
CHAPTER VIII

SUMMARY, IMPLICATIONS AND CONCLUSIONS

A. Summary

The Colorado demonstration project shows that in-hospital paternity interventions can produce dramatic increases in the voluntary paternity acknowledgement rate. A comparison of pre- and post-project voluntary acknowledgement rates in the four Denver area hospitals in which the experiment was conducted revealed that rates doubled or came close to doubling in each hospital setting. At Denver General Hospital, the voluntary acknowledgement rate rose from 13 to 27 percent. At Mercy Hospital, it rose from 24 to 40 percent. At St. Joseph Hospital the rate rose from 20 to 52 percent. Finally, at University Hospital, the voluntary acknowledgement rate rose from 22 to 36 percent.

Despite the dramatic increase in acknowledgements following the initiation of in-hospital overtures to unmarried parents using simplified acknowledgement procedures, many parents refuse to sign. Depending upon the hospital, 48 to 73 percent of unmarried parents failed to voluntarily acknowledge paternity during the demonstration project. To better understand the incentives and disincentives to voluntary paternity acknowledgement, we compared the demographic characteristics of 1,144 acknowledgers versus 2,758 disavowers, reviewed various state databases for evidence of their financial self-sufficiency or dependence at nine and fifteen months following delivery and interviewed a sample of 100 unmarried mothers who delivered at Denver General Hospital.

The research revealed that while the in-hospital effort translated into improved voluntary paternity acknowledgement patterns with virtually all demographic sub-groups, the process remained more appealing to certain types of unmarried parents. Voluntary acknowledgement rates were significantly higher for unmarried mothers who were White, educated at least at the high school level, employed during pregnancy and had no or only one prior birth. Unmarried mothers with these characteristics were most receptive to voluntary paternity acknowledgement both before the start of the demonstration project and after its inception.

One consequence of the in-hospital paternity outreach effort was a dramatic increase in voluntary acknowledgements among African-American women. The increase was most pronounced among those with more than a high school education. Nevertheless, although more educated women of color achieved acknowledgement rates that were more comparable to those of their White counterparts at similar education levels, race and Hispanic origin continued to influence the voluntary acknowledgement process with White women having the highest level

of acknowledgements. It appears that while in-hospital outreach efforts can make paternity inroads with populations historically ignored, significant racial and ethnic differences persist.

Interviews with unmarried mothers indicate that parental relationship factors feature heavily in the decision to put the father's name on the birth certificate. Mothers who signed their portion of the voluntary paternity acknowledgement form were significantly more likely to report cohabitation, regular contact and the likelihood of marriage or a long-term relationship. The chief reasons they cited for failing to sign were bad relationships with the baby's father followed by concerns about the father gaining custody or visitation rights.

Paternal participation factors were also correlated with the voluntary acknowledgement rate. Voluntary acknowledgements were significantly more apt to occur when the father had attended the birth and fathers in turn were significantly more apt to attend if the birth was the mother's first or second child rather than her third or fourth. The number of prior births, however, also had effects that were independent of father's attendance at the birth. Among fathers present at the delivery, voluntary paternity acknowledgement rates declined significantly with each prior child. We can only speculate on the reasons for these patterns. It is possible that in multiple birth situations, unmarried fathers avoid paternity acknowledgement because they feel a diffused sense of responsibility, are overwhelmed by the magnitude of the potential child support burden they might face, and/or have prior experiences suggesting that paternity acknowledgement has little practical significance.

Financial characteristics of unmarried parents come into play in predicting who will voluntarily acknowledge paternity. Paternity acknowledgement was significantly more attractive to parents who were financially independent at the time of the child's birth. Thus, voluntary acknowledgement rates were significantly higher for parents who had never been involved with AFDC or Medicaid as compared with parents receiving these benefits at the time of the birth. In interviews, unmarried mothers who signed the voluntary paternity acknowledgement were more likely to report that the father of the child provided financial support during their pregnancy and that they expected him to continue to help out financially. The fathers of children whose partners signed were also more likely to be employed on a full-time basis.

Voluntary paternity acknowledgement is also correlated with the financial status of unmarried parents nine and fifteen months following delivery of their babies. At both time points, acknowledgers were significantly more likely to be financially independent and uninvolved with AFDC. Nine months after delivery, only 33 percent of those who acknowledged paternity were on AFDC compared to 57 percent of those who disavowed. At fifteen months, the AFDC receipt rate for acknowledgers versus disavowers was 25 percent and 41 percent, respectively. Acknowledgers and disavowers were equally apt to be recipients of Medicaid at nine and fifteen months following delivery, suggesting that this benefit is transitional and an unreliable indicator of longer term financial dependence.

