Services for

UNMARRIED MOTHERS

AND THEIR CHILDREN

U.S. DEPARTMENT OF LABOR • CHILDREN'S BUREAU • WASHINGTON 25, D.C. 1945

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PREFACE

This joint statement on Services for Unmarried Mothers and Their Children has been prepared by the Children’s Bureau of the United States Department of Labor, the Bureau of Public Assistance of the Social Security Board, and the American Red Cross, three agencies concerned with health and welfare programs reaching all States and their local jurisdictions. The purpose of the material is to encourage further coordinated planning by States and local communities for fullest use of all services and facilities and to stimulate provision of needed resources. It is hoped that the broad general principles presented, which are applicable anywhere in the United States and to any unmarried mother and her child, will be further developed on State and local levels with resultant improvement in services. Although the statement emphasizes problems created or accentuated by war and postwar conditions, it is believed that the material will also have value for long-time planning.

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Illegitimacy as a problem accentuated by wartime conditions

The problem of the unmarried mother and her child is an old one that was increased and accentuated by the war. Conditions created by the needs for rapidly expanded industry placed great strains upon families and individuals. People moved in large numbers to war-industry areas and to areas adjacent to Army camps and Naval stations. Although the individual’s needs were the same in the new as in the old community they were less easily met. Old community ties were broken abruptly; new ones were not formed quickly. Expansion of communities was too rapid for the development of necessary services and facilities. Many parents working long hours had less time and energy to interest themselves in the activities of their children and to give them supervision. Many young people left home to seek employment and lived independently, free from parental authority and adult supervision. Under these conditions, whether living with their families or alone, youth naturally turned to activities and companionship outside the home. Sometimes, unfortunately, these were unwholesome.

The entry of large numbers of men into the armed forces had a disrupting effect upon the relationships of men and women. Young people in all walks of life who under normal conditions would be looking forward to courtship, marriage, and establishment of their own homes and families felt insecure about the present and future. Some developed a live-for-today philosophy that lost sight of long-time values. Adolescent girls, especially, were sometimes misled by their eagerness to do something for the youths going away to hardship and danger. Husbands and wives, in many instances married too short a time to have established a firm foundation for their married life, suffered from the anxieties and loneliness of separation.

Many of these situations will not change immediately with the close of the war; some of them, or similar situations, will persist through a considerable portion of the reconversion period. Both families and
individuals will face serious problems in the readjustment to peacetime ways of living.

As they seek to return to home communities, or to new communities where prospects for employment are better, they will encounter many conditions similar to those which they faced when they moved to centers of war industry. Many adolescent youths who have been living independently of their families and have become accustomed to high wages will find themselves unemployed and feeling adrift. Some families, too, will have to make difficult and delicate adjustments as their members, long separated from each other, come together again. Nor will the disrupting effects of war upon the normal relationships of young men and women immediately disappear. Many months will pass before demobilization is completed and perhaps several years before some young men and women feel sufficiently secure to marry and establish their own homes.

Such conditions explain in part the number of illegitimate births that occur yearly. According to the United States Bureau of the Census approximately 80,000 illegitimate births are reported yearly in the United States. This figure does not represent the total number of such births since 10 States, including several with large populations, do not report legitimacy. Spot studies show that illegitimate births have increased since 1942. Social agencies also report an increasing number of situations coming to their attention in which married women are bearing children of whom their husbands who are in service overseas are not the fathers.

Needs to be met and their complexities

If the child born out of wedlock is to have a chance at normal growth and development and if the experience is to be made as nondestructive as possible for the mother, the needs of both parents and child must be understood and met.

The situation of the woman about to bear her husband’s child contrasts sharply with that of the unmarried girl or woman who faces motherhood or the bearing of the child of a man other than her husband. In the one instance the prospective mother is usually surrounded by the love of family and friends and protected from unnecessary strain. The other mother frequently lacks understanding and sympathy from family, friends, or the father of the baby. The man she hoped, and may still hope, to marry may not only refuse to see her but also may refuse to contribute to the child’s support and even deny that the child is his. If she is a married woman her sense of guilt may be even greater.

1 California, Colorado, Connecticut, Maryland, Massachusetts, Nebraska, New Hampshire, New Mexico, New York, and Wyoming.
than that of the unmarried woman and she has the additional anxiety as to the effect of the situation upon her marriage.

