouseconfhistory.pdf>.

⁴ Children's Bureau, *Story of the White House Conferences*, 8–9.

⁵ U.S. Dept. of Labor, Children's Bureau, *Facts About Juvenile Delinquency: Its Prevention and Treatment* (Washington, DC: U.S. Government Printing Office, 1932), <http://www.mchlibrary.info/history/chbu/20669-1932.PDF>.

⁶ Both quotes from Children's Bureau, *Story of the White House Conferences*, 10.

⁷ Lindenmeyer, *Right to Childhood*, 168–70.

⁸ "The Children's Charter [Government Document]," in *Children and Youth in History* (Item #124), accessed May 28, 2012, <http://chnm.gmu.edu/cyh/primary-sources/124>.

⁹ Dorothy Bradbury, *Five Decades of Action for Children* (Washington, DC: Children's Bureau, 1962), 29, <http://www.mchlibrary.info/history/chbu/2628.PDF>.

¹⁰ *Ibid.*, 29–32. See for example Carter Goodrich, *Earnings and Standard of Living of 1,000 Railway Employees During the Depression* (Washington, DC: U.S. Dept. of Labor, 1934), <http://www.mchlibrary.info/history/chbu/20892.PDF>.

¹¹ Bradbury, *Five Decades*, 30. See for example Glenn Steele, *Family Welfare: Summary of Expenditures for Relief, General Family Welfare and Relief, Mothers' Aid, Veterans' Aid* (Washington, DC: Children's Bureau, 1932), <http://www.mchlibrary.info/history/chbu/20651.pdf>.

¹² Bradbury, *Five Decades*, 38.

¹³ *Ibid.*, 31–32.

¹⁴ Lindenmeyer, *Right to Childhood*, 195.

¹⁵ Bradbury, *Five Decades*, 32.

¹⁶ Lindenmeyer, *Right to Childhood*, 173–75.

¹⁷ *Ibid.*, 177–78.

¹⁸ *Ibid.*, 181.

¹⁹ *Ibid.*, 182.

²⁰ Bradbury, *Five Decades*, 30.

²¹ Information for this box taken from "Katharine F. Lenroot papers, 1909–1974," Columbia University Libraries Archival Collections, accessed May 28, 2012, http://www.columbia.edu/cu/lweb/archival/collections/ldpd_4079022.

²² Lindenmeyer, *Right to Childhood*, 179–83.

²³ *Ibid.*, 193–94.

²⁴ Bradbury, *Five Decades*, 44.

²⁵ *Ibid.*, 43–44.

²⁶ Information for this and the following 2 paragraphs taken from Bradbury, *Five Decades*, 44–50.

²⁷ *Ibid.*, 48.

²⁸ Elizabeth C. Tandy, *Infant and Maternal Mortality Among Negroes* (Washington, DC: Children's

Bureau, 1937), quotes from 33–34, <http://www.mchlibrary.info/history/chbu/20860.PDF>.

²⁹ Hazel A. Hendricks, *Survey of Health and Social Needs of Indian Children* (Washington, DC: Children's Bureau, 1937), <http://www.mchlibrary.info/history/chbu/20346.PDF>.

³⁰ U.S. Dept. of Commerce, *Statistical Abstract of the United States, 1935* (Washington, DC: U.S. Government Printing Office), 54–55, <http://www2.census.gov/prod2/statcomp/documents/1935-02.pdf>.

³¹ See, for example, Helen Wood, *Young Workers and Their Jobs in 1936: A Survey in Six States* (Washington, DC: Children's Bureau, 1940), 18, <http://www.mchlibrary.info/history/chbu/20878.PDF>.

³² Lindenmeyer, *Right to Childhood*, 195–96.

³³ Information for this and the following paragraph taken from Lindenmeyer, *Right to Childhood*, 196–98

³⁴ Bradbury, *Five Decades*, 12.

³⁵ Frances Perkins, "Foreword," *The Child* 1, no. 1 (1936): 4, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4732639_149_003.



Chapter 4

Children playing “war”; a Red Cross nurse and her aides tend to a patient during WW II (Library of Congress, LC-USE6-D-010014-1)

Chapter 4

Wartime and Recovery (1940–1956)

Introduction

During World War II, the Children's Bureau helped to safeguard thousands of European children who came to America to escape the fighting, while advocating for continued attention to U.S. children's well-being at home. The Bureau also administered the country's largest-ever child health program, providing maternity and infant care to families of thousands of enlisted soldiers between 1943 and 1949. As the Nation adapted to a changed world after the war, the Bureau made its own adjustments to a reorganization of the Federal Government and a change in leadership. The Children's Bureau began to direct greater attention and resources to the needs of specific groups of vulnerable children, including juvenile delinquents and premature infants, as well as to the emotional security and development of all children. As research efforts became more focused in these areas, grant-in-aid programs expanded significantly.

White House Conference on Children in a Democracy

Children's Bureau Chief Katharine Lenroot called and directed the fourth White House Conference in 1940. It was a much smaller gathering than the 1930 conference, involving approximately 700 people and including for the first time a few youth who attended as observers and commentators. Concern for all children—not just those considered needy or handicapped—was a recurrent theme throughout the conference. Equal opportunity was another prevalent theme.¹ Conferees recommended specific attention to creating opportunities for children in rural areas, congested cities, and low-income families, as well as children with disabilities and those from

minority groups. Other recommendations called for the elimination of racial discrimination with regard to employment, housing, and public child welfare services.²

On the evening of the second day, a conference report was presented to President Roosevelt; after that, discussion focused on how best to follow up on the conference findings, which included 98 recommendations to be addressed during the next 10 years. The plan for follow-up consisted of creating both a nongovernmental National Citizens' Committee and a Federal Interagency Committee. At the urging of the National Citizens' Committee, 20 States and 25 national organizations formed groups, held meetings, or planned programs to follow up on conference recommendations. These efforts quickly fell by the wayside in the face of more urgent national defense and wartime activities; however, they established a precedent for follow-up after subsequent White House Conferences.³

"No matter what the storms, no matter what the stresses, no matter what the world problems are, both economic and social problems, it is our intent and purpose to keep our minds firmly fixed upon the welfare of our children and to promote that welfare under all conditions ..."

—Secretary of Labor Frances Perkins, speaking at the White House Conference on Children in a Democracy, 1940⁴

Care for Refugee Children Leads to International Influence

Even before the White House Conference, the Nation's thoughts were turning toward the war in Europe. Concern for the plight of children in war zones grew throughout 1939. That summer, a member of the Children's Bureau staff visited several nations to see how refugee children were faring. She reported that assistance from the United States was needed to bolster strained relief efforts. In June 1940, the United States Committee for the Care of European Children (CCEC) was formed, with First Lady Eleanor Roosevelt serving as honorary president and Marshall Field as acting president and chief fundraiser. The group sought to facilitate admission of as many children as possible to the United States, while ensuring their proper care and that they would not become a public burden. To this end, they hoped to raise \$5 million and provide care for up to 20,000 children expected to seek refuge in the United States.⁵



First Lady Eleanor Roosevelt was the honorary president of United States Committee for the Care of European Children (CCEC).

(Franklin D. Roosevelt Library)

The Children's Bureau was charged with maintaining a central register of the evacuated children and overseeing their placement with agencies and foster families. By December 1940, the Children's Bureau (in cooperation with State agencies) had approved 184 agencies in 40 states to place refugee children.⁶ The Bureau also published standards for the children's care in 1941. During the war, more than 8,000 unaccompanied children came to the United States, the majority of whom (about 5,000) were British evacuees. Immigration rules made it difficult for children from most other countries to obtain visas. The children stayed in U.S. foster homes until the danger had passed, most of them returning to their home countries by the summer of 1945.

After 1945, the CCEC's focus shifted to the unaccompanied children in refugee camps throughout Germany: Polish, Hungarian, and Romanian adolescents who had lost their homes, families, and years of their lives. A directive issued by President Truman in December of that year eased immigration rules for displaced persons and refugees, facilitating the process of bringing these youth to the United States. By the end of March 1948, the Children's Bureau reported that 1,275 refugee children had been placed in foster homes in 30 States. About 80 percent of these children were teenage survivors of concentration camps.

Although Bureau staff had been engaged in international relations since its early years, these wartime activities paved the way for more significant involvement. In 1941, the State Department granted the Children's Bureau funding for the first time to cooperate with other countries in matters pertaining to maternal and child health and child welfare.⁷ After the war, the United Nations asked the Bureau to arrange observations of U.S. child health and welfare programs for specialists

from war-devastated nations and to coordinate training for United Nations Fellows in various aspects of child welfare.⁸ Two 1949 laws further expanded the Children's Bureau's international involvement: one provided for the temporary detail of Bureau employees to other American Republics, the Philippines, and Liberia (P.L. 595, as amended in 1949), and the other authorized government agencies to carry out agreements reached during inter-American conferences (P.L. 335).⁹



Three-year-old refugees playing games in English at the New York Children's Colony, a school for refugee children. (Library of Congress, LC-USW3-009933-E)

Domestic Wartime Concerns

The United States' involvement in World War II brought increased challenges for many U.S. families and children. During this period, the Children's Bureau saw its progress threatened on multiple fronts. As men went off to war, the need for workers was filled by women—often young mothers—and older youth. The period saw a general relaxation of hard-won child labor standards. Areas of wartime



As America's men went off to fight in World War II, America's women entered the workforce. Women shipyard workers leave the Pennsylvania shipyards after a day of work, ca. 1943. (Library of Congress, LC-USW3-030979-D)

industry quickly attracted overwhelming numbers of workers and their families, with a lack of infrastructure creating overcrowded conditions. These circumstances led, in turn, to increased juvenile delinquency, as more children and younger youth were left unsupervised, and older youth had access to more disposable income. Many States and commu-



A 1943 poster encouraging women to join the workforce. (Library of Congress, LC-USZC4-5600)

Day Care

During the summer of 1941, the Bureau convened its Conference on Day Care of Children of Working Mothers to address the current shortage of affordable quality day care and its predicted increase as the labor shortage grew more severe. Among the conference committees was the Committee on Standards and Services for Day Care; this group's report, submitted in 1942, contained its detailed Standards for Day Care of Children of Working Mothers.¹¹

Bureau leadership clearly had mixed feelings on this subject, but in general the recommendations reflected the thinking of the time. Despite advocating for day care services to be developed, the Bureau could recommend this approach only in communities where economic necessity required mothers to work, and then for

nities also were plagued by shortages of medical personnel, which threatened to curtail the Bureau's maternal and child health programs.

Throughout the war, the Children's Bureau remained committed to studying and bringing attention to these issues and to preventing a general backslide in children's well-being. In February 1941, President Roosevelt named Assistant Bureau Chief Martha Eliot to the United States Defense Mission to Great Britain. While overseas, Eliot studied the effects of warfare on England's children and the government's response to these effects. Her report, *Civil Defense Measures for the Protection of Children*, was published in 1942. The research and interviews conducted during this trip helped to guide U.S. policy regarding children in wartime throughout the next several years.¹⁰

only those families with children older than 2 years. “The committee is unanimous in its belief that mothers of preschool children and especially of those under 2 years of age *should not be encouraged* to seek employment.”¹² A subsequent conference in July 1944 took a similar stance, asserting that “every effort must be made to preserve for the baby his right to have care from his mother.”¹³ This later conference did acknowledge that younger children sometimes required day care, but attendees agreed that foster family day care was a better option than group care for children under 3 years of age. When Federal funds were made available to support nursery schools and child care centers, beginning in 1943, the Children’s Bureau worked with the Office of Education to certify the need for centers. Federal support was withdrawn after the war, in 1946.¹⁴

Children in Wartime

By early 1942, the Children’s Bureau was launching a full-blown campaign to focus the Nation’s attention on the plight of “Children in Wartime.” First, the Bureau called together a group of 60 carefully selected child welfare professionals and individuals to form a National Commission on Children in Wartime, tasked with recommending programs to safeguard children’s well-being. At its first of three annual meetings in March of that year, the group, chaired by then-President of the Child Welfare League of America Leonard Mayo, adopted a “Children’s Charter in Wartime” to guide Children’s Bureau policy during the war. Recommended programs included the use of the Social Security Act’s title V provisions for widespread immunization and evacuation of children.¹⁵

“We are fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so they can live and share in that future. They must be nourished, sheltered, and protected even in the stress of war production so they will be strong to carry forward a just and lasting peace.”

—A Children’s Charter in Wartime, 1942¹⁶

Having lost funding for any research not directly related to the war effort, the Bureau then focused on producing advice literature and public awareness campaigns. In 1942–1943, the Bureau produced a series of radio broadcasts, “Children in Wartime.” These were accompanied by a magazine/newspaper campaign and

several series of booklets and pamphlets focused on the physical and emotional needs of children during the war.¹⁷

Juvenile Delinquency

Juvenile delinquency was another concern during this period, with rates rising steadily from 1940 through 1945. The Children's Bureau undertook several studies to understand what contributed to the growing problem and how it might be effectively addressed. Activities included a study of delinquency in 10 cities affected by war industry and a study of training schools for "socially maladjusted" children. In 1943, the Bureau attended a meeting of the National Commission on Children and Youth and, at the Commission's recommendation, issued bulletins on the topic for communities and parents. In 1943–1944, the Children's Bureau also held conferences on training police officers to work more effectively with youth.¹⁸

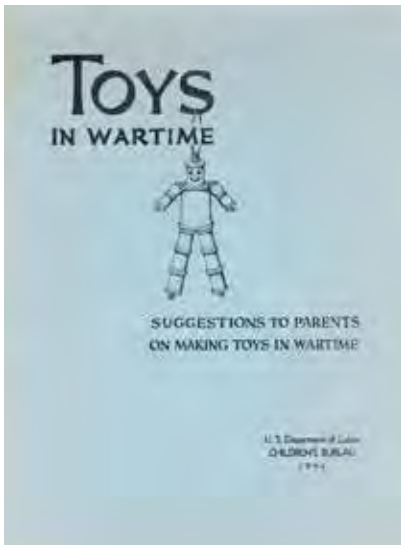
One concern about which the Bureau took little action was the internment of Japanese American children and families by the War Relocation Authority. Aside from a single memo dated August 4, 1942, from Katharine Lenroot to Secretary Perkins citing the camps' inadequate provisions for housing, nutrition, and education of children and youth, the Children's Bureau appears to have kept silent on the topic.¹⁹

Children in Wartime

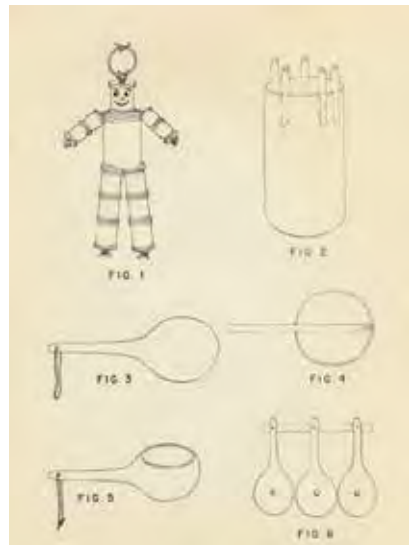
Publishing advice for parents and communities on the needs of children was the Children's Bureau's primary contribution to the war effort. The following are some samples of literature published during this time:

To Parents in Wartime, published in 1942, was the first in the Bureau's Children in Wartime series. This short booklet placed an unprecedented emphasis on children's emotional well-being during war, claiming, "Our children are as much a concern of our Government in this emergency as are the soldiers and munitions workers who carry on the war directly." It recommended two primary strategies for parents: "1. Prepare yourselves to face whatever may come. 2. Help your children to continue living their everyday lives with as little change as possible."²⁰

Toys in Wartime, printed the same year, emphasized the importance of play for children's healthy development, as well as the benefits children gain from helping to create their own playthings. "*Families that can get together over a home toy project not only are conserving essential war materials but also are building up family solidarity and making a contribution to the war effort.*"²¹



The Children's Bureau publication [*Toys in Wartime*](#) provided parents with directions on how to make toys, ca. 1942. (Internet Archive, Community Books)



[*Toys in Wartime*](#) instructions for parents, ca. 1942. (Internet Archive, Community Books)

The 1944 booklet *If Your Baby Must Travel in Wartime* featured drawings by cartoonist Gluyas Williams and acknowledged the difficulties of rail, bus, and car travel at the time due to the focus on military needs. The booklet offered helpful advice for the mother who needed to travel, including advice on clothing to pack: "*Limit yourself to one dark dress or suit. Many mothers have found an apron a convenience, one that could be slipped over their dresses when they were caring for their babies.*"²²



A page from the 1944 Children's Bureau booklet *If Your Baby Must Travel in War-time*. (Internet Archive, Community Books)

Community Action for Children in Wartime described six basic responsibilities local communities should assume toward all children, as their parents faced unusual levels of stress. "[In] war many parents, hard pressed by new responsibilities, need help. Not for themselves, but for their children. Never have so many children depended on so many people for their chance to grow in safety, strength, and security."²³ Perhaps not surprisingly, these recommendations included many of the same protections emphasized by the Bureau during peacetime, including "a well-baby clinic in every community" and "employment safeguards for every boy and girl."

The Defense of Children Series was another collection of brief brochures published in 1941–1942. Each of

these began with the premise, "*Children bear the promise of a better world.*" Subtitles include "*Their defense is security they find at home,*" "*Their education is democracy's strength,*" and "*Our nation does not need their toil,*" among others. Like the *Community Action for Children* publication, many of the messages within this series are consistent with the Bureau's peacetime program.²⁴

Providing Maternity and Infant Care for Soldiers' Families

In peacetime, Army and Navy hospitals provided medical care for dependents of servicemen as a matter of course. However, by early 1941, the war was beginning to put a strain on this system, along with so many others.

The commanding officer of Fort Lewis in Washington State was the first to draw the Children's Bureau's attention to this growing problem.²⁵ As the number of soldiers stationed there grew, and more young wives joined their husbands near base, he saw growing numbers of women who were having babies without the benefit of medical care. Many women could not afford private care, which could cost as much as 2 months' pay.²⁶ All of the fort's limited medical resources were needed to care for the soldiers' health, and most wives did not qualify for county- or State-sponsored medical care because they were not official residents. The fort's commanding officer approached the State health officer, who turned to the Children's Bureau for assistance. In August 1941, the Bureau agreed that Social Security Act funds made available under title V for maternal and child health could be used to provide support for these women and their infant children.



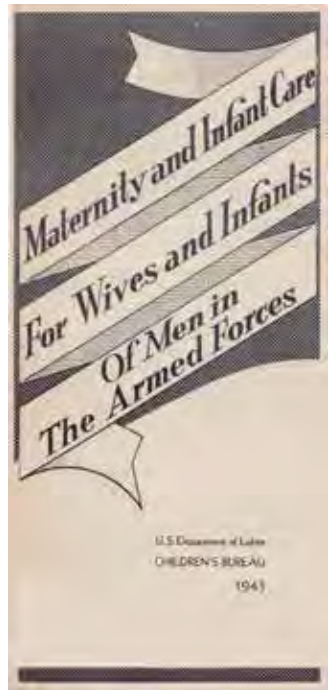
Philadelphia Inquirer, "How We Protect Servicemen's Wives and Babies" by Martha M. Eliot, M.D., Associate Chief, Children's Bureau, 1945. (Used with permission of *Philadelphia Inquirer*, copyright©2012. All rights reserved. Photo by Alfred A. Do'Lardi of Martha Eliot)

Other State health officers soon followed suit. It quickly became clear that the current allotment of maternal and child health funds would not be sufficient to meet this growing need. The Children's Bureau appealed to the Bureau of the Budget in late 1942 for emergency funding. The request was argued to be an expansion of the existing maternal and child health program, rather than a new program, and one that was essential to military morale (and thus, the war effort). On March 18, 1943, President Roosevelt signed the 1943 Deficiency Appropriation Bill, which included these additional funds. The resulting program was called Emergency Maternity and Infant Care (EMIC), and it provided for medical, hospital, and nursing care for wives and babies of men in the four lowest pay grades of the Armed Forces.



A soldier, his wife, and child were among the millions of GI families that benefited from EMIC. (National Archives)

These services were available only to wives of servicemen; women enlisted in the military, unmarried mothers, and infants born to unmarried servicemen were not eligible for care. Benefits included at least five prenatal exams, 10 days' hospital care at delivery, and postpartum medical exams as needed for mother and child. Babies were then eligible for medical, nursing, and hospital care for their first year.²⁷ Criticism of the program centered on the idea that it provided "socialized" medicine.²⁸ It was generally tolerated even by critics as a wartime exception; however, the program was phased out after the war, ending in June 1949. At the time and for many years later, EMIC was the largest federally funded medical care program undertaken in the United States. From beginning to end (approximately 6 years), it provided care for approximately 1.5 million women and babies.



The Children's Bureau promoted the EMIC program through fliers like this one, inserted into servicemen's pay envelopes. EMIC provided medical, hospital, and nursing care for wives and babies of men in the four lowest pay grades of the Armed Forces. (Maternal and Child Health Library)

Changes for the Bureau

Since 1939, rumors had circulated that President Roosevelt intended to reorganize the Children's Bureau and transfer it from the Labor Department to the Federal Security Agency (FSA). Chief Lenroot and her supporters successfully advocated against several such attempts between 1939 and 1945. The President's Reorganization Act of December 1945, however, made change almost inevitable by granting President Harry Truman power to put any reorganization plan into effect as long as Congress did not defeat the proposal within 60 days.²⁹

In fact, Truman's Reorganization Plan No. 2, sent to Congress on May 16, 1946, achieved what Bureau supporters had long feared. President Truman's message to Congress cited increased efficiency in making the change, arguing, "The transfer of the Children's Bureau will not only close a serious gap, but it will strengthen the child care programs by bringing them in closer association with the health, welfare, and educational activities with which they are inextricably bound up."³⁰ However, the Children's Bureau was effectively lowered one more step in the Federal hierarchy in the move—it was placed within the Social Security Administration, one of four agencies within the FSA, and staff no longer had direct contact with a cabinet officer. The Bureau also lost authority over all labor-related programs and

child labor enforcement; these stayed with the Department of Labor.



President Harry S. Truman. (Library of Congress, LC-USZ62-70080)

Thus, the years just before 1946 are considered by many to be the peak period of influence for the Bureau. After that time, its role became more limited in scope, and it ceased to be what it was originally conceived to be: the single Federal agency lobbying for the needs of all children.

On April 11, 1953, the Federal Security Agency became the Department of Health, Education, and Welfare. Not long before, a change in Bureau leadership also took place. On September 4, 1951, Martha Eliot became the Bureau's fourth Chief. In her statement accepting the role, she promised to focus special attention on the needs of certain groups of children, including adopted children, those with congenital disabilities, children in rural and migratory families, minority children, children of working mothers, and adolescents.³¹

Martha Eliot: Chief of the Children's Bureau

1951–1956

Martha May Eliot was born in Dorchester, Massachusetts, in 1891 and graduated from Radcliffe College in 1913.³² After college she enrolled in Johns Hopkins University School of Medicine; Eliot received her M.D. with honors in 1918.



Martha Eliot, Children's Bureau Chief
1951–1956, ca. 1951. (National Archives)

After completing her residency in pediatrics at St. Louis Children's Hospital from 1919 to 1920, Eliot was invited to become the first chief resident in the new Department of Pediatrics at Yale Medical School. There she rose through the university ranks, eventually serving as associate clinical professor. With Edward A. Park, Eliot is credited with establishing the importance of vitamin D, cod liver oil, and sunbathing in the prevention of rickets.

Eliot joined the Children's Bureau in 1924 as director of the Division of Child and Maternal Health. She commuted to Washington for 1 week each month while continuing her duties at

New Haven Hospital until being named Assistant Chief of the Bureau in 1934. As Assistant Chief, Eliot drafted major sections of the 1935 Social Security Act and developed and administered the Emergency Maternity and Infant Care program for the wives and children of servicemen during World War II. After the war, she served on the U.S. delegation to the first-ever World Health Assembly and was the only woman to sign the founding document of the World Health Organization (WHO).

In 1949, Eliot left the Children's Bureau to serve as assistant director general of the WHO in Geneva. Two years later, she returned to the United States to accept an appointment as Chief of the Children's Bureau. During her tenure as Chief, Eliot oversaw a shift in research priorities to a greater focus on the needs of vulnerable children, as well as a period of significant growth in the Bureau's Federal grant-in-aid programs. Eliot received numerous honors for her work, including the American Pediatric Society's most prestigious award, the Howland Medal, in 1967. In 1947, she became the first woman to be elected president of the American Public Health Association (APHA); in 1958, she also became the first woman to receive APHA's Sedgwick Memorial Medal.

Eliot left the Children's Bureau in 1956. The following year she became chair of the Department of Child and Maternal Health at the Harvard School of Public Health. After retiring in 1960, she taught for APHA and continued her work for the WHO and the United Nations Children's Fund (UNICEF), reporting on medical education in Asia and Africa.

Midcentury White House Conference on Children and Youth

Preparation for the 1950 White House Conference began in 1948 when President Truman established the Interdepartmental Committee on Children and Youth (a direct descendant of the 1940 Federal Interagency Committee) to provide a venue for Federal agencies to share information about programs for children, encourage the agencies to collaborate in program planning, and strengthen relationships among Federal agencies and State and Territorial Committees for Children and Youth.³³ The Chief of the Children's Bureau was named Vice Chairman of this

group. All told, more than 1,000 committees throughout the country worked on planning for the conference and developing the 170-page *Fact Finding Report*.³⁴

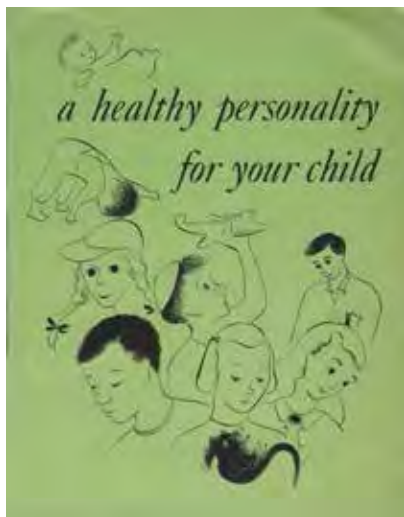
The conference itself was attended by nearly 6,000 people, including 500 youth delegates and 200 foreign delegates representing 30 nations.³⁵ Many more thousands of Americans experienced some of the proceedings via radio and television. The focus of the conference, for the first time, was the emotional well-being of children: development of a “healthy personality.” Conference attendees agreed that parents bore the greatest responsibility for this; however, the contributions of all institutions touching children’s lives were addressed. The negative effects of racial discrimination were a common thread in many of the conference proceedings.



Katharine Lenroot (*far right*) and five officers of the Advisory Council pictured with youth attendees at the White House Midcentury Conference on Children and Youth, December 3, 1950. (National Archives)

Information on this subject from the conference’s *Fact Finding Report* would later be used in the majority opinion for the 1954 Supreme Court decision outlawing racial segregation in public schools. Another common theme was how to protect

children's well-being during war, as the threat of the conflict in Korea loomed over the conference proceedings.