In addition to being less involved with the welfare system, parents who acknowledged voluntarily were less involved with the child support system. Fifteen months after delivery about 23 percent of acknowledging parents had an open child support case compared to 39 percent of those who did not voluntarily acknowledge.

Voluntary paternity acknowledgement clearly appeals to parents who are more economically self-sufficient. Moreover, among those in the state child support system, acknowledgers do not appear to reap any particular child support benefits.

One possible reason is that child support workers frequently fail to learn about in-hospital acknowledgements using traditional intake techniques and consequently classify these cases as needing paternity to be established. This can lead to delay in case processing and understate the state's paternity establishment percentage. One solution to this problem is to develop an automated interface between the child support and vital records agencies so that workers do not have to rely on information on paternity status supplied by the client and/or go through the time-consuming task of ordering a hard copy of the birth certificate for each applicant or recipient case.

More to the point, while unmarried births with voluntary acknowledgements were somewhat more likely to have a child support order in place after fifteen months (26 versus 20 percent), only 5 and 6 percent of open child support cases for acknowledgers and disavowers, respectively, were receiving payment. While paternity establishment is a necessary first step, the regular receipt of child support clearly depends more upon the identification and attachment of a wage or asset than on hospital room signatures.

Many unmarried parents appear to have little investment in the formal child support system. Fear of child support was the most frequently cited reason given by mothers to explain why fathers fail to sign the voluntary paternity affidavit. Moreover, whether or not they were interested in voluntary paternity acknowledgement, few unmarried mothers expressed interest in obtaining a formal child support order. Interest in child support was expressed by only 25 and 19 percent of interviewed mothers who signed and failed to sign, respectively. The evidence is mixed on whether mothers avoid paternity acknowledgement to protect their benefit status. Although few say this is a personal reason for not signing the affidavit, nearly half agreed with the general statement that "women don't want fathers on the birth certificate as the legal father of the child because they can get more benefits on their own."

B. Implications

Although in-hospital paternity acknowledgment programs may reduce the burden to the state of a portion of the costs associated with adversarial establishment procedures, these programs have not had all the financial benefits that were hoped for at least in the short-term. In addition to revealing some of the financial limitations to voluntary acknowledgements, the

Colorado demonstration provides insights on how in-hospital paternity programs can be conducted more effectively. Finally, we offer some clues on how voluntary paternity acknowledgements might be made more attractive to less self-sufficient elements of the unmarried population.

- ❑ **Jurisdictions should examine their voluntary paternity acknowledgement procedures with an eye toward simplification.** The key to a successful in-hospital paternity acknowledgement program is a simplified administrative process used to put the father's name on the birth certificate. The Colorado experience is instructive. Prior to the project, voluntary paternity acknowledgement in Colorado was cumbersome, time consuming and expensive. Unmarried parents were required to prepare a birth certificate without father's name, pay a fee and request an amended copy. Previously married women were required to submit a certified copy of their divorce decree before they could initiate the acknowledgement process. To be valid, all voluntary acknowledgement forms needed to be notarized.

As a result of the demonstration project (and the subsequent enactment of two pieces of relevant legislation), the voluntary acknowledgement process was made more accessible to unmarried parents. The fee to parents was removed, divorced parents were treated no differently from other unmarried women, interested parents could enter the father's name directly on the birth certificate at the time of birth, and the requirement for notarized parental signatures on the paternity affidavit was replaced with the requirement for witnessed ones.

- ❑ **Jurisdictions contemplating in-hospital paternity programs will also have to negotiate with hospitals to gain routine access to unmarried mothers and their partners.** The Colorado project experimented with child support workers, hospital social workers and birth registration clerks. There are pros and cons to using each type of worker. Although child support workers are enthusiastic and knowledgeable about paternity and related benefit programs, they cannot provide the complete coverage that hospital personnel afford and the arrangement is an expensive one. Hospital social workers are frequently identified with child protection issues and may inspire fear and mistrust among certain segments of the unmarried population. And, although birth registration clerks are the most logical ones to make the paternity presentation and complete the affidavit with unmarried parents, they face pressures to submit the worksheets in a timely fashion that may compete with the requirement to give unmarried parents extra time and attention to consider the paternity option. More critically, in an effort to cut costs, hospitals appear to be reducing or eliminating the use of birth registration clerks in favor of having parents complete birth certificate worksheets and other legal forms on their

own. These trends do not bode well for in-hospital paternity programs or the quality of vital statistics-gathering activities.

