Created by the Fordham Interdisciplinary Parent Representation Project*

Guide to Working with Young Parents in Out of Home Care

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Guide to Working with Young Parents in Out of Home Care

Introduction

Introduction[1]

The *Guide to Working with Expectant and Parenting Youth in Out of Home Care* provides information and guidance for working with expectant and parenting youth that are central to multigenerational developmentally- and trauma-informed service delivery model. **The focus of this guide is to provide support to case planners and others who work with expectant and parenting youth, helping them in their transition to both adulthood and parenthood.** The Guide encourages a strengths-based approach to promote the safety, permanency and well-being of both young parents and their children. It offers suggestions for engaging young parents in conferencing and supportive services while highlighting the importance of maintaining a young parent's right to privacy and autonomy. The Guide emphasizes comprehensive planning for these young families to promote healthy development, minimize the need for court intervention, ensure placement stability and help them move more quickly toward permanency.

The Guide is designed to be used primarily by provider agency case planners, but may also be useful to child protective staff, Family Services Unit staff, parent advocates, attorneys and others who work with expectant and parenting youth in the foster care, their chidlren and families.

Throughout this document, we use the term "expectant and parenting youth" (EPY) to underscore the importance of working with both adolescent fathers and mothers to address their needs and create opportunities for them to succeed and thrive.[2] The Guide includes information and resources for supporting fathers. Other family members or members of a young parent's support network may be instrumental in supporting the young parents and should be engaged in the case planning for these young families. While many young parents and their children reside in group settings, it is generally preferable for young parents to reside in family settings. Family settings may be foster homes but may also be homes of close family or friends to whom young parents and their children are released or with whom they are directly placed by the Family Court. The term "resource parent" appears in this Guide in place of "foster parent" and encompasses both foster parents and other people with whom EPY may be directly placed.

The Guide was developed with input from young parents who were once in the foster care system. Additionally, snapshots of the lived experiences of young parents in foster care are embedded throughout the document.[3] This Guide should be read in its entirety and used as both a training tool and a reference guide, as it includes a variety of resources and links to policy that are be useful in planning with and on the behalf of EPY.

Implications of race, culture, sexual orientation, gender identity and expression

In order to achieve safety, permanency and well-being for EPY, all aspects of young people's identities including race, ethnicity, sexual orientation, gender identity and expression (SOGIE), disability and socioeconomic status must be acknowledged, considered and supported. Not every pregnant person identifies as a girl or woman, and the other biological parent in a pregnancy may not identify as a boy or man. It is important for caseworkers to ask EPY their preferred gender pronouns instead of making assumptions based on roles in a pregnancy and to use the preferred pronoun consistently. Taking into consideration the many identities young people have is particularly significant for EPY as they face the dual roles of transitioning into adulthood while parenting.

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1 This revised *Guide to Working with Young Parents in Out of Home Care* was created by members of the Fordham Interdisciplinary Parent Representation Project, a working group of parent and child advocates, foster care providers and community-based organizations with invaluable insight provided by young parents in foster care. Contributions from Center for the Study of Social Policy and NYC Children's Services helped ensure the Guide's accuracy and consistency with Children's Services policies and procedures.

2 Where the terms "youth," "young mother," "young parent," "minor parent" and "young person" appear, they should be read interchangeably with EPY. All are intended to refer to a young person who is in foster care and is either expectant or parenting, including, where appropriate, young fathers in care.

3 Stories of lived experiences provided by *Rise Magazine.*

For More Information: http://www1.nyc.gov/assets/acs/pdf/guidebook/SafeRespected.pdf

Recognizing structural racism and individual bias, and understanding their impact on children, youth and families of color is an important step in reducing racial inequities and in supporting positive caseworker relationships.

In addition, children and families of color are overrepresented in child welfare systems in the United States and experience poorer outcomes. Recognizing and understanding the diversity of experiences, backgrounds and circumstances of EPY will help is an important step in reducing institutional and individual bias against them and supporting positive caseworker relationships.

The Parent Perspective
An Introduction to Rise

Rise (www.risemagazine.org) is a New York City nonprofit that trains parents to write and speak about their experiences with the child welfare system and become leaders in child welfare reform. For the past five years, Rise has run a series of writing groups for young parents who grew up in foster care. Parents who grow up in foster care are at a much greater risk than other parents of having their own children end up in foster care. We want to share our experiences with you so that you can better partner with young parents in care.

As parents in care, we often feel judged by the system for getting pregnant at a young age. We worry that speaking with our caseworker or anyone else about challenges we are facing may lead to a call to child protection. We saw our own parents lose us, and fear we may have a similar outcome. Because of this, we don't want to ask for help.

You can be a part of changing this dynamic if you help us see not only what we're doing wrong but what we're doing right. Help us feel proud of being parents. A healthy self-esteem strengthens the parent-child bond and allows parents to make decisions that are in the best interest of their children.

We want you to know we love our children. Many of us see becoming parents as an opportunity to turn over a new leaf and "do it right this time," to "prove people wrong" and not repeat the cycle. We imagine an adult life with our child in which we have aged out of care, have an apartment and a job. We may not know how to get there. We also may get discouraged on our way. You can help us imagine this future and work toward our goals, even if it is just one step at a time. The more we see that we can be successful, the more we'll believe it.

Rise's 10 Tips for Working with Young Parents in Foster Care:

The parents named below grew up in foster care and faced the system again as adults. Together, they wrote the recommendations here.

1) If you want our children to be safe, make it safer for us to ask for help.

