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Grand Accomplishments in Social Work

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Grand Accomplishments in Social Work

What are the social work "grand challenges"? How can they be achieved? These are the key questions addressed in this report. We begin to answer these questions by looking first to some of social work's major accomplishments. Historical accomplishments may provide a sense of the scope and likely pathways for future grand challenges to follow. Social work has an impressive record of historical exemplars to draw upon. We begin with an overview of the origins of social work and social research in the United States. (This paper is one in a series focused on the topic of Grand Challenges for Social Work).

Emergence of Social Work and Social Research

American social work was born in the late 19th and early 20th centuries as a proactive response to human challenges accompanying rapid industrialization and urbanization. Over-crowding, poor sanitation, deep poverty, and precarious working conditions required social interventions (Herrick & Stuart, 2005; Katz, 1996; Leiby, 1978).

In this context, one of social work's precursors was the "friendly visiting" carried out by Charity Organization Societies, known in short as the COS. The essential objectives of the COS movement were to organize the communities' charitable giving activities and to understand the phenomenon of poverty and "pauperism" through scientific observation and generalization. Friendly visiting was the origin of social casework and much of what is today clinical social work. Friendly visitors were typically women of the middle and higher classes, with a rescuing and sometimes moralistic mission, working with impoverished and troubled individuals and families, to help the urban poor behave differently and cope more effectively with their difficult circumstances. The early "friendly visiting" later evolved into more systematic and evidence-based practices (Richmond, 1917; Watson, 1922).

The other main precursor to modern social work was a community and policy strategy embodied in the Settlement Houses. After learning about settlement houses during a stay at Toynbee Hall in London, Jane Addams brought this concept to the United States. Confronted with the interlocking social inequities resulting from rapid urbanization, massive immigration, and unregulated industrialization, the women of Hull House effectively tackled issues ranging from workplace safety and environmental injustice to child labor and maternal and child health (Addams, 1911).

The friendly visitors associated with COSs, along with social workers in the settlement houses, were pioneers in the development of social research as a method of documenting social conditions in local urban communities. Based on survey methods, they collected and compiled systematic data, and then used data to design and test social innovations. Applied research results were in turn used to inform local, state, and national level policies. Indeed, survey research by itself might well be considered a historical

accomplishment. WEB Dubois' study entitled *Philadelphia Negro* was sponsored by the Philadelphia COS, and the New York COS sponsored the Pittsburgh Survey. So strong was the identification of the early social work profession with survey research that the most important social work periodical of the 1910s and 1920s was called *The Survey.* The impacts of this social research were enormous, affecting social reforms and practices during the Reform Era and across the remainder of the 20th century (MacLean & Williams, 2012).

In short, social workers invented a *professional practice* and *social research methods* among the people, a model which continues to serve as a foundation for the profession. Reflecting on social work's origins, Jane Addams (1930) observed that social workers were closer to the people served than any other profession. Addams won the Nobel Peace prize in 1931.

<center>**Social Work's Historical Accomplishments**</center>

In this section, we provide a brief—and inevitably incomplete—review of social work's important contributions. The organization of these accomplishments is roughly chronological, so that the reader may have a sense of the development of social work and social research over time.

Protection and deinstitutionalization of dependent children. A movement known as "child saving" had begun in the last third of the 19th century as an effort to get children out of poor houses and out of the street trades. Removing dependent children from institutions had long been a goal of child savers. At the 1892 National Conference on Charities and Correction, Homer Folks said, "The members of this section seem to be pretty well agreed that the only proper place for a child who is merely dependent is the family" (Folks, 1892, p. 419). By the early 20th Century, orphanages and other institutions housed a record number of dependent children (Crenson,1998). At the 1909 White House Conference on the Care of Dependent Children, Addams and other social workers made the recommendation to remove dependent children, both orphans and "economic orphans", from institutional care and place them in family care (Addams, 1911; Leiby, 1978). The conference report advised that "Home life . . . is the great molding force of mind and of character. Children should not be deprived of it except for urgent and compelling reasons . . . The home should not be broken up for reasons of poverty" (Roosevelt, 1909). Although well-intentioned, residential care does not always achieve its ideal. Even when safely delivered, institutional care often fails to help children and families make lasting changes when returned home. Moreover, it is a very costly form of care. The purposeful 1909 decision by social workers prioritizing family-based care is a shining example of early social work professional leadership. This leadership resulted in major changes in the care of children in the United States, and later in many other countries. Efforts to minimize the use of residential care in favor of family care continue today.