The Children's Bureau's pamphlet [*A Healthy Personality for Your Child*](#). (Internet Archive, USA Government Documents)

The conference included plenary presentations, workgroups, and a town meeting-style gathering resulting in 67 recommendations and a Pledge to Children. Other products of the conference included a technical book for workers, *Personality in the Making* (1952), and a handbook for parents, *A Healthy Personality for Your Child* (1952), which was a popular version of the conference's *Fact Finding Report*.³⁶ *A Healthy Personality* quickly joined *Prenatal Care* and other Children's Bureau publications as a bestseller for the Government Printing Office. The Interdepartmental Committee on Children and Youth continued to meet to follow up on conference recommendations, sometimes in conjunction with the National Advisory Council on

State and Local Action for Children and Youth. The two groups sponsored interim conferences in 1954, 1955, 1956, and 1958, for the first time maintaining continuous momentum between White House Conferences. Smaller follow-up conferences were held in most States to discuss how to implement conference findings.³⁷

The Children's Bureau's Research Agenda: Renewed Commitment to Vulnerable Children

Beginning in 1951, the Children's Bureau decided to take a closer look at the focus and scope of its research program. After reviewing previously published studies, analyzing current research activities, and inviting the recommendations of experts in related fields, the Bureau published *A Research Program for the Children's Bureau* in 1953. This led to an increased focus within the Bureau on specific groups of

children whose health or welfare was in jeopardy. The Bureau also began directing more of its attention to examining the cost and effectiveness of funded programs.³⁸

Children who were delinquent, or at risk of becoming delinquent, were one vulnerable group that received considerable attention during this period. After experiencing a brief decline following World War II, delinquency rates were again on the rise by 1949; in 1953, the rate was 45 percent higher than it had been just 5 years earlier.³⁹ In 1952, the Bureau invited a group of people and organizations concerned with juvenile delinquency to discuss what could be done to help. That July, the Special Juvenile Delinquency Project was formed as a partnership of foundations and other private partners interested in helping the Children's Bureau focus public attention on the prevention and treatment of juvenile delinquency and stimulate action to improve services to this population. The Project and the Bureau sponsored 5 meetings in 1952 with 90 national social welfare, education, health, civic interest, and professional organizations. They also collaborated on a series of practice guides and standards for training schools, juvenile courts, police, and other personnel working in the delinquency field. These activities were precursors to the National Conference on Juvenile Delinquency, which took place in June 1954 in Washington, DC.

The Special Juvenile Delinquency Project ended in 1955, but the Bureau's work in this area continued without interruption. Congress authorized additional funds that year for the Bureau to expand its work within a newly created Division of Juvenile Delinquency Service. An advisory committee was appointed to propose the best methods for training juvenile delinquency workers. Key Bureau publications around this time included *Parents and Delinquency* (1954), *The Effectiveness of Delinquency Prevention Programs* (1954), and *New Perspectives for Research on Juvenile Delinquency* (1956). In 1955, the Bureau also began collecting data from a representative national sample of 502 juvenile courts. A 1956 conference on data reporting for juvenile courts bolstered the effort, resulting in the most accurate and representative source yet of nationwide statistics on the topic.

Other research efforts during this period included a pilot project to improve services for migrant families, research on improving services to children with mental retardation, and a conference to investigate the well-being of children adopted without the involvement of legal and social work professionals (so-called "black market babies").⁴⁰



The *Child* periodical was renamed *Children* in 1954. (Child Welfare Information Gateway)

The final issue of the Children's Bureau's longstanding monthly periodical, *The Child*, was published in December 1953. It was replaced by a bimonthly magazine, *Children*, in 1954. The audience envisioned for *Children* was a broad one: professionals in all fields concerned with children's well-being. Martha Eliot wrote, in her Foreword to the first issue, "By intentionally favoring material of interest or concern to more than one profession, *CHILDREN* hopes not merely to add to interprofessional understanding and teamwork but also to multiply the effectiveness with which each profession deals with its own problems."⁴¹

The magazine promised to offer "a balanced fare of technical articles on health, welfare, and child development; what needs doing and why; who's doing, or might do, what; and how to do it." In doing so, it strove to put forth more than a single, Bureau-endorsed perspective, giving voice instead to multiple perspectives through "data, discussion, and debate on the physical, social, emotional, and cultural aspects of child growth and development; on standards of child care and professional training; and on developments in professional techniques, personnel, and programs serving children and parents."

Grant-in-Aid Programs Expand

All three Children's Bureau grant-in-aid programs grew significantly in the decade following World War II, and this Federal investment was met with even greater increases in funding from States and localities.⁴² By 1955, Federal funds represented only about one-eighth of the total amount expended for these programs, with State and local funds making up the difference.

Maternal and Child Health

In the maternal and child health program, a growing emphasis was placed on prevention of premature births, and, when they occurred, on preserving the infants' health. For the first time, States began using maternal and child health funds to provide direct medical and hospital care to premature infants, in addition to demonstration programs, advanced training for medical personnel, equipment, and transportation of premature infants from remote areas to specialized care centers. Another area of focus, in keeping with the Midcentury White House Conference, was on psychological aspects of maternity and parenting. This reflected a growing recognition that mental health was as important as, and closely interrelated with, the physical aspects of healthy child development.



A nurse carefully bathes an infant in an incubator, ca. 1950s. (National Library of Medicine/World Health Organization)

By 1956, maternal and child health programs were providing, annually:

- Prenatal doctor visits to more than 200,000 expectant mothers
- Postdelivery nursing for more than 300,000 mothers
- Well-child clinic visits for more than 1 million babies and preschool children

- Dental exams for approximately 3 million school-age children
- Medical exams for more than 2.5 million school-age children
- Diphtheria and smallpox immunizations for more than 4 million children

Crippled Children

Much of the focus within the crippled children's program during this period was on treatment options to help keep children with disabilities within their own families, neighborhood schools, and communities. This focus remained as the program expanded beyond treatment of orthopedic handicaps to include children with hearing loss, cerebral palsy, cleft palates, burns, and epilepsy, among others. Beginning in 1949, the first programs to address congenital heart defects were established. The number of children receiving this treatment increased dramatically throughout the 1950s, as surgical techniques advanced. The development of artificial hands and arms for children (previously available to adults only) was another cutting-edge practice facilitated by the help of Children's Bureau funding. Funds also were used to provide specialized training to medical personnel and to ensure that the latest research was applied and accessible in rural as well as urban areas.

Child Welfare Services

State child welfare services grew steadily in the decade following World War II, with assistance from Social Security Act funds.⁴³ States used Federal and other funding sources to enhance legislation and strengthen adoption, foster care, and in-home services for children and families. Starting in 1946, and increasing by 1950, States began using a portion of their allotments to pay for the support of children in foster care. A growing emphasis also was placed on keeping families together and providing services, including homemaker services, to support parents and children in their own homes. Group care was further deemphasized, as foster family care became the norm when children could not live at home. However, there was some interest in the development of small community homes for children who needed temporary shelter or adolescents and others who could not adapt to foster family homes.

A considerable portion of child welfare funds continued to be used to enhance professional development for workers. In 1952, a peak year for child welfare training, 500 people from 47 States completed educational leave, 92 percent of these with the help of Federal funding. Ensuring that trained workers were accessible in rural areas, not just cities, was a strong priority.

Despite experiencing a slight decrease in scope and influence, the Children's Bureau made significant gains for child health and family life during this period. During the war, the Bureau served as the Nation's unflagging advocate for children's needs in times of conflict, while successfully administering the largest-yet national program of public medical care to children. During the decade that followed, the Bureau's grant-in-aid programs continued to grow. Perhaps more importantly, we can begin to see the roots of the modern Children's Bureau in this period, with its growing interest in children's emotional well-being and more focused attention to the needs of the Nation's most vulnerable children. These emphases will become even more prominent in the late 1950s and into the 1960s, under the Kennedy and Johnson administrations.

"Never before have children had as great likelihood of surviving the physical hazards of birth and of contagious diseases during their growing years. With the conquest of these diseases now within sight, the problems of emotional and mental growth and development stand out as the most pervasive challenge of our time in the broad field of child well-being."

—Annual Report of the Children's Bureau, 1950⁴⁴

Chapter 4 Notes

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⁵ Information for this and the following two paragraphs taken from Kriste Lindenmeyer, "A Right to Childhood": *The U.S. Children's Bureau and Child Welfare, 1912–1946* (Urbana: Universi-

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⁷ Dorothy Bradbury, *Five Decades of Action for Children* (Washington, DC: Children's Bureau, 1962), 72, <http://www.mchlibrary.info/history/chbu/2628.PDF>.

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⁹ *Ibid.*, 76.

¹⁰ Lindenmeyer, *Right to Childhood*, 215–16; and “Dr. Martha May Eliot” in *Changing the Face of Medicine*, National Library of Medicine, accessed June 1, 2012, http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_99.html.

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¹² *Ibid.*, vii, original emphasis.

¹³ Quoted in Lindenmeyer, *Right to Childhood*, 219–20.

¹⁴ Bradbury, *Five Decades*, 60–62.

¹⁵ Lindenmeyer, *Right to Childhood*, 222.

¹⁶ Quoted in Bradbury, *Five Decades*, 55.

¹⁷ Lindenmeyer, *Right to Childhood*, 223.

¹⁸ Bradbury, *Five Decades*, 58–59; and Lindenmeyer, *Right to Childhood*, 227.

¹⁹ Lindenmeyer, *Right to Childhood*, 247.

²⁰ U.S. Dept. of Labor, Children's Bureau, *To Parents in Wartime* (Washington, DC: U.S. Government Printing Office, 1942), 1–2, http://digitalcollections.smu.edu/cdm4/item_viewer.php?CISOROOT=/hgp&CISOPTR=462&CISOBX=1&REC=9.

²¹ U.S. Dept. of Labor, Children's Bureau, *Toys in Wartime: Suggestions to Parents on Making Toys in Wartime* (Washington, DC: printed by author, 1942), 5, http://www.scribd.com/haraoi_coral/d/29516024-Toys-in-Wartime-%E2%80%93-labor-childrens-bureau-1942.

²² U.S. Dept. of Labor, Children's Bureau, *If Your Baby Must Travel in Wartime* (Washington, DC: U.S. Government Printing Office, 1944), 5, <http://archive.org/details/ifyourbabymusttr00unit>.

²³ U.S. Dept. of Labor, Children's Bureau, *Community Action for Children in Wartime* (Washington, DC: U.S. Government Printing Office, 1943), 1, <http://archive.org/details/communityactionf00unit>.

²⁴ See for example: U.S. Dept. of Labor, Children's Bureau, *Children Bear the Promise of a Better World: Are We Defending Their Right to Health?* (Washington, DC: U.S. Government Printing Office,

1941), http://digitalcollections.smu.edu/cdm4/item_viewer.php?CISOROOT=/hgp&CISOP-TR=474&CISOBOX=1&REC=2.

²⁵ Information in this section on EMIC from Bradbury, *Five Decades*, 65–68, unless otherwise noted. For more information on EMIC, see Nathan Sinai and Odin W. Anderson, *EMIC: A Study of Administrative Experience* (Ann Arbor: University of Michigan School of Public Health, 1948), <http://www.mchlibrary.info/history/chbu/20982.PDF>.

²⁶ Lindenmeyer, *Right to Childhood*, 238.

²⁷ *Ibid.*, 242.

²⁸ *Ibid.*, 243.

²⁹ *Ibid.*, 249–50.

³⁰ Bradbury, *Five Decades*, 74.

³¹ *Ibid.*, 88.

³² Information for this box taken from “Dr. Martha May Eliot,” in *Changing the Face of Medicine*, National Library of Medicine, accessed June 3, 2012, http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_99.html; “Martha May Eliot Biography,” American Public Health Association, accessed June 3, 2012, <http://www.apha.org/membergroups/sections/aphasections/mch/benefits/mmebio.htm>; and Lindenmeyer, *Right to Childhood*.

³³ Bradbury, *Five Decades*, 75.

³⁴ Children’s Bureau, *Story of the White House Conferences*, 15; Andrew L. Yarrow, *History of U.S. Children’s Policy, 1900–Present* (Washington, DC: First Focus, 2009), 10, <http://firstfocus.net/sites/default/files/r.2009-5.1.yarrow.pdf>.

³⁵ Information in this paragraph taken from Bradbury, *Five Decades*, 74–75; and Children’s Bureau, *Story of the White House Conferences*, 16–21.

³⁶ Children’s Bureau, *A Healthy Personality for Your Child* (Washington, DC: printed by author, 1952), <http://www.mchlibrary.info/history/chbu/20300.PDF>.

³⁷ Children’s Bureau, *Story of the White House Conferences*, 21.

³⁸ Bradbury, *Five Decades*, 76–77.

³⁹ Information for this and the following paragraph taken from Bradbury, *Five Decades*, 78–79, 88–90.

⁴⁰ Bradbury, *Five Decades*, 91–94.

⁴¹ This and the two quotes in the following paragraph all taken from Martha M. Eliot, “To Our Readers,” *CHILDREN* 1, no. 1 (1954): 4, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_130_001.

⁴² Information in this section on grant-in-aid programs taken from Bradbury, *Five Decades*, 79–86. Specific details are cited by page number only in this and the following paragraphs.

⁴³ Information for this and the following paragraph taken from Bradbury, *Five Decades*, 84–86.

⁴⁴ Quoted in Bradbury, *Five Decades*, 79.



Chapter 5

President Lyndon B. Johnson surrounded by elementary schoolchildren during their visit to the White House, ca. 1967. A hallmark of Johnson's "Great Society" was significant progress in children's issues. (Lyndon Baines Johnson Library and Museum photo by Yoichi Okamoto)

Chapter 5

A Growing Government Shrinks the Children's Bureau (1957–1973)

Introduction

President Dwight D. Eisenhower named Katherine Oettinger the fifth Chief of the Children's Bureau on May 17, 1957.¹ Oettinger oversaw the Bureau during a period of tremendous social change in the United States. Forces such as the post-World War II Baby Boom, “White flight” to the suburbs, the Federal Government's heightened focus on poverty and racial justice, and an increased interest in the rights of children and youth deeply affected the Bureau's work. Public awareness of child abuse and neglect grew, as did an emphasis within the child welfare field on assessing and understanding children within the context of their families. Meanwhile, legislative changes to Social Security greatly broadened the scope of the Children's Bureau's health and child welfare programs. Ironically, as the Children's Bureau's responsibilities grew, so did pressure to move some of its work to other areas of the Federal Government. This was finally realized in 1969 when the Bureau was relocated and stripped of most of its administrative responsibilities, including those for maternal and child health and crippled children, among others. The Children's Bureau then sharpened its focus on issues of child maltreatment, foster care, and adoption, where it remains today.

The Bureau in the Late 1950s

Strengthening Family Life

Katherine Oettinger's tenure as Chief reflected a growing emphasis on the importance of protecting and strengthening family life. More and more, the Bureau encouraged child welfare workers to explore providing services to children while still in their homes and to review the situations of children in foster care more frequently to see if they could be safely returned home. Options such as homemaker and day care services were advocated as critical pieces of the family-strengthening puzzle. A Census Bureau study conducted for the Children's Bureau in 1958 found approximately 400,000 children under the age of 12 caring for themselves while their mothers worked. To address these children's needs, the Bureau appointed an Ad Hoc Advisory Committee on the Day Care of Children in November 1959 and sponsored a national conference on the issue, along with the Women's Bureau, in 1960.² Particular attention was paid to the children of migrant worker families, resulting in a report to Congress on the subject in early 1961.³ The Bureau also sponsored a number of activities, including a national conference in 1959, aimed toward encouraging and helping communities to develop homemaker services.⁴

In keeping with its focus on the whole family, under Oettinger's direction the Children's Bureau also advocated for greater protections for all parties in the adoption process. As early as 1955, Senator Estes Kefauver of Tennessee had initiated a series of oversight hearings on adoption in response to growing reports of unethical and deceptive private adoption practices. The same year, the Bureau had sponsored a Conference on Unprotected Adoptions, and in 1957 it initiated a partnership with the Florida Department of Welfare to conduct the first-ever longitudinal study of outcomes for children adopted without the involvement of an agency.⁵ These concerns led to a series of conferences and publications during the first several years of Oettinger's leadership on the proper roles of physicians, attorneys, and social workers in adoption. In fiscal year 1961, the Bureau published legislative guidelines for States on the separate processes of termination of parental rights and the adoption of children. These guides were used to provide consultation to States and voluntary groups as they worked to draft and improve State laws.⁶

Social Security Amendments

Changes to the Social Security Act prompted further shifts in the Bureau's child welfare work. The Social Security amendments of 1958 allowed Federal funds to be used for the first time to provide child welfare services in urban areas, reflecting recent trends toward urbanization, demographic changes, and growth of inner-city "ghettoes." The 1958 amendments also called for an Advisory Council on Child Welfare Services to report to Congress and to the Secretary of the U.S. Department of Health, Education, and Welfare (HEW) by January 1960. The 12-member Advisory Council, assisted by Bureau staff, gathered information from State public welfare agencies and national voluntary agencies to inform its recommendations, several of which were enacted into law that year.⁷

One such recommendation, the authorization of research and demonstration (R&D) grants in child welfare, supported the Bureau's growing interest in research regarding the effectiveness of services, which was also reflected in the publication of *Some Guide Lines to Evaluative Research* in 1959.⁸ Funds for the new R&D grants were first appropriated in 1961, and the first 16 project grants (totaling \$218,335) were made in 1962.⁹ These grants supported special research and demonstration projects that were considered to be of regional or national significance in the field of child welfare, and they were approved by the Chief of the Children's Bureau upon recommendation of an advisory group. Some early topics included methods for meeting the needs of disadvantaged preschool children and their families (a precursor to the Head Start program), selection of foster parents, and the well-being of adopted children and their families.

Training Professional Staff

Another Advisory Council recommendation was to provide Federal child welfare training grants to address an acute and growing shortage of trained child welfare workers. By 1958, the majority of professionally trained public child welfare workers in rural areas had received Federal funds for their training.¹⁰ In 1960, the Bureau provided approximately 10 percent of the \$13 million in child welfare funds allocated to States for educational leave¹¹—still, there was an estimated shortage of 3,000 trained public child welfare workers.¹² A 1960 Children's Bureau study, *Salaries and Working Conditions of Social Welfare Manpower*, showed that only 26 percent of social work staff in child welfare services were fully trained.¹³ The Advisory

Council recommended three types of Federal grants to address the gap: scholarships for existing workers through State public welfare departments, grants to accredited social work programs for individual scholarships and enhanced training resources for the field, and grants to public or private agencies conducting training projects of regional or national significance.¹⁴ In a 1961 report on the topic, the Bureau called for a “vigorous, sustained national recruitment” campaign in addition to significant increases in salaries, scholarships, and educational leave.¹⁵

“Undeniably it is costly to build staffs of high professional quality—but we know that in human terms the cost is infinitely greater if we fail, for whatever reason, to provide adequate services. In the end, it is the children who suffer most.”

—Chief Katherine B. Oettinger, Panel Presentation, Second National Conference on the Churches and Social Welfare, Cleveland, OH, October 24, 1961¹⁶



The child welfare worker is visited by an adopted child and his new parents.

A drawing from Bradbury's *Five Decades of Action for Children* shows a social worker visiting a family. (Maternal Child Health Library)

Health Programs

By the late 1950s, the infant mortality rate was increasing for the first time in more than 20 years.

Factors included problems arising from overcrowded hospital nurseries, including antibiotic-resistant staph infections and early discharge of mothers and babies, particularly in inner-city areas affected by the flight of middle- and upper-income families to the suburbs.¹⁷ Renewed concern about infant mortality, and a growing

emphasis on preventing mental retardation and other disabilities, was reflected in a continuing focus on maternal and infant health programs throughout the 1960s.

The crippled children program established regional centers for the surgical treatment of congenital heart defects, which increased from 2,200 children served in 1950 to 16,800 in 1960.¹⁸ Other special projects during this period included prosthetics research, epilepsy treatment, dissemination of polio and other vaccines, and more.

Katherine Oettinger: Chief of the Children's Bureau



1957–1968

Katherine Brownell Oettinger was born in Nyack, NY, in 1903.¹⁹ She graduated from Smith College with honors in sociology in 1925; the following year she received a master's degree from the Smith College School for Social Work. In 1931 she married Malcolm Oettinger; the couple had two sons. Oettinger was both the first Children's Bureau Chief formally trained in social work and the first working mother to serve as Chief.

The early years of Oettinger's career were spent serving in social work roles of increasing responsibility in New York and Pennsylvania, ending as the Chief of the Division of Community Services within Pennsylvania's Bureau of Mental Health (appointed in 1950). Oettinger left Pennsylvania in 1954 to become the first woman dean of Boston University's School of Social Work.

In 1957, President Eisenhower appointed Oettinger to be Chief of the Children's Bureau. For the next 11 years she presided over a sixfold increase in the Bureau's budget. She was instrumental in focusing public attention on issues such as maternal and child health, child abuse and neglect, programs for children with mental retardation and other disabilities, juvenile delinquency, and the development of day care. She served as secretary of the 1960 White House Conference on Children and Youth and as chair of the Federal Interdepartmental Committee on Children and Youth. Her international activities included serving as the U.S. representative on the UNICEF executive board from 1957 to 1961.



President John F. Kennedy walks with Katherine Brownell Oettinger, Children's Bureau Chief, before delivering an address at the Children's Bureau 50th Anniversary Celebration. (Abbie Rowe. White House Photographs. John F. Kennedy Presidential Library and Museum, Boston)

Oettinger left the Children's Bureau in 1968 and was appointed Deputy Assistant Secretary for Population and Family Planning within HEW, a reflection of her longstanding interest in family planning. In 1970, she retired from the Federal Government. After leaving the Government, Oettinger served as a consultant, lecturer, and speaker for universities and various health, welfare, and civic organizations.

"The kind of vision we have in regard to children will largely determine the future of the world."²⁰

Golden Anniversary White House Conference on Children and Youth

The Children's Bureau initiated planning for the 1960 White House Conference on Children as early as the mid-1950s, working in partnership with the coordinating groups from the 1950 conference.²¹ In 1958, President Eisenhower appointed a 92-person national committee, including for the first time 10 youth of high school or college age, to plan the conference. Conference planning activities were extensive and included gathering eight volumes of material on children and youth for attendees to review prior to their arrival.

The 1960 conference, called the Golden Anniversary White House Conference on Children and Youth, was the largest such gathering yet. Among the 7,600 official delegates were 1,400 youth and 500 foreign visitors.²² An additional 3,400 invited

guests attended the opening assembly. Delegates then met in 210 subject-focused work groups to develop specific recommendations, all addressing the overall purpose “to promote opportunities for children and youth to realize their full potential for a creative life in freedom and dignity.”²³ Some of these recommendations would directly affect the Bureau’s work, including concern about rising delinquency rates and the need for more professional training for those working with children, while others were beyond its scope, such as educational opportunities for youth and the use of educational television. In all, 670 recommendations were eventually published as a result of conference activities, along with a statement of “youth priorities” that emerged from a special panel of youth participants.



The poster from the 1960 Golden Anniversary White House Conference on Children and Youth. (National Archives)

Following the conference, Congress appropriated \$150,000 for the Children’s Bureau to establish a Special Unit for Follow-Up, which helped the Bureau focus on conference-established objectives. A full-time consultant was established within the Bureau to coordinate with national, State, and local organizations on similar tasks. In November 1960, a National Committee for Children and Youth also was established to follow up on conference findings, a joint effort by private, State, and Federal committees for children and youth. That group was instrumental in helping to maintain momentum from the 1960 conference, sponsoring three biennial joint Conferences on Children and

Youth in 1962, 1964, and 1966 and two special conferences on unemployed youth. The Federal Interdepartmental Committee withdrew its participation in 1966, but the group remained active.

Kennedy Administration

President John F. Kennedy's administration was characterized by a marked attention to and considerable legislative action in the area of social services and public welfare. As President-elect in November 1960, Kennedy appointed a Task Force on Health and Social Security to prioritize health and welfare proposals for the new administration. A number of the recommendations concerned children's programs and would influence the fate of the Children's Bureau during the next few years. Some of these included:

- Creation of a National Institute of Child Health to conduct research, some of which overlapped projects then administered by the Children's Bureau
- Development of a Family and Child Welfare Services Plan to bring together Federal aid to States under the Social Security Act into a single program, including social services for needy families and children and community social services (including juvenile delinquency prevention)
- Transfer of the Children's Bureau from the Social Security Administration to the Office of the Secretary of HEW
- Creation of an Institute of Family and Child Welfare Research within the Social Security Administration to retain the Children's Bureau's child welfare research and demonstration functions
- Transfer of the administration of the Maternal and Child Health and Crippled Children programs to the Public Health Service
- Transfer of the administration of the Child Welfare Services program to the Social Security Commissioner pending the development of the Family and Child Welfare Services plan²⁴

Changes in Social Security

These recommendations began to be realized as early as 1961, when the Social Security Amendments created a temporary expansion of the Aid to Dependent Children (ADC) program that authorized Federal matching funds for State payments on behalf of children placed in foster care. (Prior to this, funds were authorized

to support only children living with their parents or certain relatives.) States also were required to develop a plan for each child in foster care, including periodic reviews of the necessity for care and provision of services to assist the family in providing a safe home for the child's return.²⁵ States were required to use services of the State's public child welfare program whenever possible, thus creating a formal link between the two previously separate Social Security programs. A joint committee was formed to establish policies to implement the new requirements, including both Children's Bureau and Public Assistance staff. Draft regulations were reviewed by State and Regional representatives.²⁶

These provisions were made permanent the following year by the Public Welfare Amendments of 1962. Other changes to the child welfare provisions (title V) of Social Security included an increase in appropriations, a broader definition of child welfare services, and earmarked funds for day care services.²⁷ For the first time, the 1962 amendments authorized the Children's Bureau to make grants to institutions of higher learning for child welfare training projects under section 426 of title IV-B, including traineeships to support graduate study leading to a master's or doctoral degree in social work, grants to employ additional instructors for the classroom or fieldwork, and short-term grants to support seminars, workshops, and other training activities. These grants were first awarded in 1963.²⁸

Two provisions made permanent by the Public Welfare Amendments had lasting impact on the need and availability of professional child welfare staff: States' child welfare services divisions were required to show coordination with the State's ADC program (strengthening the federally mandated link between the two programs), and they were required to have a plan for extending child welfare services throughout the State, making services available to all children who needed them by July 1975, with priority given to communities with the greatest need.²⁹

Juvenile Delinquency Prevention

Juvenile delinquency was another focus during the Kennedy administration. President Kennedy formed the President's Committee on Juvenile Delinquency and Youth Crime by Executive Order in 1961 to review, evaluate, and coordinate Federal activities and to recommend more effective prevention, treatment, and

control methods.³⁰ This committee built upon recommendations for more Federal leadership in this area originally presented in a joint report by the National Institute of Mental Health and the Children's Bureau in February 1960 at the request of Congress.³¹ The committee's formation was soon followed by the passage of the Juvenile Delinquency and Youth Offenses Control Act of 1961. This groundbreaking law created a 3-year program of Federal grants-in-aid and technical assistance for the prevention and control of juvenile delinquency. Although grants were administered by the Secretary of HEW, the Children's Bureau retained an essential role by helping to administer the grant programs and providing technical assistance to grantees through its new Youth Development Unit (established within the Office of the Chief in January 1962) and by continuing to create training materials and other publications on the subject. Additional grants were authorized by the Juvenile Delinquency Prevention and Control Act of 1968.³²



President Kennedy signs the Maternal and Child Health and Mental Retardation Planning bill on Oct. 24, 1963. (Cecil Stoughton. White House Photographs. John F. Kennedy Presidential Library and Museum, Boston)

Mental Retardation

One of the Kennedy administration's most notable legacies was its commitment to prevention and treatment of mental retardation. This had been a focus of Children's Bureau attention for several years prior to Kennedy's election. As early as 1956, for example, \$1 million of the Children's Bureau's annual maternal and child health appropriation was earmarked for programs for mentally retarded children;³³ by fiscal year 1958, the Bureau had approved 27 State plans

for special projects in this area.³⁴ Meanwhile, the Children's Bureau continued to provide national leadership in the diagnosis and treatment of phenylketonuria

(PKU), a rare genetic condition that results in severe mental retardation if untreated. Between 1956 and 1961, the Bureau helped State health departments develop early detection and treatment programs; as a result of these activities, nearly 500 children with PKU were identified.³⁵

This program gained added momentum in 1962, when the President named a 24-member panel to develop a “comprehensive and coordinated attack” against mental retardation.³⁶ On October 19, 1962, the panel delivered its report, *The President’s Panel on Mental Retardation: A Proposed Program for National Action to Combat Mental Retardation*. This, in turn, led to the development of two laws passed just 1 year later. The 1963 Maternal and Child Health and Mental Retardation Planning Amendments to the Social Security Act authorized new grants for maternity and infant care projects and research projects aimed at reducing mental retardation; it also authorized one-time grants for the development of comprehensive State plans with the same goal.³⁷ Two advisory committees were appointed to help the Children’s Bureau implement this law.³⁸ A second law, the Mental Retardation Facilities and Community Mental Health Centers Construction Act, was signed just a few days later.