Chitara: The other day I had a fight with my baby's father. My baby was not in the room, but when my caseworker found out, she said to me: "Your actions make me question whether you're fit to be a mother." I started feeling very depressed, very anxious and jumpy. I told my caseworker I was thinking of going on medication. Again she questioned whether I was fit to be a mother. I don't think it's fair to get treated like that when I'm asking for help. If the child welfare system wants our children to be safe, it needs to make sure we feel safe asking for help.

2) Let us know that all parents face challenges.

Sharkkarah: With my youngest child, I got support from a home-visiting program called Healthy Families New York. It gave me information before my baby was born and continued connecting me to resources afterward. The woman who visited me was a mandated reporter. Still, I didn't feel like she was there to report me. She didn't ask: "What did you do wrong?" When I was struggling, she said, "That could happen to anyone."

3) We want information about services, but we want to make our own choices about how to use that information.

Michael: For a number of years after I left foster care, I struggled with my emotions. Finally I found a program called The Bridge New York. The Bridge offers lots of different services but they don't tell you what services you need. They ask you how you want to move forward with your life. If you say you need support with housing or employment, they have that. If you say you need therapy, they have that too.

4) Some of us don't want to talk to anyone in the system. You can play an important role by connecting us to help outside the system.

Rhonneil: Before my baby was born, I'd get into big fights every few weeks, usually because one of the other girls stole something from me. When I got pregnant, I knew I needed help, and I knew therapy could help me, because right after I moved to the U.S., I went to therapy in school. But I wasn't going to speak to the therapist at my agency. If I did, it was too likely that whatever I said would get out to other people at the agency. And I didn't want to get services from a system that is set up to judge me.

Luckily, my worker at the agency understood and helped me get connected to a therapist outside the agency. That therapist was also a mandated reporter, but I felt better knowing there was more of a separation between her and the system. She helped me calm down my anger and focus on what really matters to me: my son or letting out my rage.

5) Help us have fun with other young parents and with our children.

TyAsia: Moms who grew up in foster care should have a chance to have fun with their kids and other young families. When I started going to support group, I didn't trust opening up to the other moms. But when I saw my son making friends, that helped me. Sometimes our kids teach us that if they can trust, we can too.

6) Let us hear from parents who have been in our shoes. That can give us hope.

Pia: When I had a child, I wanted to be a mom so bad but I just wasn't ready. I had my baby out at night while I was selling drugs. I knew it was wrong but I needed to survive, and I was afraid that if I told anyone I needed help, they'd think I couldn't do it.

I would have liked to hear from parents like the mother I am today. We can tell young moms: "We went through this, and you do have a future." By telling our stories, we can also help caseworkers and foster parents better understand what younger moms are going through.

7) Help us build other parts of our lives. (Research shows that when young parents go to school, have a job, or are involved in activities that build their self-esteem, their parenting can get stronger.)

Michael: Art has always been an important part of my life. When I started going to The Bridge, I'd been told that I wasn't good enough to get into any school, but doing art at The Bridge allowed me to feel really successful. Art also helps me get out the pain even when I don't want to talk. Art erases all the drama in my head.

Lindsay: When I was younger and running the streets, I joined a group called GEMS, which taught me how to be an advocate and change conditions for sexually trafficked youth. More recently, I've been writing for Rise and making presentations to staff about what the system feels like to parents. It feels great to have a voice in improving other people's lives. Advocating for others also helps me get clear about how to advocate for my own family.

8) Tell us before you make a report.

Lashonda: Too often, mothers don't know they're being reported until someone is knocking at our door. That leaves us living in fear.

When I had my third child, I had an organization called Robin's Nest doing home-visiting with me. When my relationship turned violent, my worker told me: "I have to make the phone call. Your relationship is bad for you, and either you're going to get hurt or your kids are." I was so scared but I didn't feel betrayed. I told her, "I respect that you are telling me."

Reports are always scary, but we are less scared when there is communication.

9) Remember that we want to be good parents.

Pia: My past makes me want to know my children in ways I was never known and play with them in ways I didn't get to play. When it snowed, we went outside and made snowmen and snow angels.

I went to lots of parenting classes that just made me feel like giving up. What I finally learned was to keep trying different approaches and keep finding different ways of getting help. I used to be afraid to be a parent. I've had to reset my mind so that I'm no longer afraid.

10) Make sure we are connected to at least one person or place where we can be honest.

Dominique: Many young parents who grew up in the system do not have any place that feels safe enough to talk. Of course you can't mandate trust, and we wouldn't want "learning to trust" to show up on a service plan. But one of the most important things you can do is ask, "Do you have a place where you feel safe?" and help us find it—whether it's with a family member, mentor, therapist, foster parent or in a peer group.

Young parents are strong but also feel vulnerable. We need support. We need a safe place to talk. Sometimes a caseworker can be that person. Sometimes a caseworker can help us connect to others.

Our lives are not easy and, at times, it is not easy to work with us. We need support, as do our caseworkers. We hope this guide helps you help young parents in care.

Click here to read more Rise stories by young parents who grew up in foster care:

For More Information:

http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_28-generations.pdf
http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_29-what-it-takes.pdf

Guide to Working with Young Parents in Out of Home Care

Planning for Expectant and Parenting Youth in Out of Home Care

Planning for Expectant and Parenting Youth in Out of Home Care

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF YOUTH IN CARE

In alignment with ACS's sexual and reproductive health policy, all youth age 12 and older must receive regular, reliable and developmentally-appropriate information about sexual and reproductive health. It is important that youth are provided with detailed information and resources about all of their options in responding to pregnancy, including abortion and adoption, without bias or pressure regarding their choices. Youth rights and privacy around these issues must be maintained and their decision- making respected, even when youth choices conflict with a worker's beliefs and values. In New York State, all youth, regardless of age, are authorized to consent to receive for their own sexual and reproductive health, including family planning services; no additional consent, including parental consent, is needed for such health care.