Expansion of foster care, adoption, and guardianship. With the decline of orphanage care, foster care greatly expanded, becoming the dominant form of care for children who could not live safely at home (Askeland, 2006). However, foster care also has

shortcomings in inconsistency of quality, irregularity, and impermanence. Dissatisfied with non-kinship care, US social workers led the way in developing kinship foster care and expanding the use of guardianship and adoption American social workers have studied and specified financial, health, housing, and social services that are designed to assist youth in their transition to adulthood (Osgood, Foster, & Courtney, 2010). Primary to this field of social work is ensuring that children and youth are in a permanent family or family-like relationship with a caring adult. With a commitment to protections of freedom and autonomy, social workers have recently led the way in giving these youth unprecedented influence in the design of their own services. Former foster youth are now frequently engaged to assist their transitions through higher education and to serve as advocates. Although this work is in the early stages, procedural infrastructure and resource commitments have been strengthened in the last two decades (Pecora, et al., 2009). The combination of these children and youth serving programs has resulted in marked decline in children in unstable foster care, and also a decline in those who leave foster care without permanency (U.S. Dept. of Health and Human Services, 2003). US foster care and adoption program reforms, as imperfect as they remain, are now being emulated around the world (Fernandez & Barth, 2010).

Income support or "outdoor relief". The shift from orphanage care set the stage for the first Mother's Aid laws in the states, with Illinois leading the way in 1911. Again, the women of Hull House and other social workers were in the lead. State Mother's Aid laws were promoted by social workers in the Children's Bureau, especially the director Grace Abbott, and later influenced the development of federal financial support for impoverished families with dependent children (Axinn & Stern, 2005; Trattner, 1999). The federal Aid to Families with Children (ADC) program was created in the Social Security Act of 1935, renamed Aid to families with Dependent Children (AFDC) in 1962, and in 1996 re-designed and renamed Temporary Assistance to Needy Families (TANF). The concept of cash or in-kind payments has since been applied to many other circumstances of need, including support for housing, nutrition, health care, and other areas to provide fundamental support for those who are most in need. To be sure, "welfare" payments have their challenges in public opinion and public policy, but we should not lose sight of this vast improvement over the "poor house" approach of locking up paupers that had prevailed for hundreds of years. Today "outdoor relief" in the form of income support is taken almost completely for granted. Freedom and quality of life for those who are dependent, destitute, or disabled has been vastly improved.

Consumer protection and financial capability. In 1890, pioneer social workers Josephine Shaw Lowell and Maud Nathan, concerned about the working conditions of women, began to propose that employers treat their women employees well. This effort resulted in the organization of the New York City Consumers League in 1899 with social worker Florence Kelley as General Secretary. The Consumers League fought sweatshops and campaigned for better working conditions, often in alliance with the Women's Trade Union League. In the 1930s, social worker Helen Hall helped organize the National Consumers League. Hall served as a board member of Consumer's Union, publisher of *Consumer Reports*, in the 1950s. In related work, from the Progressive Era to the 1960s social workers were involved in efforts to help clients improve their financial situation.

During the Gilded Age and the Progressive Era, this meant helping clients to save money and to find places to borrow money at reasonable rates. Later, social workers helped start the first savings and loan associations and credit unions. In the 1960s, social worker Helen Hall and several New York settlement houses sponsored David Caplovitz's research that resulted in *The Poor Pay More* (1967), an important documentation of lending and trade practices. In recent years, social workers are leading efforts to re-establish professional practice supporting financial capability among vulnerable populations. From the social work perspective of person-in-environment, financial capability means both financial literacy of individuals and access to sound financial services (Birkenmaier et al., 2013).

Protections against child labor. Social workers played a central role in the long fight to enact comprehensive child labor laws. As founding members of the National Child Labor Committee (NCLC) in 1904, Hull House social worker Florence Kelley and other leading social workers linked social investigation with innovative public education campaigns. Relying in part on grim documentary photography of child labor by Lewis Wickes Hine, Kelley conceived and implemented a broad-based research and lobbying campaign for child labor reform. Kelley and the NCLC also played a central role in establishing the Children's Bureau, which from its inception in 1912 led a series of legislative initiatives to ban child labor, including the 1916 Keating-Owen Act, the 1922 Child Labor Amendment, and the child labor codes enacted in the 1933 National Recovery Act and later in the 1938 Fair Labor Standards Act (Lindemeyer, 1997; Trattner, 1970). Regarding the 1930s legislation, social worker Frances Perkins, Secretary of Labor and first female cabinet member, provided the executive level leadership (Pasachof, 1999). The long and ultimately successful battle against child labor was designed and led, step by step, by social workers.

Reductions in maternal and infant mortality. With Hull House social worker Julia Lathrop as its founding Director, the Children's Bureau took as its first major initiative the goal of reducing maternal and infant mortality, then epidemic across all social classes but particularly among the poor (Lindenmeyer, 1997). Strategically, the social workers of the Children's Bureau understood that efforts to prevent infant deaths would lead inevitably to a range of related social issues in housing, sanitation, food safety, and family poverty. As with child labor, the strategy was applied research. Lathrop and her colleagues linked empirical investigation, maternal education, public education, community-level interventions, and broad-based advocacy for a range of legislative reforms. The Children Bureau's prevention-oriented infant mortality campaign contributed significantly to the dramatic reduction in infant deaths in the United States in the first decades of the 20th century, and the Children's Bureau successfully lobbied to include Maternal and Child Health, Crippled Children's, and Child Welfare Programs in the Social Security Act of 1935 (Almgren, Kemp & Eisinger, 2000). These advances were possible because social work research and practice have never shied away from addressing complex conditions of poverty.

