



The Public Advocate for the City of New York

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**CHILDREN RAISING
CHILDREN:
CITY FAILS TO ADEQUATELY ASSIST
PREGNANT AND PARENTING YOUTH
IN FOSTER CARE**

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INTRODUCTION

On 11/29/2004, Cristian Liz, a 3-week old boy died while co-sleeping with his mother. The mother of two was a teenage foster child who lived at the time of her child's death in a St. Albans, Queens boarding home with her foster mother. According to the State, a crib was given to the foster home by the foster care agency but unfortunately the danger of improper sleeping position was not effectively conveyed to the mother or the foster parent. This crib, which could have saved the baby's life, was never assembled¹. Immediately after this unfortunate incident, the Public Advocate's Office sought to determine the extent of services provided by the City to foster children with children of their own, like the mother of Cristian Liz, and evaluate whether those services are sufficient.

The Public Advocate's Office found that the Administration for Children's Services (ACS) does not report information on the number of foster children who have children². Agencies specializing in services for pregnant and parenting teens in foster care verified that ACS does not make this information known, even to direct service providers. The agencies indicated that they are not able to compile information on a city-wide basis themselves³. The problem is not new. Nearly ten years ago, the Youth Advocacy Center, a nonprofit organization that teaches young adults in New York City foster care how to advocate for themselves and become self-sufficient, found that ACS does not report information on minor parents in foster care. The Center recommended ACS report related statistics so agencies could direct their services to those in need⁴.

The dearth of information is alarming given that the City is responsible for acting as legal guardian for young parents in foster care. The tragedy of Cristian Liz demonstrates the need for greater oversight of the availability and quality of City services provided to this population. Such oversight would help providers assess the level of need in the community for additional programs and services for foster children with children of their own and allow providers to advocate for more funding to operate these programs.

To help bring the issue to light and, for the first time, provide the public with a sense of how many foster children are parents, the Public Advocate's Office conducted a survey of New York City's contracted foster care agencies. **This survey found that a significant number of young women served by the foster care system have children and uncovered major lapses in City services for these young mothers.** In interviews following the survey, agencies reported waiting lists for services for pregnant young women in foster care⁵.

¹ NYS OCFS. Child Fatality Report #95-04-068

² Literature Review of ACS Statistics and Publication

³ Foster Care Agency Phone Interviews. 12/1/04, 2/16/04, 3/9/05, 4/13/05

⁴ Krebs, B., *Caring for Our Children: Improving the Foster Care System for Teen Mother and their Children*. 1995

⁵ Phone Interviews with Foster Care Agencies: 4/6/05; 4/6/05; 4/7/05

According to an ongoing analysis by the Public Advocate's Office of State child fatality reports, children who grow up in the care of ACS are more likely to fatally abuse or neglect their own children. In addition, children born to adolescent parents are twice as likely to be abused or neglected and up to three times more likely to run away from home than those born to older parents⁶. The hardships faced by foster children--often including abuse or neglect, in addition to removal from the care of their parents—make the task of raising children of their own as young parents all the more challenging.

Researchers find that foster children are more vulnerable to homelessness, drug abuse, gang participation, low educational attainment, and public assistance dependency, than the rest of the population⁷. If ACS does not provide adequate care for the children of adolescent parents in foster care, there is a good chance the City will have to care for them at a later point when services are much more costly and challenging to provide.

The Administration for Children's Services should make every effort to help teen parents in foster care become able parents. ACS is legally mandated to provide young mothers in foster care and their children with programs and services that ensure safety and the healthy development of parenting skills. ACS should also work to reduce the prevalence of teenage pregnancies within the foster care system by bolstering prevention and education services.

CITY'S RESPONSIBILITY TO CARE FOR MINOR PARENTS AND THEIR CHILDREN

There are currently 18,826 children (ages 0-21) in foster care under the care of the City's Administration for Children's Services (ACS)⁸. Almost all foster children in the city are provided services by foster care agencies contracted by ACS. These agencies provide a range of assistance for abused and neglected children, including Foster Boarding Homes, Medical and HIV Foster Boarding Homes, Maternity Residences, Mother/Baby Foster Care, Congregate Care, Therapeutic Foster Care, and Emergency Foster Boarding Home Care.