For More Information: http://www1.nyc.gov/assets/acs/pdf/guidebook/MedicalConsentPolicy91614.pdf

It is important to have ongoing conversations with all youth about their sexual and reproductive health needs. Please see the Physical, Sexual and Reproductive Health and Development section of the Services portion of this Guide for more information regarding supporting the sexual and reproductive health needs of youth in care.

LEGAL STATUS OF YOUNG PARENTS IN CARE

Before a case planner can begin to engage young parents in planning for themselves and their children, he or she must understand the legal status of young parents in care and the supports they are to receive. The Commissioner of the Administration for Children's Services (ACS) is a young parent's legal custodian while that youth is in care. ACS and its provider agencies are responsible for planning and offering services that will help EPY develop positive parenting practices, care for their children and care for themselves.[4] As long as there are no court orders restricting a minor parent's custody rights, they have full decision-making authority over the care and custody of their child. The young person has the same rights as any other parent despite age or status in care. These rights include the ability to make decisions about medical care, child care, and who is allowed to visit with the child, as well as access to the child's medical and other records. Although the child will usually reside in a foster home or a residential care facility with the young parent, the child is not legally in foster care.

The case planner should work with the young parents, resource parents and extended family members to identify service providers in the young parent's community. While it is important and necessary to ensure appropriate services are provided in planning efforts, the young parent ultimately decides whether to participate in service planning. With this in mind, ACS and its provider agencies are to work diligently with the young parent to engage in services and provide reasons about why they are being asked to do so. The case planner should ensure that the service plan is developed in collaboration with the young parent to ensure greater response to the agreed upon supports and services that will make up the youth's system of care. Through participating in the creation of the service plan, the young parent will develop an understanding of how the services relate to their own and their child's physical, psychological, and developmental needs, and how the safety and well-being of their child could be impacted without the necessary services.

4 For young parents placed directly with a relative or other suitable person by the Family Court, the Children's Services Family Services Unit holds this responsibility.

The Parent Perspective

Being a New Parent: My Child's 1st Year Was so Hard for Me

For More Information: http://www.risemagazine.org/2007/08/shock-and-awe/

"My own childhood did not make me feel loved, and I was extremely worried about whether I could do better with my own daughter. How could I be responsible for taking care of and loving another person, when I still felt so un-taken care of, and so unloved? How would I manage? I didn't know if I could.

"But I knew deep down inside I was a sweet person. I always had a soft spot for babies. I wanted to love and be loved. I wanted to have sweet moments. I wanted to have a special place in my daughter's mind, body and soul."

INVOLVING FATHERS

A young mother in foster care and her child can benefit greatly from the involvement of the child's father (and vice versa). Father involvement can lead to better outcomes for mothers during pregnancy (due to reduced stress), better outcomes for children and better outcomes for fathers themselves.[5] Father involvement has been shown to increase children's cognitive abilities, empathy, self-esteem levels and impulse control, while reducing the risk of negative behaviors and outcomes, such as contact with the criminal justice system and substance abuse.[6] Studies also show that the health of the mother, and subsequently the health of the child, is associated with the quality of the mother-father relationship.[7] For all of these reasons, fathers should be engaged and supported as early in the pregnancy as possible.

Fathers and paternal families can also be important resources for care and support to the young family. A case planner should support a young mother's decision to co-parent with her child's father and involve his family in planning. This includes supporting a young mother's choice to visit with her child's father and the father's family. Case planners need not clear a father or his family members through the Statewide Central Register of Child Abuse and Maltreatment (SCR) or perform a criminal history check unless specific, articulable safety concerns arise. Even when a father or family member has a SCR report or criminal history, this should not automatically preclude visiting. The case planner should make a balanced and unbiased assessment of a family's current circumstances. In addition to supporting young parents' visiting plans, case planners should also support a young expectant mother's choice to include her baby's father in prenatal care appointments, and encourage young fathers to participate in well child appointments and other activities with their children.

While there is an increasing focus on involving fathers in caring and planning for their children, resources and programs remain limited. Case planners and young parents can access services such as fatherhood programs, The Young Men's Initiative, CUNY Fatherhood Academy, employment, money management and other resources by going to **: www1.nyc.gov/site/dycd/services/family-support/fatherhood-initiative.page** A list of fatherhood programs is also included in the **Resource Guide**.

Fathers should be encouraged to establish legal paternity of their children by signing an Acknowledgement of Paternity at the time of birth or filing a paternity petition in Family Court. More information about this process, and about child support, can be found in HRA's Child Support Handbook for Noncustodial Parents, available online at **http://bit.ly/NCPHandbook**. Case planners should direct young parents to contact their attorneys to discuss paternity and child support matters. Additional information can be found online at **http://bit.ly/ManageYourSupport** and **www.nyc.gov/hra/ocsee**, or by calling the New York State Child Support Help Line (888) 208-4485; TTY (Hearing Impaired): (866) 875-9975.

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5 National Healthy Start Association. (July 2010). It takes two to tango: Defining the role of fathers. Washington, DC: Author. Retrieved from **http://www.nationalhealthystart.org/site/ assets/docs/NHSA_Fatherhood_Brief.pdf**

6 Pruett, K.D. (2000). Fatherneed: Why father care is as essential as mother care for your child. New York: Free Press.

7 Gee, C.B. & Rhodes, J.E. (2003) Adolescent mothers' relationship with their children's biological fathers: Social support, social strain, and relationship continuity. Journal of Family Psychology, 17(3), 370–383.