In 1942 approximately 75 percent of all the reported illegitimate live births occurred to mothers between 15 and 24 years of age. Many unmarried mothers are themselves little more than children still in the process of growing up, becoming independent, and establishing normal relationships with the opposite sex. The number of illegitimate live births for the United States in 1942 reported for mothers 15 to 19 years represented 45.9 percent of the total illegitimate births. Often the unmarried mother has no real home nor any warm human relationship, the pattern of which she can constructively carry over to her own child. Often she feels at odds with her parents, especially with her mother. She craves love and acceptance as a human being.

Most married couples find that having a baby is fairly costly financially. Many unmarried mothers are greatly in need of financial help during pregnancy. Many need immediate assistance in regard to such matters as food, clothing, and a place to stay. Attention to these practical considerations is frequently a prerequisite to meeting her health, social, and emotional needs. Some unmarried mothers will wish to remain in their homes, or to continue their present living arrangements, until near the time of delivery. Others will need or want to have care elsewhere arranged for immediately. Some will have resources of their own to suggest, such as the home of a sympathetic relative; others will need foster care provided by a social agency in a maternity home or foster family.

The unmarried mother has the same health needs as other expectant mothers, which must be met in order to safeguard the baby's health and her own present and future well-being. All expectant mothers need medical care by a qualified physician early in pregnancy and throughout the prenatal and postpartum periods as well as at the time of delivery. They should have public-health nursing services to increase their understanding of their health and nutritional needs and those of their babies. Medical-social services should be available for the expectant mother who needs help in meeting social and emotional problems associated with pregnancy which interfere with her ability to benefit from medical and health services. All mothers should be cared for in hospitals of good standards at the time of confinement, and also during pregnancy if hospital care is needed because of complications.

What plan to make for the baby is a problem uppermost in the minds of all concerned. Decision cannot be arrived at hastily if the rights of both child and mother are to be protected. The child has a right to the opportunity for normal growth and development—physical, mental, and emotional. He should grow up in a family group that has
sincere concern for his welfare. Sufficient help and guidance should be available to determine whether he is most likely to have this opportunity with his natural family or with adoptive parents. As the natural guardian of her child the mother has the legal right—and one that should be protected—to decide whether to keep her child or to give him up. At no time should pressure be brought upon her. Instead she should be protected from making a hurried decision under special strain and anxiety. She should be discouraged from taking definite steps about relinquishment before the birth of the baby and should have sufficient time after the baby’s birth to reach a decision. Many unmarried mothers will be able to make good adjustments for themselves and their children. This is especially true when the mother has the understanding support of her family and when she has real affection for the baby and its father. The outlook for a good adjustment is not favorable if the mother decides to keep the child primarily to win social approval, to satisfy her conscience at the expense of the child, or to compensate for her own deprivations. Unmarried mothers need help in understanding and expressing their own feelings. Only as these feelings are understood and accepted by the mother and those immediately concerned can the future adjustments of mother and child be safeguarded.

Because a child has need of both parents, the father as well as the mother of a child born out of wedlock requires consideration. Much more is involved than the question of economic support. The way in which he is approached may determine his future relationship to mother and child. He also may need help with regard to his responsibility toward the child and his future relationship to the mother. He may be in great confusion and conflict about the whole episode and have social and emotional needs as great as those of the mother.

Unmarried mothers sometimes meet with difficulties in obtaining free or part-pay services from community health and medical agencies because of restrictions that limit the services of these agencies to specific groups; for example, to women who have lived in a community for a certain period. Such regulations restrict the use of facilities by unmarried mothers who frequently seek care elsewhere than in their home communities because they are reluctant to seek service or financial assistance where they are known.

Many unmarried mothers are poorly equipped and ill-prepared to earn a living for themselves, not to mention their children, and to develop wholesome and satisfying social relationships. Such mothers are in need of vocational counseling and employment services and of guidance in developing contacts and finding resources for recreation and leisure time. They need also the spiritual guidance and support of the church of their faith.
The problems of the unmarried mother are still further complicated by her attitudes and those of her family toward the situation. She and her family, and the father of the baby also, may have much feeling of guilt. They may fear so greatly the censure of friends and neighbors that they plan unwisely for the baby.

Services that should be available to unmarried mothers

If the needs of the unmarried mother and her child are to be met with any degree of adequacy certain services must be present in the community or available to it. Generally, services to unmarried mothers and their children will be part of services to other mothers, babies, and youths. In some instances, however, there may be specialization to meet special needs of unmarried mothers.