ACS is responsible for oversight of its contract agencies and for providing financial support and preventive services to foster children, including minor parents. New York State law clearly mandates that ACS must provide financial support to minor parents in foster care, personal counseling and support services to ensure stability, and assistance in achieving the highest possible degree of economic independence⁹.

It should be noted that the children of minor parents in foster care, although entitled to ACS support and services, are not actually considered to be in the foster care system or

⁶ *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. Maynard, R. 1996

⁷ Silver, H., *Homelessness, Poverty and Foster Care*. 2004 and Hammond, R. *Issues in Child Abuse Accusations*. If You Lived Here, You'd Be Home Now: The Business of Foster Care. Vol. 10

⁸ Administration for Children's Services. Monthly Update. Feb. 2005. Website.

⁹ Social Services Law. Title 4-B.

under the care of the ACS Commissioner and do not have a family court docket number, as foster children do¹⁰. Minor parents in foster care retain the same legal parental rights over their children as other parents unless Family Court has found them to have abused or neglected their children, in which case the children themselves may be placed in foster care¹¹.

According to State regulations, a minor parent is eligible for federally reimbursable Title IV-E foster care maintenance payments for expenses associated with both parent and child as long as the parent has custody of the child and they live together in a foster boarding home or a residential facility¹². A minor parent living in a residential facility is provided furniture and equipment such as cribs, high chairs, and car seats, as well as diapers. A minor parent living in a foster home is also entitled to these items, as well as payment for diapers until her child is four years old¹³.

Minor parents and their children are entitled to day care vouchers issued by ACS' Division of Day Care in order to provide care while the parent is working or in school¹⁴. Minor parents and their children are also entitled to additional preventive services through ACS and contract agencies with the goal of keeping the parent and child together. These services include case management, case planning (including but not limited to educational counseling and training, vocational diagnosis and training, employment counseling, therapeutic and preventive medical care and treatment, health counseling and health maintenance services, vocational rehabilitation, housing services, speech therapy, and legal services), homemaker services, housekeeper/chore services, family planning services, home management services, clinical services, parent aide services, parent training, and transportation services¹⁵.

CURRENT SERVICES FOR PREGNANT/PARENTING FOSTER YOUTH IN NEW YORK CITY

Mother and Baby Foster Care

When a young woman in foster care becomes pregnant, she is usually placed in a Maternity Shelter unless she is living in a foster home that is willing to keep her. After the mother gives birth, ACS begins looking for a placement for her and her baby. The mother stays at the shelter and the baby lives at the hospital until the placement is located. Placement can be made in either a foster home or a residential facility called a Mother/Baby Foster Care home. These group homes provide comprehensive medical, dental, and support services such as family day care, career counseling, and educational scholarships. They also provide clothing allowances, childcare skills training, counseling from social workers and psychiatrists, and peer mentoring. There are only two

¹⁰ 18 NYCRR §430.10

¹¹ Ibid

¹² 18 NYCRR §426.3(i)

¹³ 18 NYCRR § 427.3(c)(2)(vii)

¹⁴ 18 NYCRR § 423.4(g)(2) and § 423.2(b)(1)-(18)

¹⁵ Ibid

Mother/Baby Foster Care homes, however, that allow mothers with more than one child, and no homes allow mothers with more than two children¹⁶.

Most organizations in New York City that are contracted by ACS provide foster homes for minor parents in care, but only a handful of agencies operate Mother/Baby Foster Care homes. Three agencies that serve pregnant and parenting teenagers responded to the Public Advocate's survey. In total, these three agencies care for 75 foster youth and their children. Because ACS does not report the number of Mother/Baby foster care programs in New York City or how many slots are available for this population, it is difficult to determine the exact extent of unmet need.

Maternity Residence

Inwood House, New York Foundling, and Rosalie Hall provide the only maternity residence programs for pregnant foster care youth in the city. Inwood House and New York Foundling both operate their residences in Manhattan, while Rosalie Hall operates in the Bronx. These three organizations collectively have a capacity to serve just 86 pregnant foster care youth. The expectant mothers are taught positive parenting skills and offered psychological counseling and peer mentoring so they are well-equipped to become informed parents. The youth are also challenged to develop independence skills such as saving money, setting educational and career goals, and preparing to move into their own residence.