When working with an expectant or parenting youth it is essential to obtain greater insight into the dynamics of their interpersonal relationships and evaluate the young person and their child's safety before doing any planning that involves her or his partner. Co-parenting relationships among EPY youth in foster care encourages:

- Child safety
- Healthy child development
- Family stability
- Permanence
- Child and family well-being

As practitioners, we must support EPY individually and as co-parents in enhancing their strengths in order to build opportunities for:

- Connections to permanent and supportive adults
- Healing from trauma
- Educational advancement
- Employment readiness
- Housing stability
- Decreased substantiated child abuse and neglect reports
- Healthy births
- Physical and emotional health

(See **Appendix** *for TSU—Guidance and Expectation of Practitioners Working with Expectant & Parenting Youth (EPY) around Co- Parenting).*

A **healthy relationship** is when two people develop a connection based on mutual respect, trust, honesty, and support. Case planners should ask EPY about their relationships, educate EPY about what makes a healthy relationship, and address any concerns with youth. *For* ***Sexual and Reproductive Health Care for Youth in Foster Care policy.*** http://www1.nyc.gov/assets/acs/pdf/guidebook/SexualReproductiveHealthCare.pdf

The Parent Perspective

For More Information: https://www.youtube.com/watch?v=2ZXTGExv3yE

The Parent Perspective

Mothering the Mother: How Foster Parents and Staff can Strengthen Parent-Child Bonds

Below is helpful information by Martha Edwards, Director of The Ackerman Institute's Center for the Developing Child and Family in New York City, on how foster parents and caseworkers can support the mother-child bond, based on trainings they have done.

After a baby is born, staff and foster parents sometimes look at moms struggling and find it easier to just take over. That's understandable because these adults may be more experienced as parents. But when that happens, mothers can wind up feeling less confident and less connected to their babies.

In our trainings, we encourage staff and foster parents to provide moms just enough help but not more. We also encourage them to think of their jobs as connecting with the mother, not with the baby.

We introduce the concept of "parallel process," which means that staff and foster parents provide the same kind of support to young mothers that they'd like to see mothers give their babies. Staff and foster parents often say moms should be more responsive to their babies, or try harder to understand their feelings. We ask them: "What are you doing to read that mom's cues and respond to her? What are you doing to learn what that mom is feeling?"

One foster mother told us, "The teen mom in my home is up all night on the phone. Then she has a hard time getting up for her child." We helped her become curious about that, and start a conversation. In the conversation, the mom was able to explain that the middle of the night was a scary time when she used to wait for the person who sexually abused her. Going to sleep was the last thing she wanted to do. That understanding helped the foster mother be a lot more supportive and a lot less judgmental. Once mothers in foster care have support, they're better able to focus on the relationship with their babies.

When staff and foster parents have safety concerns, that's another opportunity to collaborate. We coach them to say very directly to the mom: "Here's what I'm worried about. What can we do?"

If they decide they have to make a report, we advocate that they let the mom know exactly what they are going to report, have her sit with them while they make the report, and let the person receiving the report know they have discussed it with the mom. That can help preserve the relationship even through a very difficult process.

Reprinted with permission from Rise

SECURING AN APPROPRIATE PLACEMENT

Although a young parent in foster care has the responsibility to make decisions about his or her child, it is the agency's responsibility to secure appropriate placement for the parent and the baby. Placement considerations must take into account the emotional and physical needs of an infant to bond with their parents continuously from birth. Placement options should be explored as soon as the pregnancy is known in order to avoid separating the parent and child when they leave the hospital. The infant may remain in the hospital or be separated from the parent only when it is medically necessary or there is a court order. The parent and child must be jointly discharged from the hospital to a parent-child placement in either a specialized residential facility or a family setting. Currently, there are no congregate care placements for young fathers or for young families in NYC. To strengthen child-parent bonding, the case planner should work closely with the agency home-finding staff, extended family and community partners to find a home or residential site that keeps the parent and child together and, if appropriate, helps to maintain a close connection with the child's non-custodial parent through frequent visitation. If appropriate, case planners should explore

placements such as foster homes that allow fathers to live with their children while receiving the same services available to young mothers. If the infant and mother cannot be together for any reason, placement with the child's father should be immediately explored.

When an agency becomes aware that a young person in its care is expecting a child, the agency should hold a Placement Preservation Conference to determine whether it is possible for the youth to remain in his or her current placement once the baby is born and whether additional services will be needed in order to do so. If the young person cannot stay in the placement and must move, the resource parent must work with the provider agency to help make the transition happen with as little trauma as possible. The FTC or family meeting should focus on the exploration of supportive settings for young parents.

If it is determined that a new placement is needed for an expectant youth, the planning agency should begin to identify a foster home or other appropriate placement as soon as possible and no later than the fourth month of the pregnancy. If an intra-agency foster home placement is not identified, a referral packet including the Action Plan from a family team conference must be provided to the Family Team Conferencing-Child & Family Specialist Unit, which will coordinate securing an appropriate placement through Children's Services' Office of Placement Administration. (If the youth is in an RTC or RTF facility, then the referral must be expedited to remove youth from this setting.) The overall goal is to secure a stable home for the EPY before the eighth month of pregnancy at the latest in order to ensure a smooth transition into the new placement as far in advance of delivery as possible and to avoid having a young person's placement changed after the birth.

