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CHAPTER 60 - SERVICES TO SCHOOL AGE PARENTS
0600 - Program Code Form SSRS

60.10 DEFINITION (WAC 388-15-250)

This is a specialized program of sex education, prevention of unplanned pregnancies and services to help parental adjustments when unplanned pregnancies have occurred. Services are directed toward, but not limited to, teenage parents and high-risk groups.

60.14 ELIGIBILITY

1. Individuals eligible for school age parent services are those who are receiving Aid to Families with Dependent Children or those whose needs are taken into account in determining the needs of AFDC recipients or recipients of Medicaid and other individuals whose income does not exceed 80% of the states median gross income for a family of four, adjusted for family size; see 10.08.

2. Young people who are recipients of SSI due to mental retardation or other disability are also eligible for services to school age parents.

60.20 GOALS

Services to School Age Parents may be provided to meet the following goals; however, only one goal may be pursued at any one time. Goals may be changed at any appropriate time, and the goal change reflected in a revision of the DSHS 14-140(X) Primary Recipient Form. It also may be necessary to revise the DSHS 14-141(X) Social Services Record to change or add services provided. (See Chapter 99).

1. Achieving or Maintaining Self Sufficiency, Including Reduction or Prevention of Dependency.

   That is, to promote safe, legal and adequate health care in relation to pregnancy to prevent complications of high risk pregnancies and promote general good health of mother and child. To prevent interruption or cessation of education by pregnancy and/or responsibilities of parenthood, so that an optimal level of self sufficiency can be attained or maintained.

   a. Activities to accomplish this service may consist of any of the following:

      (1) Outreach (making service known and available)

      (2) Counseling (Individual and Group)

      (3) Information-Referral-Counseling regarding placement in maternity home

(4) Follow-up on referrals

Take action on clients complaints regarding services or referral agency

(5) Counseling with parents and/or others related to pregnant minors/minor parents

(6) Counseling with teenage fathers

(7) Arrange for alternative housing if needed, i.e., foster care

(8) Coordination with adoption staff regarding relinguishment

(9) Refer for training/education

(10) Collateral contacts with schools, hospital, etc.

(11) Counseling around personal and family stresses

(12) Coordination with other Social Services within DSHS including Foster Care, Adoption, WIN, Homemaker Services, Volunteer Services, CPS and Day Care to meet special needs of clients

(13) Supply layettes, maternity clothes (volunteer)

(14) Maternity home placement

(15) Foster care for pregnant minors or teenage mothers with children

(16) Medical care including family planning

2. Preventing or Remedying Neglect, Abuse or Exploitation.

That is, to assist individuals in preserving and strengthening the family unit by preventing unplanned/unwanted pregnancies and by spacing of children. To offer counseling and education around parenting, its alternatives (birth control, adoption or prengancy termination), family relationships, decision making and promoting family life education, thus minimizing chances of future neglect, abuse or exploitation of children.

a. Activities to accomplish this service may consist of any of the following:

(1) Outreach (making service known and available)

(2) Counseling (Individual and Group)

(3) Counseling regarding alternatives to pregnancy

(4) Follow-up on referrals

(5) Take action on clients complaints regarding services or referral agency

(6) Counseling regarding need for family planning

(7) Refer for training/education

(8) Counseling around personal and family stresses.

3. Preventing or Reducing Inappropriate Institutional Care.

That is, to provide community-based, short-term residential and out-patient services in institutions, group and maternity homes, and clinics where necessary.

a. Activities to accomplish this service may consist of any of the following:

(1) Outreach (making service known and available).

(2) Information, Referral, Counseling regarding placement in maternity home.

(3) Follow up on referrals.

(4) Take action on client complaints regarding services or referral agency.

(5) Counseling with parents and/or others related to pregnant minors/minor parents

(6) Counseling with teenage fathers

(7) Arrange for alternative housing if needed, i.e., foster care

(8) Counseling around personal and family stresses

(9) Maternity home placement

(10) Foster care for pregnant minors or teenage mothers with children

(11) Medical care, including family planning.

60.42 SCHOOL AGE PARENTS

The school-age parent is an adolescent who is pregnant or recently delivered. However, the program includes services to anyone involved in a problem pregnancy regardless of age, sex, marital status or educational status. Program focus is upon young people (minors) who are pregnant or have recently become parents.