Although Maternity Residence homes are group homes, which may be less desirable for youth than an individual foster home, they provide a much-needed service. Based on interviews with direct foster care service providers¹⁷, the Public Advocate's Office is aware that some young women enter the foster care system pregnant, needing to leave their biological family in large part as a result of the pregnancy's strain at home. To make matters worse, young women who become pregnant while residing in a foster boarding home sometimes need to be removed because the foster parent(s) is unwilling to care for an infant. It is not surprising that City Maternity Residence programs have wait lists.

SURVEY METHODOLOGY

In January of 2005, the Public Advocate's office distributed surveys to all 46 of New York City's contracted foster care agencies listed on the ACS website. The purpose of the survey was to determine the number of pregnant and parenting young women in the foster care system. The survey also collected information for use in evaluating the extent of services and training available to young mothers and their foster parents. The last completed survey was returned on February 16, 2005.

- The results below are based on a 65 percent response rate from City-contracted foster care agencies.
- Thirty of the 46 foster care agencies in New York City responded, representing at least 10,677 children, or 57 percent of all children in foster care.

¹⁶ Margolin, D. Skadden Fellow – Legal Aid Society/Juvenile Rights Division 5/13/2005

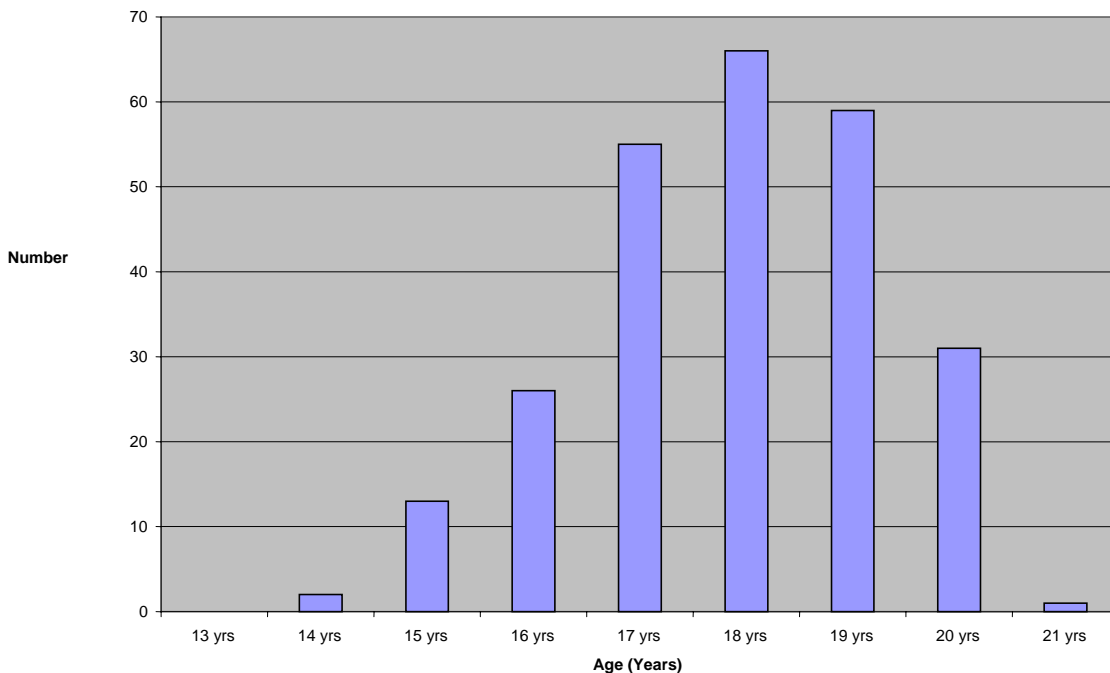
¹⁷ Phone Interview with Foster Care Agency. 2/16/2005

FINDINGS

A. An Alarming Number of Young Women in Foster Care Have Children or Are Pregnant.

- Foster care agencies reported that over 25 percent of the children they serve are young women (ages 13-21), totaling 2,767 in all.
- At least 437 of these young women (ages 13-21), or about 1 in every 6, are either mothers or pregnant.
 - 333 young women (1 out of every 8) have at least 358 children, and an additional 104 are pregnant (1 out of every 26).
- The total number of pregnant or parenting young women in foster care is possibly larger given that the survey measured just under 60 percent of children in care.
- 87 percent of foster care agencies report they serve children who are young parents (ages 13-21).
- 82 percent of the mothers were caring for their own children at the time of the survey.