Family foster care, with the resource parent(s) modeling positive parenting practices, is the preferred option for pregnant and parenting young people to receive guidance as they develop competence and confidence in their roles as parents. In a family setting, the relationship between a young parent and their resource parent should be very supportive. Resource parents should be trained to engage, coach and mentor young parents to help them develop parenting skills that must be learned both during pregnancy and after the birth of the child. Resource parents should be provided with the resources and support to help both the young parents and their child achieve developmental milestones. The provider agency is responsible for the provision of resources, support and services that may be necessary for the young parents and their child to thrive in their placements.

Specialized maternity/mother-child residences are another placement option made available for expectant and parenting young people in foster care. The Maternity and Mother/Child Blended (MMC) residential care program offers an integrated practice with special emphasis on coordinating treatment plans between provider staff (including on-site clinical staff) and other community service providers. Expectant and parenting young people in this program receive appropriate clinical services that help facilitate timely family reunification with the expectant/parenting youth's family of origin or placement in family-based foster care settings. MMC residential care programs accept females, ages 16 to 20 years old, who are expectant or parenting in foster care. An expectant or parenting youth in foster care less than 16 may be eligible for the MMC program only if she cannot be maintained in a family-based foster care setting at the time of placement.

FUNDING

A case planner should explain to a new young parent who is placed in a foster home with his or her child that their resource parent will receive foster boarding home payments for the young parent and infant. The newborn child does not have to be legally placed in foster care in order for funds to be provided to care for the baby. This financial assistance, categorized by Children's Services as "8D funding," allows the youth to continue to live in foster care with his or her child, while retaining full rights and custody. The baby is allocated the same foster boarding home rate as a foster child of the same age.[8] There are additional financial assistance that agencies must provide and coordinate to support the children of young parents in foster care and they include:

8 Minor Parent/Infant Foster Care and Adoption, NYS Office of Children and Family Services (OCFS) Administrative Directive, July 7, 1994,

- Clothing and diaper allowance for the child;
- WIC (Women Infants and Children);
- Medicaid for both the young parent and child;
- Child care; and
- Any special furniture or equipment needed (including, but not limited to, cribs, strollers, high chairs and car seats).

This financial assistance is supplied by the provider agency directly to the resource parent[9] or maternity/mother-child facility where the young parent and child reside. The resource parent may manage this money for the young parent, but should work together with the young parent to ensure that food, clothing, diapers, and other supplies are purchased for the baby. The resource parent may also give the young parent some or all of the money allotted for the baby, leaving the young parent responsible for budgeting funds and purchasing the baby's necessities. This arrangement should be discussed as soon as possible with the young parent, resource parent and case planner present. This discussion does not have to wait until a conference is scheduled. The young person and his or her child should always have adequate food, clothing, diapers, medical care and other baby supplies needed to ensure their safety and well-being. The case planner should consider referring young parents to a financial literacy workshop as soon as the pregnancy is known, or as soon after the child's birth as is feasible.

Though it will not impact the allowance provided for the infant, the non-custodial parent[10] should be encouraged to support his or her child financially. More information can be found in the child support section of this Guide.

Child care is provided to a young parent in foster care who has custody of the child and is either working, attending school or enrolled in a vocational training program. Children's Services administers NYC's subsidized child care program, EarlyLearn NYC. The case planner is responsible for making arrangements for child care and ensuring that it is properly funded. For further information on child care, refer to the Early Care, Education and Child Care Services section of this Guide.

9 As explained in the introduction, a resource parent may be a person whose home is certified as a foster home, or a person with whom a young parent is directly placed or released or paroled by the Family Court. Financial assistance is provided to resource parents who are certified to provide foster care, but not to other resources.

10 NYS Youth in Progress- Need to Know Series: Pregnancy and Parenting Issues for Youth in Care (Rev.09/10). Non-custodial teen parents (including parents who do not have legal rights and responsibility for raising their children) must pay child support even if the custodial parent is in foster care. A court determines the amount of support a teen parent has to pay regardless of the teen's age or whether the custodial parent gets married to someone else. Child support includes cash payments, health insurance for the child, and payments for child care.

Interested in becoming a resource parent for a pregnant or parenting young person?

Guide to Working with Young Parents in Out of Home Care

Collaborative Planning and Permanency

Collaborative Planning and Permanency

FAMILY TEAM CONFERENCES AND PLANNING WITH EPY

Family Team Conferences (FTCs) are structured to engage young parents, family, community members, and resource parents in critical decisions related to child safety, placement (planning/preservation stability), well-being and permanency. This process results in more effective and timely plans that afford young families continuing networks of support. With the consent of a young parent, the planning agency should invite all relevant parties (including the expectant or parenting father) to participate and share information at conferences.[11] The young parents should be encouraged to participate and share their needs and concerns during conferences both during and after pregnancy. Refer to ***"Tips for Maximizing a Young Person's Participation in Conferences"*** on this page.