- ❑ **In-hospital paternity programs will have to grapple with several widespread concerns expressed by hospital personnel.** One is the fear that the effort will be viewed as a "crack down" on fathers and will discourage paternal participation and/or deter mothers from seeking prenatal care. Another concern has to do with patient comfort factors and the growing number of interruptions that newly delivering mothers experience in their ever-shrinking hospital stay. Language factors are also potential problems. Substantial proportions of unmarried parents require foreign language materials and oral presentations in their native tongue. Finally, projects must address a variety of ideological concerns including the sentiment that paternity has no benefit for women and children and may jeopardize a woman's safety and her custodial rights.
- ❑ **Efforts to expose unmarried parents to paternity issues prenatally suggest that exposure poses particular challenges.** With the exception of teenage pregnancy programs, unmarried mothers are rarely singled out for educational and information outreach to which the paternity overture could be extended. Like married mothers, those who receive prenatal care tend to get it from private practitioners or clinics with individual appointment systems. This makes it impossible to reach a large audience at one time. Moreover, some hospitals worry about their image and resist incorporating paternity information in more general education programs that involve both married and unmarried parents.
- ❑ **Child support enforcement agencies must take a lead role in initiating and sustaining in-hospital paternity programs.** Paternity remains poorly understood by the hospital community and the general public. Staff turnover in the hospital world necessitates that paternity be the subject of frequent training and education programs. In-hospital programs require brochures, videos and other informational materials that must be re-stocked. Individual hospitals require technical assistance to address concerns about paternity that arise. Finally, to make the issue more visible in prenatal and postpartum settings, it will be necessary to conduct a continuous public education effort and collaborate with relevant community providers.
- ❑ **To maximize the child support benefits of in-hospital programs, child support agencies must also amend their intake procedures.** Minimally, intake workers in the child support enforcement agency must be trained to interview unmarried parents about their paternity acknowledgement experiences at the hospital and/or obtain hard copies of birth certificates in order to elicit more accurate information.

Currently, many cases are improperly classified because of client failure to appear at the interview, lax interview techniques and/or client deception.

- ❑ **In-hospital paternity efforts require strong, positive relationships between the child support enforcement agency and the agency responsible for birth certificate records and vital records agencies.** Personnel turnover in the hospital world is extremely high. In order for in-hospital paternity programs to be sustained over time, training on paternity will have to be incorporated into the regular training programs conducted for birth registration clerks by vital statistics agencies. Another area of needed collaboration is informational. To detect special training and technical assistance needs in hospitals, child support agencies need regular downloads from vital statistics agencies showing rates of voluntary paternity acknowledgement by facility. Finally, in order to maximize on the benefits of in-hospital paternity programs, child support workers need computerized access to vital records agencies in order to be able to visually inspect birth certificates and determine the paternity status of clients. In light of these areas of needed collaboration, the wisdom of a recent federal regulation denying vital records agencies federal reimbursement for processing statements of paternity is questionable.
- ❑ **States must address the ambiguous custody status of unmarried parents.** Many states, including Colorado, fail to clearly determine who has legal custody of the child in situations in which the parents of a child are not married and there has been no determination of custody of the child. One of the chief objections to voluntary paternity acknowledgement cited by unmarried mothers was the fear, whether grounded in fact or not, that the father would take the child or demand visitation rights. To address this concern, several states have granted presumptive custody to unmarried mothers. Indeed, one consequence of the Colorado project is that a subcommittee working on recodification of the Colorado Children's Code has recommended automatically granting legal custody of a child born out-of-wedlock to the mother until a court orders otherwise. Needless to say, this is a controversial area of public policy that may generate strong opposition from fathers. It is also unclear what impact a maternal custody measure would have on voluntary acknowledgement levels.
- ❑ **It is unclear how to make voluntary paternity acknowledgement more attractive to unmarried parents who are involved with the AFDC system.** Voluntary paternity acknowledgement rates were significantly higher for those who were self-sufficient and lower for those who were AFDC recipients at the time of the birth, especially where the mother has had several prior children. Whether or not they signed the paternity acknowledgement form, only about one-fifth of interviewed unmarried mothers expressed an interest in formal child

support. Moreover, although the level of support is not known, at least half of the mothers indicated that the father provided some or full financial support during pregnancy and that they expected support to continue. This is corroborated by reports of non-paying, child support obligors who claim to be providing some support to their children (Lerman, 1990), with some accounts suggesting that the irregular, informal support often exceeds the \$50 per month pass through allowed under the current rules of the system (Watson, 1992).