The welfare and health services necessary in communities to meet the needs of individuals, including those of unmarried mothers, are primarily case-work services to individuals in their own homes or elsewhere; financial assistance; medical, nursing, and hospital service; provision for living arrangements for the individual; placement of children in foster care, including in family homes for adoption; mental-hygiene services; group-work and leisure-time services; and vocational-guidance and employment services.

Sound legal provisions for the establishment of paternity and for obtaining financial support for the child from his father are necessary to safeguard the rights of the unmarried mother and her child. The unmarried mother should be free, however, to make her own decisions as to whether she wishes to initiate court action to establish the paternity of the child or to get financial support from the father.

Because of the complexity of the problems of the unmarried mother and her child it is essential that the services be of high quality, given as promptly as possible, and offered in a spirit of warm human helpfulness. The agency responsible for giving service to unmarried mothers should try to get staff members with qualifications related to the responsibility carried.

Planning to meet needs

Both States and communities will differ in the extent to which they provide services to meet the needs of unmarried mothers. Similarly, the types of agencies offering services will also differ from State to State and from community to community. The services described should be available on a State-wide basis and in, or to, every community. Some urban communities will have most if not all of these services, others will not. Some rural areas, lacking certain of these services, will be able to use the facilities and resources of nearby communities. Other rural
areas will have few resources other than those available from State agencies.

If the needs of unmarried mothers and their children are to be met adequately, the State and the local communities must go forward in planning, both on an immediate and on a long-time basis. Recognizing their interdependence, the State and local communities must plan together so that resources are available throughout the State and are so coordinated and used that service is assured for any unmarried mother wherever she may be. In any planning, separately or jointly by agencies operating on a State-wide or a community basis, all agencies providing services to unmarried mothers should participate. These agencies include public health and welfare departments, hospitals, courts, and private agencies providing specialized services to unmarried mothers such as maternity homes affording resident care, family and children's case-work agencies including those specializing in child placement, and health and nursing agencies.

Local planning.—As agencies try to serve unmarried mothers they become aware that although a single agency may assume the responsibility of planning for such mothers it cannot provide all the services needed to carry out the plan. Nor should agencies attempt to give service beyond the extent of their responsibilities and equipment. Instead they should draw upon the resources available in the community or, if these are limited or lacking, upon those of other communities that may be utilized or upon the services available through State and Federal programs of health and welfare. This requires that all agencies concerned understand each other's programs and formulate agreements among themselves as to the services that each is equipped and willing to give.

As agencies achieve such understanding among themselves and make their services known, help can be made available to the mother early in her pregnancy and with a minimum of referral from one agency to another. Many unmarried mothers first seek help through a medical or public-health agency. If these agencies are fully informed about social services available they can, in addition to meeting the medical need, help direct these women and girls to a more constructive type of social care than they might otherwise obtain.

Medical-social workers on the staffs of hospitals and health agencies are in a strategic position to stimulate increased awareness by the health agency of the social problems of the unmarried mother, as well as to help individual mothers make use of community social services. Their help is also of great value in explaining to hospital and health-agency staffs and to private physicians the most effective ways of describing these services to their patients—effective from the point of view of encouraging applicants to seek and accept the service.
Other unmarried mothers turn first to social agencies for help in social planning for themselves and their babies. These agencies in addition to meeting the social needs can assist these women and girls in obtaining the medical care they should have during pregnancy and delivery.

Still other unmarried mothers first seek help from individuals such as clergymen, private physicians, nurses, court officials, and attorneys. All agencies having responsibility for services to unmarried mothers, therefore, need to interpret their services continuously to these groups and to the public. If health and social agencies establish and maintain good working relations with each other and carry on active interpretation of their programs, many women and girls can be provided with both social and medical services when they first seek help, and many problems involving commercial maternity homes and illegal or undesirable placement of infants can be avoided.

As the agencies and individuals of a community unite their efforts to serve individual mothers they will find it necessary to examine and seek solutions for specific problems such as providing care for nonresident girls and women, safeguarding confidential information, and dealing with independent placements of babies and advertising in regard to them. They will discover inadequacies and gaps in services, and they will find it necessary to use existing facilities to the fullest extent and to expand or strengthen sometimes create services. Each community, in short, must discover and attack its own problems. It may utilize, as some communities have done, committees with professional and lay representation to coordinate efforts in behalf of unmarried mothers and their babies. The community may seek assistance from the State in exploring its problems and in developing plans. The community has responsibility, also, for bringing to State attention problems that cannot be dealt with at the local level.

