

Presentation for Korean Women's Development Institute

- **Building Support for Unwed Mothers and Their Children: Reducing Stigma - Increasing Services: Reflections on US and Vermont Policies and Programs**
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What are Parent/Child Centers?

Community based programs
Gathering places where mothers learn, grow, and support each other's development
Safe settings for women with low self-esteem
Safe and stimulating environments for child development
Comprehensive services
Networks of referral and support from other agencies
Typically serving families during pregnancy and the first three to five years of life
Intensive focus on the needs of young, unwed mothers

Why were they created?

- Concern about poor outcomes for children raised in single parent homes
- Concern that neither mothers nor children would become productive citizens
- Response to the "epidemic" of adolescent pregnancy
- Concerns about the cost of remedial health care, education, public dependency, and correctional services for these families
- Cultural shift away from adoption being a viable option during pregnancy
- Concerns about growing abortion rates

How are they structured?

- Majority are free standing non-profit organizations
- Others are sponsored by a school, maternity home, community service program
- Have a dedicated Board of Directors or Advisory Board
- Professionally trained staff are supplemented by volunteers
- Funding from State and Federal government, municipalities, local organizations such as churches, and private donors
- Common core of services and standards, but much variation based on local resources



What services are offered?

- Health Related Services
 - Health Screenings for mothers and children
 - Pregnancy and birth support
 - Developmental screenings for babies
 - Nutrition education
 - Hygiene education
 - Wellness programs (smoking cessation, exercise, stress reduction)

7

- Education and training
 - Tutoring
 - Alternative high school completion
 - On site high school classes
 - High quality early education for children
 - Literacy programs
 - Pre-vocational training
 - Vocational training
 - On-the job placements

8

- Social and Emotional Support
 - Safety (physical and emotional)
 - Unconditional love for parent and child
 - Sense of belonging in community
 - Counseling and therapy
 - Opportunities to help others
 - Warmth, fun, and laughter
 - Crisis intervention services

9

- Parenting support
 - Classes in child development and child guidance
 - Direct experience caring for children supported by a skilled mentor
 - Re-parenting for mothers who were abused as children
 - On-site child care
 - Material resources available: food, diapers, books, toys
 - Creation of friendship circles with other mothers

10

- Public support and assistance
 - Temporary Aid to Families with Children
 - Women, Infants, and Children nutrition program
 - Health Insurance for mothers and babies
 - Transitional Housing
 - Transportation
 - Continued Education
 - Employment Assistance

11

Who provides the service?

- On-site staff typically includes
 - Nurse or nurse-midwife
 - Early childhood educators
 - Parent educators
 - Director
 - Tutor or education coordinator
 - Van driver
 - Nutrition program director
 - Early interventionist
 - Counselor
 - Office staff

12

- Services typically provided by referral
 - Pre-natal and post partum care
 - Pediatric care
 - Mental Health and Substance Abuse Counseling
 - Battered Women's Services
 - Housing
 - Transportation
 - Higher Education
 - Access to public programs

13



How effective are the programs?

- Improved birth outcomes and health status for mother and child
- Mothers report increased feeling of self-esteem and confidence as parents
- Mothers complete high school and go on to higher education
- Increased income through employment
- Reduced dependence on public support
- Children develop at typical rates
- Reduced violence in the home
- Sense of developing a strong voice
- Advocacy for other parents

15

How was the stigma against unwed mothers removed so that the programs could be created?

- Leap of faith
 - The right thing to do
 - The necessary thing to do
 - Situation would get worse without intervention
- Passionate involvement of community members who wanted to do better for children
- Heightened dissatisfaction with adoption and abortion as the only options

16

Self-Advocacy

- Voices of the mothers and demonstration that they could do an excellent job raising children with the right support
 - Similar to the stigma against using child care: the research found that high quality care was fine for children. Once high quality services were in place for unwed mothers, their children also did well.
 - Mothers spoke out vocally with legislators and other policy makers.
 - High media coverage of the success of the programs
 - Unwed mothers later become highly effective community leaders

17

Pre-cursors to removing the stigma:

- Public material support:
 - Widow's pensions
 - New Deal Programs
 - New Society Programs
 - Aid to Needy Families with Children
 - Medicaid
- History of supports through women's associations, settlement houses, vocationally oriented maternity homes
- Impact of feminism

18

- Economic realities that required all persons to become productive citizens
- Increased divorce rates which meant more single women visibly raising children alone
- Changed perceptions of adoption as birth parents and adoptees became vocal about their experiences
- Faith based concerns about abortion
- Brain development research highlighting the critical importance of mother/infant bonding and the first 3 years of life

19

How have these programs helped the wider community?

- Forced the development and implementation of prevention programs in the schools
- Reduced the adolescent pregnancy rates and repeat pregnancy rates
- Opened up the high schools and vocational centers to adult learners
- Expanded the availability and quality of child care
- Expanded the availability and affordability of health care
- Created parent/child play groups and literacy activities in most towns in the state
- Instituted parenting education for families of all income levels and family structures
- Promoted the importance of social and emotional well being
- Provided a focal project for communities to express how deeply they cared about their children

20

What are the key features that make the programs successful?

- For the mothers and children:
 - Safety (physical and emotional)
 - Individualized and comprehensive services organized with the help of a trusted staff member
 - Sense of being in charge of their situation, selecting the help they wanted instead of being told what to do
 - Feeling special, that they are making dramatic changes themselves for the benefit of their children
 - Gaining a voice and joining with other parents to share the importance of raising children well
 - Long term connection to a skilled staff member and to the program as a community

21

- For the adaptation of the original model to other communities
 - Love: that staff, Board and volunteers show unconditional love for the mothers and babies, and that they love the work they are doing
 - Laughter: maintaining a sense of joy in the work, joy in watching the babies grow, joy in seeing the mothers gain confidence and skill
 - Leadership: key people such as the director or board president who can hold the program accountable to achieving its goals, can advocate for the mothers and babies, and can guide the staff in their continued growth and development
 - Paying attention to the basics of facilities, financing, data collection, case management protocols, quality of programs.

22

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23