THE TEEN SPECIALIST UNIT

The Teen Specialist Unit (TSU) partners with external experts, professionals and internal cross-divisional partners to promote services that will develop and enhance parenting capacity for expectant and parenting teens involved in our child welfare system as well as the well-being of their children. The goal of the unit is to delay subsequent teen births and decrease substantiated reports of child abuse and neglect. TSU staff provides support to expectant and parenting youth at Family Team Conferences; supports providers in their work with young families; and provides useful toolkits, resources, training materials and linkages to community based services. To request services from TSU simply email **acs.sm.tsu@acs.nyc.gov**

CHECKLIST FOR EXPECTANT AND PARENTING YOUNG PEOPLE IN OUT OF HOME CARE AND THE PREPARING YOUTH FOR ADULTHOOD (PYA) CHECKLIST

The Checklist for Expectant and Parenting Young People in Out of Home Care (*see EPYP Checklist in* **Appendix**) was designed for case planners and service providers to ensure that services and resources for expectant and parenting youth are identified and discussed during FTCs. TSU will support case planners and assist in providing guidance regarding the EPY Checklist. Prior to and following FTCs, case planners should use the EPY Checklist as a tool to make effective plans with young people, starting as early in their pregnancies as possible. Information from the EPY Checklist, including health information related to pregnancy, should be entered into Connections health tab to aid in service planning for expectant and parenting youth. The Checklist does not replace the Preparing Youth for Adulthood (PYA) Checklist. The PYA Checklist should continue to be completed when working with youth in care ages 14 and up. It is strongly encouraged that the EPY Checklist be used as a planning tool to accompany the PYA Checklist. However, unlike the PYA Checklist, which is used for a particular age group, the EPY Checklist can and should be used when working with any young person in care identified as expectant or parenting. For expectant and parenting youth under the age of 14, case planners should also refer to the Comprehensive Family Assessment and Service Plan (FASP) Placement and Service Needs.[12]

11 If warranted by a safety assessment it may be necessary to hold two separate conferences.

12 Family Services Stage-Comprehensive Family Assessment and Service Plan, NYS Office Children Family Services-IT-BCP-COMP001pgs 3742, Rev 1/06.

PREVENTIVE SERVICES

A range of preventive and community-based services are available to help expectant and parenting youth in foster care keep their families together with the ultimate goal of enhancing familial bonds. These services constitute part of the "reasonable efforts" that Children's Services and provider agencies are required to make to prevent the unnecessary separation of children from their parents. These services can be voluntary or court ordered for a young parent. Because some young parents may feel more comfortable at an agency that is not contracted with Children's Services, such as The Alex House Project, The Door, iFoster or an after-school program, a case planner should consider a wide range of preventive services, including PPRS agencies and community-based programs that serve young people (**see Resource Guide—Resources for Young Parents in Out of Home Care which is a separate guide that can be accessed on the ACS website**). If the provider agency cannot offer direct preventive services when a youth and the case planner identify such a need, the case planner should immediately make an appropriate referral. A timely referral to an outside service provider that addresses the young parent's specific needs is essential in order to successfully engage him/her. Case Planners and Social Workers can access services through the Health Information Tool for Empowerment (HITE).[13]

Tips for Maximizing a Young Person's Participation in Conferences:

- Listen to the young parent(s). Make sure that their voices are heard and that they are treated respectfully as full participants in the conference.
- Respect the young parents' right to confidentiality, privacy and familial decision-making. Discuss only relevant information during conferences.
- Ask the young parents who they want to invite. Is there a former resource parent? A friend or family member? A boyfriend or girlfriend? Is there a therapist, teacher, or other service provider who may provide feedback and input about the young parents' needs and the availability of appropriate services?
- Is there a resource who can temporarily provide babysitting or respite for the young parents?
- Help them to reach their supports to notify them of the time and location of the conference and confirm whether or not they can attend.
- Are there community based service providers who would be willing to come to the meeting and meet the young parents face-to-face for the purpose of planning additional support that the young parents may need?
- Notify the lawyers for the youth of any upcoming conferences as soon as they are scheduled.
- Encourage the youth to have a parent advocate present to speak about the youth's specific goals and agenda. Oftentimes youth are silent during their conferences because of negative past experiences. Notify lawyers and discuss the benefits of advocacy.
- Discuss with the young parents whether to include their own parents.
- If only the mother is in foster care, efforts should be made to include the father and paternal relatives when possible.

Preventive services can include concrete assistance (*e.g., obtaining child care, applying for housing or public benefits*), direct services (*e.g., mental health services,*[14] *parenting classes, dyadic therapy, support groups, and job training*), advocacy (*e.g., education, legal*), and ongoing support (*e.g., Nurse Family Partnership*). Young parents may also benefit from non-traditional services like yoga, meditation and arts-based programs.[15]

13 **https://www.hitesite.org**. HITE is a FREE online resource directory for social workers, caseworkers, discharge planners, and other information and referral professionals.

14 Mental health services such as counseling, intensive case management and day treatment are available for young parents with mental health issues.

15 For more information about these interventions read "Laying the Past to Rest," Rise magazine, Issue 29. **http://www.risemagazine.org/2015/09/laying-the-past-to-rest/**

A young or expectant parent's case record may include mental health diagnoses. However, those diagnoses may not be up-to-date and may therefore no longer be accurate. The young or expectant parent may be referred for a mental health screening. A mental health screen is part of an annual comprehensive physical exam for children and youth in foster care. A complete psychiatric evaluation is warranted only if the mental health screen indicates the need for further assessment.[16]

If an updated mental health evaluation is warranted, the case planner should make an appropriate referral. If an updated evaluation recommends mental health services, the case planner should work with the young person to implement them. Should there be concerns about a young parent's care of his or her child, when contemplating whether to call in a report against the youth or ultimately to file a neglect or abuse case, the case planner must carefully assess whether any old or current mental health diagnoses are directly related to the issue of imminent risk to the child.