60.46 POLICIES AND LEGAL PROCEDURES RELATING TO SERVICES TO UNMARRIED PARENTS

1. Age of majority - any parent regardless of age may apply for and receive financial (when eligible) and/or social services on behalf of his or her child. (This includes the expectant mother.) (See Section 18.50)

2. Mother's right to decide upon plan for own child - any mother, married or unmarried, regardless of age has the right and responsibility to decide upon the best plan for her child, unless otherwise ruled by a court. Her parents cannot make this decision. See 6 - 10 below for rights of the putative father.

3. Guardian Ad Litem - when a minor parent relinquishes his or her parental rights to a child, a guardian ad litem is appointed by the juvenile court, to explain the meaning and implications of the act and attest to the minor parent's having received and understood that explanation.

4. Parental responsibiltiy - unless otherwise agreed or ruled by a court, the parents, regardless of age, are responsible for their minor children. Consequently, a minor mother is to be considered responsible for her child.

5. Signing of relinquishment papers - relinquishment papers may not be signed prior to delivery of the child in question.

6. Acknowledgement of paternity - formal acknowledgement of paternity cannot be accepted by the court until after delivery of the child in question.

7. Putative father's rights - all putative fathers have the right to notice of hearing on the child. The putative father also has a right to a hearing on his fitness as a parent before he is permanently deprived of that child.

8. A putative father can relinquish his parental rights whether or not a court finding of paternity has been made. However, if the court has not made this finding and a putative father signs a waiver or relinquishment petition, there must nevertheless be notice (publication) of any proceeding since there is the possibility that another person may in fact be the child's father.

9. "Legally free" for adoption - both the mother and father or fathers (legal and putative) must relinquish or be deprived of their parental rights by court action before a child born in or out of wedlock can be considered "legally free" for adoption.

10. Placement - no child shall be placed in a non-related adoptive home until after the child is "legally free".

60.48 SERVICES TO SCHOOL AGE PARENTS

1. All school age parents eligible under 10.08 and desiring services should receive social services.

2. In order to implement a service contract, the worker will need to clarify certain facts, but not necessarily all of them at the first interview with the parent. Information may be recorded on the Service to Unmarried Parents, Form 15PA53.

   a. Estimated date of delivery.

   b. What plans or resources she has for housing.

   c. Is the father of the expected child willing to declare paternity?

   d. What are her means for support? Self, parents, putative father or assistance?

   e. Does she need help in arranging for medical care, obtaining legal services, applying for assistance, etc?

   f. What are her attitudes toward and involvement with her parents, putative father, his parents or significant others?

   g. What are her plans for herself and the child?

60.50 INITIAL PLANNING

A plan should be initiated for the child before it is born; however, the decision is not final until after delivery.

1. If the mother is a minor, it will be necessary to involve her parents as well as the mother in planning for herself and her child. (See Manual G, Chapter 18.50 regarding Minors.) These contacts will also provide an opportunity for the worker to clarify responsibilties of the parents to their child and the young mother's responsiblities to her child.

However, a girl may need help in involving her parents. If she is hesitant, the worker may work with the girl in an attempt to help her see the necessity for letting them hear of her situation from her. In addition, she may need consent from her parents if foster care placement for her is desirable.

2. The sevice worker will contact the unmarried father unless there is some reason which would be contrary to the welfare of all concerned if he were contacted.

   The father should not be contacted without the knowldege and consent by the mother or her participation in involving him with the Department. If the father is a minor, it may be necessary to help him include his parents in planning.

   Rights and responsibilities of parenthood should be explained to the father.

   The purpose for seeing the father is to offer him an opportunity to participate in planning for the child and to make social services, i.e., counseling, available to him.

3. The worker should discuss with the mother the need for regular prenatal and postnatal medical care. If she does not have a regular physician and has not confirmed her pregnancy, she may need help in choosing and going to a physician.

   The mother may also need interpretation of medical care instructions.

4. Worker will help evaluate appropriateness of choice of housing, if desired, considering with client such factors as maturity, past history, social adjustment, family relationships, health. Client may need help in choice of the housing. Some choices are:

   a. Own home (client may need help with budgeting also)

   b. Boarding home - with relative, friend, commercial

   c. Foster home (See Manual G, Chapter 62.)

   d. Maternity service agency - procedures for entering maternity homes vary; see Directory of Voluntary Child-Caring Agencies and Public Institutions and Manual G, 63.

60.52 PLANNING FOR THE PREGNANCY

All alternatives should be presented with equal objectivity by the worker for the parent or parents to explore.