Welfare-dependent mothers may correctly perceive that their financial situation is best enhanced by accepting AFDC from the state without formal child support and supplementing this with informal payments or contributions from the father (Edin, 1995). It is unclear how to induce unmarried parents to cooperate more fully with the paternity and formal child support system. Various policy changes have been discussed. Among the suggested reforms are: adopting a Child Support Assurance System, enlarging the amount of child support paid by fathers that goes to mothers and babies in AFDC cases, reducing child support order levels for low income fathers, and coupling the offer to acknowledge paternity and assume financial responsibility for the child with an offer to participate in meaningful employment.

Some of these policy initiatives are currently being explored in other demonstration projects. For example, several projects in progress aim to combine training and employment with paternity establishment and child support. Preliminary information from these projects indicate that while paternity rates are highest at sites with the highest job retention rates, the projects are encountering difficulties in securing good job training slots for absent parents (Watson, 1992; Bloom and Sherwood, 1994). These findings underscore the difficulty in achieving a match between labor market opportunities, the needs of the unmarried population, and the pressures to increase child security and decrease welfare dependency.

- **The Colorado project demonstrates how difficult it is for formal policy changes to lead to improvements in child support outcomes.** Increasingly, paternity establishment has become one of the major functions of the Child Support Enforcement Program. In response to federal mandates, states have adopted simple civil procedures for voluntary acknowledgement of paternity and introduced paternity establishment programs in hospitals. In theory, these newer paternity policies should lead to the more expeditious establishment of child support orders and payments.

In actual practice, however, aggressive paternity establishment policies appear to have only a negligible impact on child support outcomes, at least in the short run.

At fifteen months following the birth of an out-of-wedlock child, couples in the state-run child support system who voluntarily acknowledged paternity were only slightly more likely to have a child support order than their disavowing counterparts (26 percent versus 20 percent). Among parents with open child support cases, payments were being made in only 5 percent of cases with voluntary paternity acknowledgements and 6 percent where parents had disavowed paternity. As has been the case in many areas of the child support program (Beller & Graham, 1993), changes in paternity rules are in and of themselves inadequate to produce major shifts in child support outcomes.

C. Conclusions

Traditionally, the paternity establishment process began when the unmarried mother applied for welfare or sought help from the child support enforcement agency. The timing of these events was well past the birth of the child and well past the time when the father was likely to be locatable, attached to the mother and/or involved with the child. Indeed, research shows that the effectiveness of establishing paternity declines with every birthday of the child.

The Colorado demonstration reveals that in-hospital paternity acknowledgement efforts dramatically enhance the level of voluntary paternity acknowledgement. The success of in-hospital programs depends upon the adoption of streamlined voluntary acknowledgement procedures, aggressive training and technical assistance outreach efforts in hospitals, and the cultivation of cooperative relationships with vital statistics agencies. These relationships are needed to ensure continual staff training, the distribution of voluntary acknowledgement affidavits in hospitals, the generation of hospital-specific data making it feasible to monitor performance in hospital settings, and automated linkages between vital statistics and child support agencies so that child support workers can easily view birth certificates of clients. Although the need for good coordination between vital records and child support agencies is recognized in the Omnibus Budget Reconciliation Act of 1993, it is important that Congress also acknowledge the funding implications of in-hospital paternity programs for vital records agencies.

While in-hospital paternity programs increase voluntary acknowledgements among all demographic sub-groups, even those who have been historically ignored in the paternity establishment process, voluntary paternity acknowledgement remains most attractive to the most financially independent elements of the unmarried population. Moreover, within the fifteen month time frame of this study, voluntary paternity acknowledgements were not associated with measurable child support outcomes for those in the state-run child support system.

In order to generate more substantial child support outcomes from in-hospital paternity programs, states may have to develop automated linkages between child support and vital records agencies. In the absence of these linkages, child support workers must rely on unreliable techniques like interviews and manual record reviews to learn whether paternity has been acknowledged.

It is unclear what must be done in order to attract more voluntary acknowledgement by the population receiving AFDC or at risk of needing AFDC. Future demonstration projects should explore the impact of various policy initiatives like employment and training programs for unmarried fathers and a Child Support Assurance System for unmarried mothers on voluntary acknowledgement rates.

Like many other changes in child support policy, the Colorado project shows that new rule changes are in themselves inadequate to produce major shifts in child support orders and

payments. Ultimately, orders and payments depend upon establishing an obligation, locating an asset or wage and initiating an appropriate enforcement action with individuals who often have limited resources and different values. Although expectations about the financial payoffs of voluntary paternity acknowledgement should be tempered, it remains a vital first step. It is hoped that this report will help states take this step more effectively.