SAFETY CONCERNS

If a case planner is concerned that a young parent's refusal or lack of engagement in services puts the child at risk of neglect or abuse, the case planner should seek guidance from a supervisor to determine if the risk is imminent and significant. Because it is important to maintain trust in the casework relationship, the case planner should carefully explain to the youth that all case planners are mandated by law to report suspected neglect or abuse. (*Please refer to* **Appendix *B*** *-- Mandated Reporting.*) This may be an ideal opportunity to re-visit the offered services, address safety concerns, and update the youth's service plan at a conference to which the maternal and paternal family members, a youth advocate, community service providers and people in the young parent's support network should be invited as appropriate.

Young parents may respond positively to hearing from other young parents about positive experiences they've had with services. Below are stories written by young parents about services that benefitted them and their children. You may want to read them with or give them to a young parent to read to help to open up conversation about the pros and cons of services.

Stories by young parents who found support:

Dyadic Therapy

For More Information: http://www.risemagazine.org/2013/10/seen-and-heard/

http://www.risemagazine.org/2015/09/it-helps-you-create-that-special-bond

Therapy and Parenting Journey

For More Information: http://www.risemagazine.org/2015/09/dreaming-again/

Support Group and Early Childhood Intervention

For More Information: http://www.risemagazine.org/2015/09/i-was-her-little-flower-that-was-blossoming/

If, after consultation with a supervisor, a call must be made to the SCR, the case planner should discuss with the young parent exactly what they are going to report, invite the young parent to be with them when they make the report, and let the person receiving the report know they have discussed it with the young parent. Taking these steps can help preserve the case planning relationship and lead to better outcomes going forward. The case planner should also tell the young parent that the report will lead to a child protective investigation, and explain to the young parent what will happen during the investigation. The case planner should let the young parent know that she can get legal advice from her lawyer about the potential consequences of a report.

16 A psychiatric evaluation is not part of routine care for children, and as such, is not part of an annual physical exam (completed by the primary care provider), but rather a specialty service that requires medical justification. Foster care providers should consider updating a psychiatric evaluation without delay if there are significant changes in the young parent's behavior and/or a new mental health diagnosis is being considered for further assessment.

An Initial Child Safety Conference is held:

When the CPS and supervisor determine that safety concerns are serious enough that a removal or court ordered supervision may be necessary to keep a child safe.

Within 24 hours after an emergency removal and before the filing of an Article 10 petition. In no circumstances may holding the child's safety conference delay the filing past the salutatory deadline. In these instances the conference must be held first thing on the next working day after removal at the latest.

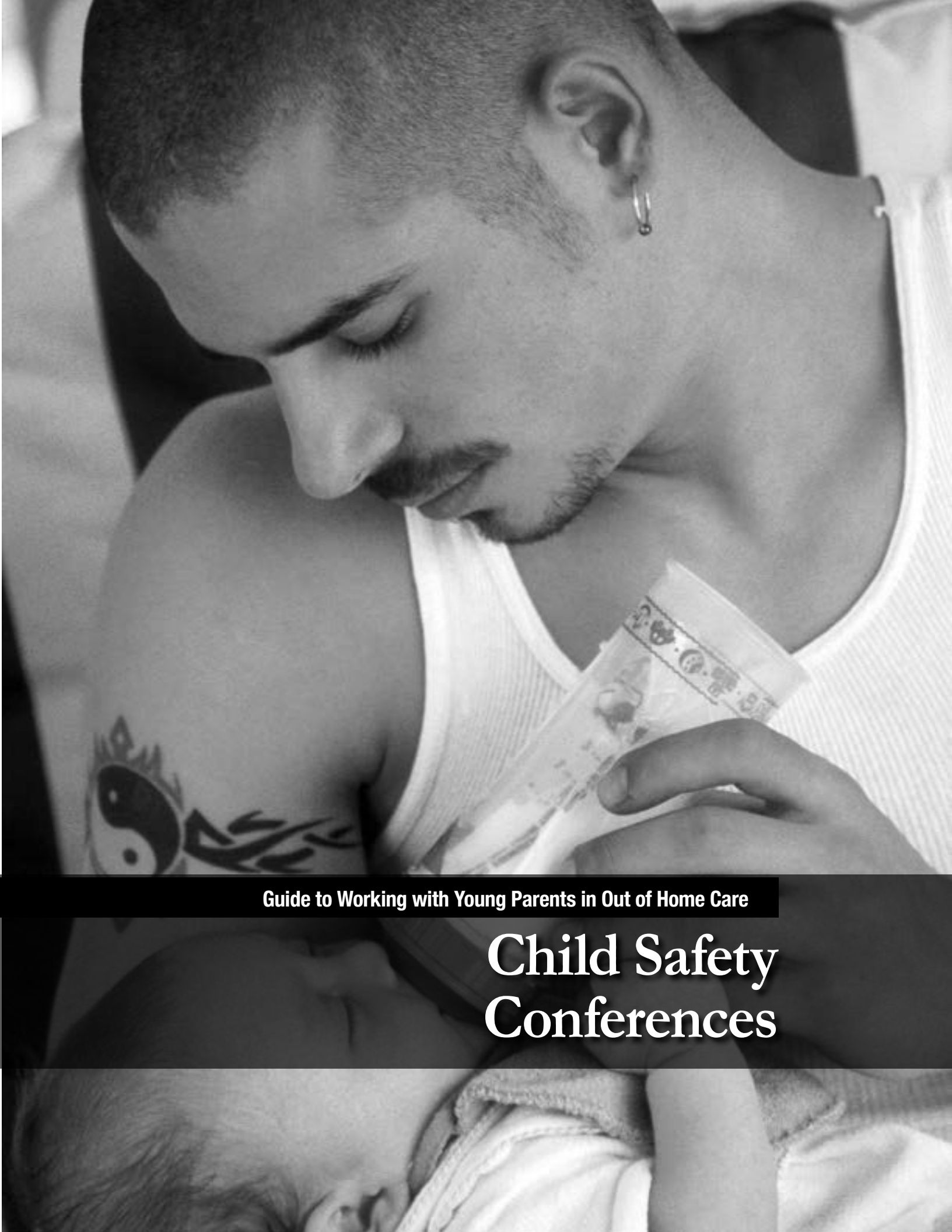
To determine whether to accept a request to voluntarily place a child.