Survey Results: Distribution of Young Mothers in Foster Care, By Age



B. Insufficient Services Available for Pregnant and Parenting Foster Care Youth

- Just 3 foster care agencies in the city receive funding for maternity residence beds for pregnant young women.
- Together, these organizations provide a total of only 86 maternity residence beds in the city. The survey reported 104 pregnant young women in foster care. The need is likely larger given that this survey measured just under 60 percent of children in care.

C. Insufficient Services for Parenting Foster Care Youth

- According to the survey, 3 out of every 4 young mothers in foster care and their children are not in Mother/Baby Foster Care.
- Just 3 of the 30 organizations that responded to the survey reported they are funded for Mother/Baby Foster Care programs, totaling 75 placements for the 333 young women with babies recorded by the survey.

D. Insufficient Services Available for Foster Parents Who Care for Pregnant or Parenting Youth

- Over 50 percent of agencies report they do not have specific training for *foster parents* to help prepare pregnant or parenting *foster children* to be able parents. Training includes information on the prevention of childhood fatalities, proper sleeping position, Sudden Infant Death Syndrome (SIDS), as well as information about community, social service, or government resources available to mother and baby.
- The need for increased training is crucial. The Office of the Public Advocate found that, in 2004, improper sleeping position was the number one killer of children known to ACS and the State Central Register (SCR). In fact, 50% of all infant¹⁸ fatalities known to the child welfare system last year were due to improper sleeping position. The death of Cristian Liz highlights the need for increased training on preventable infant death and injury for minor parents in care and their foster parents.
- 96 percent of foster care agencies reported that foster parents of young parents would benefit from more information and training on parenting skills. They would need resources to do so.

E. Alarming Number of Abused and Neglected Children Grow Up to Hurt their Children; Many Deaths Result of Improper Sleeping Position.

- 17 percent of child fatality cases in 2004 involved one or more parent who was known to the child welfare system as an abused and neglected child. This is

¹⁸ Child Fatalities for children less than 1 years old.

alarming given that the number of individuals known to the child welfare system is significantly smaller than the overall population.

- 66 percent of those fatalities were the result of improper sleeping position.

RECOMMENDATIONS

The Public Advocate's Office recommends the Administration for Children's Services (ACS) take the following measures:

1. Strengthen sex education programs for all adolescents in the foster care system in an effort to reduce the pregnancy rate.
2. Expand Mother/Baby Foster Care programs and Maternity Residence programs to meet the need in the foster care system and provide the necessary oversight to ensure pregnant and parenting youth in foster care are receiving the best possible care.
3. Report annually the number of pregnancies and young mothers in the care of ACS, as well as the total number of children of young mothers in the child welfare system.
4. Report annually the number of slots available in New York City Mother/Baby programs, Maternity Residences, and other key services for pregnant/parenting foster youth.
5. Standardize training and services delivery for all youth in foster care who have children or become pregnant. The content of the training should include, but not be limited to: proper sleeping position, preventing child fatalities and injuries, pre- and post-natal care, SIDS, proper parenting, budgeting, and career and education counseling.
6. Standardize training for foster parents of young parents in foster care. The content of the training should include, but not be limited to: proper sleeping position for infants, pre- and post-natal care, preventing child fatalities and injuries, nutrition, and SIDS training.
7. Create a system to track young parents in foster care and their children, monitor their needs, and provide information to this population.

The Public Advocate's Office recommends that the State Legislature take the following action:

Increase ACS funding for support services aimed at pregnant and parenting youth in foster care and their children.

**APPENDIX I:
FOSTER CARE PROVIDER SURVEY**

Attached is the survey distributed to 46 foster care agencies servicing New York City children in care on 1/7/2005 by the Public Advocate's Office.