

**CARING FOR OUR CHILDREN:  
Improving the foster care system for teen mothers and their children**

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**EXECUTIVE SUMMARY**

Each year, hundreds of teenage girls living in foster care have babies, and must cope with the child welfare bureaucracy that often seems to be set against their efforts to build a strong family. These teens and their babies face obstacles which other parents and children do not. Many of these problems were widely recognized by youth and child welfare professionals for years, but had never been documented.

In 1994, Youth Advocacy Center (YAC) began research to identify and document the issues surrounding the placement of pregnant and parenting teenagers in the New York City foster care system. Youth Advocacy Center's mission is to introduce the voice of teens in foster care to the dialogue about child welfare policy and practice. We became aware of many of the problems facing teen parents and their children through our work with teens in foster care.

The focus of **Caring for Our Children** is the perspective of the teens who go through the system. YAC surveyed over 60 pregnant and parenting teens in foster care, held group meetings and interviews with these teens, and conducted interviews with social workers and city officials working in the system. In the summer of 1995, YAC convened a task force of teen mothers in foster care to prioritize the problems we identified, and develop recommendations for change.

Specific **problems we found** were:

1. Teen parents have virtually no voice in the decisions that are made about them by the Child Welfare Administration or by the individuals with whom they are in daily contact.
2. Almost one third of the mothers and babies in our survey sample were separated, although they did not want to be, while waiting for placement by the Child Welfare Administration.
3. There is a shortage of group homes and trained foster parents for mothers and children in foster care.
4. The placement process for teens and their children does not work. This, combined with the shortage of placements, leads to healthy infants being left in hospitals for up to two weeks while waiting for placement. In addition to causing unneeded anxiety on the part of the pregnant teen or teen parent who has no idea where she will be placed, this is expensive. Frequently mothers and their babies are placed in a series of temporary or inappropriate placements, interfering with the development of healthy children and families.

5. Teen parents feel they are not being supported in their efforts to parent their children, and that because the system expects them to end up on welfare, they are not given the skills and support to become independent.

The number of teens and babies affected by these problems is unknown, because the City and State keep no statistics about the number of teens in foster care who become pregnant, or about how many teen parents and children live in the system. Our research found that in 1994, 264 young women delivered babies after being in a maternity residence (group home for pregnant girls). But this figure does not account for those teens who were living in foster homes when pregnant, and those who gave birth in previous years, and who are in care now. From available Child Welfare Administration statistics, we estimate that there are about 7,220 girls in foster care who are 14 or over.<sup>1</sup> CWA makes decisions about teen parents in foster care and their children without knowing how many teens become pregnant, or how many are currently in the system.

All the young women in YAC's focus groups and task force had to face these challenges in their efforts to parent their children successfully. The young women who responded to our survey reflected the same concerns:

**"The problems I have had are really bad. I had to leave my child in the hospital until placement was found. I feel mothers should know ahead of time exactly where they are going with their children." ("Kisha," age 18)**

**"I was told it would be hard for them to find me a placement without separating me and my baby. So they kept putting me in temporary foster care. I think this practice should be definitely stopped. This was emotionally troubling for me because I was already uprooted from my regular home environment and now they was sticking me from house to house with people that couldn't relate to me." ("Sally", age 17)**

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<sup>1</sup> According to the Child Welfare Administration, at the end of August, 1995, there were 42,457 children in foster care. 48.6% of those (20,634) were girls, and 35% (14,856) were between the ages of 14 and 21.

Through our focus groups and task force of teen mothers, and extensive conversations with professionals in the field, we developed the following **key recommendations**:

1. CWA should set up an advisory council of teen mothers in foster care to provide feedback and meaningful input into policies.
2. CWA must create procedures to ensure that no teen mothers and babies are separated because of placement delays or because of a shortage of placements.
3. CWA should implement a program to create more mother/child group homes and license trained foster parents.
4. CWA should streamline the placement process so that pregnant teens know where they will go after they deliver, and to allow teens to visit mother child group homes and meet prospective foster parents.
5. CWA should establish and implement policies that support teen parents continuing their education and becoming independent. CWA should work with the Board of Education to ensure teens do not lose school credits while in the system, and should provide daycare or babysitting for teens who work.
6. CWA should set up a means to determine how many pregnant and parenting teens are in foster care, should update that information regularly, and should make it available.

Youth Advocacy Center has organized a Task Force of teen mothers in foster care who helped develop this report and these recommendations. The Task Force is dedicated to improving the foster care system for all teen parents and their children.

## I. INTRODUCTION

What would you do if you were in the hospital about to give birth and had no idea where you and your child were going upon discharge from the hospital? How would you feel if you had to leave your healthy newborn in the hospital for weeks, not knowing when or if a home would be found for the two of you? What if your daughter lost school credits merely because she was pregnant? Consider what it would be like to be a new father and only allowed to visit your child once every two weeks for an hour at an agency office.

Every year, hundreds of young people in New York City face these difficulties. They are pregnant and parenting teenagers living in New York City's foster care system. Young women in the foster care system who have their own children face the "usual problems" with the system and more; all young people in foster care must deal with traumatic separation from their families, schools, and communities, numerous caseworkers, a tangled and slow child welfare bureaucracy, and strict rules that seem to punish children for being placed in foster care. Perhaps the biggest problem is that the system does not listen to the concerns of the young people it is supposed to help.

These problems are especially critical for youth in foster care who are themselves parents and their babies. Some of these young women have been in the foster care system for years, and others were forced to leave their homes when they became pregnant. The responsibility of the New York City Child Welfare Administration (CWA) to each young woman and her child is to plan for and find appropriate placement, as well as to provide adequate services and care. However, social workers at maternity shelters, mother/child homes, hospitals, and caseworkers at CWA are constrained by a shortage of placements and policies and procedures which make it impossible to find a proper placement for a mother and baby prior to and sometimes even after delivery. The placement process of a teen in foster care from the time she becomes pregnant until she and her child are finally discharged

from foster care creates a number of problems for the young mother and her child, and is inefficient for the City.

Youth Advocacy Center (YAC) became aware of the issues facing these teens and their babies through our work with adolescent parents, CWA, and the private agencies which provide services to these young women. While these existing problems were openly acknowledged and discussed, they had not been documented. YAC initiated this study to begin to document the issues surrounding foster care placement and services for teen parents and babies. In 1994, we conducted research by surveying over sixty pregnant and parenting teens in foster care; holding focus group meetings and interviews with these teens; and conducting interviews with social workers and city officials working in the system. In the summer of 1995, YAC organized a task force of teen mothers in foster care who met weekly to prioritize the problems and develop recommendations for change. (Our methodology is detailed in Appendix A). The members of YAC's focus groups and task force described experiences like this:

"I found out I was six weeks pregnant, and I told them at the group home right away. They said they were going to move me to a maternity residence, a group home for pregnant girls right away, but then I just stayed where I was for another four months. All of a sudden when I came back from work, it was like pack your stuff, you're leaving tomorrow....I was already 5 and 1/2 months pregnant.

"Once I got to the maternity residence I started asking them where am I going to go after I have the baby. They tell me they won't know until I have the baby, and then [I'll go] to the first place that comes up. I was real scared about what kind of place they were going to send me to. I didn't know if I wanted a foster home or mother/child group home 'cause I [had] never seen either and who knows what they're going to be like.

"I also told the maternity residence that I wanted to finish up at my old high school. I was in the twelfth grade and was planning on graduating in June. They told me I couldn't go to my old school, instead I had to attend school at the residence. The school at the residence wasn't so bad, but I thought it was really unfair that I wouldn't get to graduate with the rest of my friends in my old school.

"Then I gave birth to my son, and there was no place for us to go. They held him in the hospital for over two weeks and I had to sit around the maternity residence wondering what was going to happen. It was very hard being separated from my son for

those two weeks. I could visit him in the hospital during feeding but it wasn't the same. I wanted to breastfeed, but the nurses started giving him bottles at night so after a few days he would only take a bottle. This made me really mad, but there was nothing I could do because there was still no place for me and my son to live together. It was a horrible experience and I don't think any mother should have to go through that.