President Kennedy delivers the opening speech at the Children’s Bureau 50th Anniversary Celebration at the Statler-Hilton Hotel in Washington, DC, April 9, 1962, to a crowd of more than 1,000. (Abbie Rowe. White House Photographs. John F. Kennedy Presidential Library and Museum, Boston)

The Bureau Celebrates Its Fiftieth Anniversary

It was during the Kennedy administration that the Children’s Bureau marked its Golden Anniversary. A Citizens Committee was formed to organize the celebration, with Mrs. John F. Kennedy as the honorary chairperson. On April 9, 1962, the Children’s Bureau turned 50 years old, and the festivities included a number of special events,

publications, and greetings from around the globe. President Kennedy kicked off the daylong celebration with a speech that detailed many of the significant accomplishments of the Children's Bureau, as well as the challenges ahead.³⁹ Following the presidential speech, prominent child welfare experts forecast what life might be like for American children in 2012. In the evening, a reception honored the three living former and current Bureau Chiefs (Katharine Lenroot, Martha Eliot, and Katherine Oettinger), and a birthday dinner capped off the event. Many well-wishers from around the country sent telegrams, which the Bureau preserved in a scrapbook of news clippings and photos from the event.⁴⁰

In addition to the events of April 9, the Bureau published a special issue of *Children*, which looked at the past, present, and future of the country's children and included articles by Katherine Oettinger, Adelaide Sinclair (Deputy Director of UNICEF), Joseph Reid (Director of the Child Welfare League of America), and Eli Cohen (Director of the National Committee on the Employment of Youth of the National Child Labor Committee), among others. That year also saw the publication of Dorothy Bradbury's *Five Decades of Action for Children: A History of the Children's Bureau*.⁴¹ Bradbury, the Director of the Bureau's Division of Reports, presented a detailed account of the history and accomplishments of the Bureau, while Chief Oettinger wrote a persuasive afterword, "To the Future," which described the ongoing need that the Children's Bureau fulfilled in the lives of America's children and outlined necessary activities for ensuring the well-being of children. She ended with the following:

*"Society moves forward in terms of what its care, hopes, and aspirations are for its children. With pride and dedication, the Children's Bureau begins a new half century."*⁴²

More Moves for the Children's Bureau

Despite the Bureau's valuable work during this period, structural shifts began to indicate greater changes on the horizon. In October 1962, Congress amended the Public Health Act to create an Institute of Child Health and Human Development within the Public Health Service (PHS). To avoid duplicating efforts, PHS and the Children's Bureau developed a working agreement that the Children's Bureau would focus on "improving the development, management, and effectiveness of

maternal, child health, and crippled children services,” while the new institute would focus on developing “new knowledge relating to health problems and requirements of children and the phenomena of human growth and development.”⁴³ In January 1963, the Children’s Bureau was moved from the Social Security Administration to the newly created Welfare Administration, which also included the Bureau of Family Services, the Office of Juvenile Delinquency and Youth Development, and the Cuban Refugee Program, among others.⁴⁴ This move reflected a growing emphasis on coordination between child welfare services and the AFDC program (the ADC program was renamed Aid to Families with Dependent Children in 1962), administered by the Bureau of Family Services. The Welfare Administration was abolished, and its functions assigned to the Social and Rehabilitation Service, in another reorganization in 1967.

“Battered Child Syndrome”



In July 1962, pediatrician Dr. C. Henry Kempe and his colleagues published a paper titled “The Battered Child Syndrome” in the *Journal of the American Medical Association*. Many credit Kempe and his colleagues with introducing the term “battered child” and for sparking a growing recognition among the medical

community of physical child abuse.



Pediatrician Henry Kempe and colleagues authored “The Battered Child Syndrome” in the *Journal of the American Medical Association*. (The [Kempe Center](#))

The Children’s Bureau, however, was aware of this emerging issue even before Kempe’s article was published. In January 1962, prompted by reports of apparent increases in physical child abuse, the Bureau held a small meeting in Washington, DC, to explore how it

might provide leadership to States and communities seeking to address the problem.⁴⁵ A second meeting in May with legal experts provided the basis for a draft model statute, which was then circulated further among members of the legal profession, law enforcement officers, pediatricians, hospital administrators, social workers, and others concerned with child well-being.⁴⁶ By the summer of 1963, the Children's Bureau was distributing suggested legislative language for a law requiring doctors and hospitals to report suspected abuse, the fourth in a series of legislative guides developed by the Bureau.⁴⁷ Thanks in part to the Bureau's leadership on the issue, all States had enacted child abuse reporting laws by the end of 1967.⁴⁸

But the Children's Bureau knew that ensuring that cases of child abuse and neglect were reported, while an important step, was not enough to solve the problem. In keeping with its emphasis on prevention, the Bureau provided research and demonstration grants as early as 1966 to explore the causes of child abuse and what steps might be taken on a national level to prevent further cases.⁴⁹ These early grants paved the way for much greater efforts in the next decade.

The Children's Bureau in the Great Society

In 1964, President Johnson signed the Economic Opportunity Act, a keystone of his War on Poverty. Its anti-poverty provisions included several new work opportunity programs as well as education and other supports for poor families, including migrant workers. These programs enhanced the Children's Bureau's work on behalf of children by providing critical supports for struggling families; however, they also created increased demand for professional social workers, already in short supply. President Johnson recognized this difficulty in his Message to Congress on the Welfare of Children, delivered February 8, 1967. One element of his 12-point program to enhance children's health and welfare was to "help the States train specialists—now in critically short supply—to deal with problems of children and youth."⁵⁰

The Children's Bureau continued to offer assistance in the form of training grants, as well as research grants that explored various methods of organizing and using professional and paraprofessional staff. For example, in 1966 the Children's Bureau



President Lyndon B. Johnson signs the Economic Opportunity Act, also known as the Poverty Bill. (Lyndon Baines Johnson Library and Museum)

as pediatrics, psychology, nursing, speech pathology, occupational therapy, and audiology.⁵³

Focus on Youth

Prevention of juvenile delinquency was another significant priority of President Johnson, building on work begun during the Kennedy administration. From the signing of the Economic Opportunity Act, which included programs for youth such as Job Corps, Neighborhood Youth Corps, and VISTA, to his 1967 message to Congress citing the need to “enrich the summer months for needy boys and girls,”⁵⁴ a greater emphasis was placed on proactive attention to the needs of youth. Within the Children’s Bureau, a Youth Services Unit developed in 1966 was charged with helping youth transition successfully to adulthood by “identifying the problems and needs of adolescents and young adults in today’s changing society, exploring existing resources for meeting these needs, and stimulating new approaches for dealing with them.”⁵⁵ One early program of this unit focused specifically on the needs of young parents ages 14 to 19.

Although a greater emphasis was placed on prevention, the Children’s Bureau also continued to study ways to improve the effectiveness of juvenile court systems in

created and distributed a process for State child welfare agencies to evaluate their intake processes to improve services.⁵¹ The crisis in professional staff was not limited to social services; in 1965, the Bureau conducted a study on the “manpower situation in maternity care” at the request of the Special Assistant to the President for Mental Retardation.⁵² Special grants also provided fellowships and traineeships in fields such

treating offenders.⁵⁶ In 1965, the Bureau designed an improved local-State-Federal reporting plan for juvenile courts. Bureau staff also continued to offer consultation services to States through its Division of Juvenile Delinquency Service; in 1966, they examined State facilities and programs for juvenile offenders in Maryland and New York. In 1967, the Bureau released a revised version of its groundbreaking *Standards for Juvenile and Family Courts*, which emphasized the importance of due process for youth offenders. These standards were cited in the landmark *In re Gault* decision the same year.⁵⁷



A ceremony for National Head Start Day included (front row from left to right) Timothy Shriver, Robert Shriver, Danny Kaye, Lady Bird Johnson, Mrs. Lou Maginn—Director of a Head Start project in East Fairfield, VT—and Sargent Shriver, ca. June 30, 1965. (Lyndon Baines Johnson Library and Museum)

Young Children

The needs of young children were also of great concern, evidenced by the creation of the Head Start program in the summer of 1965.⁵⁸ In April 1968, the President named a Federal Panel on Early Childhood, with Jule Sugarman (who would later serve briefly as Acting Chief of the Children's Bureau in 1969) as Chairman. This panel was established to coordinate the efforts of all federally

funded early childhood programs and help develop plans for the most effective use of those funds. To that end, the panel created the Community Coordinated Child Care (4-C) program to encourage similar coordination at the local level. In addition to participating on this Federal panel, Children's Bureau staff published a newsletter, *Day Care Notes*, beginning in April 1969 to inform the public of the panel's activities.

Health Care

Two new projects during this time provided additional resources to address the health care needs of infants and young children in low-income areas. The Mater-

nity and Infant Care Projects (authorized by the 1963 Maternal and Child Health and Mental Retardation Planning Amendments) were established in April 1964 to reduce high maternal and infant mortality rates in target areas, particularly in crowded urban ghettos. By June 30, 1968, 53 such projects were funding regular prenatal appointments, nutrition counseling, transportation assistance, homemaker assistance, and hospital births for low-income mothers. Target cities experienced significant decreases in infant mortality rates: In Chicago, the 1967 rate was



A nurse cares for a newborn in a hospital maternity ward, ca. 1960s. (National Library of Medicine)

9.6 percent lower than the previous year, with the rate for African-American women declining an unprecedented 16.8 percent. Baltimore saw a similar 15 percent decline in its non-White infant mortality rate. In response to the project's success, Congress (in the 1967 Social Security amendments) authorized the maternity and infant care projects to continue through June 30, 1972.⁵⁹

In March 1966, the Children's Bureau provided a grant to the Chicago Board of Health to establish the first federally funded comprehensive health services for preschool and school-age children of low-income families, as authorized by the 1965 Social Security amendments.⁶⁰ By June 30, 1968, the Bureau had funded 58 similar projects, providing comprehensive health care to 220,000 low-income children. Services included screening, diagnostic, and preventive medical and dental services.⁶¹

Research during this period also was conducted by Children's Bureau staff or funded through grants on a wide variety of health-related topics, including prematurity, children with emotional disturbances, mental retardation, neurological defects of infancy and childhood, hunger, and malnutrition. Some of the Bureau's published studies included *Vision Screening of the Preschool Child* (1964), *Parent and*



A child receives preventive dental care at the Children's Clinic of Meharry Hospital in Nashville, TN. (National Library of Medicine)

Family-Life Education for Low-Income Families (1965), *The Practice of Nurse-Midwifery in the United States* (1965), *Prevention of Iron-Deficiency Anemia in Infants and Children of Preschool Age* (1967), *Recommended Guidelines for PKU Programs* (1967), and *Multiservice Programs for Pregnant School Girls* (1968).⁶²

International Research and Training Expands



The Children's Bureau has long benefited from a healthy exchange of information with other nations. In fiscal year 1956, for example, the Bureau arranged for 74 specialists in maternal and child health or child welfare from 31 countries to attend professional training schools or observe health and welfare programs in the United States. The professionals included 39 physicians, 9 child welfare workers, and 4 juvenile delinquency workers, among others. Brief interviews or observation visits were arranged for 156 additional professionals from 51 countries that year.⁶³

The International Health Research Act of 1960 expanded the Children's Bureau's ability to conduct research and training activities in foreign countries.⁶⁴ By early April 1963, the Bureau had approved 11 international maternal and child health and social welfare research projects. Participating countries includ-

ed Israel, Pakistan, and India. By 1966, additional projects had been funded in Egypt, Poland, and Yugoslavia. Topics included prematurity, toxemia of pregnancy, infant mortality, PKU screening methods, deafness and hearing loss in children, and the impact of contraception use on abortion rates.

Family Planning

The 1950s post-World War II Baby Boom resulted in a 1960s concern about population explosion and interest in family planning. In the Bureau's early years, this topic was treated as off-limits; Chief Lathrop and her staff in general declined to answer women's questions about contraception, although they occasionally referred women to other, more local sources.⁶⁵ By the 1960s, however, that had changed. The 1967 Social Security amendments for the first time earmarked 6 percent of maternal and child health funds for family planning. A 1969 publication, *The Children's Bureau's Job Today*, proudly notes that the Bureau "has played a major role in making it possible for all parents to exercise their right to plan their families."⁶⁶ Similar sentiments were expressed by groups such as the American Medical Association, the American Public Health Association, and the National Academy of Sciences, and efforts were made across the Federal Government to increase knowledge and access to family planning strategies. In the Children's Bureau, these consisted of research and demonstration grants, support for professional staff training, and matching funds to States through the maternal and child health programs of the Social Security Act.⁶⁷

In 1964, only 20 States provided family planning services to women who needed them.⁶⁸ By 1968, nearly all States were providing some form of family planning services through this program, bringing family planning assistance to more than 420,000 women.⁶⁹ In the meantime, family planning had become a deep personal interest of Chief Oettinger's. In early 1968, President Johnson appointed Oettinger to be the new Deputy Assistant Secretary for Population and Family Planning, HEW. Pardo Frederick DelliQuadri was appointed as her replacement as Chief of the Children's Bureau. DelliQuadri's term was brief: He left the Bureau in 1969, in anticipation of a significant reorganization.



Shortly after Fidel Castro assumed power in Cuba in 1959, refugees began arriving in the United States. Many of the new arrivals were unaccompanied children, sent by their parents to protect them from the impact of Castro's regime. The influx of refugees, most of whom landed in Miami, FL, quickly overwhelmed the resources in place to assist them.⁷⁰ Federal funds were first allocated by President Eisenhower in November 1960—\$1 million for a new refugee center. In February 1961, President Kennedy ordered HEW to develop a new program for meeting refugees' needs.



Cuban refugee children arrive in Miami. Between December 1965 and the spring of 1973, the United States airlifted more than 260,000 Cubans to United States.
(Miami News Collection, HistoryMiami)

Under the authorization of a new Migration and Refugee Assistance Act passed in June 1962, Congress appropriated more than \$70 million to carry out the program, including almost \$14 million for aid to unaccompanied children. Foster care services were provided to many of these children by the Florida State Department of Public Welfare, under contract with HEW. The Children's Bureau, drawing on its experience with earlier groups of refugee children, provided extensive consultation to States for program planning and placement. By 1966, at least 13,000 unaccompanied children had arrived in the United States, and approximately 8,000 of these received foster care under the Federal program.⁷¹ Most of the children were eventually reunited

with family members; only 395 Cuban refugee children remained in foster care on December 31, 1966.⁷²

Reorganization of the Bureau

On September 17, 1969, Secretary of HEW Robert H. Finch announced that the Children's Bureau was being moved from the Social and Rehabilitation Service to a new Office of Child Development (OCD) within HEW's Office of the Secretary.⁷³ The newly formed OCD had three Bureaus: The Children's Bureau, the Head Start Bureau, and a Bureau of Program Development and Resources. According to the official announcement, the Children's Bureau retained authority to "perform the functions assigned to it by Congress when the Bureau was created in 1912—to investigate and report on all matters pertaining to the welfare of children and child life among all classes of our people—to carry out research, demonstration and training functions, to coordinate the programs for children and parents throughout the Department, to promote programs for youth, to identify areas requiring the development of new programs, and to serve as an advocate for children." In actuality, however, many of the Bureau's responsibilities were assigned to other areas of the Federal Government, never to be regained.

All health programs, including maternal and child health services, crippled children's services, maternity and infant care projects, and health research, were permanently relocated (after decades of debate) to the Public Health Service within the Health Services and Mental Health Administration. Today, these programs still exist within the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Juvenile delinquency services, child welfare services under title IV of the Social Security Act, and services to families in the AFDC program were retained by the Social and Rehabilitation Service within a new unit, the Community Services Administration (CSA). Even staff for the 1970 White House Conference on Children and Youth were relocated from the Children's Bureau to a unit within the Secretary's own office. *Research Relating to Children*, a publication of the Clearinghouse for Research in Child Life since 1948, was transferred to the ERIC Clearinghouse on Early Childhood Education in 1970.⁷⁴

As a result of these changes, the Bureau was left to administer research and demonstration grants but no direct service programs. The position of Chief of the Children's Bureau, vacant since DelliQuadri's departure in 1969, also ceased to exist in its current form. The Director of OCD would hereafter also hold the title of Chief of the Bureau. When the new Director, Dr. Edward Zigler, was appointed in 1970,



Dr. Edward Zigler was appointed OCD Director and Children's Bureau Chief in 1970.

(National Archives)

he was quick to address concerns about the changes. In an article published in *Children*, he reassured readers, "The Children's Bureau, in its advocacy function, will be even more important and influential under the present organization than it has been in the past."⁷⁵ Despite the loss of many of the Bureau's former programs, Zigler promised the Bureau would retain key responsibilities such as advocacy for disadvantaged children, standard-setting for services, technical assistance to States, drafting models for State legislation, and recommending Federal legislation involving children's services.

Zigler appointed pediatrician Frederick Chapman Green to be Associate Chief, the role now responsible for the Bureau's day-to-day operations, in August 1971.⁷⁶ By 1972, the new Children's Bureau had been reorganized into three major subdivisions representing the new scope of its responsibilities: the Division of Research and Evaluation, the Division of Public Education, and the National Center for Child Advocacy. The Center in turn comprised three subdivisions: a Children's Concern Center to address questions and ideas received from the public, a Secretariat to collect information about children and children's programs, and a Division for Vulnerable Children. The Center began a new newsletter, *Advocacy for Children*, in 1971 with the guidance of an editorial advisory board including representation from multiple agencies within HEW.

1970 White House Conferences on Children and Youth

Planning for the 1970 White House Conference on Children began as early as August 1966, when the Secretary of HEW, at the request of President Johnson, wrote to Governors asking for their support. Each Governor was asked to name a State committee to plan for the State's participation in the conference, act as liaison with the national committee, and work with national conference staff. The Chief

of the Children's Bureau also convened several advisory groups, including one youth advisory group, to explore possible themes and formats for the conference.⁷⁷

In 1970, it was decided that for the first time there would be two separate White House Conferences: one on children and another on youth. The seventh White House Conference on Children was held December 13–18, 1970. At the conference, approximately 5,000 people—including 3,700 voting delegates in addition to international visitors, Federal staff, and other guests—identified 16 “overriding concerns” for child well-being. The top three were:

- “Comprehensive family-oriented child development programs including health services, day care, and early childhood education
- The development of programs to eliminate the racism that cripples all children
- Reordering of national priorities beginning with a guaranteed basic family income adequate for the needs of children”⁷⁸

Attendees also called for more attention to children's issues at the Federal level, including the establishment of a federally funded child advocacy agency and a Cabinet post dedicated to the needs of children. These 16 overriding concerns were accompanied by a list of 25 specific recommendations, topped by a call to reorder national priorities to “provide opportunities for every child to learn, grow, and live creatively.”⁷⁹

Regional follow-up meetings were attended by nearly 1,000 delegates in Omaha, Denver, Indianapolis, Atlanta, and Seattle.⁸⁰ A White House Conference on Children (WHCC) Follow-Up Office, located in the Children's Bureau's newly established National Center for Child Advocacy, was assigned leadership for pursuing implementation of the conference recommendations. The Bureau worked with multiple advisory groups, including representatives of national voluntary and professional organizations and groups specifically focused on each of the 1970 conference topical areas, to decide the best approach for moving forward.⁸¹

A separate White House Conference on Youth was planned and conducted largely by the youth delegates themselves. In April 1971, 915 youth met at a YMCA con-



After an unexpected snowstorm, the Army distributed boots and parkas to youth attendees at the 1971 White House Conference held in Colorado. (*Children*, 18, no. 4, 1971)

ference camp near Estes Park, CO, with 473 adults to discuss 10 areas of concern: foreign relations, environment, race and minority group relations, drugs, education, the draft, poverty, legal rights and justice, economy and employment, and values, ethics, and culture. After 4 days of discussion, a follow-up committee was elected to meet with Federal officials, present recommendations to the President, and issue a final report to the delegates.⁸²

Although White House Conferences on specific issues pertaining to children and youth have been held since 1970, the 1970–1971 conferences were the last to be conducted in the tradition of the original 1909 White House Conference on the Care of Dependent Children.

“I wonder if there is any time that our children seem more precious to us than the years when they move from childhood into youth; when the world is opening before them, and they and we are dreaming big dreams of what the future will hold for them.”

—Chief Katherine B. Oettinger, Fifth District Parent Teachers Association,
Louisville, KY, March 12, 1962⁸³

Focus on Foster Care and Adoption (1970–1973)

One benefit of the Children’s Bureau’s reorganization was an enhanced focus on two critical areas: increasing the supply of available foster families and helping to find permanent families for children awaiting adoption. These needs had been growing throughout the 1960s.

Foster Care

The number of children receiving child welfare services each month grew by 50 percent between 1961 and 1967.⁸⁴ The composition of children in foster care also was changing. Enhanced economic supports for families, a result of the War on Poverty programs during this decade, resulted in fewer families breaking up due to poverty alone. As a result, however, a larger percentage of children entering foster care were now doing so for reasons that resulted in greater emotional disturbance: parental instability, substance abuse, and child abuse and neglect. In addition, the expansion of job opportunities in social services continued to exacerbate the shortage of professionally trained staff available to help these children and their families progress toward greater stability. Changes in the nature and composition of families in the



Dr. Frederick Green, Associate Chief of the Children's Bureau, signs the Bill of Rights for Foster Children. (*Children Today*, 2, no. 4, 1973)

child welfare system necessitated changes in how child welfare agencies did business. The years between 1969 and 1973 were a time of exploration—issues of *Children* featured articles on topics such as early principles of family-centered casework, family reunification, and the needs of children living with relatives and other guardians.⁸⁵

Along with these changes came a growing recognition that foster parents were critical partners in the work of providing support for struggling families. First locally, and then at a national level, foster parents began to organize their own advocacy groups. The Children's Bureau supported this movement by creating a list of the "Rights of Foster Parents," first published in draft form in the May–June 1970 issue of

Children.⁸⁶ The Bureau invited feedback from readers, and the list became a topic of discussion at the first Bureau-sponsored National Conference of Foster Parents held May 7–9, 1971, in Chicago. The conference was attended by 850 foster parents and social workers from 47 States.⁸⁷

One unanimous resolution from that conference was the initiation of an annual National Action for Foster Children Week,⁸⁸ first held April 9–15, 1972. Established by a proclamation signed by President Nixon, the week's activities included a public information campaign and other efforts to raise awareness of the needs of foster children, support recruitment of the estimated 50 percent more foster parents required to address the current need, and assess resources and services available to support foster children and their families.⁸⁹ A planning meeting in Washington, DC, called by the Children's Bureau and CSA, helped the Bureau to create an action program for the coming year. Representatives of 75 national voluntary organizations attended the meeting. On the recommendation of this group, the Bureau established a steering committee including specialists from the Children's Bureau, CSA, and the Bureau of Indian Affairs to work with communities and groups seeking to improve services to foster children and their families.⁹⁰

A second National Conference of Foster Parents, attended by nearly 1,200 delegates, was held in May of 1972, supported by a grant from the Children's Bureau to the Child Welfare League of America (CWLA). In addition to supporting the conference activities, this grant also provided for the development of educational opportunities for foster parents and the establishment of a national foster parent information exchange.⁹¹



The Bill of Rights for Foster Children. (*Children Today*, 2, no. 4, 1973)

Bill of Rights for Foster Children

The second National Action for Foster Children Week, April 8–14, 1973, was followed by the convening of a congress of foster parents and concerned citizens to develop a “Bill of Rights for Foster Children.” The group met in Philadelphia’s historic Congress Hall on April 28, during the Third National Foster Parent Asso-

ciation Conference, to pledge their support of the 10 articles. Associate Chief Green presided over the congress.⁹²

Adoption

The need for permanent families for children was growing at least as quickly as the need for foster families. During this period, the emphasis in adoption policy shifted from finding children for families interested in adoption to finding parents for the many children awaiting families. As a result, increased attention was given to the growing number of hard-to-place children, including those from minority groups, older children, children with disabilities, and sibling groups. Agencies also began to expand their thinking about who would make appropriate adoptive parents, in order to meet those children's needs. They were more willing than ever to consider possibilities such as cross-cultural, transracial, single-parent, and subsidized adoptions.

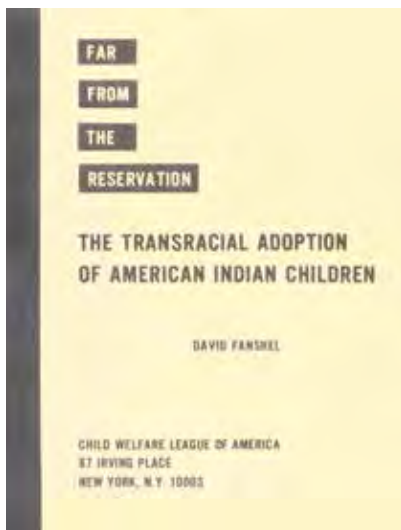
By January 1970, six States (California, Illinois, Maryland, Michigan, Minnesota, and New York) had passed laws to provide subsidies to families who were well prepared in all ways except financially to meet a child's needs.⁹³ By 1973, the number of States with such legislation had increased to 22, and many States were consulting with Children's Bureau staff in developing their guidelines. In addition, the Children's Bureau provided a grant to Illinois to support evaluation of the impact of adoption subsidy programs on adoptions of children from minority groups.⁹⁴

Also in 1970, the Children's Bureau initiated a multiyear, nationwide recruitment effort to help develop adoption resources for African-American children and children of mixed racial background. They began by conducting interviews with 100 adoptive parents, agency representatives, and African-American organizations in five cities—New York, Washington, DC, Atlanta, Chicago, and Los Angeles—to explore what might be done to enhance recruitment efforts.⁹⁵ Transracial and subsidized adoptions were among the potential solutions discussed with respondents, and the implications of these options would continue to be explored in the decades to come.

“One of the major changes in the area of adoption has been in attitudes toward it. When adoption first became an accepted practice, it was seen as a service for

couples who did not have children. Today it is seen as a service for children who do not have parents. Whereas once only healthy White infants were placed—with healthy White families—agencies now consider most children for adoption placement. We have seen a tremendous growth in placement of older children, handicapped children and nonwhite children. The practice of subsidized adoptions and increased recruitment have brought the possibility of adoption to people who had never before considered it. More realistic standards on the part of agencies have also encouraged many couples who earlier might have been intimidated by agency requirements to come forward as adoptive parents.”