State planning.—Certain responsibilities in planning for unmarried mothers rest with the State and must be met through its agencies, especially those of health and welfare, and through private agencies that operate on a State-wide basis. Through State agencies it is possible to take an over-all view in considering problems, making available resources known, and attempting to fill in gaps and eliminate duplications. Certain objectives can be achieved effectively only on a State basis such as making special services available to all communities, facilitating agreements among local communities, and dealing with interstate problems. State agencies can give to local communities supervisory and consultative service and assist in staff development. Responsibility rests with the State for leadership in formulating standards of care and procedure, studying and planning for dealing with especially
difficult problems, and reviewing legislation and promoting such changes as may be indicated.

Some specific situations which can best be dealt with at the State level are the following: Provision is needed for the girl who is unwilling to seek or accept help in her home community lest her situation become known. A few States have met this problem by utilizing State funds for temporary care of a mother or baby while permanent plans are being worked out. Other situations involve such social and legal complications that special attention and consultation are needed, for example, the adoption of the child of a married woman whose husband is overseas and is not the father of the child.

Widespread programs of information and interpretation, which can best be done on a State-wide basis, are needed to make known good procedures and available services to various professional groups and the public generally. Such programs are needed, also, to discourage undesirable practices such as advertising of unlicensed foster homes and of babies for adoption, and publishing information which should be safeguarded because of its confidential nature, for example, paternity hearings, names of unmarried mothers receiving financial aid, and birth records.

Another area in which State planning is desirable is that of the legislation and practice which relate to establishment of paternity and obtaining of support for a child born out of wedlock, termination and relinquishment of parental rights, adoption, registration of births, and licensing of agencies and institutions caring for and placing children. Many laws are inadequate or archaic and in their operation socially damaging to the individuals concerned.2

The State department of public welfare has a major responsibility for giving leadership in planning for unmarried mothers and their children, even though initiation of interest may occur elsewhere. The many social and emotional problems that surround illegitimate pregnancy place upon this department responsibility quite different from that of the State health department. For example, planning for the medical and nursing needs of the unmarried mother and her baby is basically no different from planning for similar needs of any mother and child, although the meeting of these needs is complicated by the presence of the social and emotional problems. But the serious social hazards for children born out of wedlock place special responsibility upon the department of welfare for protection of such children, particularly of those who are placed for adoption. The way in which the


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The social needs of the mother are met following the birth of the baby determine to a considerable degree what the ultimate effect of the experience will be upon her.

The State department of welfare should take the lead, therefore, in planning programs, getting agencies together, and developing standards. It should bring to planning an over-all and objective point of view. It should make available information regarding problems and relate local community problems to the State-wide situation. It should suggest to communities resources available through State or Federal services or the services of other communities. It has a responsibility for formulating and maintaining standards in the social service field, giving supervision and consultation to agencies including assistance on specific cases. It should confer with other State and local agencies and with Federal agencies in the development of plans for stimulating State and local action to improve services, to bring about the utilization and coordination of all resources, and to review and get needed legislation.

**Resources available to local communities**

The following description of resources which may be utilized in the care of unmarried mothers and their children in local communities has been limited to the public or quasi-public services which are the special concern of the Children's Bureau of the United States Department of Labor, the Social Security Board, and the American Red Cross. Of necessity the material included here reflects the broad outlines of national program and policy; wide variations in practice exist between States and local communities which represent adaptations of national program and policy to the local situation. Additional resources in the other fields of services mentioned in the foregoing statement (see page 5) are also available from Federal, State, local and national private agencies, both for direct service to mothers and children or for consultation on particular aspects of community planning for them. State welfare agencies usually have information on these other resources and can assist localities to obtain such other services when they are desired.