"After being separated from my son for two weeks, they put us in a foster home out in Queens, with a family I never met before...it was not easy. Especially since the foster father in the home was drunk a lot. I felt this was not a good atmosphere for me and my child. Also, I grew up in the Bronx and I didn't know a thing about Queens. I felt very much out of place in this foster home so I asked to be moved to a new foster home but that didn't work out either. So now I'm back here in the first foster home in Queens. Its o.k. but I can't really work or do much because the foster mother wont babysit. Yeah, I know she is supposed to, but what can I do? If I complain she'll ask for me to be taken out of the home." (Z., Youth Advocacy Center focus group and task force member)

Unfortunately, these experiences were not isolated. Through our research, we identified the following recurring problems:

- **Teen parents have virtually no voice in decisions made about them at the individual case level or at the policy level.**
- **Some new mothers and babies are separated for no reason other than that there is no placement available.**
- **There is a shortage of group homes and trained foster parents for mothers and children in foster care.**
- **There is a list of teens waiting for placement in mother/child group homes; those on the waiting list are placed in temporary foster homes.**
- **Placements for new mothers and their babies are not found in a timely manner, resulting in emotional hardship for the teens and financial losses to the hospitals.**
- **Pregnant teens in foster care who already have one or more children are often separated from one of their children because there are no maternity residence beds and few mother/child beds for mothers who have more than one child.**
- **When a teen gives birth while in the foster care system, she has no idea where she will be going with her child. CWA does find a placement until after she gives birth. She will then generally go to the first available placement, which is not necessarily an appropriate placement nor one that will be permanent.**
- **There are unnecessary and long delays in placing pregnant teens into maternity residences from group homes and institutions.**
- **Pregnant teens in maternity residences are sometimes required to leave their high school and attend school in the residence. Many lose credit and fall behind in their studies.**

**- Residents in mother/child group homes report they are subjected to strict rules and punishments, which often disrupt schooling and work. They feel they are discouraged from making independent decisions regarding the care of their own babies.**

**- Pregnant and parenting teens report that some child care staff look down on them, make negative comments about teen mothers, and generally treat them as though they are destined to end up on welfare.**

**- Some mother/child programs establish rules and policies discouraging fathers' involvement.**

The number of teens and babies who face these problems is unknown. Although CWA is responsible for providing appropriate services to these young women, it keeps no records of how many young women get pregnant or have babies while in foster care. The only record CWA would have of these pregnancies is through "incident reports" which are filed by social workers when a foster care youth has an accident, fight, or other "incident."<sup>2</sup> The content of these reports are not analyzed or tabulated. Because CWA does not know how many mother/child foster homes there are or how many mothers waiting for group residences have been placed in foster homes, it is impossible to say exactly how many mothers with babies are in foster care, or how well or poorly they are faring in these placements.

Our research found that in 1994, approximately 264 young women delivered babies after being in a maternity residence. This does not account for the number of young women who were living in foster homes when they gave birth, or the total number of mothers and babies living together in the system who were born in previous years. From available CWA statistics, we estimate that about 7,220 girls in foster care are between 14 and 21. (According to CWA, at the end of August, 1995, there were 42,457 children in foster care. 48.6% of those were girls, and 35% were between the ages

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<sup>2</sup> Bill Evans, Interview, CWA Department of Policy and Planning, 7/20/94.

of 14 and 21.<sup>3)</sup> In 1993, 13,848 teenagers had babies in New York City. Of these, 5,518 were under the age of 18.<sup>4</sup>

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<sup>3</sup> 10/20/95 telephone conversation with CWA Office of Statistics.

<sup>4</sup> New York City Department of Health Bureau of Vital Statistics .

## **II. WHERE PREGNANT AND PARENTING TEENS LIVE IN FOSTER CARE**

Pregnant teens in foster care reside in either foster homes or maternity residences. When a teen who is living in a foster home becomes pregnant, she may remain there through her pregnancy and after if it is determined that she can receive the services she needs, and if the foster parent is willing to keep her. CWA does not know how many pregnant teens are living in foster homes. Young women who become pregnant while in group homes and residential treatment centers, or who cannot remain in their foster homes, must move to maternity residences.

### **A. Maternity Residences**

Maternity residences are group homes for pregnant young women. In New York City there are 4 maternity residences which house from 11 to 36 young women (Appendix E, TABLE I). Three are located in Manhattan and one is located in the Bronx. In total there are 99 maternity beds, and sources in the maternity residences estimate that at any time there are on average 88 total maternity residents. In 1994, approximately 264 young women delivered through the maternity residence programs.

From our survey of 36 maternity residents conducted in the summer of 1994 we found that prior to placement in the maternity residence 37.2% of respondents were living in a foster care setting (i.e. group home, foster home, or residential treatment center) (See Appendix B), 31.4% were living with their parents or relatives, 11.4% were living with their boyfriend or babies' father, and 20% were living either in shelters, with friends, or on their own. The average age was 16.7 years with a median of age of 17. This was the first pregnancy for 84% of the residents. On average the highest grade completed was the tenth grade. 66.7% of respondents were African-American, 18.2% Latino, 3% White, 6.1% Caribbean, 3% Asian, and 3% other.

While services provided may vary from agency to agency, in general, all of the maternity residences provide education and tutoring, either on-site or in the community, parenting classes, social

work services, psychological and psychiatric evaluations, counseling, recreation, family planning and human sexuality counseling, and community based prenatal care. New York Foundling's and Rosalie Hall's maternity residence programs, which are run by Catholic organizations and do not provide on-site family planning or abortion referrals, by law, must refer their residents to community agencies to receive those services.

Each resident is assigned a social worker at the maternity residence and meets with her social worker at least once a week for supportive counseling and for planning.<sup>5</sup> The social worker at the residence will work with the teen to help her prepare for her child until she delivers. The social worker will often meet jointly with the teen and her parents or legal guardian and may meet with the baby's father. Some residences, such as Inwood House and Louise Wise, have separate fathers' programs which provide services to young men individually.

### **B. Mother/Child Placements**

Mother/child placements are foster homes, agency operated boarding homes (AOBH's- small group homes), group homes or supervised apartments (supervised independent living placements or SILPs) which care for both the mother and the baby after a teenager delivers. Teens come into mother/child placements after being in maternity residences, foster homes, or the community.

There are a total of 150 group homes, 76 agency operated boarding homes and 6 SILP beds city-wide (Appendix E, TABLE II). CWA does not know how many mother/child foster homes there are or how many teens are in foster homes with their children.<sup>6</sup> Officially, Inwood House has the only foster homes for mothers and babies with 30 beds (including both mother and baby). However, the

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<sup>5</sup> Social worker, maternity residence, Interview, 8/10/94.

<sup>6</sup> This assessment is based on information from several sources: the CWA Office of Placement Administration, the Office of Policy and Planning, and the Office of Management Analysis.

demand for beds has been so great that some agencies have placed teen mothers with their children in foster homes officially designated for other foster care needs such as sibling placements.<sup>7</sup>

From a survey of 37 teens in mother/child placements we found that 89% of respondents had only one child and 11% had 2 or more children. 52.1% had been living with their parents or relatives prior to their last pregnancy, 4.3% were living with the baby's father, and 43.3% were living either in a shelter (13%) or a foster care setting. The average and median highest grade completed among residents was the 10th grade, and the average age was 16 with a median age of 17. 44.4% reported they were African-American, 32.6% Latino, 7% White, 4% Caribbean or other, and 12% did not respond to the question.

Services in group settings vary depending on the agency, but generally, mother/child placements should provide case management for the mother and baby, including either providing or helping the mother find adequate day care, referral to educational or job training programs, parenting classes, mental health services when needed, and independent living skills. Some of these services may be provided on site.

For mothers in foster homes, it is the responsibility of the supervising agency to provide case management and referrals to community and agency resources so that the young mother can continue her schooling and personal development. Unfortunately, many teens living in foster homes with their children report that they never receive services they ask for and need.

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<sup>7</sup> CWA Office of Placement Administration, Group Interview, 9/20/94.

### **III. PREGNANCY: PLACEMENT IN A MATERNITY RESIDENCE**

#### **A. The placement process for a pregnant teen into a maternity residence**

The maternity placement process varies depending on where the teen was living before she became pregnant and her placement history. Teens enter maternity residences from families, runaway shelters and hospitals, or from foster care settings. 63% of the teens in maternity residences we surveyed were not living in a foster care placement just before entering the maternity residence.<sup>8</sup> Some families voluntarily place the teen in the custody of the CWA when she reveals she is pregnant.<sup>9</sup> Girls who have been thrown out by their families or are runaways are often referred to CWA by community agencies, schools, and runaway shelters.<sup>10</sup> 38% of the teens we surveyed in maternity residences were in foster care when they became pregnant. 26% were living in group homes, 9% in residential treatment centers or residential treatment facilities, and 3% in foster homes. Teens who become pregnant in foster homes may remain in their placements if their foster families are willing to keep them and CWA approves that plan.

All teens who become pregnant while in group homes or institutions are placed in maternity residences. When a teen in a group home or institution gets pregnant, the social worker at the agency

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<sup>8</sup> 31.4% were living with their parents or other relatives, 11.4% were living with their boyfriends, and 20% were living with non-relatives or in shelters.

<sup>9</sup> A legal custodian, usually the parent, must sign over custody pursuant to Social Services Law sections 384-a and 358-a. A CWA Case Manager determines whether foster care placement in a maternity residence is the appropriate plan, and refers the case to CWA's Office of Placement Administration (OPA), which locates a vacancy in a maternity residence for the child.

<sup>10</sup> The case is then assigned to a local field office which will investigate the situation and, if necessary, the Case Manager will refer the case to OPA for placement.

documents the pregnancy on an "Incident Report" form, which is used to report all accidents and incidents in placements. The social worker submits the Incident Report and other information about the teen to the CWA Case Manager so that a referral can be made to the CWA Office of Placement Administration (OPA) for placement in a maternity residence.

### **B. Delays in placing girls into maternity residences**

Some YAC focus group and task force members reported that girls who are in foster care when they get pregnant may experience significant delays between the time they inform their social worker of the pregnancy and the time they are placed in a maternity residence. Some teens reported that they were not placed until well into their second trimester of pregnancy.