—Joseph Reid and Maxine Phillips, in “Child Welfare Since 1912,” *Children Today*, 1972⁹⁶



The report *Far From the Reservation*, by David Fanshel, outlined outcomes of Native American children adopted by non-Native families through the Indian Adoption Project from 1960 to 1968.

(Child Welfare Information Gateway)

Indian Adoption Project



In 1958, the Children's Bureau, in partnership with the Bureau of Indian Affairs, provided a grant to CWLA to administer the Indian Adoption Project. Operating from 1958 through 1967, the project placed 395 Native American children with White families, primarily in the U.S. East and Midwest.⁹⁷ Approximately 50 public and private adoption agencies cooperated with the effort. CWLA's Adoption Resource Exchange of North America (ARE-NA), founded in 1966, continued the practice of placing Native American children with White adoptive parents into the early 1970s.⁹⁸

In a time when race-matching in adoption was nearly universal policy, this program was a notable exception.

Many child welfare leaders at the time viewed the project as an example of enlightened practice and decreased racial prejudice. On the other hand, Native American activists denounced the project as a genocidal attack against Native communities and cultures.

Researcher David Fanshel conducted an outcome study of families who adopted through the Indian Adoption Project from 1960 to 1968. In his report, *Far From the Reservation*, Fanshel concluded that the majority of children and families had adjusted well, but he also acknowledged potential criticism: "It may be that Indian leaders would rather see their children share the fate of their fellow Indians than lose them in the White world," he wrote. "It is for the Indian people to decide."⁹⁹

The Indian Adoption Project was one of the events that motivated activists to urge passage of legislation to protect Native American children's ties to their Tribes. In 1978, this was achieved by the Indian Child Welfare Act. In April 2001, CWLA President and CEO Shay Bilchik expressed the incumbent Board of Directors' "sincere and deep regret" for CWLA's role in the Indian Adoption Project, while addressing the National Indian Child Welfare Association's annual conference.¹⁰⁰

Child Abuse and Neglect

Meanwhile, concern about child abuse and neglect, which by this time represented one of the most common reasons children entered into foster care and required adoption services, continued to grow. In 1973, the Office of Child Development (OCD) was designated by Caspar Weinberger, then Secretary of HEW, to be the lead agency to conduct interdepartmental efforts to prevent child abuse and neglect. That year OCD awarded two grants totaling \$99,368 to collect information about the problem and survey current local child protection efforts. The Children's Division of the American Humane Association was funded to establish a clearinghouse to gather data on the nature and characteristics of child abuse and neglect, to collect information on reporting procedures and protective services, and to design a voluntary uniform reporting system for States.¹⁰¹ This and similar efforts were very soon to become a much greater focus of the Children's Bureau's work.

Chapter 5 Notes

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- ² *Ibid.*, 115–16.
- ³ *Ibid.*, 102–3.
- ⁴ *Ibid.*, 116.
- ⁵ Conference: Margaret Thornhill, "Unprotected Adoptions," *Children* 2, no. 5 (1955): 179, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_131_005. Study: Bradbury, *Five Decades*, 104.
- ⁶ Bradbury, *Five Decades*, 115, 118.
- ⁷ John C. Kidneigh, "A Look to the Future in Child Welfare Services," *Children* 7, no. 2 (1960): 66, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_133_003.
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- ⁹ "Child Welfare," *Children* 9, no. 4 (1962): 165, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_135_004.
- ¹⁰ Katherine Brownell Oettinger, "Current Concerns of the Children's Bureau," *Children* 5, no. 4 (1958): 123.
- ¹¹ Bradbury, *Five Decades*, 115.
- ¹² Kidneigh, "A Look to the Future," 69.
- ¹³ Bradbury, *Five Decades*, 117.
- ¹⁴ Kidneigh, "A Look to the Future," 69.
- ¹⁵ Alvin L. Schorr, "Need for Trained Social Work Staff: A Ten-Year Goal," *Social Security Bulletin* 24, no. 8 (1961): 13.
- ¹⁶ Quoted in Bradbury, *Five Decades*, 114.
- ¹⁷ *Ibid.*, 110.
- ¹⁸ *Ibid.*, 112.
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- ²¹ Information about the 1960 White House Conference, unless otherwise noted, taken from Children's Bureau, *The Story of the White House Conferences on Children and Youth* (Washington, DC: printed by author, 1967), 22–29, <http://www.mchlibrary.info/history/chbu/19074.PDF>.

²² Kathryn Close, "Impressions of the White House Conference," *Children* 7, no. 3 (1960): 83, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_133_004.

²³ Quoted in *Ibid.*

²⁴ "Task Force Report," *Children* 8, no. 2 (1961): 73, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_134_003.

²⁵ "Federal Legislation," *Children* 8, no. 4 (1961): 154, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_134_005.

²⁶ Bradbury, *Five Decades*, 119.

²⁷ "Public Welfare Amendments," *Children* 9, no. 5 (1962): 199, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_135_005.

²⁸ "Child Welfare Training," *Children* 11, no. 4 (1964): 161–2, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_137_004.

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³⁰ Bradbury, *Five Decades*, 125–6.

³¹ "Report to Congress on Juvenile Delinquency," *Children* 7, no. 3 (1960): 117, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_137_004.

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³³ "Recent Congressional Action," *Children* 3, no. 5 (1956): 193, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_132_005.

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³⁵ "Mental Retardation," *Children* 10, no. 5 (1963): 201, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_136_005.

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⁴⁰ Children's Bureau, *50th Anniversary of the Children's Bureau: Memory Book* (1962), <http://www.mchlibrary.info/history/chbu/15192.pdf>.

⁴¹ Bradbury, *Five Decades*.

⁴² *Ibid.*, 131.

⁴³ "Federal Legislation," *Children* 9, no. 6 (1962): 242, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_135_006.

- ⁴⁴ "New Welfare Administration," *Children* 10, no. 2 (1963): 81, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_136_002. See also "Records of the Children's Bureau," National Archives, accessed June 10, 2012, <http://www.archives.gov/research/guided-records/groups/102.html#102.1>.
- ⁴⁵ "Child Welfare," *Children* 9, no. 3 (1962): 123, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_135_003.
- ⁴⁶ "Child Abuse," *Children* 9, no. 5 (1962): 200–1, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_135_005.
- ⁴⁷ "Abused Children," *Children* 10, no. 5 (1963): 202–3, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_136_005.
- ⁴⁸ In its brief article, "Child Abuse," appearing in the July/August 1966 issue of *Children* (vol. 13, no. 4), the Bureau confirms, "Hawaii is now the only State without a child abuse reporting law" (p. 163). (See http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_005.) Hawaii's law requiring certain professionals to report suspected child abuse (section 350-1.1) was passed in 1967.
- ⁴⁹ "Child Abuse," *Children* 13, no. 1 (1966): 36, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_002.
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- ⁵² "Maternity Care," *Children* 12, no. 5 (1965): 204, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_138_005.
- ⁵³ Children's Bureau, *The Children's Bureau's Job Today* (Washington, DC: U.S. Government Printing Office, 1969), 28, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_007.
- ⁵⁴ "President's Message on the Welfare of Children," 85.
- ⁵⁵ "For Youth," *Children* 13, no. 6 (1966): 244, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_007.
- ⁵⁶ Information on the activities mentioned in this paragraph can be found in issues of *Children*, including vol. 12, no. 2, p. 73; vol. 13, no. 6, p. 247; and vol. 14, no. 1, p. 31. All of these issues are available at <http://hearth.library.cornell.edu/h/hearth/browse/title/4761305.html>.
- ⁵⁷ Children's Bureau, *The Children's Bureau's Job Today*, 17.
- ⁵⁸ Information for this paragraph taken from issues of *Children*, including vol. 16, no. 2, p. 76 and vol. 16, no. 4, p. 164, both available at <http://hearth.library.cornell.edu/h/hearth/browse/title/4761305.html>.
- ⁵⁹ Children's Bureau, *The Children's Bureau's Job Today*, 4–5.
- ⁶⁰ "Health Care," *Children* 13, no. 3 (1966): 123, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_004.

⁶¹ Children's Bureau, *The Children's Bureau's Job Today*, 15.

⁶² These and other Children's Bureau research studies can be found in the Children's Bureau Historical Publications section of the Maternal and Child Health Library at Georgetown University (<http://www.mchlibrary.info/history/childrensbureau>).

⁶³ *Children* 4, no. 1 (1957): 35.

⁶⁴ Information for this paragraph taken from issues of *Children*, including vol. 7, no. 5, p. 196; vol. 10, no. 3, p. 119; and vol. 13, no. 6, p. 246. All of these issues are available at <http://hearth.library.cornell.edu/h/hearth/browse/title/4761305.html>.

⁶⁵ Kriste Lindenmeyer, "A Right to Childhood": *The U.S. Children's Bureau and Child Welfare, 1912-1946* (Urbana: University of Illinois Press, 1997), 70.

⁶⁶ Children's Bureau, *The Children's Bureau's Job Today*, 6-7.

⁶⁷ Katherine B. Oettinger, "This Most Profound Challenge," *Children* 12, no. 6 (1965): 211-14, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_138_006.

⁶⁸ Children's Bureau, *The Children's Bureau's Job Today*, 6.

⁶⁹ "Family Planning," *Children* 16, no. 5 (1969): 204, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_142_005.

⁷⁰ Information for this box, except where otherwise noted, taken from Kathryn Close, "Cuban Children Away From Home," *Children* 10, no. 1 (1963): 4, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_136_001.

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⁷² "Refugee Children," *Children* 14, no. 2 (1967): 83, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_140_003.

⁷³ Information about the 1969 reorganization in the next two paragraphs is taken from "Reorganization in HEW," *Children* 16, no. 6 (1969): 242, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_142_006.

⁷⁴ "Miscellaneous," *Children* 17, no. 6 (1970): 241, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_143_006.

⁷⁵ Edward F. Zigler, "A National Priority: Raising the Quality of Children's Lives," *Children* 17, no. 5 (1970): 167, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_143_005.

⁷⁶ Information in this paragraph taken from 1971 issues of *Children*, including vol. 18, no. 5, p. 196 and vol. 18, no. 6, p. 241. Both can be accessed at <http://hearth.library.cornell.edu/h/hearth/browse/title/4761305.html>.

⁷⁷ Children's Bureau, *Story of the White House Conferences*, 29-30.

⁷⁸ Kathryn Close, "Selecting Priorities at the White House Conference on Children," *Children* 18, no. 2 (1971): 44, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_144_002.

⁷⁹ Ibid., 47.

⁸⁰ Ibid., 48.

⁸¹ "Children's Conference Followup," *Children* 18, no. 6 (1971): 242, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_144_006.

⁸² Sidney Rosendorf, "Youth Has Its Say in the Rockies," *Children* 18, no. 4 (1971): 122–26, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_144_004.

⁸³ Quoted in Bradbury, *Five Decades*, 128.

⁸⁴ Children's Bureau, *The Children's Bureau's Job Today*, 8.

⁸⁵ See for example: Beatrice L. Garrett, "Meeting the Crisis in Foster Family Care," *Children* 13, no. 1 (1966): 2–8, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_139_002; Sidney Z. Moss, "Integration of the Family Into the Child Placement Process," *Children* 15, no. 6 (1968): 219–224, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_141_007; Shirley L. Hughes, "Services to Children Living With Relatives or Guardians," *Children* 16, no. 3 (1969): 109–13, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_142_003; Hanni B. Edinger, "Reuniting Children and Parents Through Casework and Group Work," *Children* 17, no. 5 (1970): 183–87, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_143_005.

⁸⁶ Beatrice L. Garrett, "The Rights of Foster Parents," *Children* 17, no. 3 (1970): 113, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_143_003.

⁸⁷ Kathryn Close, "An Encounter With Foster Parents," *Children* 18, no. 4 (1971): 138, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_144_004.

⁸⁸ Ibid., 142.

⁸⁹ Sidney Rosendorf, "Joining Together to Help Foster Children: Foster Parents Form a National Association," *Children Today* 1, no. 4 (1972): 2–6.

⁹⁰ "Foster Children Week," *Children Today* 1, no. 4 (1972): 13.

⁹¹ "Foster Children Week," *Children Today* 1, no. 2 (1972): 26.

⁹² "Rights of Foster Children," *Children Today* 2, no. 4 (1973): 20.

⁹³ "New Legislation," *Children* 17, no. 2 (1970): 77, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_143_002.

⁹⁴ "Letters," *Children Today* 2, no. 1 (1973): 35.

⁹⁵ Elizabeth Herzog, Cecilia E. Sudia, and Jane Harwood, "Some Opinions on Finding Families for Black Children," *Children* 18, no. 4 (1971): 143, http://hearth.library.cornell.edu/cgi/t/text/text-idx?c=hearth;idno=4761305_144_004.

⁹⁶ Joseph Reid and Maxine Phillips, "Child Welfare Since 1912," *Children Today* 1, no. 2 (1972): 15, <http://www.mchlibrary.info/history/chbu/20143.pdf>.

⁹⁷ Kristen Kreisher, "Coming Home: The Lingering Effects of the Indian Adoption Project," *Children's Voice* (2002): <http://www.cwla.org/articles/cv0203indianadopt.htm>.

⁹⁸ See for example, Reid and Phillips, "Child Welfare Since 1912."

⁹⁹ David Fanshel, *Far From the Reservation: The Transracial Adoption of American Indian Children* (Metuchen, NJ: The Scarecrow Press, 1972), 339–42. Excerpt published on The Adoption History Project website: <http://darkwing.uoregon.edu/~adoption/archive/FanshelFFTR.htm>.

¹⁰⁰ Kreisher, "Coming Home."

¹⁰¹ *Children Today* 2, no. 5 (1973): 19.



Chapter 6

A collection of issues from one of the Bureau's most popular publications, *Children Today* (Child Welfare Information Gateway)

Chapter 6

Sharpening the Focus on Child Welfare (1974–1992)

Introduction

Passage of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 created a National Center on Child Abuse and Neglect (NCCAN) to support the Children's Bureau's growing focus on more effective child abuse prevention, research, State reporting laws, and systems to address reports. Despite these efforts, studies showed an increased incidence of child abuse throughout the 1980s. Meanwhile, skyrocketing numbers of children in out-of-home care, contrasted with a cultural emphasis on the importance of families, signaled the need for major changes to the national foster care system. Several strategies were explored to resolve the problem, including home-based preventive services, intensified reunification efforts, and removal of barriers to adoption through subsidies and other supports. Planning and timeliness became important considerations, to prevent children from "drifting" indefinitely in out-of-home care. A groundswell of support for these concerns led to the passage of landmark foster care and adoption legislation at the end of the 1970s.

With the election of President Ronald Reagan in 1980, the Children's Bureau's influence was diminished in many areas. However, support for family-based services, special needs adoption, and child abuse prevention continued. New technical assistance methods were explored, and the foundation was laid for today's modern State and Federal child welfare data systems. New pressures on the foster care system, including growing public concern about child maltreatment, a

national child welfare staffing crisis, and the crack cocaine and human immunodeficiency virus (HIV) epidemics of the mid-1980s, set the stage for more change in the 1990s and beyond.

National Center on Child Abuse and Neglect

President Nixon signed the Child Abuse Prevention and Treatment Act (CAPTA) on January 31, 1974, in response to growing public concern about child abuse and neglect. CAPTA provided unprecedented financial assistance to help States develop child abuse and neglect identification and prevention programs. To access this funding, States had to meet certain requirements, including stronger laws governing the reporting of alleged child abuse and neglect, as well as standards relating to investigation and cooperation among law enforcement, the courts, and social service agencies.¹ (In its first year, fiscal year (FY) 1975, 16 States qualified for grants totaling nearly \$750,000.²) CAPTA also authorized funding for continued Federal research into child abuse and neglect incidence, prevention, and treatment.



The Child Abuse Prevention and Treatment Act (CAPTA)—signed into law by President Nixon on January 31, 1974—was groundbreaking legislation, providing States with funds to develop child abuse and neglect prevention programs. (Richard Nixon Presidential Library & Museum)

CAPTA established a National Center on Child Abuse and Neglect (NCCAN) within the Children's Bureau to coordinate these activities. NCCAN was tasked with administering the State grants and providing technical assistance to help States qualify. NCCAN also administered discretionary grants, identified areas of focus for research and demonstration programs, created training materials

for workers in the field, and collected and disseminated information through its National Clearinghouse on Child Abuse and Neglect Information. An Advisory

Board, including representatives of all Federal agencies responsible for child abuse programs, was established to assist with program coordination and advise on standards for prevention and treatment projects. In June 1974, Congress appropriated \$4.5 million to support the Center's first-year activities.³ NCCAN's first director, Douglas J. Besharov, J.D., was appointed the following year. Besharov was a nationally recognized expert on child protective services and had served as executive director of the New York State Assembly Select Committee on Child Abuse and Neglect since 1971.⁴



Douglas J. Besharov, J.D., (right) at an NCCAN meeting ca. 1978. "All citizens must recognize the critical need to strengthen the family so that it can better cope with periods of stress."

—Besharov, in "Building a Community Response to Child Abuse and Maltreatment," *Children Today*, 4, no. 5, 1975

(Douglas J. Besharov's Personal Photo)

One of NCCAN's first priorities was to support States in enhancing their reporting laws. Although most States had laws in place, improvements were needed in areas such as reporting of neglect as well as abuse, confidentiality of reports and immunity for reporters, and appointing guardians *ad litem* in court proceedings.⁵ In 1974, a grant to the Institute of Judicial Administration in New York supported revision of the model Child Abuse and Neglect

Reporting Law (originally developed in 1962).⁶ Other grants during the Center's first few years funded demonstrations of services to abused children and their families—including programs to address the needs of specific populations such as military, rural, migrant, and Native American families—and research into the "underlying causes of child abuse and neglect within the context of the family and of institutions affecting family life."⁷ NCCAN also helped the newly founded Parents Anonymous (established in 1970) develop additional chapters around the country.⁸ Resource Projects were established in all 10 HEW Regions, providing training and technical assistance to State and local agencies.⁹ NCCAN's efforts contributed to a

deepening understanding of the various types of maltreatment during the 1970s, including neglect and emotional maltreatment, as well as a growing awareness of and willingness to talk about sexual abuse.

In providing training and technical assistance to States and communities, early NCCAN efforts focused on the following seven elements of effective child protection systems, all of which are still emphasized today:

- Accurate knowledge of the true incidence of child maltreatment
- Strong and well-publicized reporting laws
- Well-maintained central registers of child maltreatment reports
- An adequate supply of specially trained child protective workers
- Treatment programs for parents and children
- Effective court systems
- Interdisciplinary cooperation¹⁰

In 1976, NCCAN developed its first campaign to raise public awareness and generate referrals for families at risk of child abuse and neglect. The campaign included television and radio public service announcements (PSAs), newspaper ads, posters, and a handbook for communities. The materials emphasized advance planning to ensure that communities were prepared to follow up effectively on resulting reports and requests for help.¹¹

Bureau Administration: 1975–1979



On July 22, 1975, John H. Meier, Ph.D., was confirmed by the Senate as Director of the Office of Child Development and Chief of the Children's Bureau.¹² His appointment marked the end of a long vacancy in this appointed office, following Zigler's resignation in July 1972. Dr. Meier came to the Bureau from the John F. Kennedy Child Development Center in Denver, CO, where he had



John H. Meier, Ph.D., was confirmed by the Senate as Director of the Office of Human Development and Chief of the Children's Bureau on July 22, 1975.

(Meier Family Personal Photo)

served as associate professor of psychiatry and pediatrics and specialized in research programs for children with mental retardation and other developmental disabilities. Meanwhile Frederick Green, who had resigned in June of 1973 to return to practicing medicine, had been replaced as Associate Chief by Frank Ferro, who held that post until 1986.¹³

Two years after Meier's appointment, the Office of Child Development was abolished and a new agency, the Administration on Children, Youth and Families (ACYF) was created to administer its former programs. ACYF contained three major divisions: the Head Start Bureau, a new Youth Development Bureau, and the Children's Bureau. As part of this reorganization of the now-named Office of Human Development Services, the Children's Bureau also regained administration

of the title IV-B Child Welfare Services program, which it had lost to the Public Services Administration in 1969.¹⁴

Just a few days after this reorganization was announced, on August 4, 1977, Dr. Blandina Cardenas was sworn in as Commissioner of the new ACYF and Chief of the Children's Bureau. A specialist in education programs for minority children, Dr. Cardenas came to ACYF from the Center for the Management of Innovation in Multicultural Education, where she had served as director for the prior 2 years.¹⁵



Dr. Blandina Cardenas is sworn in as Commissioner of the new Administration on Children, Youth and Families and as Chief of the Children's Bureau by Vice President Walter Mondale and Sec. Joseph Califano. (Blandina Cardenas Personal Photo)

A Crisis in Foster Care

During the mid-1970s, there was a growing recognition that the foster care system in America was in grave need of improvement. One cause for alarm was the sheer growth in the number of children in foster care: from 177,000 in 1961 (when Federal matching funds for foster care were first made available) to 503,000 by 1978. Proportionally, the increase was even greater, because the population of children under age 18 *decreased* by more than 1.5 million during the same period.¹⁶ Studies in California, Massachusetts, New York, and other States documented the plight of foster children languishing in State custody. News reports, including a 1975 series of articles in the *New York Daily News*, brought the issue to a wider public.¹⁷

Many factors were believed to contribute to this increase. The growing awareness of abuse and neglect certainly played a part, resulting in greater numbers of children being taken into State custody. Deinstitutionalization during the 1960s and 1970s was another factor. As large facilities for children with mental retardation and mental illness were shut down without a concomitant increase in family- and

community-based services, children in foster care demonstrated relatively greater needs and were more difficult to place than earlier cohorts.¹⁸ Fewer children in general were being adopted during this period—despite the increase of children in need of families, adoptive placements declined between 1971 and 1976.¹⁹ Children’s advocates also observed that the way child welfare services were funded at the Federal level created challenges, because the Government subsidized foster care services for children in State custody but not services to prevent children from being separated from their families or to provide for children in adoptive homes.

The Bureau funded several studies during the mid-to-late 1970s in response to concerns about the rising number of children who were “adrift” in foster care (remaining in care simply for lack of a better plan), as well as the quality of care those children were receiving. One study published by the Children’s Bureau in 1977, *Foster Care in Five States*, evaluated foster care programs in Arizona, California, Iowa, Massachusetts, and Vermont. Findings from all five States revealed insufficient preventive services for families, neglect of children’s needs once in care, and inadequate preparation for foster parents.²⁰



Cover of the 1977 Bureau publication *Foster Care in Five States*. (Internet Library or archive.org)

Workforce issues contributing to the problem also were identified. A study commissioned by the Children’s Bureau and published in 1977 reviewed child welfare services in 25 States (home to about 70 percent of the Nation’s children). It found a significant void in professional child welfare leadership and practice, minimal staff development, and heavy workloads (often including other types of cases—such as elderly and handicapped adults—in addition to child welfare). The authors called for “immediate action by the States; the Federal Government; national, state and local organizations.”²¹ In response to the identified lack of trained child welfare staff, in 1979 the Bureau provided grants

totaling more than \$2 million to establish a National Child Welfare Training Center at the University of Michigan School of Social Work and 10 regional training centers. The National Center focused on disseminating best practices and coordinating the regional centers' efforts. It also provided a comprehensive review of the current status of educational programs for the child welfare workforce, including in-service programs as well as collaborations between universities and child welfare agencies.²²

Proposing Solutions

As awareness of the problems in the national foster care system grew, State and local agencies, private and grassroots organizations alike worked to identify creative solutions. The passage of title XX of the Social Security Act in January 1975, with its emphasis on State flexibility and community participation in planning for human services, encouraged a strong constituency to speak out in support of foster children.²³ This national grassroots movement continued to blossom through annual National Action for Foster Children Week activities and Foster Parent Association conferences. The Children's Bureau continued to support Action Week activities and to provide technical assistance to State programs. A 1976 Bureau publication, *Sharing and Caring*, encouraged citizens to join the effort by forming or becoming involved with local Action for Foster Children committees.²⁴

Both the understanding of the problems with foster care and potential solutions were grounded in a newfound sense of the importance of families to children and their development. "The whole field of services to children and youth has become energized, in the last few years, by family awareness," stated Blandina Cardenas, Commissioner of ACYF and Chief of the Children's Bureau, in an introduction to a 1978 special issue on the family of *Children Today*.²⁵ As early as 1974, Children's Bureau Central and Regional Office staff met to discuss ways to reduce the need for and improve the quality of foster care services. The Bureau targeted three specific improvements to the child welfare system: in-home services to strengthen families and prevent out-of-home placement, permanency planning for children in out-of-home care, and removal of barriers to adoption for children with special needs.²⁶

Family Preservation

In 1977, the Children's Bureau began supporting a National Clearinghouse for Home-Based Services to Children and Families at the University of Iowa School of Social Work. The clearinghouse was created to facilitate research regarding home-based programs and serve as a resource for the many public and private agencies that were already beginning to channel funding into programs designed to support, strengthen, and maintain children's families rather than to replace them. These were comprehensive and intensive service models, with staff available 24 hours a day, 7 days per week, in contrast to the more limited, earlier versions of home-based services such as nurse visiting or homemaking. The clearinghouse facilitated two national symposia to explore policy, research, and practice on the topic, as well as conducting additional workshops and distributing education and training materials.²⁷ The Homebuilders program was one in-home family preservation model supported by the Children's Bureau. Begun in Tacoma, WA, in 1974, Homebuilders is a specific, intensive service model to help families in crisis stay together by providing short-term, around-the-clock therapeutic services. Encouraged by the program's initial success, the Children's Bureau provided a grant in 1977 to fund additional therapists and a more formal (control group) evaluation.²⁸ This and future demonstration efforts prompted extensive development of family

preservation services across the country in the coming decade.



A young man works with a parent on money management skills as part of the Homebuilders program, ca. 1992. (Institute for Family Development HOMEBUILDERS program)

Permanency Planning

The Children's Bureau encouraged the development of innovative permanency practices through its research and demonstration grants. In 1973, the Bureau provided a 3-year demonstration grant to the Children's Services Division of the Oregon State Depart-

ment of Human Resources to support its Freeing Children for Permanent Placement project. This project emphasized termination of parental rights in order to expedite adoption for children who had been in foster care longer than 1 year and who were believed to be unlikely to return to their homes. Through strategies such as reduced caseloads and independent counsel for children, more than 60 percent of the 509 children in the program achieved permanency during its first 3 years, either through reunification with their families or adoption. As a result of the program's success, the Children's Bureau decided to offer additional grants beginning in 1976 for States to replicate the Oregon project or test other approaches to enhancing permanency.²⁹ The Bureau also awarded six short-term training grants during FY 1978 to develop materials to help foster care workers and supervisors more effectively achieve permanence for children.³⁰

Removing Barriers to Adoption

The Bureau focused on two strategies to increase adoptions for children with special needs during this period. The first was the development of model State laws for subsidized adoption and termination of parental rights. In 1974, the Bureau awarded a grant for this purpose to the Child Welfare League of America (CWLA). The Model State Subsidized Adoption Act, which drew on broad public input as well as the strengths of laws already enacted in 39 States, was approved in July 1975 and disseminated to more than 6,000 State directors, committees, voluntary organizations, schools of social work, and others.³¹ The second strategy was to encourage States to enact the Interstate Compact on the Placement of Children (ICPC), a uniform State law that provides critical protections for children being placed across State lines for the purposes of foster care or adoption. Although the ICPC was drafted in the 1950s in response to the Kefauver hearings, and first enacted in New York in 1960, little progress had been made in encouraging States to join by the mid-1970s. The Children's Bureau lent its support and provided a grant to the American Public Welfare Association (APWA) to encourage more States to join.³²



Intercountry adoptions had been taking place in significant numbers since the Korean War, with the majority of children arriving from Korea (35,000 between 1953 and 1975). Between 1968 and 1975, the number of intercountry adoptions more than doubled, to approximately 3,000 per year.³³ These adoptions were completed privately, as independent adoptions or overseen by licensed agencies. Nevertheless, the Children's Bureau had a great interest in how the children were faring.