Comprehensive social insurance. Old age and unemployment insurance were first recommended by the National Council on Charities and Corrections in 1912. But it was

not until the New Deal of the 1930s that groundwork was laid for comprehensive social policies (Jansson, 2008). Although not always understood, social policies such as Social Security Retirement, Medicare, and other social programs account for half or more of the US federal spending. In this budgetary sense, *social welfare is indeed the main purpose of the modern state*. The basic policy framework, embodied in the Social Security Act of 1935, is unquestionably the greatest social policy achievement in America's history, creating basic retirement security in the form of social insurance, as well as economic support in the event of death, disability, and unemployment. These policies have increased the security of the whole population, with especially marked reduction in hardship during old age (Esping-Anderson, 1996; Leiby, 1978). Social workers Francis Perkins as Secretary of Labor, Harry Hopkins and Wilbur J. Cohen as White House advisors, and social workers in the Children's Bureau played key roles in the design and implementation of this policy framework (Berkowitz & Cohen, 2005; Pasachof, 1999). Cohen later became Secretary of Health, Education and Welfare in the 1960s. Major buildings in Washington today carry the names of social workers Francis Perkins and Wilbur Cohen.

Employment protections and policies. Prior to the 1930s, federal involvement in employment policy was limited to child labor laws, and the Women in Industry Service during World War I—headed by social worker Mary van Kleeck—which eased the transition to women into the industrial labor force to replace men who were serving in the armed forces. Otherwise, the federal government largely stayed out of the labor market— except for a few sad cases where federal agents took the side of major capitalists in violently breaking strikes. Nevertheless, Grace Abbott, Children's Bureau director from 1921 to 1933, lobbied for a broad labor policy framework during this period. This helped to set the stage for the 1938 Fair Labor Standards Act (FLSA), which created a framework for employer-employee relations, and set standards for working conditions. The FLSA was a huge step forward in making work more rewarding and secure, and supporting ordinary families. Once again social workers played leading roles, especially Abbott and Francis Perkins, who served as Secretary of Labor from 1933 to 1945. Another important feature of 1930s labor policies were the public works and public employment programs that responded to Depression condition of massive unemployment, which was recorded at 25% in 1933. President Franklin Delano Roosevelt created the Works Progress Administration (WPA), National Youth Administration (NYA), Civilian Conservation Corps (CCC), and other programs to put people to work in government-funded employment.

These programs employed millions of people and kept a basic income base in families who otherwise would have been destitute. Social worker Harry Hopkins, President Franklin Delano Roosevelt's federal relief administrator, designed these visionary employment programs. Hopkins had spent his formative professional years working in a settlement house in New York and later directed New York City's Bureau of Child Welfare. He explicitly recognized that a job was about more than money. Employment meant self-respect and a chance to contribute something positive (Hopkins, 2009). Indeed, the CCC was the most productive tree-planting endeavor in the history of the United States, and also built much of the infrastructures in the state and national parks.

The CCC focused on both "soft" and "hard" skills (Sherraden, 1984). Social research has documented the importance of "soft skills"—self presentation, relationships, and problem solving—which are now a growing focus of labor market interventions (Heckman & Kautz, 2012). The success of the CCC was also directly influential in creation of the Job Corps in the 1960s, and other youth employment and training initiatives (Sherraden, 1980). The NYA, headed by social worker Aubrey Williams, was influential in the Neighborhood Youth Corps and College Work Study Programs of the 1960s. Even today, College Work Study remains important in providing access to college.

Women's political, civil, and human rights. Black and white women social workers were active, effective participants in the both the long and ultimately successful campaign for women's suffrage (Peebles-Wilkins & Francis, 1990; Sarvasy, 1977). Social worker Jeanette Rankin was a full time campaigner for votes for women in several states (Schaffer, 1964) before she became the first woman elected to the House of Representatives in 1916, and a notable peace campaigner. After World War 1, African American women social work leaders in the International League for Peace and Freedom, including Mary Church Terrell and Addie Hunton, went on to break new ground by linking women's rights, racial justice, and global peace activism (Blackwell, 2004; Chandler, 2005). Before, during, and after the war, social workers also played a central role in women's labor activism (Storrs, 2000). Mary van Kleeck, for example, led the Women in Industry Service, the precursor to the Women's Bureau, which helped women move into industrial employment (McGuire, 2011; Selmi & Hunter, 2001). In the 1970s and 1980s, social workers were active in the movement to respond to gender-based violence, including work to establish shelters for survivors of intimate partner violence in many American communities. Social worker Susan Schechter wrote one of the seminal works on domestic violence, Women and Male Violence: The Vision and Struggles of the Battered Women's Movement (1982) (Danis, 2006).