**"When I found out I was pregnant, it was December 22, 1993 and I was six weeks pregnant. I told them [at the group home] when I was a month and a half pregnant. On April 18 they told me I was going to leave soon. And then the next day, when I came back from work, it was like pack your stuff, you're leaving tomorrow. ...I was 5 and 1/2 months pregnant." (Z., Focus Group, Youth Advocacy Center, 9/10/94)**

Social workers and the girls themselves expressed concern that these placement delays affect the quality of the prenatal care the teens receive, and the safety of the pregnant teen.

**"Very often a lot of clinics and the hospitals do not want to someone for prenatal care unless they know they will be going there long term. So they'll see them for these minimal appointments [and]... they won't give them full fledged treatment."<sup>11</sup>**

**"...They [were] giving me vitamins and stuff but it wasn't real prenatal care that you would get in a maternity shelter." (Z., Focus Group, Youth Advocacy Center, 9/10/94)**

**Getting them [to a maternity shelter] is vital ...because there are a lot of kids around them who can be violent at times. There is a very limited ability for staff to ...intercede and protect them based on their medical condition....that becomes very scary for staff."<sup>12</sup>**

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<sup>11</sup> Suvi Miller, social worker, Interview, Hawthorne Cedar Knolls, 9/8/94.

<sup>12</sup> Ibid.

**"I was waiting for a long time before they could find me a maternity shelter... Over there the kids got real wild and everything and I was just scared I was gonna get hit on my stomach..." (J., Focus Group, Youth Advocacy Center, 9/10/94)**

The reasons for these placement delays are unclear. Our research does not indicate that there exists a shortage of maternity beds. Because these are temporary placements, the residences have vacancies as the girls deliver. While there may be some delay by the social worker in collecting the documentation required for referral to the CWA Case Manager, our interviews indicate that significant delays may occur even after the appropriate documentation has been submitted to CWA.

### **C. Problems identified within the maternity residences**

**"...They don't allow us to go to an outside school or work. I had a job before coming here [and] they made me quit. They act as though being pregnant is a disease or a disability..."  
(Anonymous survey respondent)**

Through surveys, interviews, and focus groups we identified several problems in maternity residences including: quality of the educational programs provided, rules limiting community-based education, work rules, lack of clothing, and verbal mistreatment by some of the child care staff.

#### 1. Some maternity residences deny mothers appropriate education

##### a. Some teens are required to go to school in the residence

Some young women report that they are not permitted to continue in their old high school and are told that it is mandatory that they attend the residence school. Three out of the four maternity residences provided on-site education to their residents.

Beginning in academic year 1995, Inwood House eliminated its on-site program and most residents will now attend P911, a Board of Education alternative school for pregnant and parenting teens. Inwood House will also accommodate those residents who have already started a community based academic program by providing transportation. At two other residences all teens attend the on-site school.

b. Teens report that education on-site is not at grade level

Maternity residents in our sample ranged in age from 13 to 20, with a median age of 17. Their grade levels ranged from 8 to 12 with an average level of 10th grade. For many, the instruction at the maternity schools is not comparable to the education offered at regular high schools. Focus group members and interviewees complain about outdated books as well as a lack of school supplies and materials. Several said there should be better teachers.

c. Loss of credits

Some girls reported losing credits and falling behind in school while they were in a maternity residence. This seems to be due to the disruption of their previous educational program, and the fact that many were told by the Board of Education that credits they earned at the maternity school would not be counted as credits toward high school graduation.

While the maternity residences may contend that having school in the residence is convenient for pregnant teens, this does not justify preventing all residents from attending school off premises. If a residence is going to provide schooling "in-house," it must be at grade level, and should not lead to residents falling behind in their studies.

2. Teens feel that maternity residences discourage working outside the residence, yet do not provide enough money for basic needs.

**" I find it hard to get stuff to get ready for the baby, like a diaper bag, stroller, stuff like that." (Anonymous survey respondent)**

**". . . I would like to get a person to help me (find a job) so I can provide for me & my baby." (Anonymous survey respondent)**

**"...For some reason they feel that when you pregnant [you're] handicapped. And I [was] not! [Before I got to the maternity residence] I was 5 and 1/2 months pregnant, working at my old job...When they told me I couldn't work...I nearly had a heart attack. What [was] I ...going to do with \$7.00 a week?" (Z., Focus Group, Youth Advocacy Center, 9/10/94)**

In general, members of the focus group felt that the amount of weekly allowance (between five and fourteen dollars a week) given to maternity residents was not sufficient to provide for some of their personal needs (to buy detergent, toothpaste, deodorant, etc.) and tokens, as well as buy things to prepare for a baby. Residences indicated that there are no policies on what allowance is to be used for. Teens can earn additional minimal amounts (as little as \$1.00 per week) for performing household chores. Agencies cite limited resources as the reason for the amount of money given directly to residents.

Focus group members expressed a desire to work during pregnancy in order to provide for themselves and their babies. Ironically, they reported that some maternity residences **do not permit** their residents to work. Some teens who were employed before becoming pregnant must quit their jobs while in the maternity residence. Work prohibitions tend to increase the feelings of helplessness, and deprive residents of valuable work experience which will help them become independent in the future.

3. Staff at maternity residences are not adequately trained to deal with pregnant teens: residents face negative attitudes from staff in maternity residences.

**"Some of them...look down on us because [we're] pregnant and [we're] teenage mothers." (Unidentified, Focus Group, Youth Advocacy Center, 10/10/94)**

**"...They already look down on you because you're in a group home. Then... they look down on you more because you're pregnant." (Unidentified, Focus Group, Youth Advocacy Center, 10/10/94)**

Child care staff is responsible for the day to day care and supervision of residents. The only requirement is a high school diploma. Previous experience working with youth is not required.

All of our focus group members complained of verbal mistreatment by child care staff. They felt that many staff had a punitive attitude towards them because they were teenagers and pregnant. Some staff chastised the girls for being pregnant and having premarital sex. Focus group members felt that it was difficult enough being in foster care and pregnant without being subjected to negative comments by their care providers.

In general, our focus group members were satisfied with the treatment they received from the professional staff (administrators and social workers) at the maternity residences. However, some survey respondents expressed frustration that their social workers were not giving them more help in finding placement.

4. Maternity residences do not meet needs of residents who require a higher "level of care."

One concern expressed by care providers at maternity residences and CWA representatives was that the level of care maternity residences provide is not adequate to meet the needs of many pregnant teens that are in the foster care system. Interviewees noted that some maternity residents who come from foster care institutions (residential treatment centers or facilities) may find a maternity residence is a less restrictive level of care than that to which they are accustomed. There are no maternity residences which provide the equivalent of an RTC or an RTF. As a result, maternity residences say they have difficulty managing a group of teens with diverse placement histories and needs with their current resources.

## IV. THE TRANSITION FROM MATERNITY RESIDENCE TO MOTHER-CHILD PLACEMENT

### A. The Placement Process

**"What I find difficult about planning for my future with my baby is that CWA takes so long to get placement for mothers and their babies that they end up trying to throw the mother and their babies into any place because they run out of time and finally realize that the mother has already had her child and they can't stay in the maternity shelter. Things could be changed by CWA looking for placement while the mother is in the beginning of their 8th month; that way it gives them two months to find the right placement for the mother and her child." (Anonymous survey respondent)**

Finding placement for a teen mother from a maternity residence into a mother/child program is a complex and often confusing process which involves case managers, case planners, special CWA "allocations workers" from OPA, mother/child program workers, and maternity residence social workers (the placement process is described in detail in Appendix C.)

Generally, the longer the teen has been in foster care, the more case workers there will be involved in her placement process. The youth typically has four to six caseworkers who share (or assume others will take on) responsibility for placement. Every communication from one worker to another involves some sort of required paper work. When a pregnant teen reaches her seventh month, a referral package containing,

"...Any, and all, current diagnostic material and the most recent Uniform Case Record should be sent to the Case Manager for approval. If approved, the ... placement package will be forwarded to OPA..."<sup>12</sup>

OPA is the CWA office that is responsible for placing children. OPA workers never meet the children or their families. They rely on paperwork forwarded to them by other workers.

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<sup>12</sup> Meyers, Claude B. Children of Minor Parents in Foster Care, Memorandum, (NYC Child Welfare Administration, 2/94) p.4.

"All children placed in foster care must have equal and first come, first served access to the best available and most appropriate placements without regard to race or religion."<sup>13</sup> To comply with the "first come, first served" principle, OPA implemented a system of waiting lists. When OPA receives a referral packet in the teen's seventh month, the teen is put on a waiting list for placement and OPA forwards her information to agencies for review. Agencies then inform OPA whether the teen is considered appropriate for their program; a teen may be accepted into more than one program.

Once a teen delivers she is put on a second waiting list by date of delivery. The teen at the top of the list should be placed in the next available vacancy in one of the programs which have accepted her. Due to acute placement shortages this rarely occurs. Even though applications are put through for girls in their seventh month of pregnancy and they are accepted into programs before they deliver, it is highly likely that there will be no vacancies in those programs when they are ready to be discharged from the hospital with their babies. As a result, even though there is an elaborate referral system which aims to match placements with girls needs, most new mothers end up going to a placement simply because it is available. At this time, that placement is usually a temporary foster home.