**CHILDREN'S BUREAU, U. S. DEPARTMENT OF LABOR**

Under several programs authorized by the Social Security Act, which operate with the aid of Federal funds administered by the Children's Bureau, as well as under the provisions of the basic act that created the Bureau, health and social services are made available to parents and children or to agencies and organizations furnishing services to them. These services are available for unmarried mothers and their children as for any other mothers and children. In certain States special services may be provided for this group.
The services available to unmarried mothers and their children through the maternal and child-health, emergency maternity and infant care, crippled children’s, and child-welfare programs will vary somewhat from State to State, depending upon resources and facilities. State and local health departments, State crippled children’s agencies, and State and local public-welfare agencies should be consulted for information concerning specific services that are available in particular States and in local communities. Consultation and advisory services from State staffs will also be helpful to local groups in planning for extension and improvement of services.

Under the provisions of its basic act the Bureau is authorized to “investigate and report upon all matters pertaining to the welfare of children and child life.” Consultation service is provided to State health departments and crippled children’s agencies through the Bureau’s regional staff of physicians, public-health nurses, medical-social workers, and nutritionists, and through other special consultants. Such consultation may be made available to other State and local agencies through cooperative arrangements with the official agencies. Regional child-welfare consultants give general consultation on social services for children to agencies and organizations, public and private, and individuals concerned with the social well-being of children, as well as consultation to State public-welfare agencies on the program of grants to the States for child-welfare services. Supplementing this general consultation, special child-welfare consultants in the central office give advisory and consultation service on special problems and specialized services, including those related more or less directly to the care of unmarried mothers and their children, such as licensing and supervision of children’s institutions, child-caring agencies, and foster homes, services to unmarried mothers and in adoptions, and prevention and treatment of juvenile delinquency.

Maternal and Child-Health Services

Title V, part 1, of the Social Security Act as amended in 1939, authorizes an annual appropriation of $5,820,000 to the Children’s Bureau of the United States Department of Labor for grants-in-aid to State health departments to enable the States to extend and improve maternal and child-health services, especially in rural areas and in areas suffering from severe economic distress. These programs operate in all the States, the District of Columbia, Alaska, Hawaii, and Puerto Rico.

Each State health department has a division or bureau of maternal and child health that develops a plan for services to mothers and children with the assistance of other divisions of the department. The State health department allots State and Federal funds to county and city health departments for assistance in providing local services and
also offers consultation and supervisory services on medical, dental, nursing, nutrition, and health-education phases of maternal and child care. In some States consultation services of medical-social workers are also provided. The services of the maternal and child-health program where it operates are, in general, available to all mothers and children who wish to avail themselves of these services.

Locally, the maternal and child-health program is carried on by the county or city health agency under the direction of the health officer, with public-health nurses giving health supervision and health-education service to mothers and children and with local practicing physicians providing medical supervision to mothers in prenatal clinics and to children in child-health conferences. In addition to the clinic service, the public-health nurse conducts classes and makes home visits. In a limited number of areas in certain States home-delivery-nursing service is provided at the request of the attending physician. In some counties nurse-midwives are provided to train and supervise midwives and to a limited extent to give midwifery service. In a very few cases in some States medical care for mothers at delivery and care for sick children, with hospitalization if necessary, is provided.

Several States have special programs for provision of medical and hospital care to unmarried mothers. For the most part, these special programs provide services to any woman who states that the father of her unborn child is an enlisted man in one of the lower pay grades of the armed forces.

Funds from Federal, State, and local sources are not yet sufficient to make these health services available in all counties and communities, and even where the program is started, there are not always enough personnel to meet the needs of all mothers and children wishing to avail themselves of services. Services have been expanded to meet the increased need in war-congested areas, and to maintain and strengthen community health services for mothers and children to compensate in part for wartime shortages of doctors, nurses, and hospital facilities.

Emergency Maternity and Infant-Care Program

The Congress in March 1943 made the first appropriation to the Children's Bureau for grants to the States to provide maternity and infant care for the wives and infants of men in the four lowest pay grades of the armed forces and of aviation cadets. For the fiscal year 1945, $42,800,000 was appropriated; of this sum, 2½ percent may be allotted to the States on the basis of need for administrative expenses.

Under the procedures authorized for grants-in-aid to the States for maternal and child-health services the Children's Bureau allots these funds to State health departments to be used to pay for services provided.
by physicians, nurses, and hospitals meeting standards established by each State health department. The program provides medical, nursing, and hospital care throughout pregnancy, at childbirth, and for 6 weeks thereafter to any woman whose husband was in one of the above pay grades at any time during her pregnancy. This care is something to which these wives and infants are entitled as a right without cost to themselves if they apply for care and if the service can be made available.