Human rights. Social work has, from its conception, been a human rights profession (International Federation of Social Workers, 1988; National Association of Social Work, 2003). Social work's emphasis on human dignity and worth is congruent with core human rights principles. Early leaders of the profession contributed to expansion of human rights well before adoption of the Universal Declaration of Human Rights by the United Nations. Jane Addams led what became known as the three generations of human rights, spanning work on civil rights for vulnerable populations, economic rights, and women's rights. Addams joined noted German social worker Alice Salomon to found the International League for Peace and Freedom. Grace Abbott was Chair of the League of Nations Committee on the Traffic in Women and Children, and the first U.S. delegate to the International Labour Organization. Sophonisba Breckinridge worked for rights of offenders through the International Penal and Prison Congress (Abbott, 1947). It is likely that Eleanor Roosevelt, chair of the drafting group for the Universal Declaration, was herself inspired by early volunteer work in a settlement house in the lower East Side of New York. Important work in human rights has continued across the decades. In the 1990s, social workers collaborated with the United Nations to produce the first professional training manual on human rights (United Nations, 1994). Social work professional organizations and individual social workers have continued to be active in

movements for civil rights, women's rights, rights of persons with physical disabilities or mental illness, immigrant rights, rights of sexual and gender minorities, and rights of persons living in poverty. Human rights are the ultimate standard for human civilization. The work is never easy, and social work has never wavered.

Civil rights. The US civil rights movement is broadly based, with diverse professional associations and varied religious denominations joining in the cause of equal opportunities and treatment of all persons, regardless of color, nativity, gender, age, religion, sexuality, health, or wealth status. Yet in the historical context of centuries of slavery and subsequent discrimination, the US civil rights movement has focused predominantly on equality and opportunity for African Americans and other disadvantaged people of color. In this context, the contributions of black social work advocacy for civil rights is deep and long, beginning with the racial justice work of black social work leaders in the Progressive Era. Jane Addams and other social workers were founding members of the National Association for the Advancement of Colored People, and social workers later helped create the Urban League. Dorothy Height led anti-lynching protests in the early 1930s and, as an executive of the YWCA, presided over the integration of its facilities nationwide in the 1940s. She was a cofounder of the National Women's Political Caucus in 1971 and worked on issues related to women's rights. She was a key organizer of the 1963 March on Washington that was capped by Martin Luther King's "I have a dream" speech. Height is credited as the first person in the modern civil rights era to treat the problems of equality for women and equality for African-Americans as a whole, merging concerns that had been largely separated (Fox, 2010). Social worker Walter P. Carter was also a trailblazer of the civil rights movement, leader of the Congress of Racial Equality (CORE), organizer of voter registration drives in the South and desegregation protests in eating establishments in Baltimore and along the interstate highways. Whitney M. Young worked locally and nationally to serve as Dean of social work at Atlanta University, as Executive Director of the National Urban League, and as President of the National Association of Social Workers. His successes included reducing hiring discrimination in Nebraska and Georgia. Young helped to organize the March on Washington, and advised three presidents to expedite the recognition of broader civil rights for African Americans (Young, 1964).

American Indian rights and social policies. New Deal social workers such as John Collier, Sr. (1884-1968), who served as Commissioner for the Bureau of Indian Affairs under President Franklin D. Roosevelt, changed nearly a century of ethnocidal federal policies toward American Indians. Collier and other social workers designed a number of significant reforms, including the "Indian New Deal", officially known as the *Indian Reorganization Act of 1934*. This Act continues to be one of the most influential laws supporting American Indian tribal self-government and bringing lost tribal lands back under tribal control (Kelly, 1963; Philp, 1977). The struggle has been continuous. By the 1950s, the federal government sought to "terminate" a number of tribes and take away their status as Tribal Nations. However, social work leaders such as Ada Deer successfully led the fight against termination policy, and as a result played a central role in restoring federal status for the tribes (DuMez, 2003; University of Wisconsin Historical Society, 2013). By the 1970s, social work scholars such as David Fanshel,

provided empirical support that challenged assimilationist assumptions embodied in adoption policies targeting Native children into non-Native homes (Fanshel, 1972). This work contributed to the writing and passing of the *Indian Child Welfare Act of 1978*. The Indian Child Welfare Act is one of the most influential pieces of legislation for Federal Indian and child welfare policy, recognizing tribal sovereignty, and acknowledging that the interests of tribal stability are synonymous with the best interests of the child (Josephy, Nagel, & Johnson, 1999).