**B. Mothers do not know where they will be placed until after they have the baby, and have no say in where they will go.**

**"The most difficult thing about planning for my future and my child's future is not knowing where my next placement is going to be. Things would be better if I knew where my child and I were going to be placed." (Anonymous survey respondent)**

**"Worrying about if you will have everything you need for the baby, or is you and your baby gonna be taken care of...I think that they should give us young teenage mothers more say-so in our future planning...." (Anonymous survey respondent)**

When a girl bound for a mother/child placement delivers, she does not know where she will go with her baby until the day she leaves the hospital. This is stressful and confusing for a young woman

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<sup>13</sup> Wilder v. Bernstein, 848 F. 2d 1348 (1988 2d. Cir.), *See also*, CWA Bulletin, p.1.

who is pregnant or waiting to leave the hospital with her child. Teens in maternity residences are anxious throughout their pregnancies and while in the hospital awaiting word of their placements.

Because mothers and babies are placed in the first available beds, there is no guarantee that they will go to the type of placement for which they have spent time planning and preparing throughout their stay in the maternity residence.

**"They told me they were going to try to find me a foster home before I gave birth.... so I left on Friday and it was to a mother/child group home. I said, 'What happened to the foster home?' They told me it was either you take it or we separate you from your baby. So, I took it." (J. Focus Group, YAC, 9/10/94)**

Teens expressed concern over what type of placement they would go to, and where it would be. After the teen delivers, there is no guarantee that she will be placed near her family, friends, or school. Visits with family and friends are often limited to occasional weekends due to the cost and difficulty of traveling a long distance with a baby on public transportation. Teens must either change schools or commute long distances to school. One young woman in our focus group commuted every day from the Bronx to Staten Island to attend a nursing program.

Not only do the teens have no idea where their new home will be or what it will be like, the mother/child programs often know little or nothing about the new mother when she arrives. Since mother/child agencies rarely, if ever, meet the young mothers before they arrive from the hospital with their babies, they are completely dependent on the documentation provided by OPA, and very often a young mother's information is incomplete or may arrive after she has already been in placement for some time.<sup>14</sup>

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<sup>14</sup> Interviews with administrators at a maternity residence and mother/child group home.

<sup>15</sup> Anonymous administrator at maternity residence.

In addition, without documentation, agencies are unable to provide foster parents with any information on the girl and baby that will be arriving to live in their home.

**"...You don't always get all the material... [and] the foster parents want to know what kind of kid [you're] putting in [their] home... They don't have a choice, really, who they get and that's it. You put somebody in there that they have no idea and we don't know anything about them [either]."<sup>15</sup>**

The reason for the "disappearing" documentation could not be explained by any of the participants in our study. Foster care workers at every level reported that they would submit all necessary documentation, while the intended recipients such as OPA, case managers, etc. report that documentation is often missing or incomplete.

### **C. Teens do not visit placements or meet foster parents while they are pregnant.**

Few, if any, pregnant teens ever get to visit a placement before they deliver. As a result, girls in maternity shelters who are going to mother/child placements are often anxious about what their new homes will be like, and the group home or foster parent never meets the teen until she is on the doorstep with her baby. CWA caseworkers and social workers at agencies say that allowing the teens to visit the placements would violate the settlement reached in the Wilder case, because interviews would allow for the possibility that the child would be discriminated against based on race or religion. However, upon an examination of CWA's policy in connection with the Wilder settlement, it does not appear that pre-placement visits would necessarily violate the settlement decree, particularly if those were visits for a therapeutic reason, informational visits, or visits after the youth had been accepted to the program.

### **D. Long stays in the hospital waiting for placement**

**"I felt very left out in the middle of nowhere while I was waiting for placement. I was made to stay in the hospital 4 extra days that were unnecessary. The feeling of knowing that you really don't have anywhere [to go] is disturbing. I feel placement**

**should be settled before you have your child rather than while you're having your child." (Anonymous survey respondent)**

Workers at maternity residences and hospitals all reported that discharge delays, whether short or long, for girls going to mother/child residences are chronic. Some hospitals allow teens and their babies to stay while waiting for their placement. However, in addition to being highly stressful for the young mother, these hospital discharge delays cause bed shortages. Hospital staff must continue to provide services to mothers and babies who are otherwise considered well enough to go home. These delays result in considerable financial costs to the hospitals.

In New York City hospitals, the length of stay for a mother and baby for a normal delivery is two days (five days for a caesarean delivery). When the physicians determine that a patient is medically ready for discharge, it is expected that the patient leaves and that the bed be made available for another new mother. Any patient who remains in the hospital beyond the date of medical readiness is placed on the hospital's "Alternate Level of Care" (ALC) list. Once the teen and her baby are placed on the ALC list, Medicaid (which pays for the health care of all children in foster care) will reimburse the hospital at a rate of \$130 per patient per day.<sup>16</sup> This rate falls far short of what it costs the hospital to keep the teen or her baby in the hospital. For example, the cost of care for a newborn at one hospital is approximately \$600 per day. Therefore, for every day beyond medical readiness that a baby awaits placement, the hospital loses \$470.

On the other hand, \$130 per day may be cheaper than what it costs the City and State to have the baby and mother in placement. Rates of reimbursement will vary depending on various cost factors which are assessed by the State. For example, in 1994, St. Joseph's Family & Children Services was reimbursed \$132 per day per child to provide direct foster care services while Inwood House received

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<sup>16</sup> Telephone Interview with an anonymous hospital administrator.

\$103.<sup>17</sup> An analysis of reimbursement rates were beyond the scope of our study; however, it appears that CWA may have little or no financial incentive to place mothers and their babies in a timely manner.

According to the hospital social workers who work with the girls from the maternity shelters, discharge delays in 1994 were reported to be as few as two days beyond medical readiness to as many as 14 days.<sup>18</sup> However, one maternity residence, Rosalie Hall, reported that teens and their babies experience an average length of stay of 16 days after delivery.<sup>19</sup> The reasons for these continued lengthy delays could not be explained from our study. Official statistics from the hospitals were unavailable for all of the hospitals except St. Vincent's, which systematically tracks the deliveries, length of stays and placement outcomes for each teen who delivers from New York Foundling's maternity residence. All others either did not have the information on teens in foster care kept separate from all other obstetrics patients, or were reluctant to release information due to concerns regarding patient confidentiality.

### E. Separations of mothers and babies

**"I was in the hospital after I gave birth when they told me they didn't have placement for us together because there's a waiting list. ... 'You'll be placed in the next opening,' they said. I was at my wit's end, but really what could I do? I had no control over the situation. ... In a daze I put on my clothes and get the baby dressed. We all go to the elevators and one of the caseworkers says to me, 'you better give her to me now' ... And so I give her my daughter, and get in the elevator with the other caseworker... 'Where are we going?' I asked between crying. 'To Staten Island...' They put my daughter in a foster home in Queens. Do you know how far that is from Staten Island? I was never so depressed or upset in my life as I was for those two weeks. In that time I think I saw her one day for about one hour." (S., Youth Advocacy Center focus group member. )**

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<sup>17</sup> Bill Evans, CWA Office of Policy and Planning, Interview, 7/20/94.

<sup>18</sup> Based on conversations with social workers at St. Vincent's, Mt. Sinai, and The New York Hospital.

<sup>19</sup> Administrator, Telephone Interview, Rosalie Hall, 2/25/95.

**"My social worker waited till 2 weeks after I gave birth to my son to find me a foster care setting. It was very upsetting--after my son left the hospital he went to my mother's house and I was living in the maternity residence. We were separated for no reason for 5 months." (Anonymous survey respondent).**

A teen who gives birth while in the foster care system risks being separated from her newborn--from a few days to months or longer.

### 1. Temporary Separations

**"The problems I have had are really bad. I had to leave my child in the hospital until placement was found. I feel mothers should know ahead of time exactly where they are going with their children." (Anonymous survey respondent)**

Almost one-third of the teen mothers in our survey sample who had been in maternity residences had suffered short-term separations from their babies due to delays in placement. Some new mothers must leave their children in the hospital while CWA looks for a placement for them together. Infants may be held in the hospital and their mothers sent back to the maternity residence or to a group home, or family member. These separations last from a few days to a few weeks. The maternity residence does not have to take the new mother back and sometimes will not.<sup>20</sup> For girls at one residence, this separation from their baby is typically two weeks long. These short-term separations are

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<sup>20</sup> At Our Lady of Mercy Hospital, girls are routinely discharged back to Rosalie Hall once they are medically cleared. The girls visit with their babies daily and provide some of their care, but they cannot spend the night at their bedsides. At The New York Hospital, girls will sometimes be discharged back to Inwood House to await placement, if Inwood House agrees to take the girl back. Inwood House will usually refuse to take girls back because they do not like to separate a mother and child, even when the mother can have unlimited hospital visitations. Teens who are taken back are often justifiably anxious and angry regarding their placement situation and may act out or become depressed. Also, one young woman's situation tends to alarm the other residents, creating an uneasy mood in the home.<sup>20</sup> Inwood House will agree to take a girl back if she has already spent several days in the hospital awaiting placement and the hospital strongly recommends they take her back in order to vacate a hospital bed.

highly stressful for the new mother, can interfere with the bonding process, and prevent or discourage breast feeding.