In April 1975, at the end of the Vietnam War, the highly publicized Orphan Airlift (or "Operation Babylift") brought intercountry adoption to the world's attention. Just before the fall of Saigon, approximately 2,000 infants and young children were quickly evacuated from South Vietnam to the United States under the auspices of the U.S. Agency for International Development and through the efforts of seven private adoption agencies approved by the Vietnamese government.³⁴ Proponents claimed the speed with which the action was executed saved many young lives. Critics, however, argued that the children's orphan status was not clearly established in all cases; some suggested that the Chil-

dren's Bureau should oversee similar international adoption efforts in the future. That year, the Bureau also published *Tips on the Care and Adjustment of Vietnamese and Other Asian Children in the United States*.³⁵



President Gerald R. Ford carries a Vietnamese baby from "Clipper 1742," one of the many planes that transported approximately 325 South Vietnamese orphans from Saigon to the United States. (The Gerald R. Ford Library)

In 1980, the Bureau released two more publications, developed under contract by APWA, to provide information

and encourage enhanced protection for foreign-born children and their adoptive parents. *Intercountry Adoption Guidelines* contained model administrative procedures developed by a 22-member advisory committee, including agency representatives as well as parent groups. The Bureau's *National Directory of Intercountry Adoption Service Resources* served as an information resource for all those interested and involved in intercountry adoptions. It was the first resource of its kind published in the United States.³⁶

Worldwide concern on behalf of children adopted internationally would eventually lead to the conclusion of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, in 1993.

Adoption Opportunities: The First Federal Adoption Legislation

In 1975, Senator Walter Mondale's (D-MN) Subcommittee on Children and Youth conducted 2 days of hearings on adoption of children with special needs. From these hearings, and the testimony of 19 agency representatives and children's



Vice President Walter Mondale was a long-time child advocate. His Senate Subcommittee on Children and Youth conducted hearings on children with special needs that resulted in the **Child Abuse Prevention and Treatment Adoption Reform Act**. (Minnesota Historical Society)

advocates, emerged the framework for the first Federal legislation in the field of adoption: The Child Abuse Prevention and Treatment and Adoption Reform Act (P.L. 95-266), which was signed into law in April 1978.³⁷ Title II of that law established the Adoption Opportunities program with the aim of eliminating obstacles and facilitating adoption for children with special needs. It authorized HEW to propose model legisla-

tion, establish a national data system, promote quality standards for services, develop a national adoption information exchange, and offer training and technical assistance to State adoption programs.

In FY 1980, the Children's Bureau awarded Adoption Opportunities grants totaling \$4.8 million to 16 projects to facilitate adoption of foster children, including children over the age of 12, minorities, and children with disabilities. A large portion of those funds was used to establish 10 Regional Adoption Resource Centers. These centers provided technical assistance to States, collected resource libraries, disseminated resources to State and local agencies, trained child welfare workers, and helped establish adoptive parent groups. CWLA received two significant awards: one to develop the National Adoption Information Exchange and a second to support creation of PSAs to recruit adoptive and foster parents, with the theme "You Can Make a Difference." All national projects were required to address the needs of minority children in the foster care system (including representation of a diverse group of children in all visual ads and announcements); in addition, four projects were funded exclusively to meet minority children's needs.³⁸

The model legislation mandated by title II, the Model Act for the Adoption of Children with Special Needs, called for adoption assistance for all children with special needs, expanded grounds for termination of parental rights, and clarified the roles of adoption agencies and States in facilitating and supporting such adoptions. It was published in the *Federal Register* on October 8, 1981.³⁹

The Indian Child Welfare Act of 1978



Over the years, Federal policies regarding Native Americans have had a devastating effect on families. The policy of removing Indian children from their homes and placing them in Federal boarding schools with the goal of assimilating them into mainstream American society resulted in lost ties between Indian children and their families, cultures, and communities. The assimilation and termination policies of the 20th century broke up reservation communities and forced Native American families into cities, isolating them from community and

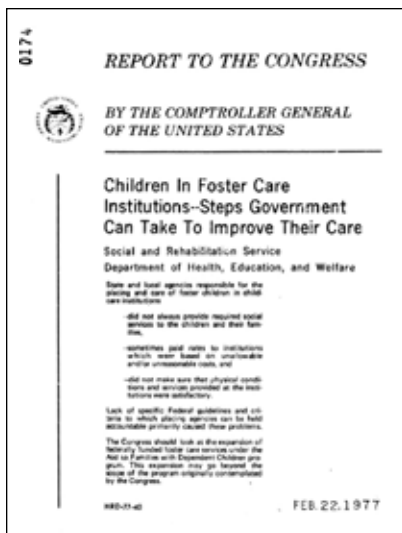
kin. Too often State officials, failing to understand the importance of cultural beliefs and the value of the extended family, advocated for the removal of Indian children from their homes in favor of foster care placement.

Around the same time as Senator Mondale's adoption hearings, a 1976 study by the Association on American Indian Affairs showed that 25 to 35 percent of Indian children were being removed from their homes by State courts and welfare agencies. The vast majority (85 percent) of these were placed in non-Indian homes or institutions.⁴⁰ The alarming rate of out-of-home placement of Indian children with non-Indian families came to be viewed as a form of cultural genocide. In response to this trend, Congress passed the Indian Child Welfare Act (ICWA) in 1978. ICWA was designed to protect the best interests of Indian children and promote the stability and security of Native American Tribes and families by granting jurisdiction to the Tribe in custody matters involving Indian children.

Since the passage of ICWA, the Children's Bureau has worked closely with the Bureau of Indian Affairs and other groups to disseminate information about the law and to enhance communication between Tribal and State child welfare systems.

Foster Care Reform: The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272)

Around the same time that P.L. 95–266 was being developed and passed, momentum also was building for significant changes in Federal foster care legislation. Following the veto of child welfare reform legislation in California in 1975 by then-Governor Ronald Reagan, Representative George Miller (D-CA) asked the General Accounting Office (GAO) to investigate the national foster care system.⁴¹ The GAO's report, *Children in Foster Care Institutions: Steps Government Can Take to Improve Their Care*, was released on February 22, 1977. Its recommendations included increasing caseworker visits with foster children and parents, more closely monitoring services provided and children's progress, and a possible expansion of the Aid to Families with Dependent Children program.⁴² Representative Miller introduced legislation the same year, H.R. 7200, that addressed many of these and other



The Congressional Subcommittee on Education asked the General Accounting Office to investigate the national foster care system in 1975, resulting in the 1977 report *Children in Foster Care Institutions: Steps Government Can Take to Improve Their Care*.

comings of the national foster care system, *Children Without Homes: An Examination of Public Responsibility to Children in Out-of-Home Care*. Around the same time, *Who Knows? Who Cares? Forgotten Children in Foster Care*, by the National Commission on Children in Need of Parents, summarized data collected from multiple studies and testimony from more than 400 witnesses in nine regional hearings. Both reports identified numerous problems with the system—including foster care “drift”; courts’ reluctance to terminate parental rights; inadequate payments to foster parents; “overburdened, underpaid and often professionally unprepared staff”; and the Federal funding disincentive to move children out of foster care (or prevent their placement in the first place)—and made recommendations to address the problems they identified.⁴⁵

Studies like these, in addition to news coverage and the vocal support of advocacy groups, lent weight to the reform effort. In 1978, new bills—written in partnership

experts’ recommendations, including the need for adoption subsidies and other changes to correct the foster care program’s financial bias toward family separation. Although the House voted overwhelmingly in favor of the bill, it did not pass the Senate.⁴³

In the meantime, a large and active alliance of advocacy groups was forming that would prove essential to the national reform effort. Two major players, CWLA and the Children’s Defense Fund (CDF), were joined by a host of other constituents, including adoptive parent organizations, foster parents, and former foster children, as well as public and private agency executives, social work educators, journalists, foundations, and public interest law firms.⁴⁴ In 1978, CDF published the results of a 3-year study revealing many short-

with Children's Bureau staff and leadership, members of Congress, and advocacy organizations, and including many of the same features as H.R. 7200—were introduced in the House and Senate. With tremendous bipartisan support, both versions passed in late 1979. President Carter signed the final bill, the Adoption Assistance and Child Welfare Act (P.L. 96–272), on June 17, 1980.⁴⁶



President Jimmy Carter signed the Adoption Assistance and Child Welfare Act (P.L. 96–272), on June 17, 1980. (Library of Congress, LC-USZC4-599)

P.L. 96–272 Requirements

P.L. 96–272 effected major changes in how child welfare services were funded and administered at the Federal level. Funds for foster care originally authorized under title IV-A of the Social Security Act were now appropriated under a new section, title IV-E. Foster care funds, formerly open-ended, were capped under the new law. Federal adoption subsidies provided further incentive for States to move children toward permanency and away from long-term reliance on foster care. Title IV-E also required State plans to guarantee that “a reasonable effort” would be made to prevent foster care placement or to return children home as quickly as possible. Responsibility for the administration of title IV-E funds, which (under

IV-A) had remained with the Social Security Administration during the Bureau's 1969 move, was restored to the Bureau.

Title IV-B (child welfare services) formula grants also saw changes, primarily in the form of new conditions on the use of funding increases above 1979 appropriation levels. To access those funds, States were now required to establish certain safeguards. For the first time, States were required to provide written case plans for individual children, ensure placement in the least restrictive setting in the child's best interests, and hold case reviews regarding the suitability of those plans every 6 months. An additional hearing was required after 18 months in

care, to establish permanency plans for the child's future and prevent children from drifting in foster care indefinitely.

It would be difficult to overstate the significance of these changes in the history of the U.S. child welfare system. The law both reflected and propelled a shift in thinking from States' reliance on foster care to a focus on *permanence* for children, achieved either by remaining with (or returning to) their families of origin or through adoption. It included a number of groundbreaking requirements, including:

- First Federal assistance to support the adoption of children with special needs
- A requirement that *all States* establish an adoption assistance program
- Mandated preplacement preventive services to help keep children with their families whenever possible
- Mandated permanency planning services and procedures
- Financial incentives for States to refocus child welfare programs on *serving families*, rather than on *placing children* in foster care
- A requirement for States to conduct an inventory of all children remaining in foster care for 6 months or longer⁴⁷

Along with the new requirements for States and administration of the new title IV-E program, the law assigned the Children's Bureau a host of additional responsibilities by imposing greater accountability on Federal and State systems alike. For the first time, the Bureau was required to report to Congress on foster care placements and the title IV-E program, to collect and publish data on foster care and adoption, and to conduct regular audits of State programs.

Its first responsibility was to publish regulations that would put the legislation into practice. Working closely with national and State child welfare authorities, and after close review of committee reports, Bureau staff drafted detailed regulations for the law's implementation. A notice of proposed rulemaking (NPRM) was published in the *Federal Register* for public comment on December 31, 1980.⁴⁸ The following January, Bureau leadership conducted 10 regional forums with State administrators to gather additional input. Despite the prescriptive nature of the

regulations and their stringent requirements for States, the Bureau found administrators in many States were aware of the challenges of the current foster care system, eager for change, and in agreement with the law's general direction.⁴⁹ Many States began to implement its requirements even before the regulations were finalized.⁵⁰

More Changes for the Bureau



On February 14, 1980, John Calhoun was sworn in as the new Commissioner of ACYF and Chief of the Children's Bureau. Before his appointment, Calhoun had served as youth services director in Massachusetts. He brought to



John Calhoun is sworn in as the new Commissioner of the ACYF and Chief of the Children's Bureau by Patricia Roberts Harris, Secretary of Health and Human Services. (John Calhoun Personal Photo)

the Bureau a strong belief in family-based services: "Everything I've seen and done over the past 15 years has convinced me that the best way to help children is through families."⁵¹ Calhoun also sought to enhance both citizen involvement and Federal cooperation in programs for children and families. He was a strong advocate for the creation of the Office on Domestic Violence.

Shortly before Calhoun's appointment, in October 1979, the Bureau's parent agency, the U.S. Department of Health, Education, and Welfare was renamed the U.S. Department of Health and Human Services (HHS) through the Department of Education Organization Act.⁵²

A New Administration Brings Challenges for the Bureau



President Ronald Reagan speaks at his inauguration on January 20, 1981. (Ronald Reagan Library)

The inauguration of President Ronald Reagan on January 20, 1981, brought significant changes in the administration's view of the proper role of the Federal Government and to the plans for implementing P.L. 96-272. On March 3, 1981, just 41 days after Reagan's inauguration, the interim final rule was withdrawn.⁵³

After attempts to repeal

P.L. 96-272 and block grant foster care services failed,⁵⁴ a final rule was issued on May 23, 1983, which removed many of the original regulations' more detailed requirements.⁵⁵ As a result, it would be many years before the child welfare system would reap the full benefits of this landmark legislation. Nonetheless, a 1984 report to Congress on early implementation of the law during the 3 years that the regulations remained in limbo found that the number of children in the U.S. foster care system had been reduced by 50 percent, from 500,000 to 250,000.⁵⁶

Other changes for the child welfare system also followed Reagan's election. Children's Bureau staff had begun to develop a revitalized Federal-State joint planning process in the late 1970s, as authorized by title IV-B. After 1981, these planning efforts were dropped in favor of more straightforward administrative reviews of title IV-B and IV-E programs.⁵⁷ The majority of States were found to meet legislative requirements; however, millions of dollars in disallowances were issued during the early years of program reviews (1984-1988).⁵⁸ Also, funding that had been earmarked for a 1980 White House Conference on Children was redirected to the States—thus ending the Conference's 70-year tradition.⁵⁹ Although efforts to block grant title IV-B and IV-E funds failed, title XX (a portion of which States had been required to use for prevention and reunification, among other human services) was amended in the 1981 Omnibus Budget Reconciliation Act (P.L. 97-35) to create the Social Services Block Grant. The funding cap also was cut from \$2.9 billion in

FY 1981 to \$2.4 billion for FY 1982, creating further strain on State resources and increasing competition for child welfare funding.⁶⁰

Reagan's Appointees: Clarence E. Hodges and Dodie Truman Livingston

President Reagan first nominated Clarence E. Hodges for the position of Commissioner of ACYF and Chief of the Children's Bureau; he was confirmed in December 1981. Former Assistant Director of the Community Services Administration and Director of the Office of Community Action, Hodges' background included experience administering employment and housing assistance programs. He also was active in politics, serving as staff assistant to Senator Richard G. Lugar (R-IN) and running for the U.S. House of Representatives himself in 1980.⁶¹



President Ronald Reagan with Clarence E. Hodges, Commissioner of ACYF and Chief of the Children's Bureau. (Ronald Reagan Library)

In 1984, Hodges was succeeded by Dodie Truman Livingston, former Special Assistant to the President and Director of the Office of Special Presidential Messages. A writer and researcher by trade, Livingston had a strong personal interest in adoption and children's issues.⁶²



In 1984, Hodges was succeeded by Dodie Truman Livingston, former Special Assistant to the President and Director of the Office of Special Presidential Messages.
(Ronald Reagan Library)

Progress During the Early 1980s

Many of the Children's Bureau's functions and resources were moved up and out of the Bureau during this period. For example, the Bureau's highly successful publications department was dismantled; by 1983 many of its popular publications were either eliminated or, in the case of *Children Today*, became products of OHDS.⁶³ Nonetheless, program resources such as the Adoption Opportunities, Child Welfare Research and Demonstration, and Child Welfare Services and Training grant programs continued to be used to focus attention and advance the field's knowledge and skill in critical areas.

Special Needs Adoption

Adoption continued to be an area of concern throughout the 1980s, and one that received bipartisan support. After the first Adoption Week was established in 1976 by Governor Michael Dukakis of Massachusetts, other States and communities followed suit.⁶⁴ In 1984, the U.S. Congress designated the week of November 19–25

the first National Adoption Week. In his Proclamation, President Reagan called the celebration an opportunity to “encourage community acceptance and support for adoption and take time to recognize the efforts of the parent groups and agencies that assure adoptive placements for waiting children.”⁶⁵ A few years later, President George H.W. Bush and Mrs. Bush held some of the earliest National Adoption Week events at the White House that featured adoptive families.

Meanwhile, Adoption Opportunities grants continued to support demonstration programs to remove barriers to adoption for children with special needs. One focus was on raising the visibility of waiting children, through efforts such as a computerized National Adoption Exchange funded in FY 1983, as well as by encouraging television stations and newspapers to feature children in foster care awaiting adoptive families.⁶⁶ Due to a growing awareness of the disproportionate number of minority children in the child welfare system, many of these programs focused specifically on increasing adoption for minority children. For example, the One Church, One Child program was replicated throughout Illinois in 1982–1983 in part through support from Children’s Bureau grants.⁶⁷



Father George Clements founded one Church, One Child in Illinois in 1980, a program that received Bureau support. The national One Church, One Child program was founded in 1988.

More general education and training projects included development of a curriculum on special needs adoption and continued support for parent groups, the National Adoption Exchange System, and Regional Resource Centers. In the 1986 Omnibus Budget Reconciliation Act (P.L. 99–509), Congress called for the establishment of a National Adoption Information Clearinghouse to collect and disseminate information and data on all aspects of infant adoption and adoption of children with special needs.⁶⁸ From 1986 to 1989, the Bureau funded a consortium of nine States that worked together to create effective strategies to increase adoption for waiting children. Recognizing that children and families continue to face challenges after adoption is completed, the Bureau also began to support training in postadoption services in 1984.⁶⁹

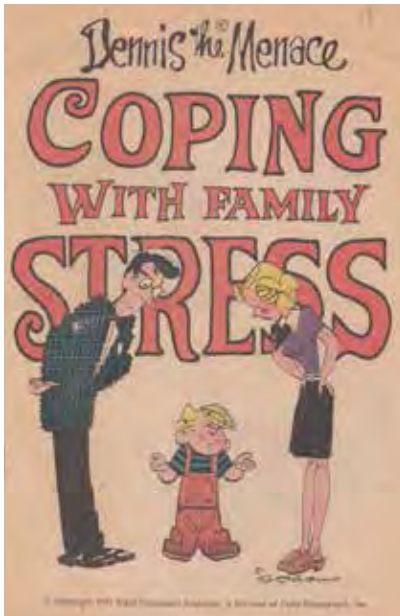
Family-Based Services

The Bureau used child welfare research and demonstration funds throughout the 1980s to continue to advance knowledge and implementation of effective family-based services. In 1982, the Bureau awarded a grant to the University of Iowa School of Social Work to support a National Resource Center on Family Based Services, which collected and disseminated materials on effective programs, created a directory of programs, and provided consultation and technical assistance to help States reduce the number of children entering foster care through preventive services.⁷⁰ In 1985, the Bureau funded four additional projects to develop materials and training to help States interpret and implement the “reasonable efforts” requirement of P.L. 96–272.⁷¹

Child Abuse Treatment and Prevention

The early 1980s saw growing public concern for the plight of abused and neglected children, particularly victims of child sexual abuse. In 1980, NCCAN funded regional institutes to train child protective service workers and other professionals in the treatment of child sexual abuse within families.⁷² The following year, NCCAN awarded 24 additional grants for projects addressing sexual abuse and exploitation of children and published a volume of articles on the topic: *Sexual Abuse of Children: Selected Readings*.⁷³ Meanwhile, State and local child protective systems continued to struggle with how best to respond to reports of sexual abuse, in the face of challenges that included inconsistent definitions, inherent difficulties observing and documenting the abuse, and stigma. In the 1984 Victims of Crime Act, Congress included funding to encourage States to improve their handling of child abuse cases, with a particular emphasis on child sexual abuse. This funding was reauthorized in 1986 in the Children’s Justice and Assistance Act (P.L. 99–401). In 1988, the Children’s Justice Act program was incorporated into CAPTA; today the Children’s Bureau’s Office on Child Abuse and Neglect (formerly NCCAN) administers the State grants.⁷⁴

NCCAN also awarded millions of dollars in grants aimed at understanding how best to prevent child abuse and neglect in families, supporting efforts ranging from primary prevention programs (such as general parent education classes) to targeted services for families in crisis.⁷⁵ In addition to continuing to support the development of Parents Anonymous chapters, the Bureau also took an interest in



In 1981, the National Center on Child Abuse and Neglect used the popular Dennis the Menace cartoon character in its comic book for youth about coping with family stress.

(DENNIS THE MENACE© 2012 Hank Ketcham Enterprises, North America Syndicate)

the movement to create State Children's Trust Funds. Kansas was the first State to pass such legislation in the spring of 1980, requiring revenues from surcharges placed on marriage licenses to be used to support child abuse prevention.⁷⁶ Other States soon followed: by 1984, the number of States with Trust Funds was up to 15.⁷⁷ That year, Congress passed the Child Abuse Prevention Federal Challenge Grants Act (title IV of P.L. 98-473) to encourage more States to follow suit. By 1989, all but three States had passed Children's Trust Fund legislation.⁷⁸

In 1982, Congress resolved that June 6–12 should be designated as the first National Child Abuse Prevention Week; the following year, President Reagan proclaimed April to be the first National Child Abuse Prevention Month, a tradition that continues to this day.⁷⁹ NCCAN coordinated activities at the Federal

level, including creation and dissemination of information and promotional materials. In 1984 for example, posters, bumper stickers, and buttons displayed the theme, "Kids—You can't beat 'em." Print, radio, and television PSAs, meanwhile, urged viewers to "Take time out. Don't take it out on your kid." NCCAN also released *Perspectives on Child Abuse and Neglect in the Mid-1980s*, a collection of articles related to the prevention of child maltreatment.⁸⁰



Among its other requirements, CAPTA mandated “a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.”⁸¹ The first comprehensive study to use uniform definitions of abuse and neglect in collecting national data on child maltreatment, *The National Study of the Incidence and Severity of Child Abuse and Neglect*, was conducted in 1979–1980 and published by NCCAN in 1981. This study, referred to as NIS–1, included data from 26 counties in 10 States.⁸² A second study, NIS–2, was conducted in 1986–1987 and published in 1988.

These first two studies concluded that most abused and neglected children were not reported to child protective services (CPS) agencies. As a result NIS–3, conducted in 1993–1995 and released in 1996, included supplementary studies on the reporting behaviors of school personnel and on CPS agency policies and practices. The most recent study, NIS–4, was mandated by the Keeping Children and Families Safe Act of 2003. Data were collected in 2005–2006, based on a nationally representative sample of 122 counties, and the study was published in 2010. The NIS–4 was the first to show an overall *decrease* in the incidence of child maltreatment since the prior National Incidence Study.⁸³

New Approaches to Training and Technical Assistance

In FY 1983, training and technical assistance resources for States were consolidated in 10 ACYF Regional Resource Centers on Children and Youth Services. These centers replaced and expanded on the services formerly provided by the Children’s Bureau’s resource centers on child abuse and neglect, adoption, and child welfare training. Centers were responsible for working collaboratively with States and private/grassroots organizations to identify resources, match resources to State and local needs, and provide training and technical assistance. The grants

reflected a new way of thinking about Federal technical assistance centers, as grantees were expected to develop alternative sources of funding to sustain the projects at the end of their 2-year grants.⁸⁴

A similar approach was taken in FY 1986, when the Children's Bureau awarded grants to create six new National Resource Centers (NRCs) for Child Welfare Services. An article in the January-February 1986 issue of *Children Today* announcing the grants stated, "In keeping with the Office of Human Development Services' entrepreneurial emphasis ... the Centers will be expected to seek a great deal of their funding from sources other than the Federal account."⁸⁵ State agencies, it noted, would be expected to pay part of the cost for consultative services in the NRCs' topical areas: family-based services, foster and residential care, legal resources on child welfare programs, child welfare program management and administration, youth services, and special needs adoption. Three additional resource centers—one on child welfare services to developmentally disabled children, one on child abuse and neglect, and a child abuse clinical resource center—were announced later in 1986.⁸⁶

Meanwhile, child welfare training funds in the mid-1980s were used to address requirements of P.L. 96-272. Priority topics included child welfare and the law, leadership training for the judiciary, and effective child welfare supervision. Other training grants promoted a multidisciplinary approach to the treatment of child abuse and neglect. Although P.L. 96-272 also created a title IV-E training program to support a substantial percentage of States' costs for long-term and short-term training of child welfare workers, this program was vastly underutilized during the 1980s.⁸⁷

By 1986, the child welfare field recognized that it was facing a staffing crisis; agencies were having tremendous difficulty recruiting and retaining trained, competent workers. That year, the National Association of Social Workers hosted a symposium titled "Professional Social Work Practice in Public Child Welfare," with support from OHDS, and created a task force on the subject. In the next several years, the Children's Bureau began to use training funds more strategically, encouraging universities and child welfare agencies to collaborate on projects directly responsive to the field's most significant needs.⁸⁸



In 1979–1980, the National Center on Child Abuse and Neglect launched a new series of resources for professional workers and others concerned with the prevention, identification, and treatment of child abuse and neglect. Many volumes in the series of 21 publications were addressed to those working in certain profes-



NCCAN launched a series of User Manuals for child welfare professionals in the late 1970s. The latest versions were produced in 2010. (Child Welfare Information Gateway)

sions, such as teaching, nursing, mental health, law enforcement, child protective services, and day care. Others focused on specific topics within the field of child maltreatment (for example, family violence, child protection in military communities, or sexual abuse and exploitation). All of the User Manuals advocated a multidisciplinary approach.⁸⁹

The User Manual series became a popular and enduring publication series. Some of the titles were revised in the early 1990s; the latest versions were released between 2003 and 2010.⁹⁰

Data and Information Systems Improve

The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 required the development of a national adoption and foster care data system, and the Adoption Assistance and Child Welfare Act of 1980 added the requirement

for States to submit regular statistical reports to HHS.⁹¹ In 1982, in response to these requirements, the Children's Bureau first funded the Voluntary Cooperative Information System (VCIS), through a grant to the APWA. From 1982 to 1985, VCIS collected aggregate data from the States and published an annual summary report. This data's usefulness was limited by several factors, including variable definitions and reporting periods among States, lack of timeliness, and incomplete State participation.

In response to concerns expressed by advocacy groups about data quality, Congress passed legislation in 1986 (P.L. 99-509) to require the development of a new data collection system that would correct the problems with VCIS. An Advisory Committee on Adoption and Foster Care Information was quickly appointed; based on its recommendations, the Secretary of HHS submitted a report to Congress on May 26, 1989, outlining a plan for administering and financing the new system. The resulting Adoption and Foster Care Analysis and Reporting System (AFCARS) was implemented on October 1, 1994. AFCARS aimed to address concerns about VCIS through the use of mandatory participation, financial penalties, and common data definitions and reporting periods.