Fighting poverty and racial injustice. Social work leaders contributed in fundamental important ways to President Lyndon Johnson's Great Society programs, particularly the participatory community-based antipoverty programs central to his "war on poverty." Whitney Young's vision for a domestic Marshall Plan (Young, 1964) influenced Johnson's development of the Great Society and broader efforts to address racial and social inequities in America's urban neighborhoods (Dickerson, 2004). The Mobilization for Youth, a comprehensive, research-based juvenile delinquency prevention program was developed by social work scholars Richard Cloward and Lloyd Ohlin, in partnership with Henry Street Settlement house and other community agencies on New York's lower East Side. Mobilization for Youth became a template for the Great Society's participatory community action programs (Katz, 1996). Social work leader Mitchell Ginsberg served on the Planning Committee for Head Start, arguably the most widely endorsed of the Great Society programs, with lasting presence and impacts today. Notwithstanding these important contributions, the struggle against poverty and injustice continues and social work remains deeply committed.

Civic service: The New Deal's CCC was a precursor to a new form of social policy that is sometimes called "civic service" or "national service", first proposed in the United States by William James (1910). The CCC and was directly influential in leading to the Peace Corps and VISTA in the 1960s, and later the emergence of AmeriCorps, Experience Corps for older adults, Public Allies, and other civic service initiatives. In many federal and state programs individuals can now volunteer with minimal compensation to serve in communities in the United States or abroad. Indeed, service is an emerging social institution that now engages millions of adults after college, as an adjunct to employment, and during retirement. The modern era of service expansion has been informed and influenced by social workers. Social Workers Verl Lewis and Daniel Thurz were leading figures in the development of VISTA as the developers and leaders of the nation's first VISTA Training Center. Many social workers have had experience with the Peace Corps and they have been leaders, as well, perhaps most notably, Josephine Olson who was Deputy Director and then Interim Director of the Peace Corps from 2001 to 2009. Research on service policies and programs by social workers contributed to the creation of AmeriCorps in 1993, and this body of domestic and international research continues to be led by social workers (Eberly & Sherraden, 1990; Sherraden, Lough, & McBride, 2008).

Deinstitutionalization of the mentally ill. The great age of institutional care in the 19th century expanded residential care of those defined as mentally ill, and mental hospitals continued to be prominent, although sometimes grim and ineffective, in the first half off

the 20th century. Beginning in the early 20th century, sparked by Clifford Beers' book *A Mind That Found Itself,* a community care movement was led by early psychiatric social workers (Stuart 1997). Social workers played an important role in championing community care alternatives, and in the 1970s helped to create the Community Support Program (CSP), which later became the primary policy in mental health care (Turner & TenHoor, 1978). The CSP philosophy and policy promoted a range of supports, not simply psychiatric care, for helping formerly institutionalized adults adjust to community life. These approaches mirrored social work's longstanding focus on the fit between person and environment. Perhaps the best known approach is Assertive Community Treatment (ACT), which was developed as an alternative to hospitalization by a multidisciplinary team that included social workers (Stein & Test, 1978). Early testing of ACT, using randomized experiments and benefit-cost analyses, established that the model reduced re-hospitalization without adding undue financial or social burden, and later studies replicated these findings (Bond, Drake, Mueser & Latimer, 2001). Policy innovations in financing ACT through Medicaid waivers encouraged widespread adoption of the program throughout the United States during the 1990s and 2000s (Johnson, 2011). Another case management intervention in which social work scholars have been instrumental is the Critical Time Intervention (CTI) model, which has been shown to improve residential stability and community tenure following transitions out of hospitals and homelessness (Tomita & Herman, 2012). In the current era of declining mental hospital use, the time-limited nature and relative cost effectiveness of CTI may further increase the model's spread and influence (Slade et al., 2013). Social workers have also been at the forefront of developing psychosocial interventions that increase well-being and quality of life of individuals with mental illness living in the community. Beginning in the 1980s, social workers developed training for families caring for their ill relatives at home, reducing the risk of relapse (Hogarty et al, 1986). Another intervention is designed to compensate for neurocognitive deficits that accompany schizophrenia (Eack, 2012). In sum, social work had led the way in designing, testing, and implementing successful community-based solutions for the mentally ill.

Serving service members and veterans. In 1918, Mary Jarrett, Director of the Social Service Department at Boston Psychopathic Hospital, established a summer school at Smith College—which later became the Smith College School for Social Work—to prepare social workers to assist the Army Medical Corps. The Army was identifying "shell shock" among World War I service members, a phenomenon that recurred in World War II and subsequent wars. Social workers were prominent in military mental health programs during World War II and in the Korean, Viet Nam, and Middle Eastern Conflicts (Mass, 1951; Stuart, 1997). This work remains very challenging, and sometimes fatal. We can mark progress, however, in that this issue is now clearly recognized, stigma has been greatly reduced, and treatment is more available.

