



**Effective Patterns
of Services
to Unmarried Parents**



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EFFECTIVE PATTERNS OF SERVICES TO UNMARRIED PARENTS*

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In our civilization no person is self-sufficient. To accomplish almost anything, one must depend upon the cooperation and contributions of others. The knowledge and skills of one person may be outstanding but to make the most of his efforts he must link himself strongly with others in meaningful patterns of activity.

So it is with efforts to help the unmarried mother. The girl's future may be deeply affected by the evaluations, services, and decisions of persons in several professions and agencies. Coordination of their work to form an effective pattern of services may be the key to her adjustment and future happiness.

You will note that I refer to an effective pattern rather than an ideal pattern. Because every community must work in terms of its own set of variables and possibilities, it seems to me to be much more useful to discuss components of service that may be effective and necessary, rather than the ideal, hypothetical situation.

One of the first steps in developing an effective pattern of services in a community is to set up a committee of interested citizens that will include lay and professional persons and a cross section of the socioeconomic groups in need of services. With the help of the professionals, this group will learn about existing conditions, assess the factors that contribute to illegitimacy, try to determine gaps in service, and set about devising plans to deal with them.

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The committee will have to give consideration to the basic services needed by unmarried mothers--medical care, including prenatal, confinement, and postpartum care; social services; legal counseling; academic and family-life education; and spiritual counseling. A variety of facilities must be available, including maternity homes and group or foster family homes to be used when the girl cannot or should not remain in her own home. In addition, social work services for the putative father should be available, as well as services to parents of unmarried mothers and fathers who are minors.

Social services after the girl has decided to keep the baby or give him up for adoption have been discussed pro and con for a number of years. It is often heard that girls who give up their babies do not want any further help; of course, some do not, but some do. Others say that girls who keep their babies need no further help: most do! In either case, the services should be available.

A community will also need to study legislation and policies that affect the unmarried mother, the putative father, and the child. Are there punitive laws that prevent health adjustments? Are the rights of each of these individuals protected while responsibilities are set forth? Are the paternity laws adequate? Does the public assistance program provide enough necessary aid? Is education available to the school age girl? Are the responsibilities for social services to unmarried mothers and adoptive placement clearly assigned to social agencies? Are services available both for the girl who keeps her baby and the one who decides upon adoption? Are plans for the babies made on the basis of a diagnostic evaluation rather than merely according to resources available? Are services available to white and nonwhite girls alike?

The action that follows such analysis and planning will involve public and voluntary agencies, numerous professions, and citizens groups. Not too many years ago, social workers, sensitive to the complexity of the problems of unmarried parents, were saying to other professional people, "Hands off--this is our job." Today, they are more likely to say "We need you; part of the job of helping the girl is yours; let's work together."

I would like to remark briefly on a few of these participants in the provision of services.

Social Agencies

Public and voluntary social agencies both have a place in a community plan and should work as partners rather than competitors. Good referral procedures are vital and should be understood and respected among agencies. A clear policy on the purchase of care by public agencies from voluntary agencies is also most important.

While some agencies give excellent and complete services, they reach only a few unmarried mothers, and a large number who also need help go without it. Every agency must be conscious of a responsibility not only to give quality service for those unmarried mothers it accepts but also to try to develop community services for those girls it cannot accept. Several communities have been appalled to learn through surveys that the combined social agencies had accepted no more than half of the unmarried mothers who had applied.

If agencies could not only help those who apply but reach out to other unmarried expectant mothers, they may be able to prevent many severely damaging situations. A review of caseloads, delineation of job responsibilities, and realignment of tasks among master's and bachelor's degree workers will often result in improved service. Short cuts in dictation of case records and other reporting are often indicated.

Services must be promptly given without being contingent upon conditions such as a girl's expressed wish to place her child for adoption or ability to pay costs. Continuity of services and avoidance of long delays between appointments will make it possible for the girl to establish a meaningful relationship through which social work can be effective.

Skilled social workers, preferably with special aptitude as well as knowledge, should be assigned to unmarried parents, and graduate training must be required of the supervisors. Special in-service training plans should be developed for staff of all levels. Joint planning on a community-wide basis for staff development for public and voluntary agencies will frequently meet the needs of both.

Medical Services

All too often an unmarried pregnant girl without enough money to pay for private medical care must go from one place to another to obtain care, and frequently, too, the social worker must "shop around" to get medical care for a particular girl. Unfortunately, many communities have not fully recognized the value of enlisting the cooperation of the State or local medical society in planning for provision of services. A citizens committee, with representation of obstetricians from public and voluntary hospitals, health departments, clinics, and individual practice, also might be organized to urge adequate care and financial support.

As we work in this field, we have seen over and over again that the unmarried girl is prone to deny her pregnancy, to postpone medical care, to hope it will "go away," or to handle her situation in some other unrealistic way. More public education is needed with respect to the importance of early prenatal care, both for the benefit of the mother and the future welfare of her child. When the unmarried mother does come to our attention, we must assume responsibility for obtaining complete medical care. Of course the unmarried mother or others responsible for the situation should be expected to pay for this care up to their ability. However, if they are unable to pay, the services should be provided nevertheless.