In the meantime, a similar evolution was occurring with respect to child abuse and neglect data. From 1976 to 1988, these data were collected in the National Child Abuse and Neglect Reporting Study, through a grant with the American Humane Association.⁹² The CAPTA amendments of 1988 required the establishment of a new national data collection system on reports of (and deaths due to) child abuse and neglect. This voluntary system, which came to be known as the National Child Abuse and Neglect Data System (NCANDS) was to provide both case-level and aggregate data. The Children's Bureau worked in partnership with a State Advisory Group to identify common data elements and data collection approaches, ultimately leaving data definitions up to the States (rather than establishing uniform data definitions as AFCARS did). The Children's Bureau then translated data collected by States to produce national reports. The system was pilot-tested in nine States; the first national report of aggregate data (including data from 47 States, one territory, and the District of Columbia) was published in 1992 using 1990 data.

Program and Policy Changes to Address Specific Problems

Enhanced attention to data collection resulted in a deeper understanding of the families and children affected by child abuse and neglect, foster care, and adoption. This led to a number of legislative and policy changes during the late 1980s and early 1990s.

Independent Living

Better quality data about the children in foster care quickly revealed that a growing number of older youth were remaining wards of the State until they reached legal age. Unable to return to their families of origin, and in many cases considered too old to be adopted, these youth instead “aged out” of the foster care system with little preparation or support. While State and local child welfare systems had been aware of this problem for many years, and some had made efforts to address it (notably Oregon’s Independent Living Subsidy Program established in 1973⁹³), aggregate data made the problem apparent for the first time on a national scale. In 1986, Congress created a Federal program to support independent living services within title IV-E through P.L. 99–272. This law required the Children’s Bureau to help States establish initiatives to prepare foster children ages 16 or over for a more successful adulthood.⁹⁴ That year, the Bureau funded seven demonstration grants; three universities also received grants to create training materials for foster parents and youth workers.⁹⁵ The program’s authorization was made permanent in 1993 and was later expanded through the Foster Care Independence Act of 1999.

Abandoned Infants

The crack cocaine and acquired immune deficiency syndrome (AIDS) epidemics of the 1980s, meanwhile, resulted in a dramatic increase in the number of children entering foster care and the number of infants born exposed to drugs or HIV. Growing numbers of these infants ended up as “boarder babies,” remaining in hospitals beyond the period of medical necessity because their parents could not care for them, and it took time for child welfare agencies to locate kin or foster family caregivers. As early as 1986, the Children’s Bureau was funding demonstration projects to explore solutions under title II of the Children’s Justice and Assistance Act (P.L. 99–401)—the Temporary Child Care and Handicapped Children and Crisis

Nursery Act.⁹⁶ Some of these programs provided direct services to help families care for their medically fragile infants with the aim of preventing maltreatment and foster care placement; others recruited specially trained foster families to provide medical foster care while pursuing more permanent options.



Louis Sullivan (left), Secretary, U.S. Department of Health and Human Services, and President George H.W. Bush (right) hold a 4-month-old baby while visiting DC General Hospital's ward for babies abandoned by drug-addicted mothers. (AP Images)

In 1988, Congress passed the Abandoned Infants Assistance Act (P.L. 100-505), authorizing funding for additional program demonstrations to prevent abandonment of infants; address the needs of abandoned infants and young children, particularly those with AIDS; provide appropriate homes for these infants, either with their birth families or foster families; and recruit and train health and social service

professionals. The Act was reauthorized in 1991 with several additions, including a National Resource Center that still operates today. That year, there were still an estimated 10,000 boarder babies in 865 hospitals throughout the United States. One quarter of those infants remained in the hospital from 21 days to more than 100 days beyond medical discharge.⁹⁷

Administrative Changes Under George H.W. Bush



On July 26, 1989, Wade Horn, Ph.D., was confirmed by the Senate as Chief of the Children's Bureau and Commissioner of ACYF. Prior to his appointment, Dr. Horn had served as director of outpatient psychological services and vice

chairperson of the department of pediatric psychology at the Children's National Medical Center. Dr. Horn also was active with the Bush campaign, serving on the campaign's Health Care Advisory Group and the Presidential Transition Team at the Department of Health and Human Services.⁹⁸ Dr. Horn served throughout President George H.W. Bush's term, resigning in 1993.



Children's Bureau Chief Wade Horn, Ph.D., joins First Lady Barbara Bush at a 1990 luncheon celebrating the 25th anniversary of Head Start. (Dr. Wade Horn's Personal Photo)

On April 15, 1991, the U.S. Department of Health and Human Services underwent a major reorganization. Child-oriented programs from the Family Support Administration, the Maternal and Child Health Block Grant (formerly administered by the Public Health Service), and the Office of Human Development Services (including ACYF) were consolidated into the newly

created Administration for Children and Families. The same year, NCCAN was moved out from within the Children's Bureau and became a separate entity within ACYF, providing it with greater visibility and control over budget and policy initiatives.⁹⁹ David Lloyd was named director of NCCAN.

Child Abuse and Neglect: “A National Emergency”

Despite the significant investment of resources to prevent and treat child abuse and neglect since the 1974 creation of NCCAN, the incidence of maltreatment remained at epidemic levels, as evidenced by the 1988 NIS-2 report and preliminary reports from NCANDS. In 1990, the U.S. Advisory Board on Child Abuse and

Neglect, which had been established under the 1988 amendments to CAPTA, published its first report: *Child Abuse and Neglect: Critical First Steps in Response to a National Emergency*.¹⁰⁰ The report expressed the Advisory Board's conclusion that child abuse and neglect had reached critical levels in the United States and its concern that "the system the nation has devised to respond to child abuse and neglect is failing."¹⁰¹ The report suggested 31 "critical first steps" to control the emergency, which was necessary before the existing child protection system could be replaced with a new national strategy. Also in 1990, NCCAN initiated the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), a consortium of research studies to explore the causes and impact of child maltreatment that were carried out over a period of more than 20 years.¹⁰²



A special issue of *Children Today*, 21, no. 2, 1992, was a dedicated to the difficult issues of child abuse and neglect in foster care.

(Child Welfare Information Gateway)

The same summer, Secretary of U.S. Department of Health and Human Services Louis W. Sullivan, M.D., created an unprecedented initiative to galvanize nationwide efforts to prevent and treat child abuse and neglect. The initiative included three strategies: (1) increase public awareness of the problem, (2) promote intra- and interagency coordination of child abuse and neglect activities, and (3) encourage all sectors of society to participate. Public awareness materials were developed, asking the public to "Show Your Care"; these were released during Child Abuse Prevention Month (April) 1992. A December 1991 meeting, "We Can Make a Difference: Strategies for Combating Child Maltreatment," was held in Washington, DC, to develop action plans that could be implemented locally.¹⁰³

The difficult problems of child abuse and neglect and foster care that were present at the beginning of this period had not been solved by the early 1990s. However,

with the Children's Bureau's support, tremendous gains had been made in the field's awareness and understanding of issues faced both by families and within the service systems created to protect them. Many innovative programs had been tested, and legislative groundwork had been laid for further progress to come at the end of the 20th and beginning of the 21st centuries.

Chapter 6 Notes

¹ *Children Today* 3, no. 2 (1974): 27.

² *Children Today* 4, no. 5 (1975): 29.

³ *Children Today* 4, no. 3 (1975): Inside front cover.

⁴ *Children Today* 4, no. 5 (1975): 27.

⁵ Douglas J. Besharov, in discussion with Jill Rivera Greene, February 2012.

⁶ *Children Today* 3, no. 2 (1974): 28.

⁷ *Children Today* 4, no. 5 (1975): 28.

⁸ *Children Today* 4, no. 3 (1975): 6.

⁹ *Children Today* 4, no. 5 (1975): 29.

¹⁰ *Children Today* 4, no. 3 (1975): Inside front cover.

¹¹ *Children Today* 5, no. 6 (1976): 26.

¹² *Children Today* 4, no. 5 (1975): 27.

¹³ *Children Today* 2, no. 4 (1973): 28; Frank Ferro, in discussion with Jill Rivera Greene, March 2012.

¹⁴ *Children Today* 6, no. 5 (1977): 26.

¹⁵ *Children Today* 6, no. 5 (1977): 27.

¹⁶ John Calhoun, "The 1980 Child Welfare Act: A Turning Point for Children and Troubled Families," *Children Today* 9, no. 5 (1980): 3.

¹⁷ Kermit T. Wiltse, "Foster Care in the 1970s: A Decade of Change," *Children Today* 8, no. 3 (1979): 10–14.

¹⁸ Jake Terpstra, in discussion with Jill Rivera Greene, December 2011; Howard Fenton, "Social Services Survey," *Children Today* 8, no. 2 (1979): 24.

¹⁹ Frank Ferro, "Improving the Child Welfare System," *Children Today* 5, no. 6 (1976): Inside front cover.

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- ²² Miranda Lynch Thomas, "A Hundred Years of Children's Bureau Support to the Child Welfare Workforce," *Journal of Public Child Welfare* 6, no. 4 (2012): 357–75; *Children Today* 9, no. 1 (1980): 26.
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- ²⁵ Blandina Cardenas, "Enhancing Family Awareness," *Children Today* 7, no. 2 (1978): Inside front cover.
- ²⁶ *Children Today* 3, no. 3 (1974): 12.
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- ²⁹ Victor Pike, "Permanent Planning for Foster Children: The Oregon Project," *Children Today* 5, no. 6 (1976): 22–25, 41.
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- ³¹ Ursula M. Gallagher and Sanford N. Katz, "The Model State Subsidized Adoption Act," *Children Today* 4, no. 6 (1975): 8–10.
- ³² Ferro interview; Secretariat to the Association of Administrators of the Interstate Compact on the Placement of Children, *Guide to the Interstate Compact on the Placement of Children* (Washington, DC: American Public Human Services Association, 2002), http://icpc.aphsa.org/Home/Doc/Guidebook_2002.pdf.
- ³³ Dong Soo Kim, "How They Fared in American Homes: A Follow-up Study of Adopted Korean Children in the United States," *Children Today* 6, no. 2 (1977): 2.
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- ⁴³ Pine, “Child Welfare Reform,” 352–3.
- ⁴⁴ John Calhoun, in discussion with Jill Rivera Greene, December 2011; MaryLee Allen, in discussion with Jill Rivera Greene, January 2012; Pine, “Child Welfare Reform,” 349.
- ⁴⁵ *Children Today* 8, no. 4 (1979): 27; *Children Today* 8, no. 5 (1979): 32.
- ⁴⁶ Pine, “Child Welfare Reform,” 353–4; Calhoun and Allen interviews.
- ⁴⁷ John Calhoun, “The 1980 Child Welfare Act,” 2–4.
- ⁴⁸ Children’s Bureau, “P.L. 96–272: Proposed Program Regulation” (Washington, DC: author, 1982), http://www.afterschool.ed.gov/programs/cb/laws_policies/policy/pr/pr8201.htm.
- ⁴⁹ Information in this paragraph comes from discussions with Beatrice Moore (March 2012) and John Calhoun, both of whom participated in the regional forums. A Second Notice of Proposed Rulemaking, issued as ACYF-PR-82-01 on August 2, 1982 (http://www.afterschool.ed.gov/programs/cb/laws_policies/policy/pr/pr8201.htm), has a different take on States’ reactions to P.L. 96–272 requirements. Although it acknowledges that “there was broad based support for the law and its proposed reforms,” it also states: “In general ... State agencies objected to the numerous specific requirements in the December 31, 1980 NPRM. States recommended regulatory language that adhered closely to the law, increased State flexibility and programmatic discretion, and limited the Federal role to those activities specifically provided for in the law. State agencies were also concerned that specific requirements would impose costs that would add additional pressure to already overextended State budgets.”
- ⁵⁰ Pine, “Child Welfare Reform,” 357.
- ⁵¹ “History of the Implementation of PL 96–272” (notes for a training session conducted October 31, 1995), courtesy of the personal collection of Dan Lewis.
- ⁵² Penny Maza, in discussion with Jill Rivera Greene, December 2011; Pine, “Child Welfare Reform,” 356.
- ⁵³ *Children Today* 9, no. 2 (1980): 27.
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- ⁵⁵ “History of the Implementation of PL 96–272.”
- ⁵⁶ “Report to Congress on P.L. 96–272, ‘The Adoption Assistance and Child Welfare Act of 1980’” (Washington, DC: U.S. Dept. of Health and Human Services, Administration for Children, Youth and Families, 1984), 6–7, cited in Pine, “Child Welfare Reform,” 357.
- ⁵⁷ Ferro interview.
- ⁵⁸ “Implementation of P.L. 96–272 (Revised Moynihan Paper),” courtesy of the personal collection of Dan Lewis, n.d., 7–9.

⁵⁹ Terpstra interview.

⁶⁰ “Social Services Block Grant Legislative History: Title XX of the Social Security Act,” Child Welfare League of America, accessed June 13, 2012, <http://www.cwla.org/advocacy/ssbghistory.htm>.

⁶¹ *Children Today* 11, no. 1 (1982): 27.

⁶² “FYI/Worth Noting,” *Children Today* 13, no. 5 (1984): 1.

⁶³ Terpstra, Ferro interviews.

⁶⁴ “About National Adoption Month,” Child Welfare Information Gateway, accessed June 13, 2012, <http://www.childwelfare.gov/adoption/nam/about.cfm>.

⁶⁵ Ronald Reagan, “Proclamation 5280 - National Adoption Week, 1984,” accessed June 13, 2012, <http://www.presidency.ucsb.edu/ws/index.php?pid=39423#axzz1r67D5Vth>.

⁶⁶ Dorcas Hardy, “Adopting Children With Special Needs,” *Children Today* 12, no. 2 (1983): Inside back cover.

⁶⁷ Anthony J. Veronico, “One Church, One Child,” *Children Today* 12, no. 2 (1983): 6–10.

⁶⁸ P.L. 99–509, Approved October 21, 1986 (100 Stat. 1874), Compilation of the Social Security Laws (Social Security Online), accessed June 14, 2012, http://www.ssa.gov/OP_Home/comp2/F099-509.html.

⁶⁹ “Implementation of P.L. 96–272,” 11.

⁷⁰ *Children Today* 11, no. 1 (1982): 29.

⁷¹ *Children Today* 15, no. 6 (1986): 26.

⁷² *Children Today* 9, no. 6 (1980): 25.

⁷³ *Children Today* 10, no. 2 (1981): 27; *Children Today* 10, no. 6 (1981): 26.

⁷⁴ Catherine Luby, “Children’s Justice Act” (presentation given June 20, 2011), <http://nrccps.org/wp-content/uploads/Childrens-Justice-Act-CJA-101-Introduction-08112011.pdf>.

⁷⁵ *Children Today* 9, no. 3 (1980): 30.

⁷⁶ *Children Today* 10, no. 1 (1981): 29.

⁷⁷ “Worth Noting,” *Children Today* 13, no. 1 (1984): 1.

⁷⁸ *Children Today* 18, no. 5 (1989): 1.

⁷⁹ “History of National Child Abuse Prevention Month,” Child Welfare Information Gateway, accessed June 14, 2012, <http://www.childwelfare.gov/preventing/preventionmonth/history.cfm>.

⁸⁰ “Worth Noting,” *Children Today* 13, no. 2 (1984): 1.

⁸¹ “Public Law 93-247,” accessed June 14, 2012, <http://www.brockport.edu/~govdoc/SocPol/pl93247.pdf>.

⁸² *Children Today* 11, no. 1 (1982): 27.

- ⁸³ Andrea J. Sedlak, Jane Mettenburg, Monica Basena, Ian Petta, Karla McPherson, Angela Greene, and Spencer Li, *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary* (Washington, DC: U.S. Department of Health and Human Services, 2010), http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/reports/nis_execsumm/nis4_report_exec_summ_pdf_jan2010.pdf.
- ⁸⁴ *Children Today* 12, no. 1 (1983): 30.
- ⁸⁵ *Children Today* 15, no. 1 (1986): 2.
- ⁸⁶ *Children Today* 15, no. 4 (1986): 1.
- ⁸⁷ Thomas, "A Hundred Years," 17.
- ⁸⁸ Joan Levy Zlotnik, *Social Work Education and Public Child Welfare Partnerships: Highlights of a Long History* (2000) (provided by author); Joan Zlotnik, in discussion with Jill Rivera Greene, February 2012; "Implementation of P.L. 96-272," 16.
- ⁸⁹ *Children Today* 9, no. 5 (1980): 29.
- ⁹⁰ "Child Abuse and Neglect User Manual Series," Child Welfare Information Gateway, accessed June 14, 2012, <http://www.childwelfare.gov/pubs/usermanual.cfm>.
- ⁹¹ Information in this and the following paragraph taken from Penelope L. Maza, "The Adoption and Foster Care Analysis and Reporting System: How We Got Here and Where We Are Going," in *Adoption Factbook III*, ed. William L. Pierce and Connaught Marshner (Washington, DC: National Council for Adoption, 1999), 177-182.
- ⁹² Information in this paragraph taken from: David Lloyd, in discussion with Jill Rivera Greene, December 2011; N. A. Peddle, C. T. Wang, M. Edwards, J. Gaudiosi, Y. Y. Yuan, and J. Fluke, "The Evolution of a National Reporting System on Child Maltreatment: 25 Years of Progress" (presentation, 14th National Conference on Child Abuse and Neglect, April 2, 2003), <http://www.childwelfare.gov/calendar/cbconference/fourteenth/presentations/fluke/sld001.cfm>.
- ⁹³ See Brian Simonitch and James L. Anderson, "On Their Own: An Oregon Experiment," *Children Today* 8, no. 5 (1979): 28-31.
- ⁹⁴ Children's Defense Fund, "Chronology of Congressional Child Welfare Financing Proposals, 1980-2003" (Washington, DC: printed by author, 2004), 2.
- ⁹⁵ "Implementation of P.L. 96-272," 13.
- ⁹⁶ Lorraine Lima and Jerome Seliger, "Early Intervention Keeps Medically Fragile Babies at Home," *Children Today* 19, no. 1 (1990): 28-32; Diane M. Yost, Neil J. Hochstadt, and Phyllis Charles, "Medical Foster Care: Achieving Permanency for Seriously Ill Children," *Children Today* 17, no. 5 (1988): 22-26.
- ⁹⁷ Laura Curran and Jeanne Pietrzak, "AIA Programs: Yesterday, Today and Tomorrow," *The Source*, Spring 2001, 2-5, http://aia.berkeley.edu/media/pdf/10_year_retrospective_spring_2001.pdf.
- ⁹⁸ *Children Today* 18, no. 5 (1989): 1.
- ⁹⁹ *Implementation of the Child Abuse Prevention and Treatment Act of 1988 by the National Center on Child Abuse and Neglect, Testimony Before the Subcommittee on Select Education, Committee on Educa-*

tion and Labor, House of Representatives (May 9, 1991) (statement by Joseph F. Delfico, Director of Income Security Issues, Human Resources Division), 3; and follow-up testimony on February 27, 1992.

¹⁰⁰ U.S. Advisory Board on Child Abuse and Neglect, *Child Abuse and Neglect: Critical First Steps in Response to a National Emergency* (Washington, DC: U.S. Government Printing Office, 1990), <http://eric.ed.gov/PDFS/ED392557.pdf>.

¹⁰¹ *Ibid.*, vii.

¹⁰² Longitudinal Studies of Child Abuse and Neglect, accessed June 14, 2012, <http://www.iprc.unc.edu/longscan/>.

¹⁰³ “The Secretary’s Initiative on Child Abuse and Neglect,” *Children Today* 21, no. 2 (1992): 4–7.



Chapter 7

Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, speaks at the Children's Bureau centennial celebration on April 9, 2012 (Choice Photography)

Chapter 7

Partnering With Families and Working to Improve Outcomes (1993–2012)

Introduction

Passage of the Family Preservation and Support Services Program in 1993 authorized the Children's Bureau to direct additional resources and support to State and local agencies to strengthen and expand front-end preventive services to families; improve the functioning of judicial systems; and support an approach to child welfare that was increasingly family-centered, community-based, and individualized. Flexibility and coordination became important watchwords in child abuse prevention, child protection, foster care, and adoption systems at the local level, as well as among Federal, State, Tribal, and local governments. At the Federal level, greater attention was paid to improving the administration of child welfare services through enhanced State data systems, training and technical assistance, and initiatives to build a more stable and effective child welfare workforce. Technological advances permitted State and Federal officials to gather and analyze increasingly more reliable data about children in the system and how they were faring.

In response to growing congressional concern, efforts to enhance accountability began to focus on improving children's safety, permanency, and well-being. Child safety became a paramount concern, with increased attention paid to preventing child fatalities, including the implementation of citizen review and child death review panels. The Bureau continued to seek new ways to increase the number of children achieving permanency in a timely manner, through Federal goal-setting and implementation of the Adoption and Safe Families Act, as well as through development of innovative recruitment strategies to address the disproportionate numbers of

older children and children of color in foster care. Finally, well-being outcomes such as educational success, access to health care, and positive connections to caring adults became a greater concern, on behalf of children within the child welfare system as well as those who reached adulthood while receiving services.

Strains on the Foster Care System Prompt New Efforts to Help States

The inauguration of President William J. Clinton in January 1993 ushered in a new era for the Children's Bureau. The President and First Lady Hillary Rodham Clinton shared a deep interest in the well-being of children and brought a spirit of openness that had not been seen in recent administrations. In a *Children Today* article in 1993, President Clinton's Health and Human Services (HHS) Secretary Donna Shalala announced the Department's three "guiding themes": addressing the causes (not just the consequences) of illness and suffering, fostering independence, and improving customer service (including "listening to employees and to customers").¹ On November 19, 1993, Congress confirmed Olivia Golden as the new Commissioner of the Administration for Children, Youth and Families (ACYF).² The following spring a new position was created—Associate Commissioner for the Children's Bureau—and Carol Williams was appointed to lead the Bureau in this new role.



President Bill Clinton puts his arm around Charday Mays, an adopted child, at a November 1998 adoption event in the East Room of the White House. (William J. Clinton Presidential Library)

These appointed leaders assumed responsibility for a child welfare system that still faced considerable challenges. Due to rising family poverty rates, fallout from the substance abuse and AIDS epidemics, and increasing teen pregnancy rates, among other factors, the population of children in foster care had been growing steadily since 1986 and would nearly double

between 1986 and 1995.³ Workers increasingly carried large, complex caseloads, and State and community systems struggled to address these challenges with limited resources. States would require resources, support, and flexibility to create and disseminate effective new service approaches in the years ahead.

Leadership Under President Clinton



Olivia Golden, Ph.D., was appointed Commissioner of the Administration for Children, Youth and Families in November 1993. In that role, she helped lay the groundwork for the Adoption 2002 initiative and the Adoption and Safe Families

Act of 1997. She also helped create the Early Head Start program and the Child Care Bureau. Prior to her appointment, Dr. Golden served as director of programs and policy at the Children's Defense Fund. She earned a doctorate in public policy from the Kennedy School of Government at Harvard University. During President



First Lady Hillary Clinton meets with Olivia Golden, Assistant Secretary for Children and Families, 2000.
(William J. Clinton Presidential Library)

Clinton's second term in office, in 1997, Dr. Golden was appointed Assistant Secretary for Children and Families.⁴

When Dr. Golden was appointed Assistant Secretary, Patricia Montoya was nominated to fill the position of Commissioner of ACYF and confirmed by the Senate on October 21, 1998.⁵ Montoya was a registered nurse who worked with children and families in pediatric and school health clinics. In 1994, she was appointed Regional Director for Health and Human Services in Dallas, TX.⁶

Carol Williams was the first person to be appointed Associate Commissioner of the Children's Bureau, in 1994. Her prior experience included serving as a court-appointed monitor in a class action suit against the District of Columbia Department of Human Services, providing technical assistance to States involved in The Casey Foundation Child Welfare Reform Initiative, and directing



Dr. Carol Wilson Spigner (Carol Williams) after receiving the Children's Bureau Centennial Award at the April 9, 2012 event. (Choice Photography)

the National Child Welfare Leadership Center. While at the Bureau, she worked with administration officials to develop critical child welfare legislation, including the Adoption and Safe Families Act of 1997, the Multiethnic Placement Act, and the John Chafee Foster Care Independence Act. She also was a driving force behind the

implementation of the Child and Family Services Reviews and their focus on safety, permanency, and well-being outcomes for children and families. Dr. Carol Wilson Spigner (Carol Williams) joined the University of Pennsylvania School of Social Policy and Practice upon leaving the Bureau in 1999.⁷

Family Preservation and Support Services Program

Less than 1 year after President Clinton's election, on August 10, 1993, he signed the Family Preservation and Support Services Program Act as part of the Omnibus Budget Reconciliation Act (P.L. 103-66). This law, the first major revision of title IV-B of the Social Security Act since P.L. 96-272 in 1980, was passed in response to continuing claims that, due to severely inadequate funding for preventive services, Federal financing perpetuated the disincentive to keep children out of foster care.

The program authorized nearly \$1 billion over 5 years to fund services to “promote family strength and stability, enhance parental functioning, and protect children.”⁸ These included services to help preserve families in crisis (such as counseling, respite care, and intensive in-home assistance) as well as other forms of family support (including parent support groups, home visits, drop-in family centers, and child care). Services to help reunify families after an out-of-home placement, and the ability to devote more funds to staff training,⁹ also were permitted.

Secretary Shalala said this about the program:

*We can no longer afford a one-size-fits-all bureaucratic method. We need an approach more tailored to the individual needs of each family. An approach that respects the sanctity of the family. An approach that keeps families together.*¹⁰

One of the most significant provisions of P.L. 103–66 was the requirement for States to engage in a broad, community-based planning process to determine a mix of services and supports that is “more responsive to the needs of individuals and communities and more sensitive to the context in which they are to be delivered.”¹¹ States were encouraged to use the program’s first year for planning. Each State’s 5-year plan, which was to be submitted by June 30, 1994, was required to include a continuum of services for at-risk children and families, including family support and preservation; child abuse prevention, intervention, and treatment; foster care; and independent living services. It also was required to include a training plan ensuring sufficient, cross-disciplinary training was provided to staff.¹² States were encouraged to explore coordination with other related social, health, education, and economic service systems. The planning process was to include a variety of voices, including representatives of community-based agencies, local government, Tribes, and professional and advocacy organizations, as well as parents and consumers of services. This was the first time that States were formally urged to plan for services across programs and funding streams, including the Independent Living program and the Child Abuse Prevention and Treatment Act (CAPTA) formula grants.¹³

The spirit of inclusion extended to the Federal level, as well. As part of its process to implement the law, the Children’s Bureau solicited guidance and recommendations, both in written form and through a series of focus groups, from program



Donna Shalala, Secretary of Health and Human Services, looks on as President Bill Clinton signs the [National Pre-school Immunization Week Proclamation](#) on April 9, 1993.
(William J. Clinton Presidential Library)

experts, child welfare administrators, Tribal representatives, representatives of national advocacy groups, and families. Staff also initiated enhanced cooperation with other Federal agencies, including collaborating with the Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Administration (SAMHSA) on discretionary grant announcements for FY 1994.¹⁴

Two other provisions of P.L. 103–66 had lasting value. First, the law established the Court Improvement Program (CIP). This program (reauthorized in 1997, 2001, and 2005) provides grants to improve State courts’ handling of child welfare cases. The courts were to use the funds (authorized at \$5 million in FY 1995 and \$10 million in FY 1996–1998) to assess their foster care and adoption laws and judicial processes and to develop and implement a plan for system improvement.¹⁵ Second, P.L. 103–66 provided additional funding for State expenditures to plan, design, or develop statewide automated child welfare information systems (SACWIS). Through this provision, States could access 75 percent Federal funding for a limited period (initially through FY 1996) to create or enhance such a system. In exchange, participating States agreed that the SACWIS would support reporting to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), thus greatly enhancing the quality and availability of data within those national systems.¹⁶



Advances in technology have had a revolutionary impact on child welfare. Once it became possible to collect, store, analyze, and disseminate data on a large scale, it also became possible to conduct more and better research and to monitor child welfare systems by setting goals and measuring outcomes. Data on numbers of children involved with child welfare could be quantified and analyzed. Other data helped illuminate workforce issues. All of these advances contributed to a significant leap in knowledge about American child welfare.