Housing and community development. Social workers have long recognized housing as an important contributor to individual and family well-being as well as successful functioning of communities. Charity societies and aid groups in the late 19th and early 20th centuries documented terrible conditions in tenement buildings (Lubove, 1963). This work contributed to the development of local regulations regarding health and safety of

privately owned rental housing in densely populated urban areas. With the Great Depression, inability of families to pay for decent housing led to the federal government's first foray into provision of public housing through the passage of the 1937 Housing Act. However, public housing authorities in many locales restricted public housing to whites only, and social workers fought numerous battles to abolish such racial discrimination (Marcuse, 1978). Yet by the 1980s, research showed that public housing patterns had contributed to social isolation of the poor and geographic concentration of social problems. Based on a review of research, a National Commission on Distressed Public Housing recommended a coordinated effort to address a full range of resident, development and neighborhood issues. In response, the Urban Revitalization Demonstration (later renamed HOPE VI) was sponsored by a social worker, Senator Barbara Mikulski. Arthur Naparstek, also a social worker, contributed to regulations that required new and renovated developments to incorporate programs for human development, economic opportunity, and community building (Naparstek and Dooley, 1997). As new public housing development virtually stopped in the 1980s, homelessness and housing insecurity increased dramatically. This was exacerbated by the closing of public mental hospitals with lack of community-based housing support for discharged patients. Social workers were on the front lines of the homelessness "epidemic". An innovative model known as Housing First (HF) was developed in New York City in 1992 to provide immediate access to housing and support services. Research by social work researchers was instrumental in wide dissemination of the HF model in the United States and abroad (Culhane et al, 2002; Padgett et al. 2006). In recent years, social work researchers have broadened their focus on low income housing to include neighborhoods and communities as sources of risk and resilience (Coulton, 2005). Community change initiatives that strengthen the social fabric of neighborhoods are emerging from this research (Chaskin, Joseph & Chipenda-Dansokho, 1997). Mixed income development is another innovation that may reduce the social isolation of the poor. Social work research on mixed income development is informing evidenced-based practice and policy (Joseph, Chaskin & Webber, 2007.)

Child abuse prevention and child protection. "Child saving", mentioned at the outset, remains an important social work endeavor. While physicians, attorneys, and other professionals have made important contributions, child abuse prevention, and especially child protection, have been led by social workers. As a result of these efforts, the last four decades have witnessed a marked decline in rates of child sexual abuse and, probably, child physical abuse (Daro, 2010). Systems of child protection are now activated more than five million times a year by callers who are concerned about the safety of children, with nearly 700,000 different children identified for investigation (US Department of Health and Human Services, 2012). Social work has led in the design of Child Welfare Services that gather, screen, and respond to these reports, and also developed information systems to track services and outcomes (Wulczyn, et al., 2005). Among the accomplishments has been the growth of actuarial risk assessment models and tools resulting in more comprehensive and fair determinations of children's safety. Social workers have led in providing more structured and responsive decision making tools. Yet child maltreatment remains a serious challenge. Continuing tragedies harken forward to the return of social work to a more prominent role in public health and injury prevention,

work that is now being advanced by innovations in the use of administrative data to identify highest risk cases (Jonson-Reid, et al., 2010; Putnam-Hornstein, 2012; Shaw, et al., 2013). Social work will continue to lead in the protection and development of children.

Prevention of social, emotional, and behavioral disorders. Prevention can avoid a lot of problems. Encouraged by advances in prevention of smoking and cardiovascular disease through public education and community strategies, social work scholars have turned their attention to social problem prevention. An array of programs and policies to prevent social, emotional, and behavioral disorders have been developed and tested (Catalano, Fagan, Gavin, Greenberg, Irwin, Ross, & Shek, 2012). Prevention programs have been tested and developed for individuals, at-risk populations, and the general population (National Research Council and Institute of Medicine, 2009). Researchers have identified risk factors for youth behavioral problems, as well as factors associated with positive development (Fraser, 2004). Prevention for problems including child maltreatment, violence and delinquent behavior, substance abuse, school drop-out, teen pregnancy, and depression and anxiety have proven effective in experimental tests (Hawkins, Kosterman, Catalano, Hill, & Abbott, 2008). Responding to variations across communities, place-based approaches like Communities That Care (CTC) have been developed. An experimental test of CTC has found population-wide reductions in tobacco use, alcohol use, and delinquent behaviors by the end of grade 8, and these were sustained through high school (Hawkins, Oesterle, Brown, Monahan, Abbott, Arthur, & Catalano, 2012). This research sets the stage for new policies and practices, though challenges remain in scaling interventions across large communities.