**"[My planning worker] sent all my papers on to CWA. CWA knew how many months I was, knew when I was due and everything. I've had my baby and now my baby's been in that nursery going on two weeks now..." (Z. YAC Focus Group Member)**

Some focus group members reported that they and their babies were placed in separate foster homes while awaiting joint placement. Anecdotal evidence indicates that over the past year, the number of mothers placed in separate foster homes or group homes while waiting for placement has declined. This is in large part due to a change in the law, which no longer allows CWA to require minor parents to sign over custody of their children in order to be placed with their children (see Appendix D).

## 2. Long-term Separations

### a) Separations of mothers with more than one child

**"I feel that there should be a mother/child program for mothers with two children" (Anonymous survey respondent)**

**"In 1991 I had my first daughter Chris, and we were placed in a foster home. I got pregnant again with my second daughter. At this time they told me they would have to take Chris so I would get the right care, but I would get her back when I left the maternity residence. When I had Arielle, I had to choose to get Chris back or take Arielle. Luckily, their father could take Arielle, so they put me and Chris in a group home and said they would try to get me and my babies together. Till this day no one has gotten me and both my babies together." (T., YAC Focus Group Member.)**

There is an acute shortage of placements for girls who have more than one child. While CWA has no statistics on how many girls have more than one child, we found that 11% of the teen parents in our survey did. Additionally, we came across several anecdotes of mothers who had to "choose" which child to be placed with. Mothers are generally placed in the home with the newborn, while the older child must remain in a separate foster home.

There are **no** maternity residence beds for teen who already have children. As a result, mothers who are pregnant with a second child must place their first child with a relative or in a foster home while they go to a maternity residence. If the child is placed in a foster home, the mother may only visit her child twice a month for a few hours each visit.

b) "Hard to Place Youth"

Minor parents who are considered "hard to place" are more likely to be separated from their infants. "Hard to place" mothers are those who either have or have in the past had psychiatric illness, a history of aggressive or violent behavior or running way, or any other special needs. There is a lack of programs available to provide these mothers with the services they require, and consequently, they face long term and sometimes permanent separation from their children.

**F. Reason: a shortage of placements**

Interviews with CWA and representatives from mother/child and maternity residences indicated that the major reason for the placement delays once teens deliver is the shortage of mother/child placements, especially in group homes.

1. CWA Response to Placement Shortage and Placement Delays

Since mid 1994, CWA has been trying to alleviate the shortage and delay problems by converting foster boarding home beds certified as placements for children with other needs into mother/child beds.<sup>21</sup>

In addition to converting beds, OPA created a special unit of workers which would exclusively handle mother/child placement referrals. It is probably as a result of these two changes that the length of the discharge delay was reduced in three of the four hospitals involved between 1993 and 1994. Unfortunately, some time in either late 1994 or early 1995, OPA eliminated the special mother/child

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<sup>21</sup> Interviews with OPA.

placement unit. Cases are again assigned to workers with diverse case loads who must prioritize their cases based on criteria other than the length of time a mother and/or baby have been in a hospital.

## 2. Hospital response to placement delays

In 1993, the hospitals, particularly St. Vincent's, were so concerned about the discharge delays that social workers from the four hospitals started meeting as an inter-hospital committee in order to examine the discharge problem. Shortly afterward, the committee disbanded because although discharge delays continued, the number of excess days declined and were considered manageable by three of the four hospitals.

In response to the delays, two hospitals (Our Lady of Mercy and New York Hospital), through informal agreements with maternity residences (Rosalie Hall and Inwood House) will in many cases discharge the mother back to the maternity residence without her baby until placement is found for them both. At Mt. Sinai Hospital and St. Vincent's Hospital, both the mother and the baby remain in the hospital until placement is found.

## **V. MOTHER/ CHILD PLACEMENTS**

One purpose of a mother/child placement is to prepare the teen for life as an independent mother. These placements should provide a stable environment which meets the mother's and babies' needs, and services which further the goals of good parenting and future economic independence. Mother/child placements do provide many services to the young mothers such as school referrals, parenting classes, and case management. However, the limited number of placements and some policies or rules in the mother/child residences interfere with the goal of preparing the teen to be independent.

### **A. Temporary foster homes are not appropriate placements**

While placing teens and babies in temporary foster homes is preferable to separating them, it is not a solution. Young mothers and their newborns may have to move from one foster home to another while waiting for more permanent placement..

**"I had to stay at two foster homes. Two weeks at the first and a week at the second. Neither were happy about having a teenage mother" (Anonymous survey respondent)**

**"I was told it would be hard for them to find me a placement without separating us (me and my baby). So they kept putting me in temporary foster care. I think this practice should definitely be stopped. This was emotionally troubling for me because I was already uprooted from my regular home environment and now they was sticking me from house to house with people that couldn't relate to me." (Anonymous survey respondent)**

The "temporary" foster home may turn into a permanent situation, which can be good if both the teen and foster parent agree. But many teens reported they were not getting the support and services they need in these temporary foster homes. A new young mother may find herself in a borough she is not familiar with, often alone and isolated from her peers with little supervision or support.

Workers from OPA, maternity shelters, mother/child residences, and RTCs also expressed concern regarding the impact shortages have had on the level of care the girls receive. Obviously, some young mothers have adequate coping skills to handle the stresses of motherhood in an unfamiliar and unstructured environment, but many workers fear that some girls, particularly those with more troubled pasts, do not and have been placed in a questionable situation because it is expedient.<sup>22</sup> In addition, mother/child workers also reported that foster parents are not trained to properly care for a teen mother and her baby. Teen mothers in our task force confirmed this.

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<sup>22</sup>CWA Office of Placement Administration, Group Interview, 9/20/94.

## **B. Problems identified within mother/child group homes**

From interviews, surveys and our focus groups we found that teens who were in mother/child group homes had concerns regarding not being able to participate in decisions regarding child care; overly-strict rules and punishment; the programs' failure to encourage independence; and the programs' failure to involve babies' fathers in parenting. There are marked differences among placements, even those of the same type, in terms of house rules, curfews, policies and the amount of freedom the resident has to pursue her life goals and parent her child. Given the current placement system, girls would not know what to expect even if they were told what type of placement they were getting.

### 1. Rigid rules, tough punishments, and a sense that independence is discouraged.

**"Mothers on the outside (meaning living on their own) don't have rules like the ones we have. We should be able to make our own decisions about schools, jobs, and finding an apartment. They should be able to help us." (Anonymous survey respondent)**

Focus group participants and respondents to our surveys who were living in or had lived in mother/child residences reported that some programs had rigid child care rules and restrictions.

**"By the time my daughter was 5 months old she was drinking her eight ounces from the regular bottle and she was eating beginning baby food. When I moved to the mother/child residence they told me I was not allowed to use regular baby bottles, and I couldn't feed her baby rice cereal and baby fruit. I wasn't even allowed to use the bottles I had already bought and had been using because they wanted me to switch. I went along with it for a little while because I didn't want to get on restriction. If you were on restriction you were not allowed to go outside, make or receive phone calls. Well with the new bottles she went from drinking eight ounces, then all of a sudden from the new bottle she's drinking only three or four. So I had to break the rules, restriction or no restriction, my daughter's gonna eat." (S., Focus Group, Youth Advocacy Center, 9/10/95)**

Teens complained that they were not allowed to take their children to doctors appointments, and that they were not given access to medicines prescribed for them or their children. One complained that she was not allowed to continue medical care at the hospital where she delivered, or at a doctor of her own choosing.

**"You walk outside you get on restriction. If you're two minutes late on pass, you get on restriction. If you say things back to a staff (argue) you get on restriction."  
(Anonymous survey respondent)**

**"They claim they want us to be independent but yet they treat us like babies. We can't do nothing or go anyplace whether you're on restriction or not. We go out, we have to be back in 20 minutes...the rules here are crazy and makes no sense."  
(Anonymous survey respondent)**

**"We can barely go outside." (Anonymous survey respondent)**

**"They lock us out of our kitchen and dining room!! That's a SHAME."  
(Anonymous survey respondent)**

Teens reported that some residences with rigid rules and policies would refuse to make adjustments to rules to accommodate reasonable individual needs.

**"...when you get there [the mother/child group home] you have to stay indoors for two weeks. They said it was because they wanted you to get acquainted with your child. My daughter was already five months old. I wasn't even allowed to put her in the stroller and go for a walk to the park." (S., Focus Group, Youth Advocacy Center, 9/10/94 )**

One residence failed to accommodate a girl who was attending a special nursing program and had different school hours and vacations than the other girls.

**"They gave me so many problems that, you know, it can really make someone want to quit school." (C., Focus Group, Youth Advocacy Center, 9/10/94.)**

Teens felt that the unreasonable inflexibility of rules served only to make their lives even more challenging than need be. They also felt that they were not given the opportunity to learn to care for their children, and to learn "real-life" skills like making doctors appointments, and budgeting.

**"I think with mother and child residents they need to give the mother some slack and some freedom. They say it is independent living but they treat us like kids and we are mothers." (Anonymous survey respondent)**

**"...We need more than community meetings to settle this and other topics."  
(Anonymous survey respondent)**

## 2. Discouraging contact with baby's father

Teens in our groups felt that the child welfare system encourages fathers to become "deadbeats" and reinforces the stereotype that raising a child is only the mother's responsibility. Some teens reported that agencies limit visits between the baby and the father to a one hour visit every few weeks at an agency office. Strict curfews in some group homes limit the teen's ability to visit the father's home. These limitations weaken the co-parenting relationship, discourage the fathers' involvement in child rearing, and limit the baby's contact with his paternal extended family. As a result, the teen mother is potentially deprived of a support system which could be essential to her economic and emotional survival when she leaves the system.