To help meet the problem of insufficient maternal health services for low-income families, projects of comprehensive maternal and infant care are being developed by State and local health departments with the aid of Federal grants administered by the Children's Bureau. As of November 1967, there are 52 such projects, located primarily in low-income neighborhoods of large cities, but also in rural areas. Many unmarried mothers are among those being helped in these projects.

Education

Only recently has consideration been given to the problems created for the adolescent unmarried mother because of her interrupted education and lack of opportunity to re-enter school. Frequently, indeed, the pregnant girl has been dismissed from school and, because of either attitude or policy, has never re-enrolled after the child's birth.

In some cities, however, the board of education has set up classes in various maternity homes. The plans have varied but in some maternity homes arrangements have been made for the girl to receive full credit for her courses which are given through a designated public school in the city. In this way, many girls who have gone to maternity homes have been able to keep up with their class and to receive their high school diplomas. Some boards of education have provided tutors for the girl in her own home. More recently, boards of education have been considering special schools for unmarried mothers and have tried to plan for the girl to continue with her usual academic work until nearly the time of confinement. The curriculum includes additional courses in family living, personal grooming, child development, child care, and other subjects aimed to prepare the girl to assume greater responsibility, both for herself and for her child's future. Following the child's birth and planning for the baby, the girl is encouraged to return to a regular school.

In the following panel session, I am sure many of the functions and responsibilities of the different professions in regard to unmarried parents will become apparent. While we must necessarily focus on the roles of different agencies and professions, we must also insist on an awareness within every group of the total situation of unmarried parents, including the medical, nursing, social, psychological, religious, economic, educational, and legal aspects. Only with a widespread awareness of the range of needs can an effective pattern of services be organized.

New Approaches

Over the country, many persons like yourselves are working to develop more adequate services for unmarried mothers. The innovations include group counseling sessions for unmarried mothers which are attached to a maternity home, a social agency, a health center, a school, or church. Neighborhood centers, where multiservices will be offered for girls who are pregnant and for those who have been delivered, are in early planning stages in a few communities.

In some communities, the father of the child is being given more complete attention. To secure financial support from him is important but does not serve to fulfill our total responsibility. We should offer services to him that will help him to mature and accept greater responsibility for his involvement.

Projects in comprehensive services that include medical care, social work counseling, academic and family-life education, and family planning are being developed under various auspices. While it is too early to have evaluative research results of the nearly 40 such projects, reports have shown that many girls in these projects who would ordinarily have dropped out of school have returned to earn a high school diploma; some have received valuable vocational training and secured good jobs; some have become better mothers through their increased knowledge of a child's needs; recidivism appears to have declined. While young unmarried mothers are known to be in a high-risk obstetric group, the rates of infant and maternal mortality and prematurity in these projects have been remarkably low. The first such project was in Washington, D.C.--a school centered rehabilitation project for 530 girls, about 60 at a time--supported by a Children's Bureau grant and recently taken over by the D.C. Board of Education and expanded.

Administrative Aspects

In instituting and organizing any pattern of adequate services to the unmarried mother, the agencies planning the services in the community will have to take into account the following aspects:

1. Cooperative community planning to assess the problem and plan a program of comprehensive services. This will include medical, nursing, legal, and social services. Services for unmarried mothers and fathers who are minors and their parents must be included. Resources for foster care, adoption, and day care will also be part of an effective pattern of services. Citizens must be involved in both the planning and action.
2. The legislative base of the State that fixes responsibility for services within administrative agencies. Statutes should: protect the rights of the mother and child and provide for establishment of paternity and support when indicated; require termination of parental rights in a separate procedure prior to adoptive placement of a child; require licensing of placement agencies; include provision for accurate birth registration with confidentiality fully respected, and for use of

birth cards, which give only name of child and date and place of birth and not the name of the father, wherever possible for children born both in and out of wedlock.

3. Policies, standards, and procedures should insure a pattern of services that will include unmarried parents regardless of race, nationality, creed, or financial circumstances. Extension of services to meet need wherever the persons live--city or country--is important. Residence requirements should be flexible. Referrals among agencies and courts should be made according to agreed procedures rather than on a case-by-case basis, the objective being to provide all necessary help.
4. Financing must be realistic--studies should be made to determine actual funds needed to provide adequate service. Unmarried mothers who can afford to should be expected to pay for services in accordance with their ability, and putative fathers should be asked to support the child within the casework plan if they are able to do so.
5. Staffing for the provision of social services should be based on close appraisal of the specific staffing needs of the different units of service and the priorities among these needs. Inservice training, sound consistent personnel practices, and promotion opportunities are part of the plan.
6. An evaluation of the community services for unmarried parents must be conducted on a continuing basis. Determination of the size of the problem, the number of unmarried mothers and their children served, those going unserved, the adequacy of facilities and services, changing needs--all these factors go to make up a sound appraisal of how well a community is meeting its responsibility. Accordingly, changes in practice can be made and special studies and research planned.

I believe the gap between the number of unmarried mothers and the number who receive help can be closed. This can be done through concerted community efforts to provide service, through the enriched

services of progressive social agencies, through close interprofessional cooperation, and through efforts to educate the public regarding the problems faced by the unmarried mother.

The Regional Health and Welfare Council of Kansas City has taken a truly progressive step in planning this interprofessional meeting today. It is now up to all the participants of the conference as well as the Council to move forward in assessing, planning, and acting in relation to the needs of unmarried mothers in this region.

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