1. If the plan is for terminating the pregnancy.

   Abortions or pregnancy terminations are available under the medical care program to the same categories of applicant/recipients and on the same basis as any other elective surgery (see chapter 78). Prior approval by the medical consultant is required before the service can be provided. Pre and postabortion counseling should be provided for any woman requesting DSHS to pay for the procedure. Counseling shall include a realistic look at all possible options in light of the woman's circumstance.

   The service worker must inform the client of the legal requirements for having an abortion (i.e., legal only up to 16 weeks, parental consent if under 18, spouse consent if married and residing together). But it is <u>not</u> the service worker's responsibility to obtain these consents or enforce the rules under the law. It is the physician's responsibility.

   A service worker may help the client to better understand the abortion procedures by describing them and answering questions. Another part of abortion counseling that is important is helping the client to get the support of someone close to her if she does not have it.

   A service worker may make referrals to physicians or clinics which perform abortions, but more than one physician or clinic must be named so that the client has a choice.

   Postoperative social services should be offered as in the case of any other major medical procedure (see Chapter 78).

   A service worker who has beliefs or convictions opposing abortion should request transfer of any case in which it appears this procedure should be considered.

2. If the mother plans to keep her child.

   Another alternative is for the woman to keep the child and raise him herself. If a mother chooses this option, she and her child are considered a family and are to be offered all applicable Social Services.

   Special attention may be warranted if the mother is quite young and inexperienced. Some areas which may need attention are housing, clothing, health care and other changes in social life. Of particular importance is information and resources for help with child care and raising. Referrals to maternity service agencies which offer postnatal counseling, housing, education or day care for both mother and child are appropriate at this time.

3. If the plan is relinquishment.

   Should the unmarried mother decide to relinquish her child for adoption, the worker helps her understand the finality of her decision and helps her with the necessary steps in the process.

Child Study Information should be gathered as soon as possible. (See Chapter 34.)

When the mother's plan is relinquishment, the putative father shall be involved so that legal status of the child can be clarified as soon as possible.

In the best interest of the child and for protection of the adoption, both the mother and putative father or fathers shall be given the opportunity to voluntarily relinquish their parental rights before we can proceed toward adoptive placement for protection of all concerned.

For protection of all concerned, DSHS recommends following legal procedure as suggested by the Office of the Attorney General.

If the unmarried mother or father has not reached age 18, a Guardian Ad Litem should be an unrelated, noninvolved, responsible adult. ESSO personnel must not be appointed Guardian. All signatures on Guardianship papers must be notarized.

The worker will obtain the Petition to Relinqish from the court and have it signed by the mother, notarized, and returned to the court. The same procedures are used for the father once he has acknowledged paternity.

If the father has not formally acknowldeged paternity, the juvenile court should publish notice of the pending hearing, for termination of parental rights.

If the father does not appear for the hearing or make himself known to the court, he will be deprived of his rights in the name of John Doe.

If the court does not act upon the Petition prior to the time the infant is to be released from the hospital, Consent to Place a Child in Foster Care (9PA04S) must be prepared and signed by the mother. (See Manual G, Chapter 62.)

All legal papers should be checked for consistency prior to the hearing; the mother's father's and infant's names should be consistent throughout.

The Relinquishment Order should award custody to DSHS with consent to provide medical care.

Once custody has been awarded to the DSHS, if the plan is adoption, the adoption worker completes the adoption process. (See Chapter 34.)

4. If she is undecided.

When the mother is undecided about relinquishment, the worker may help her by giving her information or making sources of information available, reviewing values and problems of relinquishment, keeping child, support, etc.

Foster care for the newborn may be used. If the mother is undecided about keeping or relinquishing, the child may be placed. See Chapter 62. It is necessary to make a specific time-limited contract for the mother to make a decision in order to protect the child from an indefinite stay in foster care.

60.54 EMPLOYMENT AND TRAINING

If training is needed and available, this may be a time to encourage planning and/or refer the mother (voluntarily) to the WIN unit if she so requests.

In the event of plans for continued employment, it may be well at this time to plan for care of the child if the mother is planning to keep it. If the mother plans to work, having the child cared for during working hours by a relative or other in-home caretaker, leaving the child in day care, or placing the child in full-time foster care are all possibilities that must be considered.

60.56 PLANNING FOR THE FUTURE

In addition to helping to plan for housing, income, health care, etc., it may be appropriate for the service worker to help the mother resolve her emotional needs for further relationships and help her to evaluate the kinds of relationships that she wants for herself.