The Children's Bureau's ongoing support for SACWIS development, implementation, and improvement has had far-reaching impact on the Nation's child welfare system. As States' ability to gather and analyze data became more sophisticated, the Bureau produced more comprehensive and reliable information about children and families at a national level. This, in turn, aided Congress in passing legislation and authorizing programs to help those who needed it most. During the past 20 years, improved data has prompted more effective responses to many issues, including racial disproportionality, the needs of youth aging out of foster care, and the co-occurrence of child maltreatment with issues such as substance abuse and domestic violence.

Today, the Bureau's National Resource Center for Child Welfare Data and Technology (<http://www.nrccwdt.org/>) supports State and Tribal child welfare agencies and courts in using data and technology to improve outcomes for children and families. This includes assistance with data analysis, sharing, and management. It also includes training and technical assistance around the use of new tools to continue to enhance data accuracy, availability, and usefulness, including geographic information systems (GIS), social media, and mobile technologies (e.g., tablet PCs and digital pens).

Federal/State Cooperation Expands

In addition to the funding provided by P.L. 103–66, the first few years of the Clinton administration saw several other initiatives to enhance the working relationship between the Children’s Bureau and the States. One was the establishment, in FY 1994, of six national resource centers to promote knowledge-sharing and strengthen the capacity of child welfare agencies. Like the centers originally established in 1985 and granted continued funding in 1988–1990, these resource centers were focused on particular topic areas (in this case, family-centered practice, permanency planning, youth development, legal and court systems, organizational improvement, and abandoned infants assistance).¹⁷ Other centers funded around the same time focused on respite and crisis care services¹⁸ and adoption.¹⁹

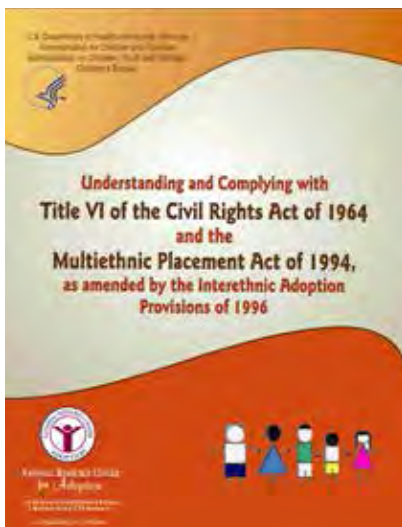
Also in 1994, Congress authorized a new Child Welfare Waiver Demonstration Program as part of the Social Security Amendments of 1994 (P.L. 103–432). This program initially allowed up to 10 States greater flexibility in the use of child welfare funding to test innovative approaches to achieving program objectives. The demonstration projects, which were authorized for up to 5 years with the possibility of extension, were required to be cost neutral.²⁰ During the program’s first 2 years,

demonstration projects in Delaware, Illinois, Maryland, Indiana, North Carolina, Oregon, and Ohio tested approaches such as subsidized guardianship and kinship permanence, capped title IV-E allocations and flexible funding to local agencies, and services to caregivers with substance use disorders. The program was amended in 1997 to allow up to 10 States per year to conduct programs in FY 1998–2002; later projects have explored the use of managed care payment systems, intensive service options, postadoption services, Tribal administration of title IV-E funds, and enhanced training for child welfare staff.²¹



The [final report](#) from a title IV-E Child Welfare Demonstration Project in Minnesota that operated from October 2005 through September 2010. (Minnesota Department of Human Services)

The 1994 Social Security Amendments also reauthorized HHS to review the conformity of State child and family service programs with the requirements in titles IV-B and IV-E. These reviews had been taking place for years; however, the States and Congress were increasingly dissatisfied with the reviews' strict focus on assessing State agencies' compliance with procedural requirements, without regard to child and family outcomes. Under the leadership of Associate Commissioner Williams, Children's Bureau staff began the long process of developing a new system of reviews to meet legislative requirements while providing more insight into how children and families were faring. As early as FY 1995, the Bureau was conducting pilot tests in several States of the review process that would later become known as the Child and Family Services Reviews (CFSRs).²²



The Children's Bureau's National Resource Center for Adoption offers a curriculum on MEPA at <http://www.nrcadoption.org/resources/mepa/home-3/>.

Racial Disproportionality Prompts a Federal Response: The Multiethnic Placement Act

The debate about interracial adoption came to a head in the early 1990s. Proponents of the practice were responding to the disproportionately high numbers of children of color in foster care and their considerably longer average length of stay. (According to Voluntary Cooperative Information System data, at the end of 1994, 45 percent of children in out-of-home care and 54 percent of those who had been legally freed for adoption were African-American.²³ By contrast, U.S. Census Bureau data for 1990 note that Black Americans comprised approximately 12 percent of the total population.²⁴) These advocates

argued that studies of the well-being of children adopted transracially yielded consistently positive findings, and children should not be left to languish in foster care simply due to an agency preference for racial matching. Although all par-

ties agreed that disproportionality was a serious problem, critics of interracial adoption urged stronger recruitment of racially and ethnically diverse foster and adoptive parents as a more beneficial solution for children.²⁵

Senator Howard M. Metzenbaum, responding to urging from prospective adoptive parents in his home State of Ohio, succeeded in attaching the Metzenbaum Multiethnic Placement Act (MEPA) to the Improving America's Schools Act, a law that was already moving through the Senate.²⁶ The law was enacted in 1994 and addressed the issue in two ways. First, MEPA codified the application of civil rights laws to adoption, prohibiting the delay or denial of a child's adoptive placement solely on the basis of race, color, or national origin of the child or prospective parents. It did allow agencies to *consider* the child's cultural, ethnic, or racial background when determining the parents' ability to meet the child's needs. Second, it required "diligent efforts" to recruit and retain foster and adoptive families that reflect the racial and ethnic diversity of the children for whom homes are needed. The Children's Bureau issued detailed guidance to help States and agencies implement MEPA.²⁷

Just 2 years later, MEPA was amended by the provisions for Removal of Barriers to Interethnic Adoption (IEP) included in the Small Business Job Protection Act (1996). The amendments were intended to remove potentially misleading language in MEPA's original provisions and clarify that "discrimination is not to be tolerated," by removing the provision that allowed States to consider the child's ethnic/cultural background (and the prospective parents' ability to meet the child's related needs) in placement decisions. IEP also strengthened compliance and enforcement procedures, including the withholding of Federal funds.²⁸ Today, the Children's Bureau continues to issue guidance and training materials to help State and local child welfare agencies understand and carry out their responsibilities under MEPA-IEP.²⁹

NCCAN's Final Years

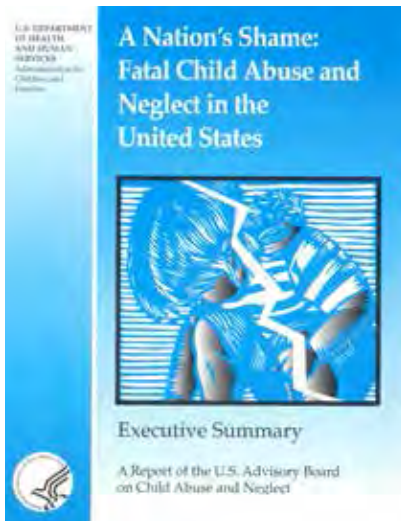
During most of President Clinton's first term, the National Center on Child Abuse and Neglect (NCCAN) carried out its work as a separate entity within ACYF. The U.S. Advisory Board continued to play an important role, through its legislative

mandate to evaluate the Nation's efforts to fulfill the purpose of CAPTA and propose recommendations for improvement. Building on the philosophy expressed in its 1991 report, the U.S. Advisory Board on Child Abuse and Neglect issued a report in 1993 describing steps to create a comprehensive, neighborhood-based approach to preventing child maltreatment.³⁰ Even while that report was in development, the Nation's attention was being captured by a series of shocking news reports describing the most tragic consequences of child maltreatment: child deaths. As a result, in its 1992 reauthorization of CAPTA, Congress required the U.S. Advisory Board to develop a report on the nature and extent of child abuse and neglect fatalities and how these deaths might be prevented.³¹

After more than 2 years of extensive research, study, and public hearings, the Board issued *A Nation's Shame: Fatal Child Abuse and Neglect in the United States* in 1995.³² In addition to an in-depth analysis of current conditions, the report offered

26 recommendations for addressing “deep-seated problems within the law enforcement, child protection and health agencies and courts that comprise the country’s child protection system.”³³ Among these recommendations were calls for increased attention to data collection and research, more effective investigation and prosecution efforts, enhanced professional training, establishment of Child Death Review Teams, and more community-based services and primary prevention efforts.

Many of these recommendations would become areas of focus for discretionary grants in the coming years. In FY 1994, for example, NCCAN invited proposals specifically on the use and effectiveness of risk assessment systems. The same year, proposals were invited for demonstration projects for professional



The U.S. Advisory Board on Child Abuse and Neglect's report *A Nation's Shame: Fatal Child Abuse and Neglect in the United States* provided 26 recommendations to combat child abuse and neglect. (Child Welfare Information Gateway)

training to encourage efficient, effective child death review.³⁴ Other research and demonstration priorities during this period include a cluster of demonstration projects on the prevention of child neglect, demonstrations of training and case-load standards for guardians *ad litem*, and symposia on child abuse and neglect prevention and domestic violence.³⁵ The neglect cluster was particularly significant, because it was one of the Bureau's first attempts to implement an integrated evaluation that enabled comparison of results across the projects.³⁶ The Children's Bureau would fund many more clusters with this feature in the years to come.

The reauthorization of CAPTA in 1996 (P.L. 104-235) reflected many of the concerns of the time. It added new State requirements to address problems in the child protection system, including safeguards against false reports of child abuse and neglect, delays in termination of parental rights, and a lack of public oversight of child protection. In response to the latter, CAPTA provided for Federal grants to establish citizen review panels in each State. These were intended to examine the policies and procedures of State and local agencies to determine whether the agencies were effectively carrying out their responsibilities for child protection, foster care, and child death review.³⁷ Other research priorities following from the 1996 CAPTA included mandated reporting; unsubstantiated, substantiated, and false reports; abuse in substitute care; co-occurrence of child maltreatment and substance abuse or domestic violence; differential response systems; and the impact of welfare reform on child welfare systems.³⁸

In keeping with the Clinton administration's emphasis on collaboration and integration among child- and family-serving systems, P.L. 104-235 created a new program, the Community-Based Family Resource and Support (CBFRS) grants. These grants reflected the theory that individual child abuse and neglect prevention programs could not be effective on their own; rather, child abuse prevention and treatment programs, both public and private, should work together toward common goals. As a result, the CBFRS program required State lead agencies to establish statewide networks for family support programs, to support a coordinated continuum of preventive services, and to maximize funding for those services.³⁹

The 1996 CAPTA reauthorization also brought significant changes in how child abuse prevention and treatment work was carried out at the Federal level. Perhaps in response to the Republican Congress's push to streamline government, as well

as the Clinton administration's emphasis on bringing child abuse prevention and child welfare programs into greater alignment, P.L. 104-235 abolished NCCAN as a separate entity within ACYF. Instead, it provided the option for an Office on Child Abuse and Neglect (OCAN) to be created within the Children's Bureau, to coordinate the functions required under CAPTA.⁴⁰

The creation of OCAN became part of a larger reorganization of the Children's Bureau, which was announced in the *Federal Register* on December 8, 1997.⁴¹ OCAN was tasked with providing leadership and direction on CAPTA and Children's Justice Act programs, as well as other initiatives related to child abuse and neglect. Four additional divisions comprised the new Children's Bureau: Policy (responsible for developing regulations and policy); Program Implementation (operating and monitoring programs under titles IV-B and IV-E, as well as the CAPTA Basic State Grants); Data, Research and Innovation (establishing research priorities, administering discretionary grant programs, and analyzing and disseminating data from AFCARS and NCANDS); and Child Welfare Capacity Building (managing training and technical assistance efforts, including the National Resource Centers and clearinghouses).

Federal Interagency Work Group on Child Abuse and Neglect



The 1996 reauthorization of CAPTA repealed a 1988 requirement to establish an Inter-Agency Task Force on Child Abuse and Neglect.⁴² The Task Force included representatives of 30 member agencies drawn from the Cabinet Departments and the Office of Personnel Management. By statute, the Director of NCCAN was the chairperson of the Task Force.

Despite the repeal of this mandate, Task Force members agreed that it was important to maintain the connections that had been formed and to continue their work. As a result, they changed the name to the Federal Interagency Work Group on Child Abuse and Neglect (FEDIAWG) and have continued to meet ever since.

Since 1996, the Office on Child Abuse and Neglect has led and coordinated FEDIAWG. The group's goals include the following:

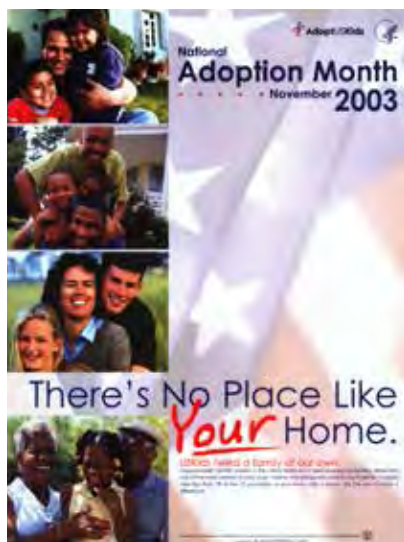
- Provide a forum through which staff from relevant Federal agencies can communicate and exchange ideas concerning child maltreatment-related programs and activities
- Collect information about Federal child maltreatment activities
- Provide a basis for collective action through which funding and resources can be maximized

More than 40 Federal agencies are represented on the group, which meets in person on a quarterly basis. Subcommittees on domestic violence, prevention, and research meet more regularly via conference call.

Safety and Permanency: Adoption 2002 and the Adoption and Safe Families Act of 1997

Increasing adoption was another concern of the revitalized Children's Bureau. In 1995, by President Clinton's proclamation, National Adoption Week was expanded to the full month of November for the first time. First Lady Hillary Clinton produced a public service announcement (PSA) about adoption and presided over a ceremony at the White House.⁴³ The following month, the Children's Bureau convened an Adoption Program Network composed of national, State, and local adoption program representatives to provide input on a new National Adoption Strategic Plan. The plan defined a set of strategic goals and measures of success that the Bureau hoped would contribute toward overall system reform during the next 5 years, while allowing States the flexibility to determine how to accomplish those goals. In March 1996, the Bureau released the plan at its Permanency Partnership Forum and provided an opportunity for State representatives to share their knowledge and ideas.⁴⁴ A Program Announcement in July of the same year announced priority areas for Adoption Opportunities demonstration grants that furthered the Strategic Plan's goals, including strategies to increase adoptive placements for minority children and those with developmental disabilities, expand permanency

options through strategies such as concurrent planning and voluntary relinquishment, and more effectively prepare foster and adoptive parents for transracial and transcultural placements.⁴⁵



The 2003 National Adoption Month poster, part of the annual campaign to raise awareness about the urgent need to find adoptive families for children and youth in foster care. (AdoptUSKids, Children's Bureau)

Building on this work, President Clinton issued an Executive Memorandum on Adoption on December 14, 1996. In it, he called on HHS to “devise new ways to make adoption easier and to move more children, more quickly out of foster care into permanent homes.”⁴⁶ To do so, he encouraged the Department to work with States, communities, and children’s advocates to develop a plan for doubling the number of adoptions and permanent placements during the next 5 years (an increase from 27,000 adoptions and permanent placements in 1996 to 54,000 in 2002).

After 60 days of planning, including consultation with more than 600 foster and adoptive parents, professionals, policy experts, and advocates, the Department responded. Its report, *Adoption 2002*, was

issued on February 14, 1997, and outlined a series of policy and practice-related steps toward achieving the goals. These included:

- State-by-State annual, numerical targets for adoptions and permanent placements
- Financial bonuses to States for successful performance
- Enhanced technical assistance
- Guidance clarifying the meaning and implementation of P.L. 96–272’s “reasonable efforts” provision

- Model guidelines for States regarding termination of parental rights
- More aggressive implementation of MEPA-IEP
- Annual awards to recognize States, local agencies, courts, private organizations, employers, and others for contributions in support of permanency for children in the child welfare system

This report's recommendations became the framework for the Adoption and Safe Families Act (ASFA, P.L. 105–89),⁴⁷ some provisions of which also were suggested in the 1994 Republican “Contract with America.” Members of both parties participated in drafting the law, which was informed by 11 hearings of the House Committee on Ways and Means during the 104th and 105th Congresses.⁴⁸ The final law was signed by President Clinton on November 19, 1997.



Surrounded by children, President Clinton signs the Adoption and Safe Families Act of 1997. (William J. Clinton Presidential Library)

ASFA reauthorized the Family Preservation and Support Services Program, renaming it the Safe and Stable Families Program. For the first time, the law established that the child's health and safety were to be paramount in decisions around the child's placement. Specifically, ASFA's provisions centered on four primary goals:

Achieving timely permanence for children (including the requirement to file a petition for termination of parental rights if a child has been in foster care 15 out of the most recent 22 months, authorization of adoption incentive payments to States, elimination of “long-term foster care” as a permanency option, formal recognition of kinship care, and provision for permanency hearings to be held within 12 months of a child entering care)

Ensuring child safety (including specifying exceptions to the “reasonable efforts” requirements and requiring criminal record checks for prospective kin and non-kin foster parents)

Promoting well-being as a goal of the child welfare system (including requiring States to develop standards to ensure quality services to children in foster care and to provide health insurance for children with special needs who are adopted with an adoption assistance agreement)

Improving accountability (including extending authorization for State child welfare waiver projects and requiring HHS to create outcome measures by which to assess States’ performance)

Despite considerable bipartisan support, ASFA was not without controversy, primarily centering around the proper balance between child safety and family integrity. Proponents of the law felt that, with P.L. 96–272’s emphasis on “reasonable efforts” to preserve families, the balance had shifted too far in the direction of parents’ rights at the risk of children’s well-being. Critics argued that ASFA provided the government too much leeway to intervene in capable families and traumatize children by removing them from functional homes. ASFA’s provision for “Preservation of Reasonable Parenting” attempted to address this by stating that nothing in the Act was intended to disrupt families unnecessarily or dictate how to parent.

The Children’s Bureau was once again tasked with helping States to bring their laws and policies into compliance with Federal law, issuing final regulatory guidance for ASFA in January of 2000.⁴⁹ It also monitored and administered the Adoption Incentive program, which began in FY 1998. By the end of FY 2002, awards totaled approximately \$160 million.⁵⁰ All 50 States, the District of Columbia, and Puerto Rico have received bonuses for exceeding their baseline number of adoptions for at least 1 year since the program began.⁵¹ (It was reauthorized by the Adoption Promotion Act of 2003 and again by the Fostering Connections to Success and Increasing Adoptions Act of 2008 with slight changes, including an emphasis on older children.) The Children’s Bureau also began administering the Adoption Excellence Awards in 1997. This program seeks to recognize States, agencies, organizations, businesses, individuals, and families that have demonstrated excellence in providing safe, stable, and nurturing adoptive homes for children in foster care.



Acting Associate Commissioner Joe Bock (left) presents an Adoption Excellence Award in 2007 to Mr. and Mrs. BellStewart, who were honored for their adoption of six children from foster care. (*Children's Bureau Express*)

Exploring Child Well-Being: NSCAW



In the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, Congress directed the Secretary of HHS to conduct a national longitudinal study of children who are at risk of abuse or neglect or are in the child welfare system.⁵² In response, the Children's Bureau initiated the National Survey of Child and Adolescent Well-Being (NSCAW).

NSCAW was the first national study to examine child and family well-being outcomes in detail and seek to relate those outcomes to families' experience with the child welfare system as well as to family characteristics, community environment, and other factors. It provided nationally representative longitudinal data drawn from the first-hand reports of children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records.

The study attempted to achieve the following goals: (1) describe the children and families who come into contact with the child welfare system, (2) examine child and family risk factors, service needs, and services received, (3) describe

the child welfare system and the experience of children and families involved in the system, (4) examine outcomes for these children and families, and (5) describe the interaction of the child welfare system and services with other service systems. Data were collected in five waves between 1999 and 2007.

In 2008, the Administration for Children and Families (ACF) commissioned the study of a new cohort of approximately 5,900 children, acknowledging that both family characteristics and child welfare systems have likely changed considerably since baseline data were collected for the first cohort nearly 10 years earlier.⁵³ The baseline for NSCAW II was completed in August 2009, and follow-up began in October of the same year.

Increased Accountability: Child Welfare Outcomes and the Child and Family Services Reviews

The Children's Bureau had been mandated to create a new State monitoring system since 1994, but ASFA specifically required HHS to establish outcome measures to track State performance in protecting children. To do so, the Children's Bureau began by establishing an advisory group that included representatives from State, Tribal, county, and municipal child welfare agencies; private nonprofit child and family services agencies; State legislatures; Governors' offices; juvenile and family courts; and local child advocacy organizations.⁵⁴ During the fall of 1998, this group engaged in a series of discussions that resulted in the creation of four guiding principles for selection of the outcome measures and assessment of States. A preliminary list of outcomes and measures was then published in the *Federal Register* for public comment on February 2, 1999. After analysis of the comments received, the Bureau published a final list of seven measures reflecting child safety, permanency, and well-being on August 20, 1999.

These measures were used in the first of a series of annual reports required by ASFA: *Child Welfare Outcomes* 1998, published in 2000. This report was the first ever to report outcomes in child welfare on a national scale. It was intended to establish the baseline performance of each State. To do so, *Child Welfare Outcomes* 1998 included data compiled from NCANDS and AFCARS. State participation was incomplete, but all 50 States submitted data on at least some elements.

Final regulations for the child welfare review process, which had been modeled on a system first developed in Alabama⁵⁵ and pilot-tested in several States, were issued on January 25, 2000.⁵⁶ The Child and Family Services Reviews (CFSRs) began in 2001. Reviews assessed State child welfare services for substantial conformity with the outcome measures as well as seven systemic factors (including functions such as data systems and training) and consisted of three stages:

- States conducted a Statewide Assessment of their own services and outcomes, based on data and input from stakeholders.
- A team of Federal staff and personnel from other States reviewed data and conducted onsite visits to review cases and interview stakeholders. A final report summarized findings regarding conformity with outcomes, systemic factors, and national standards.
- States developed Performance Improvement Plans (PIPs) for each outcome and systemic factor with which they were not in substantial conformity.



Child Welfare Outcomes, which debuted in 2000, reporting outcomes for 1998, was the first-ever report of outcomes in child welfare.

(Children's Bureau)

After the first round of 52 reviews, conducted 2001–2004, no State was found to be in substantial conformity with all of the seven outcome areas or seven systemic factors. Between 2004 and 2007, States implemented their PIPs to make improvements in areas that were not in conformity with required standards. A second round of reviews was conducted between 2007 and 2010.⁵⁷ Analyses of the second round of CFSR results showed that 10 States met the requirement for one of the seven safety, permanency, and well-being outcome goals (the goal pertaining to meeting children's educational needs), and the majority of States were in conformity with six of the seven systemic goals.⁵⁸

In 2011, the Children's Bureau reassessed how the reviews were conducted to identify system improvements and ensure consistency with recent amendments to Federal child welfare law. The Bureau solicited input from the field via a request for comments published in the April 5, 2011, edition of the *Federal Register*; in-person consultations in four ACF Regions and in the Bureau's Washington, DC, offices; and several Tribal Roundtables.⁵⁹ The Bureau synthesized comments from States, national organizations, advocacy groups, and individuals in preparation for a third round of reviews.

New Resources for Youth Aging Out of Foster Care

How youth who "aged out" of foster care fared as adults was a subject of increasing concern throughout the 1990s. A number of studies published during this period demonstrated continuing difficulties faced by foster youth when they left the system at age 18, including *IV-E Independent Living Programs: A Decade in Review*, published by the Children's Bureau.⁶⁰ Many youth exiting foster care had considerable difficulty maintaining jobs, achieving financial independence, securing affordable housing, and accessing health care.

In response, two important pieces of legislation around the turn of the century enhanced resources and strengthened State accountability to help older youth leaving foster care achieve self-sufficiency. The Chafee Foster Care Independence Program (CFCIP) was created by the Foster Care Independence Act of 1999 (P.L. 106–169). This program doubled the funding available under the Federal Independent Living Program originally created in 1986, providing flexible grants to States and Tribes to support older foster youth in a wide variety of ways, including help with education, employment, financial management, housing, emotional support, and connections to caring adults. These services, including assistance with room and board, also were required to be offered for the first time to youth ages 18–21 who had aged out of the foster care system.⁶¹ A few years later, the CFCIP was expanded further under title II of the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107–133). This law created the Education and Training Vouchers for Youths Aging Out of Foster Care Program, which authorizes payments to States for postsecondary education and training for youth who have aged out of foster care.⁶²

The CFCIP also required the Children's Bureau to create a data collection system to track State Independent Living services for youth and to develop outcome measures that could be used to assess States' performance in operating their Independent Living programs. After years of consultation with stakeholders and pilot-testing in several States, the Bureau published a proposed rule for the data collection system in the Federal Register on July 14, 2006.⁶³ The final rule for the National Youth in Transition Database (NYTD) was published February 26, 2008, and data collection began in October 2010. Outcomes measured by the initiative include financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance. Part of the CFCIP funding also supported an independent, experimental-design evaluation to determine how effectively programs funded through the CFCIP supported these outcomes.⁶⁴

Children's Bureau Express Online Digest



The Children's Bureau's long history of publishing research and information for child welfare professionals took a big step into the digital age with the debut of *Children's Bureau Express* in March of 2000. Available via web or email, *Children's Bureau Express* was a monthly digest of news and information published jointly by the Bureau's National Clearinghouse on Child Abuse and Neglect Information and its National Adoption Information Clearinghouse.

CB_x Children's Bureau Express

The Children's Bureau launched its online news digest, *Children's Bureau Express*, in 2000 (<https://cbexpress.acf.hhs.gov>).

Published continuously since its release, CBX (as it is known today) is now a publication of Child Welfare Information Gateway and reaches an audience of more than 20,000 subscribers monthly.

The Bush Administration: New Priorities, New Leaders

The George W. Bush administration brought new priorities—particularly healthy marriage, fatherhood, and support for faith-based community agencies. However, it also saw the continuation of investment in promoting child safety and increasing the number of adoptions from foster care.