In making application the wife need only offer evidence of her husband’s serial number and rank or rating, dated at some time during her pregnancy. There are no restrictions of income or length of residence in the State or community. An unmarried woman is not eligible for emergency maternity and infant-care services. A woman who has lived as the wife of a serviceman in a State recognizing common-law marriage is entitled to services.

Care for infants is restricted to babies under 1 year of age. Services include medical, hospital, and nursing care for sick babies. Immunization against smallpox, diphtheria, and whooping cough and other aspects of health supervision are available as arranged for by State health departments. A baby under 1 year of age whose parents are not married may receive these services if paternity is acknowledged by a serviceman, or if paternity has been adjudicated by court. Formal action is not necessary to establish the baby’s eligibility for these services. A letter from an enlisted man acknowledging paternity is sufficient.

If a serviceman receives a promotion or an honorable discharge after January 1, 1945, his wife and baby are eligible for care, provided he was in one of the eligible pay grades at any time during his wife’s pregnancy or his child’s first year of life.

**Crippled Children’s Program**

Title V, part 2, of the Social Security Act, as amended in 1939, authorizes an annual appropriation of $3,870,000 to the Children’s Bureau for grants-in-aid to State crippled children’s agencies to enable the States to extend and improve services to crippled children. This program is in operation in all the States, the District of Columbia, Alaska, Hawaii, and Puerto Rico. Health departments are responsible for administering the programs in 30 States and Territories, welfare departments in 10 States, crippled children’s commissions in 5 States, State departments of education in 4 States, and State university medical schools or hospitals in 3 States.

The State crippled children’s programs financed by State and Federal funds provide medical, surgical, corrective, and other services and care
for children and young people under 21 years of age who are crippled or who are suffering from conditions that lead to crippling, and provide facilities for diagnosis, hospitalization, and aftercare for such children. Most of the children receiving care through these programs suffer from conditions due to infantile paralysis, congenital defects, birth injuries, accidents, rickets, osteomyelitis, bone and joint tuberculosis, and rheumatic fever and heart disease. Eighteen States are conducting special programs for children with rheumatic fever and heart disease.

State plans provide for a State administrative staff, which usually includes one or more physicians, public-health nurses, physical-therapy technicians, and medical-social workers. Qualified orthopedic surgeons and pediatricians are employed to conduct diagnostic and treatment clinics. When a child needs more extensive treatment than can be provided at the clinic, the State agency arranges for his care at an approved hospital and pays for these services. The State agency arranges for aftercare services needed to complete the child's physical restoration and social adjustment.

**Child Welfare Services**

Title V, part 3, of the Social Security Act makes available $1,510,000 to the Children's Bureau to be used in grants to State public-welfare agencies for the purpose of establishing, extending, and strengthening, in predominantly rural areas and in areas of special need, public-welfare services for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent. To each State is allocated $10,000 plus that proportion of the remainder of the total amount which the rural population of the State bears to the total rural population of the United States.

Each State has a public-welfare agency responsible for social services to children. Through regional child-welfare consultants of the Children's Bureau, assigned to 11 regional offices, the Bureau and this agency plan jointly how the money will be spent. The program is now in operation in all the States, with the exception of Utah, and in the District of Columbia, Alaska, Hawaii, and Puerto Rico.

Federal funds are used to strengthen and extend local and State child-welfare services. For the strengthening of services in local areas child-welfare workers are placed in such areas, usually on the staff of the local public-welfare agency. These workers give case-work services to families and children, including unmarried mothers and their infants. Such services, given regardless of economic need, may include working out plans with the unmarried mother and her family in her own
home; assisting the mother who is away from home in making living
arrangements for herself or for herself and baby, and in utilizing other
resources in the community such as health, employment, and recrea-
tional services; and, if the mother decides not to keep her baby, placing
the child for adoption or arranging for his permanent care. In the
absence of local child-welfare workers, child-welfare consultants on the
staff of the State public-welfare department may give a limited amount
of service to individual families and children.

Accompanying the development of child-welfare services under the
Social Security Act there has been development in child-welfare pro-
grams financed entirely from State and local funds. In more than one-
sixth of the counties of the United States there are one or more full-time
child-welfare workers paid from public funds—Federal, State, or local.
In approximately one-half of the counties limited services to children
are provided by full-time child-welfare workers who serve two or more
counties or by workers whose primary responsibility is public assistance,
or by State child-welfare consultants.