Substance abuse prevention and treatment. From the profession's outset, social workers have assisted individuals, families, and communities with alcohol and drug problems (Holleran Steiker & MacMaster, 2008). Social workers have designed and tested substance abuse prevention strategies in screening, brief interventions, individual and family treatment, and community-based services (Holleran et al. 2008; McNeece & DiNitto, 2012). Social workers have led landmark intervention studies in the alcohol and drug field, including "keepin' it REAL," a culturally-grounded youth substance abuse prevention program (Hecht et al., 2003). Other large research projects in which social workers have been leaders focused on matching clients to treatment, linking genetic information to treatment, and combining medication with behavioral therapies (Anton et al., 2006; Schuckit et al., 2009). Social workers have held key leadership positions, including Victor Hesselbrock's service as President of the Research Society on Alcoholism, and Maryann Amodeo as President of the Association of Medical Education and Research in Substance Abuse. Social worker Charles Currie headed the Substance Abuse and Mental Health Services Administration, and social workers have held key positions at the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. Rather than the punishment that is often meted out through the criminal justice system, social workers use strengths-based and other evidence-based treatment models to save lives by providing treatment for substance use disorders or directing individuals to these services. They have been particularly effective in increasing the substance abuse services available to those involved in systems such as child welfare

and criminal justice and those served in HIV/AIDS and domestic violence programs. Social workers have also been major advocates of health care policy reform that would ensure that everyone has access to substance abuse and mental health services should they need it. While social workers' groundwork in research, practice, and policy is fundamental, substance abuse prevention and treatment remain a major challenge in the United States and around the world. It seems likely that the most promising innovations are still ahead of us.

Long-term services and supports for the elderly and disabled. In long-term care and support we also find the imprint of social work practitioners and researchers. Medicaid and Medicare have an "institutional bias" over family-based care, and therefore a rapid growth in nursing homes followed the passage of Medicaid in 1965. Rosalie Kane and other social workers were among the first to identify problems and abuses and suggest reforms. For example, Kane (2006) notes that social workers led the fight against physical restraints, created specialized dementia care units (Gwyther, 1985), suggested structural ways to identify and resolve ethical issues (Kane & Caplan, 1993), and tested approaches to combat learned helplessness (Mercer & Kane, 1979). Equally as important, social workers led by Morris (1998) at Brandeis and Seidl and colleagues (1983) at the University of Wisconsin-Madison who helped shape the initial demonstrations and evaluations of home and community-based services as an alternative to nursing facilities under Medicaid. Social workers also played a key role in the Channeling Demonstration and Evaluation which tested the efficacy of home and community-based services and care management on a large scale (Applebaum, 2012). Later, leaders in the social work community championed the concept of re-balancing to create a more even distribution of long-term service dollars between institutional and community-based care as a strategy for improving service options. Also, the Cash and Counseling Demonstration, a large-scale controlled experiment led by Kevin Mahoney provided evidence to support the growth of self-determination and participant-directed services (Doty, et al., 2010). Throughout, social worker Elaine Brody (1966, 1974) and others (Gwyther, 1985; Greenberg, Seltzer & Brewer, 2006; Hooyman & Kiyak, 2014) kept a research focus on the critical role of family and friends, who provide the vast majority of support for people with disabilities and their families.

Healthy and productive aging. Social workers have been leaders in fostering healthy aging on many fronts. One of the first was Louis Lowy who was instrumental in the development and growth of senior centers (Lowy, 1985). Social workers have also played important roles in wellness programs for older adults (e.g., Klein & Bloom, 2007; Lubben, et al., 1989). Other social workers have designed been 'age friendly" communities (Lehning, et al., 2010; Scharlach, et al. 2011). Maintaining social engagement is an important component of healthy aging. Social workers have contributed to the evidence that has established a strong link between social isolation and an array of mental and physical health outcomes (Crooks, et al. 2008;Lubben, et al., 2006). Social engagement is another arena in which social workers have taken the lead (Matz-Costa, et al., in press). The concept of productive aging has also been led by social workers, emphasizing the capacity of older adults to contribute to society through remaining in the labor force, volunteering, and caregiving (e.g., Morrow-Howell et al., 2001). More generally, social work focuses as much on positive development and contributions as on

care and treatment. This dynamic balance emphasizes whatever is possible to achieve in any circumstance, along with the support to make it possible.

End of Life Care. At the 2005 NASW Social Work Summit on End-of-Life and Palliative Care, social workers were charged with promoting the role of social work in policy, advocacy, ethics consultations, practice and education related to end-of-life care. Social workers responded and, in 2007, the first national social work organization focused on end-of-life was born: Social Work Hospice and Palliative Care Network (SWHPN). In addition, social workers have strengthened their voice and their position in end-of life care by collaborating with physicians, nurses and other healthcare providers to insure that the interdisciplinary nature key to the provision of quality end-of-life care is mirrored in the practice, policy, education and research domains. Social workers play a key role at the American Academy of Hospice and Palliative Medicine's annual conference, serve on the Institute of Medicine's Committee on Transforming End-of-Life Care, and the National Quality Forum's Palliative Care and End-of-Life Care Steering Committee, published the inaugural text *Oxford Textbook of Palliative Social Work*, as well as numerous research articles in top journals, and assisted in the developments of a specialty social work certificate Advanced Certified Hospice and Palliative Social Worker. These accomplishments are only a few of many as social workers seek to insure that all people have access to quality care at the end of their lives.