## VI. RECOMMENDATIONS

In response to the above problems, we make the following recommendations.

**First**, effective long and short term policies cannot be made in the absence of critical information. No government agency can provide effective services without meaningful and timely data about the population served and the services available.

**We recommend** that by January 1, 1996, CWA:

- establish and meet monthly with a Youth Advisory Council of teen mothers in foster care, which will provide critical feedback and recommendations for improving the system;
- set up a means of determining how many teens become pregnant and have children in foster care;
- determine and publish the exact number and nature of facilities provided for teen mothers and pregnant teens;
- establish a policy to keep this information updated on a quarterly basis;
- make this information available to organizations that serve the interests of youth in foster care.

**Second**, separation of a baby from its mother creates a high likelihood of trauma for the baby and mother. No government should have policies that result in forced separation of babies and mothers, either short-term or long-term, except for medical necessity, or where there is a determination of abuse or neglect.

**We recommend** that by January 1, 1996, CWA:

- establish and publish a policy that prevents separation of mothers and babies for any reason other than medical necessity, or a determination of abuse or neglect;
- ensure that hospitals do not discharge mothers and children separately;
- set up a procedure for determining the exact number of times babies are separated from their mothers for a period more than 24 hours, the length of each separation, and the purported reason for the separation;
- make the data from this survey available to the public and to organizations that serve the interests of youth in foster care;
- publish this data quarterly.

As soon as feasible, CWA should:

- implement a program to establish more beds in group homes, and recruit, train and license foster parents for mothers and children together;
- license foster homes or group homes to care for mothers with more than one child, and allow a maternity residence to accept a pregnant teen with a child, if she already has one;
- establish group homes or foster homes for teen parents with psychological, psychiatric, and emotional problems;
- demonstrate that there are sufficient number of beds available for mother/child foster care equal to the highest projected number of teen mothers in the system. This projection should be based on the highest actual daily figure of the number of teen mothers in foster care, during 1994 through October 1995.

**Third**, a pregnant teen's well being and health directly affect her baby's future health as well as her own. Proper emotional and pre-natal care are essential requirements through this period, but are sometimes unavailable because CWA fails to transfer pregnant teens to maternity residences.

**We recommend** that CWA:

- publicly acknowledge the special needs of pregnant teens;
- expedite placement from group homes and residential treatment centers to maternity residences after initial confirmation of pregnancy;
- implement a policy to ensure that pregnant teens in group homes and institutions are placed in a maternity shelter no later than the beginning of their third month of pregnancy.

**Fourth**, the placement process of pregnant and parenting teens is overly bureaucratic and complicated, leading to anxiety for teen parents and unnecessary paperwork by a number of caseworkers and social workers. The worker who is ultimately responsible for placing the mother and baby never meets them, and is required by policy to place them in the first beds available.

**We recommend** that CWA create a unit of social workers specifically responsible for handling placement from the time of pregnancy through final placement in a mother/child home.

One social worker, rather than the four or five involved now, should be assigned from the time the teen becomes pregnant until after she and the baby are placed in a home.

**Fifth**, if teen mothers are expected to take on responsibilities for their babies they need to have some input into decisions made about where they live. A policy which does not allow teens to visit placement creates the impression that CWA does not respect the mother's responsibility and right to care for her child.

**We recommend** that by January 1, 1996, CWA institute procedures for expectant teen mothers to be able to interview at possible placements, and have input into the selection process by ranking the order of their preference.

**Sixth**, the mother's responsibility for the care of her baby will have the most important impact on the baby's future. CWA must acknowledge this fact and make efforts to create supportive environments to enable teen mothers to take meaningful responsibility for their babies.

**We recommend** that maternity residences and mother/child group homes be required to develop resident boards and create un-threatening procedures to assess treatment and services.

A log of such assessment should be maintained to ensure that staff and agencies are properly responding to the needs of mother and baby.

Young women who have been through the system should be recruited and trained to be mentors and advocates for teen mothers in foster care.

**Seventh**, many teen parents report that caseworkers and child care staff look down on them and discourage them from becoming independent.

**We recommend** that CWA publicly acknowledge a commitment to provide advanced training to administrators and workers who work with teen mothers and their babies.

In consultation with respected experts in the fields of child development CWA should establish a training program and curriculum that focuses on adolescent and early child development, and on encouraging independence through education and work opportunities.

This program should sensitize workers and administrators to the particular stresses associated with this period in a teen mother's and her baby's development.

Teen parents in foster care should be involved in developing the curriculum, and hiring and training staff.

Administrators and workers assigned to work with the particular population of teen mothers and their babies should be selected for their demonstrated maturity and sensitivity for this population.

**Eighth**, CWA's practices limit the opportunity for teen mothers to complete their secondary education and focus on future career goals. Diminished hopes and prospects of future independence often produce despair for the mothers, which naturally impacts on their children. Current practices appear premised on the idea that baby and mother are destined to live out their life dependent on government services; they ignore the inherent strengths and abilities of individual teen mothers and create a self-fulfilling prophecy.

**We recommend** that CWA actively establish policies that encourage the continuing of education and reduce policy and practice impediments to achieving this goal.

Beginning immediately, pregnant and parenting teens should be permitted to attend the school they feel most comfortable attending, including their former high school, school in their present community, or an "on site" school.

CWA should work with the Board of Education to ensure that each teen receives appropriate education as mandated by the State Education Law and regulations.

CWA should direct agencies to allow and encourage pregnant and parenting teens to go to school and to work. Agency policies must allow teens to hold jobs, and provide for day care or baby sitting.

**Ninth**, teen mothers report that CWA and its contracting agencies discourage the fathers of their babies from visiting and actively participating in parenting.

**We recommend** that CWA begin to encourage father's visitation of children and participation in parenting classes. CWA should create a policy which supports positive relationships between father, baby, and mother.

## VII. SUMMARY

Little information exists on pregnant and parenting teens in the foster care system. Our research suggests that these young women are a heterogeneous group representing a broad range of ages, educational backgrounds, placement histories, and ethnicities. Even in the best of circumstances, it would be a challenge to provide services to these young women and their children. However, since CWA does not systematically collect and analyze data on pregnancy and parenting in foster care, the foster care system is providing services to these young women in the absence of adequate information to assess their needs in placement. It is not surprising that many young women reported negative experiences in their placements.

The shortage of appropriate placements for teen mothers and babies and the overly complicated placement process lead to a number of problems: delays in placement, delayed discharges from hospitals, unjustified separations of mothers and children, and temporary and inappropriate placements. The problem which underlies all of these is that the foster care system provides services **without regard to needs as expressed by the teens themselves**. They have little or no influence on the placement process and on most aspects of their placement experience. While in placement, teens have no forum or formal procedures to influence house rules and restrictions, or, more broadly, to influence placement policies which negatively impact their lives.

The Youth Advocacy Center Teen Mothers Task Force is dedicated to improving the foster care system for all teen parents and their children. **Caring for Our Children** is a first step at examining the issues and planning for change.

## APPENDIX A

### METHODOLOGY

Youth Advocacy Center collected data using four methods. First, raw data and general placement policy information were requested of the hospitals, the Child Welfare Administration (CWA), and the New York State Department of Social Services. While they provided some documentation, they did not have statistics regarding pregnant and parenting young women in placement, particularly in foster homes.

Second, interviews were held with representatives from CWA, maternity shelters, mother/child residences, and hospitals. Interviews were conducted individually, except for a group meeting held with the CWA Office of Placement. All of the individual interviews were tape recorded. Most requested that they not be identified by name in this report.

Information regarding the teens' placement experiences were gathered through focus groups and a survey of teens in maternity residences and mother/child placements.

Focus group members were recruited from the maternity and mother/child placements and were given a small stipend and car fare to attend three meetings in the fall of 1994. In the first two meetings, members related their placement experiences and identified specific problems which were of major concern to pregnant and parenting teens in foster care. In the third meeting, the group developed recommendations to resolve these concerns. In the summer of 1995, Youth Advocacy Center reconvened the focus group as a "task force" which prioritized the problems and further developed the recommendations, which are the basis for the recommendations in this report.

Finally, a survey was conducted of an available sample of maternity and mother/child residents. In total 27 parenting and 37 pregnant teens were surveyed for general demographic data, placement history, and placement outcomes. Access to the teens was limited by widespread agency reluctance to permit residents to participate in the survey. Surveys were administered by Youth Advocacy Center staff and Youth Advocates, teens in foster care who completed training and were supervised by professional staff at Youth Advocacy Center.

Nedda de Castro, C.S.W., designed the research instruments (surveys and questionnaires), conducted many of the interviews, analyzed the results of the surveys and other data, and co-wrote this report. Ms. de Castro has interviewed and provided social work services to hundreds of teenage parents in New York City.

Betsy Krebs, the executive director of Youth Advocacy Center, organized the teen mothers focus groups and the task force, conducted some of the interviews, and co-wrote this report.

## **APPENDIX B**

### OVERVIEW OF THE FOSTER CARE SYSTEM

The foster care system is the government's system for taking custody of children and young people who do not live with their biological parents. At the end of 1994 New York City had responsibility for 46,000 children in its foster care system.