For the strengthening of State child-welfare services, Federal funds
are used to place consultants on the staffs of State public-welfare depart-
ments. Some of these consultants give supervision and consultation to
local child-welfare workers and consultation on child-welfare services
to other divisions of the State department of public welfare, particularly
the public-assistance division. Other State consultants are responsible
for special aspects of child-welfare programs such as licensing and
supervision of institutions and agencies, including maternity homes,
placement of children for adoption and investigation of independent
placements of children, and psychiatric and psychological services.

Another way in which Federal funds are used to strengthen and
extend State and local child-welfare services is in the training of child-
welfare workers. Grants for professional training make it possible for
States to send to schools of social work staff members interested in social
work as a career, and particularly interested in working with children.

Sufficient funds—Federal, State, and local—are not yet available to
achieve the desirable goal of one or more child-welfare workers in every
political subdivision. In consulting State and local public-welfare
agencies regarding the social services available for unmarried mothers
and their babies, assistance should be requested not only for direct
assistance to individual mothers and their children but also in planning
and organizing community programs for their care. Many local child-
welfare workers participate actively with agencies and individuals in
community planning and in the development of ways for providing
better service to families and children in the community. Similarly.

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State child-welfare consultants give leadership in planning and organization, both in local communities and on a State-wide basis.

SOCIAL SECURITY BOARD, FEDERAL SECURITY AGENCY

Aid to Dependent Children

Under title IV of the Social Security Act, grants-in-aid are made to States by the Social Security Board to match assistance payments made on behalf of dependent children. Payments made for children of unmarried parents are matched under the same conditions as those made for children of married parents. A “dependent child,” as defined by title IV, “means a needy child under the age of 16, or under the age of 18 if found by the State agency to be regularly attending school, who has been deprived of parental support or care by reason of death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with this father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, or aunt, in a place of residence maintained by one or more of such relatives as his or their own home . . . .” This definition of “dependent child” has been interpreted to include an unborn child, when the mother’s pregnancy has been determined by medical diagnosis.

Federal funds are made available to States choosing to administer this type of assistance. One-half of the cost of assistance, up to a maximum of $18 a month for the first child and $12 each for others living in the same home, is matched by Federal funds. The cost of administration also is matched by Federal funds in similar proportions. All of the States, except Nevada, Alaska,2 and Puerto Rico, are administering the program under title IV of the Social Security Act. In the States administering the program, aid to dependent children is available in every political subdivision. Application is made to the local public-welfare agency.

As the aid-to-dependent-children program is a State program, eligibility requirements and the amount of assistance differ from State to State because they are based upon State law and the policies, rules, and regulations of the administering agency. In some States, children who are not included under the provisions of the Social Security Act may be assisted through aid to dependent children. In others, children who come within the definition of “dependent child” in title IV are excluded by State requirements in addition to those contained in the act. Some States provide assistance in amounts above those for which Federal matching is available. Others limit assistance to amounts no greater than the limits of Federal matching. A few States have set limits that are lower than the Federal matching provisions.

Although there are wide differences in eligibility and the amount of assistance, all States, under title IV of the act, are required to assure

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2 Approval of plan pending.
the client’s right (1) to appeal to the State agency against the decision of the local agency or individual worker; (2) to confidential handling of information about the individual’s circumstances; and (3) to money payments, interpreted by the Board to mean unrestricted money payments.

Because the diversities described above affect the availability and the adequacy of aid to dependent children, other public and private agencies serving unmarried mothers will need to consult State or local welfare departments about the eligibility requirements and the extent to which aid to dependent children will meet the needs of children in their State. Whenever financial assistance is necessary, aid to dependent children should be considered as a potential resource for unmarried mothers and their children.

The Bureau of Public Assistance of the Social Security Board provides consultative services on this program to State welfare agencies through its regional public-assistance representatives and special consultants. Consultation from the Bureau of Public Assistance is also available to other appropriate agencies by arrangements through the State welfare agencies.

**Old-Age and Survivors Insurance**

Benefits may be available for children of workers aged 65 or over who are entitled to primary insurance benefits. A child born out of wedlock may also be entitled to benefits at the death of a parent (mother or father—civilian or member of the armed forces) who dies fully or currently insured. The child’s eligibility is conditioned by the inheritance laws of the State in which the worker is domiciled, and by other requirements of the Federal law.