Modern Social Intervention Research

Careful research and evidence make day-to-day social work more effective. As indicated above, since the 1980s social work researchers have used experimental methodologies to test innovative interventions for a wide range of vulnerable populations. Vulnerable populations are central to the mission of social work, and interventions are designed to increase functioning, reduce deleterious outcomes, and improve independence and participation in society. In other words, scientific methods are now firmly embedded in social work research, using randomized controlled trial designs among clients in real world settings. These inquiries include programs for children and youth that promote healthy development and adaptation (Fraser, 2004; Jenson et al., in press; McKay et al., 2011), child abuse and neglect (Daro, 2010; Meezan & O'Keefe, 1998; Testa, 2002), domestic violence and the treatment of men who batter (Edelson & Syers, 1991; Saunders, 1996), interventions for substance abuse (Kulis et al., 2007; Schinke et al., 2010), HIV and HIV prevention for adult populations (El Bassell et al., 1998), community-based treatment for individuals with serious mental illness (Herman et al., 2011; Solomon & Draine, 1995), health care for individuals with mental illness (Ell et al., 2010; Kelly et al., in press), economic interventions for social development and health (Huang et al., forthcoming; Ssewamala et al., 2009). Applied experimental research builds on social work's long history of inquiry and practice that is, as Jane Addams observed long ago, close to the people.

The Global Expansion of Social Work

In this overview, we have focused primarily on the United States. But in recognizing social work's accomplishments, we should also note the spread of social work education and professional practice to most countries of the world by the end of the 20th Century.

Of course, international exchange was a two-way street. Prior to World War II, social workers from the United States were active participants in international conferences and US social workers learned a great deal from Europeans. Many also studied in Europe and overseas examples provided the inspiration for the COS and settlement houses in England, maternity and infancy programs of the 1920s in New Zealand, and old age pensions beginning in the late 19th century in Germany.

American social workers and social work educators also played significant roles in global dissemination through education of foreign students who became leaders in their countries, and as expert consultants. In 1939, the first US technical assistance for foreign countries brought 15 directors of Latin American schools of social work to the United States for training (Hilliard, 1965). After World War II, American social workers played significant roles in the United Nations Relief and Rehabilitation Administration (UNRRA). In addition to organization of direct relief, they helped to establish or re-establish social work training in many war-torn countries (Friedlander, 1949; Wickwar, 1947). Among UNRRA officials were social workers who later became important leaders in US social work education, including Donald Howard and Ernest Witte.

In the 1950s and 60s, often with UN sponsorship, US schools trained many social workers from Asia and Africa, who returned home to lead social work education in their own countries. The work of Katherine Kendall in conducting the first world survey of social work education for the UN in 1950 led to a resolution adopted by the UN General Assembly declaring that social work was a professional function that required professional training (Billups, 2002). Kendall's later work with the International Association of Social Work contributed significantly to expanding opportunities for professional social work training in Africa, Latin America, and Asia. This work has continued in the 1990s and until today, with American social workers contributing to the development of social work education and professional services in part of Africa, Eastern Europe, Central Asia, and China.

Conclusions

As summarized above, social work has conceived and achieved substantive and meaningful accomplishments, beginning with community initiatives and protections for children in the Progressive Era, followed by creation of the Children's Bureau, and later Social Security and other social policy achievements of the New Deal, to the Civil Rights Act and other advancements of the Great Society during the 1960s, to numerous advancements in protections and services for vulnerable children and adults in recent decades. These accomplishments have enduring positive impacts on the daily lives of millions of people across the nation and around the world.

It is particularly noteworthy that social work has informed and fought for a range of deinstitutionalizations on behalf of dependent children, the poor, the mentally ill, and most recently the elderly and disabled. Social work has led in the creation of most of the key policies for social protection in the nation. Social work has informed and fought for human rights and civil rights for all people. In addition, social work has defined, tested, and implemented a growing list of effective community-based interventions. Across each of these broad themes, social work has been a steady force for positive change.

In his letter from the Birmingham jail, Martin Luther King wrote that "The arc of the moral universe is long, but it bends toward justice." We can add that, with social work's hand on the arc, it also bends toward security, dignity, and development.

Social work's historical accomplishments have been characterized by innovations in public policy, social organizations, and the social work profession. Social work has defined and implemented positive social innovations in productive partnerships with government, the private sector, and non-profit organizations. Social work has upheld the importance of the client's voice and participation in resolving social problems. Social work has increased emphasis on building healthy human relationships, and protecting the security and dignity of individuals. Social work has promoted science-based research and application of solid evidence to achieve improvements in social policies and services.

Today, more than 300,000 social workers work day in and day out, building on more than a century of constructive history. Reflecting on these and other achievements, important questions for us today might be: How will social work further enhance quality of life and opportunity for vulnerable populations? Where will new advances in community support occur? What will be the next source of social innovations? The Grand Challenges in Social Work initiative begins to answer these questions. We expect that those answers will, in significant part, arise from our accomplishments thus far.

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