The city agency that handles this responsibility is the Child Welfare Administration (CWA). CWA is a division of the New York City Human Resources Administration (HRA) which is the local branch of the State Department of Social Services (NYSDSS). CWA has contracts with over 60 private agencies which directly provide foster care services to children and teenagers in the system. These contractors are called "voluntary agencies." Voluntary agencies provide services for the children in their care, run group homes and institutions, and recruit and supervise foster parents. The voluntary agencies are regulated and licensed by the state and receive city, state, and sometimes federal funding. Even in cases where the voluntary agencies provide direct services to children, CWA still maintains final responsibility.

Foster care is supposed to provide a temporary stable home for a child whose family is in crisis. Although New York law states that ". . . in no case shall a child be kept in care more than 24 months, if his permanency goal is discharge to parents or relatives . . .,"<sup>23</sup> many young people stay in the system for years, often moving from one placement to another, until they "age out" of the system.

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<sup>23</sup> NYCRR 430.12(2)(iii).

When a child is taken into foster care, custody is transferred from the biological parent or legal guardian to the State. The City must petition the family court for approval of that transfer.

In New York, the City files one of three kinds of petitions requesting custody (i.e. for the child to be placed in foster care): 1) a petition alleging that the child is abused or neglected; 2) a petition alleging that the child is a "Person in Need of Supervision" (PINS); 3) a petition asking for the court's approval of the parent's decision to voluntarily place the child in foster care. All children in foster care have been placed in care through one of these three petitions.

Before custody of a child can be taken from the parent and given to the State, the State must make "reasonable efforts" to keep the family together by offering "preventive services," which include individual or family counseling, drug treatment, housing assistance, and day care. Foster care placement is meant to be a last resort.

Minors in foster care are in the custody of the state and city, but their legal guardian is generally the biological parents, unless they are deceased or their rights have been "terminated" by a court. When a youth in foster care gives birth she retains **both** custody and guardianship of the child, although the teen parent herself is in the custody of the state.

The foster care system is comprised of "placements:" foster homes, group homes, and institutions called residential treatment centers and residential treatment facilities.

A foster home is a family licensed and approved by the city to provide care to children who are unrelated to the foster family. Foster parents receive funds for each foster child they care for, should

receive training and support from CWA or a voluntary agency, and should be visited at least monthly by a case worker.

A child who enters foster care may sometimes be placed in a "kinship foster home," a relative who is licensed to be a foster parent. As with other types of placements, CWA still has the legal responsibility to monitor the child and family.

Agency operated boarding homes (AOBHs) are small group homes licensed to house up to six children. Some of these homes are therapeutic placements for children with special mental health needs.

A group home is a house or apartment where anywhere from 5 to 20 or more youth live. Child care staff, who often work in shifts, and are responsible for the children's day to day needs.

Supervised independent living placements (SILPs) are apartments for adolescents who will be discharged to independent living. There are relatively few SILPs in New York City.

Residential treatment centers (RTCs) are placements for children who have been diagnosed with emotional or behavioral disorders. RTCs are usually campus-like settings with dorms or "cottages," on-site schools, social workers, and other services. RTCs generally provide more supervision than that provided in community based group homes.

Residential treatment facilities (RTFs) provide care for children with the greatest mental health needs. They are similar to RTCs, however, they have higher staff to child ratios, tighter supervision, and locked wards. Placement of children in RTFs must be approved by the State Office of Mental Health.

Maternity residences are temporary group homes for pregnant young women. Teens remain at these placements for the duration of their pregnancy and are then placed in other settings after delivery.

Mother/child placements are foster homes or group homes where young women and their children are housed together. There are a few agency operated boarding homes and supervised independent living placements which are mother/child placements. Mother/ child placements and maternity residences are described in more detail in the body of the report.

## APPENDIX C

### THE PLACEMENT PROCESS - AN OVERVIEW

Placement of children in foster care occurs in accordance with state and federal law, and city policies and procedures. Depending on the circumstances surrounding the request for placement, children in foster care may come into contact with a few or several of CWA's various offices. Every child in foster care is placed through a referral either to the **Office of Placement Administration** or **Emergency Children's Services**, and is subsequently assigned a **Case Manager** as well as a **Case Planner**.

#### **1. The Case Manager**

A child's Case Manager is a CWA caseworker who is located in either CWA's Office of Field Services (the "field office"), Office of Case Management (OCM), Office of Direct Child Care Services (ODCCS) or Adoption Case Management. Where a child's Case Manager is located depends on how and why a child was initially placed in foster care.

Regardless of their location, all Case Managers have the same responsibility to authorize and monitor the provision of services to a child and family, and determine the need for and appropriateness of foster care placement.<sup>24</sup> Once it is determined that it is necessary to remove the child from the home, the Case Manager must make a referral to either the Office of Placement Administration or Emergency Children's Services so that a foster care placement may be located for the child.

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<sup>24</sup> Child Welfare Administration, Placement Referrals from the Office of Placement Services and Emergency Children's Services, CWA Bulletin #92-2, July 14, 1992, p.4.

Once a placement is found for the child, the Case Manager may then assign **case planning** responsibility to the voluntary agency that will provide direct care services to the child. Although case planning responsibility is transferred, the Case Manager is still responsible for authorizing and monitoring the provision of services. The Case Manager must review and approve the service plan developed by the planning agency, and authorize the length of time foster care services are to be provided.<sup>25</sup>

## **2. The Case Planner**

The Case Planner is responsible for arranging and coordinating the provision of services to a child and his or her family.<sup>26</sup> The Case Planner must develop a permanency goal and plan for each child identified as requiring services, and must provide direct services or arrange for services to be provided to the family and child in order to achieve the permanency goal. When two or more agencies are involved, the Case Planner coordinates the provision of services and participates in joint case planning. In addition, the Case Planner must document the casework plan and progress toward achieving the permanency goal in the Uniform Case Record (UCR), and must evaluate the outcome of service provisions.

For a pregnant teen in foster care, the social worker from her previous agency should continue as the Case Planner while the teen remains in the maternity residence. The Case Planner is supposed

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<sup>25</sup>Ibid.

<sup>26</sup>Ibid.

to work jointly with the social worker at the maternity residence to develop a plan for the teen and her baby, and should submit paperwork concerning the teen's progress to CWA.

### **3. The Office of Placement Administration and Emergency Children's Services**

Before a child can be placed in foster care, the child's Case Manager must make a referral to the Office of Placement Administration (OPA) if the case comes in during the normal business hours, or to Emergency Children's Services if a child is in an emergency situation during holiday, weekends or off-hours. The role of OPA is to locate a placement for a child.

Upon receiving a referral from a Case Manager, OPA gets information from the Case Manager about the child, such as physical and mental health and development. OPA matches those needs to potential appropriate vacancies through a computerized system and then submits the referral to potential child caring agencies for their review. The agencies must then determine whether their programs can provide the child with the services he or she needs. No one from OPA ever meets the children they place; OPA matches information about a child with possible placements.

The placement process is best illustrated by following a child from the time she enters the foster care system until she delivers at the maternity shelter in the following example.

Cindy was 14 years old when her parents died in an accident. Since Cindy had no other family, authorities contacted the New York State Central Registry, which then assigned the case to a local CWA field office. There Cindy was assigned a **Case Manager**, Mr. Jones, who would then referred her case to OPA to find her an appropriate placement. Cindy was then placed at a group home with the Leake and Watts agency where she was assigned a social worker, Ms. Smith. Mr. Jones, who initially was **both** Cindy's **Case Manager** and **Case Planner** then transferred case planning responsibility to Leake and Watts so that **Ms. Smith** then became Cindy's **Case Planner**.

When Cindy was 16 she became pregnant and decided she wanted to have the baby. Cindy told Ms. Smith, who then had to inform Mr. Jones, so that he could refer her case to OPA.

Cindy was placed at Inwood House maternity residence in January where she was assigned Ms. Webster as her **Social Worker**. Since a maternity residence is considered a temporary placement, Ms. Smith, her **Case Planner** from Leake and Watts, retained case planning responsibility, and Mr. Jones continued as **Case Manager**. At this point, Cindy has **three** workers involved in her case, Mr. Jones, Ms. Smith, and Ms. Webster, plus their supervisors and the OPA caseworkers.

When Cindy reaches her seventh month of pregnancy, Ms. Webster along with Ms. Smith, prepare the referral package and send it to Mr. Jones. After Mr. Jones approves the plan, namely, to place Cindy in a mother/child program, he forwards the package to OPA. Within two days of receiving the information from Mr. Jones, OPA must send Cindy's referral material to mother/child programs for review. The mother/child agencies have ten working days to inform OPA whether they have accepted Cindy into their program.

When Cindy delivers a baby boy in May, Ms. Webster informs Ms. Smith, who in turn informs Mr. Jones, who will again inform OPA, which will attempt to find Cindy and her son beds in one of the programs that have accepted her. When placement is located, OPA will contact Mr. Jones, who will then contact Ms. Smith, who will then contact Ms. Webster. Ms. Smith must then make arrangements to transport Cindy and her newborn to their new placement.