The field office of the Bureau of Old-Age and Survivors Insurance, serving the locality in which the child lives, receives applications and develops claims for benefits. Information about the requirements of particular States may be obtained from the regional offices of the Social Security Board by State public-welfare agencies, and by other public and private agencies concerned with helping unmarried mothers and their children. Those offices will have information readily available as to the State law applying to these children.

**AMERICAN RED CROSS**

The American Red Cross, through Home Service in its chapters, offers a specific program for servicemen, veterans, and their dependents. Under this program, a civilian unmarried mother who says that a serviceman is the father of her child is eligible for the services indicated.
below. An unmarried mother who is herself a member or a former member of the armed forces is entitled to service and financial assistance from the American Red Cross on the same basis as any other serviceman or veteran.

**Communications**

American Red Cross assists with communications with servicemen when normal means of communication are not available; when the use of normal means has not been successful; when an emergency situation justifies the use of special Red Cross facilities; or when the situation is one in which a personal visit or interview is needed. This service is carried out through the direct line of communication maintained between the Home Service worker in the chapter and the field director covering the serviceman’s place of military assignment.

If an unmarried mother has made an effort to communicate directly with the serviceman and has not been successful in working out plans, or if such action is not practical, and if proof of pregnancy or the birth of a child has been established, communication service may be granted. Such service may be provided directly at the request of an unmarried mother or to a social agency giving service to her. While American Red Cross workers cannot exert any pressure to influence the serviceman in the establishment of paternity of a child, the field director will attempt to ascertain the attitude of the serviceman toward the mother and baby and assist him in making such plans as he wishes.

When the serviceman acknowledges paternity and wishes to marry the mother of the child, plans for marriage should be worked out between him and his commanding officer. American Red Cross has no program for arrangement of absentee marriages but Home Service will grant communication service if needed in such cases. When the serviceman acknowledges paternity, but does not wish to marry the mother of the child, his written acknowledgment of paternity is secured if possible. American Red Cross assistance is available to a serviceman wishing to file for a family allowance for a child. (See Claims and Benefits.)

**Consultation, Guidance, and Financial Assistance**

In situations where communication service, as described above, is granted directly to the unmarried mother, consultation and guidance become an integral part of this service and may continue after communication service is completed, particularly if she needs assistance in securing a family allowance for her child.

The service offered will be largely that of referral; that is, advising the applicant of agencies in the community, explaining the services offered by such agencies, and planning with the appropriate agency
and the applicant for consideration of the problem. Home Service
cannot assume responsibility for providing such specialized services as
child placement, legal aid, employment service, psychiatric care, and
vocational training, but will assist applicants in obtaining these services.

Under the Home Service program, financial assistance is granted on
the basis of need to servicemen, veterans, and their dependents during
the temporary period pending the first receipt of family allowance,
allowment, or Federal disability or death pension, or compensation, or
when such payments are interrupted. Inasmuch as the civilian unmar-
rried mother is not eligible for such benefits, financial assistance from
American Red Cross usually is not available to her. Financial assist-
ance may be made available to the mother in situations where Govern-
ment benefits due to the child are pending.

Claims and Benefits

The American Red Cross will assist a serviceman in securing a family
allowance after the birth of a child whose paternity he has acknowl-
edged. If the serviceman applies, his application is acceptable as an
acknowledgment of paternity and no additional affidavit is required.

If an application for family allowance is made by any person other
than the serviceman, it must be supported by his written statement that
he is the father of the child, or a certified copy of a court decree declaring
him to be the father of the child or ordering him to contribute to the
child’s support. The mother herself, in these cases, is not eligible for
family allowance; the payment is made only in behalf of the child
when paternity has been established as indicated above.

The serviceman is permitted to make an allotment from his pay,
whether or not a family allowance is being received, for the support of
a member of his family or a dependent relative. This would include
a child whose paternity he has acknowledged. The making of such
allotments is a voluntary matter.

Under certain conditions, benefits may be due to the child of an un-
married mother upon death of a serviceman. Such benefits may include
death pension or compensation, death gratuity, accrued pay, or insur-
ance. Home Service workers in American Red Cross chapters have
responsibility for interpreting all possible benefits to the unmarried
mother, for assisting her in the preparation of applications, and in the
collection of required evidence.