President Bush nominated Joan Eschenbach Ohl to be Commissioner of ACYF on June 30, 2001. She was sworn in on February 6, 2002. Prior to joining ACYF, Ohl spent 4 years as West Virginia's cabinet Secretary of the Department of Health and Human Resources. In that role, she emphasized effective and efficient programs, fiscal accountability, and personnel development. She successfully implemented the State's welfare reform program and numerous child care quality improvement measures.⁶⁵



Joan Eschenbach Ohl was appointed Commissioner of ACYF in 2002 by President George W. Bush. Ohl was one of many speakers at the Children's Bureau's centennial event on April 9, 2012. (Choice Photography)

Susan Orr, Ph.D., was named Associate Commissioner of the Children's Bureau in 2001. She had previously served at ACYF during the Clinton administration, 1992–1998, as special assistant to the commissioner and as a child welfare program specialist at the National Center on Child Abuse and Neglect. In October 2007, Orr left the Children's Bureau to accept an appointment as Director

of the Office of Population Affairs in the Office of Public Health and Science.⁶⁶

Following Dr. Orr's resignation, Christine Calpin, former Associate Director of the Child Care Bureau, was appointed Associate Commissioner. Prior to working at the Child Care Bureau, Calpin served for 4 years on the U.S. House Committee on Ways and Means as lead Congressional staffer, where she focused on welfare, child care,

and child protection issues. She also worked for 5 years for the Congressional Research Service, specializing in welfare and child protection issues.⁶⁷

Supporting Systems Change: A New Training and Technical Assistance Strategy

Before the CFSRs were implemented, the Bureau's technical assistance was conducted at the request of the States, around specific issues they identified. However, once findings from the first round of CFSRs provided more detailed information about States' needs, the Children's Bureau directed that future technical assistance should focus more strategically on those areas most in need of improvement. The review findings demonstrated the complex challenges faced by State child welfare programs and suggested the need for more integrated technical assistance to help States meet their PIP goals and achieve true systems change.⁶⁸

Quality Improvement Centers (QICs) were one new strategy. The QICs began as a pilot initiative in 2001 to promote development of evidence-based knowledge about effective child welfare practice and systemic change and to disseminate this information in a way that informed and altered practice at the direct service level.⁶⁹ The QIC is a decentralized approach—it moves responsibility for determining areas of focus, reviewing applications, and monitoring grant operations from the Federal staff level to a more localized level. Local-level grantors were believed to have more hands-on knowledge of where services were needed, the ability to provide onsite monitoring and technical assistance more efficiently, and the potential to form professional networks that will outlast Federal funding.

The first QICs (four in child protective services, or CPS, and one in adoption) were funded in fiscal year 2001. Each QIC convened a regional advisory group, conducted a needs assessment and literature review, determined its own topic for research and demonstration projects, awarded grant funds, provided technical assistance to grantees, conducted an evaluation of its grant projects, and disseminated research findings. Topical focuses of the CPS QICs included culturally appropriate interventions for families of color involved with CPS due to neglect, families struggling with child maltreatment and substance abuse, and effective supervision. (One QIC did not receive continued funding after the first year.) Based on the success of these initial projects, additional QICs were funded on the follow-

ing topics: Privatization of Child Welfare Services (FY 2005), Nonresident Fathers (2006),⁷⁰ Differential Response in Child Protective Services (2008), Early Childhood (2009), and Representation of Children in the Child Welfare System (2009).⁷¹

The Children's Bureau also began working as early as 2000 to increase collaboration among its network of National Resource Centers and Clearinghouses (the Training & Technical Assistance (T&TA) Network). In June of 2004, the Bureau announced its intention to fund seven new cooperative agreements for National Resource Centers and implement a more formalized, coordinated training and technical assistance strategy.⁷² In doing so, the Bureau modified the management of the National Resource Centers in four ways:

- Implementation of a single point of entry
- Creation of a T&TA Coordination Committee (known today as the Training and Technical Assistance Coordination Center, or TTACC)
- Close coordination with other technical assistance providers
- Evaluating technical assistance efforts

The topical focuses of the newly funded Resource Centers included organizational improvement, child protective services, family-centered practice and permanency planning, data and technology, legal and judicial issues, special needs adoption, and youth development. All of the centers were to support a focus on family-centered, community-based, and individualized services. They were tasked with providing leadership to the field and building knowledge by seeking out and disseminating information about evidence-based practice. Special attention was to be given to helping States improve conformity with outcomes and systemic factors identified in the CFSRs and other monitoring reviews.

The latest phase in technical assistance provision was initiated in 2008, when the Children's Bureau funded five Regional Implementation Centers focused on implementing strategies to achieve sustainable, systemic change and improve outcomes for children and families. The Implementation Centers expand the T&TA Network's ability to provide in-depth and long-term consultation and support to States and Tribes. In addition to working with the T&TA Network, each center has formal partnerships with States and Tribes in its regions to execute programs that

use strategies to achieve sustainable, systemic change for greater safety, permanency, and well-being for families.⁷³

Child Welfare Information Gateway



After more than a decade of focus on coordination across all aspects of child welfare service, the Children's Bureau created a new information service spanning the full spectrum of child welfare topics on June 20, 2006, with the launch of Child Welfare Information Gateway.⁷⁴ Child Welfare Information Gateway consolidated and expanded on the Bureau's two federally mandated clearinghouses—the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse—which had formerly represented different aspects of the child welfare system with some overlap.

Today, Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools. It provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources for professionals to share with families.



In 2006, the Children's Bureau consolidated and expanded its federally mandated clearinghouses, combining the National Clearinghouse on Child Abuse and Neglect Information with the National Adoption Information Clearinghouse to create Child Welfare Information Gateway (<https://www.childwelfare.gov>).

Addressing the Workforce Crisis

By 2000, it was apparent that efforts to date had failed to resolve the staffing crisis plaguing child welfare agencies since the mid-1980s. That year, the Children's Bureau sponsored a National Child Welfare Training Conference, bringing together university and agency partners to explore effective practices in building a competent workforce, and launched an Online Network of Child Welfare Training Resources.⁷⁵ Private child welfare organizations, including the American Public Human Services Association (APHSA), Alliance for Children and Families, and the Child Welfare League of America (CWLA) played a critical role during the early years of the new century by helping to sustain attention to the issue through their initiatives and research, including a collaborative public/private staff survey conducted in the fall of 2000.⁷⁶ In 2001, CWLA hosted its own conference on the topic, "Finding Better Ways," including workshops on topics such as enhancing worker retention and effective training to improve job performance.⁷⁷

The United States General Accounting Office (GAO) conducted a study of child welfare staff recruitment and retention between March 2002 and January 2003, at the request of Representative Pete Stark (D-CA) and Representative James Greenwood (R-PA).⁷⁸ *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*, published in March 2003, identified the challenges agencies faced in

recruiting and retaining staff. More importantly, it suggested that those challenges were affecting safety and permanency outcomes for children in foster care, based on findings from the first 27 CFSRs. Noting that HHS was not currently targeting staff recruitment and retention as a priority issue, the GAO recommended that the Secretary take further action to help child welfare agencies address the problem.

The Children's Bureau concurred with many of the study findings and responded by using its Discretionary Grant funds to implement several new initiatives during the next decade. In 2003 the Bureau funded a cluster of eight 5-year grants to explore "Developing Models of Effective Child Welfare Staff Recruitment and Retention Training." The grants, all of which involved strong agency-university partnerships, developed, implemented, evaluated, and disseminated strategies to address difficulties in recruiting, screening, selecting, and retaining qualified workers.⁷⁹ Several follow-up papers synthesized the grants' evaluation findings and lessons learned. In 2005, the Bureau sponsored a Child Welfare Workforce Development and Workplace Enhancement Institute,⁸⁰ and its clearinghouses jointly launched Child Welfare Workforce and Training Resources, a comprehensive database of research, curricula, and other training resources.⁸¹ This section was followed in 2007 by Child Welfare Workforce Connection, a closed online community of practice to foster discussion and collaboration among professionals concerned with workforce issues.⁸²



The Children's Bureau established the National Child Welfare Workforce Institute (NCWWI) in 2008.

In 2008, the Bureau launched its latest project to build capacity of the child welfare workforce and cultivate leadership at multiple levels within child welfare agencies. The funding announcement resulted in the creation of the National Child Welfare Workforce Institute (NCWWI), a member of the Bureau's T&TA Network that serves as a workforce resource to other members.⁸³ Faculty from the universi-

ties funded for the 2003 grants comprise the NCWWI staff, so they have a strong history of collaboration. The Institute's activities include Leadership Academies for Managers and Supervisors, child welfare traineeship programs at universi-

ties offering M.S.W. and B.S.W. degrees, development of peer-to-peer networks, and dissemination of resources at the national level. Around the same time, the Bureau funded five additional workforce grant projects to implement targeted workforce development interventions and traineeships; NCWWI is tasked with conducting a cross-site evaluation of these regionally based projects.

Legislation Promotes Child and Family Safety and Well-Being

Congress reauthorized a number of important programs during the Bush administration, providing continued support and, often, new emphases to critical Children's Bureau programs.

The Promoting Safe and Stable Families Amendments (P.L. 107–133), enacted January 17, 2002, reauthorized the Promoting Safe and Stable Families Program. This law reflected the Bush administration's emphasis on the importance of the nuclear family by adding activities that strengthen parental relationships and promote healthy marriages to the list of allowable activities. Postadoption and post-reunification services also were authorized under the law, as were programs for mentoring children of incarcerated parents. Finally, P.L. 107–133 amended the Foster Care Independent Living Program to provide for educational and training vouchers for youth aging out of care.⁸⁴

The Keeping Children and Families Safe Act of 2003 (P.L. 108–36), which reauthorized several Bureau programs, including CAPTA, Adoption Opportunities, and the Abandoned Infants Assistance Act, reflected some groups' concerns that child welfare agencies were still too quick to remove children from their birth families. Enacted on June 25, 2003, it included provisions requiring that CPS workers be trained regarding their legal duties to protect the rights and safety of both children and families, and it required workers to advise individuals of the allegations against them at the initial contact.⁸⁵

P.L. 108–36 also reauthorized the CBFRS program, which was renamed Community-Based Grants for the Prevention of Child Abuse and Neglect (or CBCAP, as it is commonly called). This program continued its emphasis on supporting community-based prevention initiatives and coordination at the State level. It also required State lead agencies to demonstrate a commitment to parent leadership and

involvement.⁸⁶ Other new requirements of P.L. 108–36 included policies to address the needs of infants identified as being affected by prenatal drug exposure, procedures for referring children under age 3 who are involved in a substantiated case of abuse or neglect to early intervention services, policies to facilitate interjurisdictional adoptions, expansion of postadoption services, and the requirement for a study of successful adoption outcomes.

The Adam Walsh Child Protection and Safety Act of 2006 increased protections for children against sexual exploitation and abuse by, among other things, requiring fingerprint checks for all prospective foster and adoptive families and requiring HHS to create a national central registry of substantiated cases of child abuse and neglect.⁸⁷

Child Abuse Prevention Initiative

In 2003, to commemorate the 20th anniversary of the first Presidential Proclamation for Child Abuse Prevention Month, OCAN launched the National Child Abuse Prevention Initiative as a year-long effort. The theme of the 14th National Conference on Child Abuse and Neglect was devoted to prevention, and OCAN and its National Clearinghouse on Child Abuse and Neglect Information partnered with Prevent Child Abuse America and the child abuse prevention community to produce a variety of tools and resources to support national, State, and local public awareness activities.⁸⁸ The same year, OCAN released its *Emerging Practices in the Prevention of Child Abuse and Neglect* report, the product of a 2-year effort to generate new information about effective and innovative prevention programs.⁸⁹ OCAN received nominations of programs and initiatives from across the country; these were reviewed and evaluated by an Advisory Group of experts. The report presented outcomes of the nomination process along with a literature review.

When the U.S. Surgeon General named 2005 the Year of the Healthy Child, there was renewed commitment to make child abuse prevention a national priority. As a result, OCAN focused on making safe children and healthy families a shared responsibility, a theme that also was incorporated into its 15th National Conference. The theme expanded in 2007, when OCAN's resource guide and the 16th National Conference encouraged communities to work together to promote healthy families. At the same time, OCAN invited 26 national organizations to be national child



The Children's Bureau of Child Abuse and Neglect produces annual resource guides filled with resources and information to support service providers in their work with families, caregivers, and children.

abuse prevention partners, so the message could reach a wider audience.⁹⁰

Support for child abuse prevention efforts expanded due in part to the growing body of evidence (including the Emerging Practices project) suggesting that home visitation programs for pregnant mothers and families with young children can reduce the incidence of

maltreatment and improve child and family outcomes. In 2003, the Children's Bureau awarded funds for eight sites nationwide to replicate and evaluate the University of Maryland's Family Connections program.⁹¹ In 2007, the Children's Bureau funded three additional grantees to implement and evaluate nurse home visitation services, and in 2008, it funded 17 cooperative agreements to generate knowledge about the use of evidence-based home visiting programs to prevent child abuse and neglect.⁹²

The Patient Protection and Affordable Care Act of 2010 included a provision to create the Maternal, Infant, and Early Childhood Home Visiting Program, which is being implemented by the Health Resources and Services Administration in partnership with ACF.⁹³ Today, the Child Abuse Prevention Initiative continues to be an opportunity to create strong communities to support families and keep children safe.

Legislation to Promote Adoption and Permanency

Significant adoption laws during the first decade of the 21st century included:

- The Adoption Promotion Act of 2003 (P.L. 108–145) reauthorized the Federal Adoption Incentives with an emphasis on children ages 9 and

older.⁹⁴ This law also required the Children's Bureau to produce a report to Congress on adoption and other permanency outcomes for older youth in foster care, which was published in 2005.⁹⁵

- The Safe and Timely Interstate Placement of Foster Children Act (P.L. 109–239), enacted on July 3, 2006, sought to expedite interstate placements by establishing time limits for interstate home study requests and offering incentives for timeliness.⁹⁶ It also provided for a number of additional protections for children in out-of-State foster care placements, such as provision of children's health and education records to foster parents and increased frequency of caseworker visits.
- The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110–351) reflected the importance of preserving family connections for children in the foster care system and the growing support for kinship care as a permanency option.⁹⁷ For the first time, guardianship assistance payments were authorized under title IV-E for children of whom a relative was willing to take legal guardianship. This allows children to maintain connections with biological parents while living safely with family. To ensure children's safety, relatives and other adults living in the home must pass fingerprint-based criminal records and child abuse registry checks before receiving payments. Independent living services for foster youth entering into kinship guardianship or adoption after age 16 also are authorized under this law. Connections to kin are further supported through grants supporting kinship navigator programs, family-finding efforts, family group decision-making meetings, and residential family treatment programs.

Another significant change in this law was the opportunity for federally recognized Indian Tribes, Tribal organizations, and Tribal consortia to directly operate a title IV-E program for the first time. The Bureau helped implement this requirement by conducting numerous outreach activities to Tribes, creating a National Resource Center for Tribes, and providing one-time grants of up to \$300,000 for Tribes to develop a title IV-E plan.⁹⁸

Launching a National Recruitment Strategy

In July 2002, the Children's Bureau and the National Adoption Center joined with other corporate and nonprofit partners to launch an innovative national approach to increase adoption opportunities for children in foster care. The next generation of the Bureau's National Adoption Exchange, the AdoptUSKids website was



President George W. Bush signs H.R. 2873, reauthorizing the Promoting Safe and Stable Families Amendments of 2001. (Paul Morse, George W. Bush Presidential Library and Museum)

the first national, online photolisting site to feature photographs and biographies of children in the foster care system.⁹⁹ That fall, the Children's Bureau awarded \$22 million over 5 years to the Adoption Exchange Association to maintain the AdoptUSKids website and support recruitment of adoptive families through a comprehensive program of activities, including:

- Training and technical assistance to States and Tribes
- A national recruitment campaign and regional recruitment response teams
- Creation and support of adoptive parent groups, including respite care programs
- Research to identify barriers to the adoption process
- Efforts to enhance collaboration between agencies and individuals seeking families for children¹⁰⁰

The AdoptUSKids national public awareness campaign was first launched in 2004, through a partnership with the Ad Council. Television, print, and radio PSAs encouraged prospective parents to realize, "You don't have to be perfect to be a

perfect parent.”¹⁰¹ Subsequent campaigns have continued that theme, with a specific focus on various groups, including youth, sibling groups, African Americans, and Latino children and parents.¹⁰² A Spanish version of the AdoptUSKids website (www.adopte1.org) also was released in April 2005.¹⁰³



AdoptUSKids and the Ad Council partnered in 2004 to launch a national awareness campaign aimed at recruiting adoptive families.
(The Children's Bureau and AdoptUSKids)

In 2008, the Children's Bureau's Adoption Opportunities program provided discretionary funds to eight grantees to address the diligent recruitment of families for children in the foster care system. Grantees were tasked with developing and implementing a comprehensive, multifaceted recruitment program for kinship, foster, concurrent, and adoptive families, with the ultimate goal of improving permanency outcomes for children and youth. Some of the strategies grantees are testing include increasing the number of dually licensed homes, intensive individualized recruitment, involvement of neighborhood partners, and multifformat training for staff and resource families.¹⁰⁴

AdoptUSKids and related activities have proven highly successful. In Febru-

ary 2009, the Children's Bureau announced that more than 10,000 of the 24,000 children who had been listed on the website since the site was launched had been placed for adoption. More than 60 percent of those children were at least 10 years old, 47 percent were African American, and 20 percent were siblings adopted together.¹⁰⁵ Less than 2 years later, the total number of featured children who had been adopted reached 15,000.¹⁰⁶



On August 29, 2005, Hurricane Katrina made landfall in southeast Louisiana, resulting in the costliest natural disaster in the history of the United States and wreaking havoc on the city's most vulnerable children and families. Countless children lost their homes, schools, and neighborhoods; many also lost or were separated from family members. Close to 2,000 of the State's 5,000 foster children were displaced.¹⁰⁷ Less than 1 month later, the area was hit with a second hurricane; Rita made landfall on September 24.

During the chaotic period that followed, children and families in the child welfare system faced additional losses, including loss of records, access to needed services, and information about placements and case plans. HHS Secretary Mike Leavitt declared a public health emergency in five southern States on August 31, and the Children's Bureau, along with its many partner agencies within HHS, rushed to respond.¹⁰⁸

Almost immediately, Dr. Wade Horn, Assistant Secretary of ACF, issued an Information Memorandum outlining flexibility in the title IV-E program to help States serving children and families affected by the hurricanes. The flexibility could be used in areas such as recruiting foster parents, making foster care maintenance payments, and reviewing cases.¹⁰⁹ In November, the Children's Bureau awarded \$2.8 million to its National Resource Centers to help States rebuild child welfare and family court services disrupted by the hurricanes through strategies such as coordinating services for foster children evacuated from other States, locating and reuniting families, reestablishing and sharing records, and reinstating information systems.¹¹⁰

One year after Katrina, in August 2006, the Bureau sponsored a Hurricane Summit to focus on disaster preparedness and management.¹¹¹ Around the same time, it issued updated guidance to States in developing child welfare disaster plans (originally disseminated in 1995). The Children's Bureau also asked States to voluntarily submit copies of their own disaster plans for review.¹¹² Today the National Resource Centers and the Bureau's Child Welfare Information Gateway continue to offer technical assistance and resources on disaster planning, to help States better prepare for and weather future crises.

President Obama Supports Recession Help for Struggling Families

President Barack Obama assumed office in January 2009 amidst a growing economic crisis. Christine Calpin resigned as Associate Commissioner, and Joe Bock, who had served as Deputy Associate Commissioner since 2002, was named Acting Associate Commissioner.¹¹³ In February 2010, Bryan Samuels was confirmed as Commissioner of ACYF.¹¹⁴ Samuels brought a strong background of serving children and youth to this position, having served as Chief of Staff for Chicago Public Schools and as Director of the Illinois Department of Children and Family Services, as well as having grown up in a residential school for disadvantaged children.



In 2010, Brian Samuels was appointed Commissioner of ACYF by President Barack Obama. Commissioner Samuels speaks at the Children's Bureau's centennial celebration on April 9, 2012. (Choice Photography)

The Obama administration has acted quickly with legislation to protect the well-being of children in foster care and ensure the continued operation of critical child welfare programs during this challenging time. Several of the laws provide additional financial supports to foster children. The American Recovery and Reinvestment Act of 2009 (P.L. 111-5) increased funding for the title IV-E

adoption and foster care assistance program during the recession.¹¹⁵ The Patient Protection and Affordable Care Act (P.L. 111-148), enacted March 23, 2010, required States to extend Medicaid coverage up to age 26 for youth who age out of the foster care system beginning in 2014.¹¹⁶ The Healthy, Hunger-Free Kids Act (enacted December 13, 2010) ensured children in foster care automatically qualify for free meals in Department of Agriculture child nutrition programs.¹¹⁷

Other bills reauthorized and enhanced existing child welfare programs, including the CAPTA Reauthorization Act of 2010 (P.L. 111-320), which was signed on December 20, 2010.¹¹⁸ In addition to reauthorizing funds for discretionary and State

grants at current levels, this law provided for new studies and reports to Congress on topics such as shaken baby syndrome, program collaboration, and effectiveness of citizen review panels. It also supported child welfare systems improvement, such as by encouraging family participation in case planning and placement decisions and requiring enhanced data reporting by States. The Child and Family Services Improvement and Innovation Act reauthorized title IV-B programs with particular attention to issues such as children's emotional health, trauma, and the use of psychotropic medications; faster permanency for younger children; standardization of State data reporting; and caseworker visit standards.¹¹⁹

Current Children's Bureau Grants and Initiatives

The Children's Bureau has continued to support innovation and improvement of child welfare systems through its discretionary grant funds. In 2009, the Bureau funded a new National Resource Center for In-Home Services to support promising practices that can help children remain safely in their homes when their families are at risk of involvement or actually involved with the child welfare system. In its first year, the NRC convened a national advisory board of experts, hosted a national meeting, conducted outreach to Tribes, and completed a nationwide assessment of promising and evidence-based practices in in-home services.¹²⁰

Also in 2009, the Children's Bureau funded the National Resource Center for Tribes to help Tribal communities strengthen child welfare systems and services and to connect Tribes with training and resources and with each other. The NRC is also charged with helping Tribes access technical assistance from the rest of the T&TA Network.¹²¹

In keeping with its emphasis on evidence-based practice, the Bureau also held its first Child Welfare Evaluation Summit May 27–29, 2009. Its purpose was to explore the current state of evaluation practice in the field of child welfare and to promote cohesive, strategic, and sound approaches for evaluating child welfare systems, projects, and programs.¹²² A second summit was held August 29–31, 2011.¹²³ In November 2011, the Bureau sponsored a national meeting in partnership with the U.S. Department of Education to improve educational stability and outcomes for children in foster care by bringing State administrative teams

together to develop action plans.¹²⁴ Other recent discretionary grants have funded research and demonstration programs on diligent recruitment of families for children in foster care, the use of family-group decision making, and the integration of trauma-informed practice in CPS delivery.¹²⁵

In 2010, the Children's Bureau awarded funding to implement the President's Initiative to Reduce Long-Term Foster Care, which seeks to improve outcomes for groups of children who face the greatest barriers to permanency. During the grants' 5-year term, the Bureau will invest \$100 million in individual projects, technical assistance, and site-specific and cross-site evaluation to test innovative approaches and develop knowledge about what works to help children and youth in foster care achieve permanency. The six grantees were announced in February 2011, along with a change of the program's name to the Permanency Innovations Initiative.¹²⁶

Meanwhile, the Bureau's most recent child abuse prevention initiative kicked off in June 2011, at the first Network for Action Meeting. Jointly sponsored by OCAN,

the Centers for Disease Control and Prevention's Division of Violence Prevention's Knowledge to Action Child Maltreatment Prevention Consortium Leadership Group, the FRIENDS National Resource Center, and other national prevention organizations, the meeting and network are driven by three specific goals: to create a shared vision for the future, to engage in shared action, and to develop and strengthen prevention networks at the State and Federal levels.¹²⁷



Attendees at the 18th National Conference on Child Abuse and Neglect in April 2012, sponsored by OCAN. (Paltech staff member Diane Mentzer)

The Children's Bureau's Centennial and Beyond

On April 9, 2012, the Children's Bureau kicked off a yearlong celebration of its 100th anniversary with a ceremony at the Hubert H. Humphrey Building in Washington, DC. The event included remarks by HHS Secretary Kathleen Sebelius, Acting Assistant Secretary for Children and Families George Sheldon, and Acting Associate Commissioner Joe Bock. Other featured speakers included Dr. Olivia Golden, former Assistant Secretary of ACF; Joan E. Ohl, former Commissioner, ACYF; Mary Williams, president of the National Association of Public Child Welfare Administrators; and ACYF Commissioner Bryan Samuels.¹²⁸ Former ACYF Commissioner Carol Wilson Spigner (Carol Williams) received the Children's Bureau Centennial Award for extraordinary vision and leadership in the field of child welfare services.



Special invited guests at the centennial celebration included (left to right) Mary Williams, Dr. Olivia Golden, Commissioner Bryan Samuels, and Secretary Kathleen Sebelius.

(Choice Photography)

This celebration was marked by a distinguished gathering of leaders from the Bureau's recent history. The past two decades have been a period of tremendous changes, including a far greater number of laws enacted regarding child protection, foster care, and adoption than during any other period. These laws and resulting programmatic changes reflect society's increased knowledge and understanding of the

plight of struggling children and families, thanks in part to the Bureau's support of groundbreaking research and State data system improvement. They arise from an unprecedented level of concern within Congress regarding the outcomes experienced by children involved with the child welfare system. In these and many other ways, today's Children's Bureau is a testament to the pioneering

work of all preceding Bureau leaders and staff, whose unwavering dedication to improving the lives of children and families helped make today's progress—and our visions for an even greater tomorrow—a reality.



The centennial celebration included entertainment by the Washington Youth Choir. (Choice Photography)

Chapter 7 Notes

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Afterword

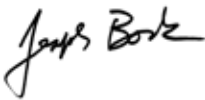
The Children's Bureau Legacy: Ensuring the Right to Childhood illustrates the Bureau's longstanding history, achievements, and legacy of commitment to our Nation's children, youth, and families. While this publication focuses on the significant contributions made by the Children's Bureau over the past century, it also speaks to our vision for the future of child welfare.

For several years prior to the Children's Bureau's centennial anniversary, I thought about how we would celebrate this momentous occasion. The Bureau planned a year-long series of activities to reflect on our accomplishments, challenges, and future visions. To prepare for this celebration, the Bureau engaged a group of stakeholders who represented various disciplines in the child welfare field. This esteemed group developed several recommendations for activities to commemorate the 100th anniversary. There was overwhelming agreement that the Children's Bureau's centennial was a prime opportunity to deepen its commitment to leadership and advocacy for the safety, permanency, and well-being of children, youth, and families. One of the specific recommendations made by the group was the creation of a 2nd-century roadmap to reflect the status of the field, identify emerging issues and challenges, and develop a shared vision for the next 100 years.

Based on the group's recommendation, a separate workgroup was formed to implement a collaborative Voices to Vision Initiative, focused on informing the Children's Bureau's future planning and creating a shared vision for the future of child welfare. The workgroup included practitioners and experts in child welfare and related fields, youth, families, and Tribes who worked together to identify emerging themes and provided ideas toward a long-term vision for child welfare.

A number of ideas were presented for achieving overarching goals to shift the way in which child welfare services are provided, including community mobilization; building and supporting a skilled and stable child welfare workforce; improving collaboration among Federal, Tribal, State, and county systems for a more integrated approach; and more robust leadership to set a national agenda for children and families.

There have been numerous influences on the Children's Bureau's mission over the past 100 years, many of which can be seen in this publication. Our history, current practices, and the critical thinking and outstanding recommendations of stakeholders across the country have given the Bureau the momentum to look forward to the next century with renewed vision for improving outcomes, programs, and policies for our Nation's children and families.

A handwritten signature in black ink, reading "Joseph Bock". The signature is written in a cursive, flowing style.

Joseph J. Bock
Acting Associate Commissioner
Children's Bureau

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