#### **4. OPA guidelines for Selecting Appropriate Placement**

According to New York State Department of Social Services guidelines, OPA must place a child in the ". . . least restrictive level of care that can safely provide all services required by the child."<sup>27</sup> "Least restrictive level of care" means the placement that most resembles living in a family-type setting, and which can meet the child's needs. In order of least restrictive to most restrictive level of care are foster homes, agency operated boarding homes, group homes, residential treatment centers, and residential treatment facilities. If it is determined that a child can function well in the community and requires supervision which can be provided in a foster home, then a foster home is the appropriate level of care,

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<sup>27</sup>Ibid.

although the same or similar services can be provided in a group residence. In order to place a child in a group home or institution, it must be determined that the child's service needs cannot be met in any other less restrictive type of placement. A child's service needs may include, but are not limited to, clinical, mental health and medical services, close supervision, or a structured environment.<sup>28</sup> In practice, children are sometimes placed in homes or institutions which do not meet their needs. In addition, OPA should place a child close to the family and community with which she was involved prior to placement if it is practicable and in the child's best interests. Unfortunately, many children, particularly pregnant and parenting teens, are not placed in or near their own community.

## **APPENDIX D**

### THE LEGAL CONTEXT AFFECTING PLACEMENT OF TEEN MOTHERS

Two legal developments have had some impact on the placement process in recent years. First, maternity and mother/child programs began enforcing CWA policies which have been implemented as

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<sup>28</sup> New York State Department of Social Services, 18 NYCRR 430.11.

a result of the Wilder consent decree. Second, in 1993, New York state law was amended to conform with federal law which allows a minor parent in foster care to retain custody of her child.

### **1. Impact of Wilder**

Wilder v. Bernstein was a class action lawsuit brought by the American Civil Liberties Union Children's Rights Project in mid-1970's to address racial, ethnic, and religious discrimination in the foster care placement process. In 1985, the suit was settled, with a consent decree that requires that all children who are placed in foster care have equal and first come, first served access to the best available and most appropriate placements, without regard to race or religion. While the aim of the Wilder consent decree is to guarantee that children in foster care receive placement and services in a non-discriminatory manner, many who work in the system report that Wilder has had an unintended negative impact on the placement process for minor parents in foster care and their children.

Before 1993, maternity residences and mother/child programs worked together to find placements for teenagers and their babies. At about the eight month of pregnancy, the teen's social worker from the maternity residence would send a referral "packet" to all mother/child programs. The packet contained an introductory letter, with documentation on the girl's history and how she was progressing in the maternity residence. Periodically, the mother/child programs and the maternity residence social workers would meet and have what was essentially a large case conference. They would review each referral and decide which programs would be best suited for each teenager. Once the mother/child agencies determined which girls they might accept, the maternity residence could then send the teen on interviews to meet with the mother/child agencies where she was being considered so

that she could become familiar with the different programs. Through this process a teen would know which programs had accepted her and could anticipate going to one of these programs depending on which has a bed available.

Approximately two years ago CWA began to follow a policy of strict enforcement of the Wilder settlement, and changed the placement process for mother/child programs. The former system used by the agencies, while efficient and likely to meet the needs of individuals, did not guarantee that teen mothers were being placed according to the "first come, first served" principle, nor did it ensure that they were being placed without regard to race or religion. CWA instituted the OPA referral system to ensure that children would be referred to programs without regard to their race or religion. Some steps in the old method of placing teen parents had to be completely eliminated, and other steps were taken over by OPA.

The maternity residences can no longer send any referral material directly to the mother/child agencies, nor can the agencies meet to discuss individual cases or referrals. All referral materials to mother/child programs can be forwarded only by OPA. Teens are no longer allowed to interview at mother/child programs before they are accepted. In this way, CWA hopes to guarantee that the placement system is "color blind." Legally, nothing should prevent a teen from visiting programs. Particularly, she should be allowed to visit each program that has accepted her for a "post-acceptance orientation" before she has her baby. In practice this rarely, if ever, occurs.

The "first come, first served" provision has resulted in a complicated system of waiting lists for mother/child programs. Under the new system when a pregnant teen reaches her seventh month, a

referral package containing, ". . . [a]ny and all, current diagnostic material and the most recent Uniform Case Record should be sent to the **Case Manager** for approval. If approved, the . . . placement package will be forwarded to OPA."<sup>29</sup> On the date that OPA receives the teen's seven month referral package, OPA will place the teen's name on a waiting list for placement. OPA may send out referral information for a teen to mother/child programs before she delivers, and can determine where each teen has been accepted. Once she delivers, she is placed on another waiting list.

The planning and referral system for a mother and baby has thus become a complex process involving at least two or three caseworkers and a good deal of paper work. Generally, the longer the teen has been in foster care, the more caseworkers there will be involved in the placement process. Every communication from one worker to another involves some sort of required paperwork without which the placement process cannot occur.

## **2. Custody legally stays with the mother**

In 1993 New York state amended its social services regulations<sup>30</sup> to conform with federal law with regard to the placement of teen parents currently in foster care and their children. The amended regulation states that a minor who gives birth while in foster care is allowed to retain custody and guardianship of her child, even if the minor parent herself remains in foster care and is placed in a mother/child setting with her baby. CWA can take custody of the child only in situations of suspected

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<sup>29</sup> Claude B. Meyers, Children of Minor Parents in Foster Care, Memorandum, (NYC: Child Welfare Administration, 2/94) p. 4.

<sup>30</sup> 18 NYCRR 423.4

neglect or abuse, as with families where the parent is not a minor in foster care. Teen mothers and others believe this is a positive change for them and their children.

Before the change in the law, when a minor parent gave birth in foster care and planned to continue in foster care with her child, she was required to "voluntarily" sign the baby into foster care<sup>31</sup> so that the baby would also be in the custody of the State Commissioner of Social Services. Unless the mother signed a "voluntary placement agreement," the state could not legally place the baby with the mother.

If placement for a minor parent and her baby could not be found immediately after the birth, the state had the right to place the mother and newborn in separate foster homes until a mother/child placement became available. In addition, once the minor parent signed the voluntary, she could not choose to place the baby in the care of her family, the baby's father or the baby's paternal relatives without CWA approval, even though without the help of family the baby would have to be placed in a non-kinship foster home.

The placement situation was anxiety provoking for the pregnant teens in the maternity residences who lived in fear that their babies would be taken away and was, of course traumatic for the mothers who lacking placement were separated from their babies. Even though the document was called a "voluntary" it is clear that the situation was anything but voluntary for the minor parent who had no options other than to remain in foster care with her child. The legality of requiring a minor to sign a contract giving up custody of her child, often without the advice of a lawyer, was questionable.

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<sup>31</sup> pursuant to Social Services Law section 384-a and 358-a .

Some mothers in desperate attempts to avoid separation would refuse to sign voluntaries. This plan would sometimes backfire because the Case Manager, interpreting this behavior as not only uncooperative, but also as the mother's failure to plan appropriately for her baby, would sometimes report the minor for neglect. In this way the state could take custody of the teen's baby and place the baby apart from her mother.

Since the change in the law, minor parents are no longer required to sign over custody of their children to the state in order to get placed with their children. However, it is still the case that the minor parent must sign a voluntary for the state to place her baby separate from her even temporarily. The only way the state can legally place a child without the minor parent's consent is in an abuse or neglect petition.

Based on our interviews and continuing conversations with CWA, hospital social workers, maternity residences, and teens it appears that since the regulation has been amended, although there are still shortages of placements for mothers and their babies, CWA is less aggressive in seeking voluntaries from teen parents in foster care.

**APPENDIX E**

TABLES

**TABLE I: NUMBER OF MATERNITY RESIDENCE BEDS & RESIDENTS**

AGENCY	CAPACITY	AVERAGE NO. RESIDENTS *	RESIDENTS 2/95*	DELIVERIES 1994*
Inwood House	<b>36</b>	<b>32</b>	<b>33</b>	<b>60</b>
Louise Wise	<b>11</b>	<b>9</b>	<b>7</b>	<b>51</b>
New York Foundling	<b>24</b>	<b>22</b>	<b>17</b>	<b>99</b>
Rosalie Hall	<b>28</b>	<b>25</b>	<b>20</b>	<b>54</b>
<b>TOTAL</b>	<b>99</b>	<b>88</b>	<b>77</b>	<b>264</b>

\*figures are based on contacts with agency officials

**TABLE II: NUMBER OF MOTHER/CHILD RESIDENTIAL BEDS BY TYPE**

AGENCY	TYPE AOBH*	OF GROUP HOME	PLACEMENT SILP**	total***
Angel Guardian Home		<b>20</b>		<b>20</b>
Catholic Home Bureau	<b>8</b>			<b>8</b>
Center for Children & Families 12	<b>12</b>			<b>12</b>
Leake & Watts		<b>18</b>		<b>18</b>
Louise Wise Services		<b>20</b>		<b>20</b>
New York Foundling Hospital	<b>38</b>	<b>32</b>	<b>2</b>	<b>72</b>
St. Christopher-Ottilie		<b>40</b>	<b>4</b>	<b>44</b>
St. Joseph's		<b>20</b>		<b>20</b>
<b>TOTAL</b>	<b>58</b>	<b>150</b>	<b>6</b>	<b>214</b>

\*AOBH=agency operated boarding home

\*\*SILP= supervised independent living placement

\*\*\*total includes beds for mothers and infants

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