On behalf of a newborn if the parent(s) has a child who is currently in the custody of ACS, and the mother is expecting or has already given birth to another child; if the parent tests positive for an illegal substance during the 3rd trimester of pregnancy or at the time of the child's birth and there are safety concerns; when there are other indicators that the mother may not be able to care for her child at birth; in fatality cases where there is a surviving sibling.

It is important to make sure that young parents in out of home care understand the law and what behaviors might be considered unsafe for their children.

Click on the following link for an article that can help you discuss those risks with the young parents on your caseload:

For More Information: http://www.risemagazine.org/2015/09/reducing-the-risk/



Guide to Working with Young Parents in Out of Home Care

Child Safety Conferences

Child Safety Conferences

Teen Specialist Unit (TSU) & Office of Special Investigation (OSI) Collaboration

TSU staff, in the role of a Permanency Specialist, will attend all OSI child safety conferences involving expectant and parenting youth who are in foster care. TSU will assist with the following:

- Referral to preventive services to be considered as a referral/resource at the child safety plan that the OSI facilitator provides.
- Provide direct intervention services, along with technical support to provider agencies until the end of the OSI investigation.

If a report of suspected neglect or abuse is called in against a young parent, a Child Safety Conference (CSC) can be convened at any time during the investigation. Concerns about a child's safety should never be minimized. However, a case planner should be mindful that a removal is a drastic measure, particularly when a child is removed from a young person in out of home care, in which case Children's Services is responsible for the young person's growth and development as a parent. The Child Protective Specialist (CPS) must weigh the imminent risk to the child's safety against the possible harm that could be caused by a removal. **Please see Child Safety Alert 14 (see Appendix).**

The CSC is a best practice strategy that is implemented to make safety decisions for children whenever removal or court intervention is being considered. The CSC is a collaborative meeting process designed to produce the optimal decision concerning a child's safety which provides for the joint contributions of Division of Child Protection (DCP) staff, the young parents, family members, individuals the family chooses to invite for support and anybody else who can contribute information or resources that will ensure the safety of the child. A Teen Specialist from the TSU in the Division of Family Permanency Services—Office of Older Youth Services is invited to attend the CSC by the agency or by the Office of Special Investigation. To ensure TSU is invited to the CSC, email notice of the conference should be sent to **acs.sm.tsu@acs.nyc.gov.** The Teen Specialist who attends the CSC will continue to follow-up on next steps with the young parent and the agency in collaboration with the OSI worker. The Teen Specialist does not manage the case but rather provides technical assistance in providing support and advocacy for that young parent. The attorney for the young parent who is in care must also be given notice, and a social worker from that office may attend the CSC. During a CSC meeting, all participants work together to create a plan for safety tailored to the individual needs of each child and family.

The CSC model arose from the belief that the well-being of a child is best served by an inclusive collaboration of family, community and Children's Services, rather than by a unilateral ACS decision-making process. The CSC establishes a forum to share ideas and opinions and to identify accessible, wraparound resources available as immediate supports in a family's community. A CSC is held either prior to a removal or following an emergency removal and takes place before the initial court hearing. At the CSC, participants work towards reaching a consensus decision that best meets the children's immediate safety needs. A follow-up CSC is held within 20 days of the initial CSC for a review of the action plan developed at the initial conference and for the development of a comprehensive service plan.

ENGAGING FATHERS IN SAFETY DECISION-MAKING

If a CSC is scheduled, the child's father must be invited. It is important that, in the event of the removal of an infant from their mother, all of the possible resources for the infant be identified, including the infant's biological/legal[17] father. The father's family could also be an additional support system.

If a neglect or abuse petition is filed in Family Court concerning the child, ACS is required to serve the legal father of the child with a copy of the petition,[18] a summons for the next court date, and a notice of pendency. If the child has been removed from the young mother's custody, the notice shall include the name and address of the agency with whom the child has been temporarily placed and shall advise the parent of the right to request temporary or permanent custody and to seek enforcement of visitation rights with the child.[19] If the child is removed from the mother and placed in foster care, ACS is required to conduct an investigation to locate the non-respondent parent and any relatives of the child.[20]

NOTICE TO ATTORNEYS

Young parents should be encouraged to remain in regular contact with their attorneys and should contact them if they have questions about their legal rights or other concerns about their placement or the placement of their children. If a case planner has concerns about a young person's ability to care for their child, the case planner should discuss these concerns with a supervisor or manager and schedule an agency conference with the young parent. If the concerns are persistent, the agency should contact the Children's Services Family Court Legal Services (FCLS) attorney assigned to the case, who will contact the young person's attorney as necessary. It is particularly important that the Case Planner notify the child's attorney of the CSC if there is concern that the young person's child is at "imminent risk" of neglect or abuse. If a CSC is scheduled, the young person should also be encouraged to contact their attorney. Attorneys for children often work with social workers employed by the same organization, and

The Parent Perspective
Preparing for a Child Safety Conference

At CSCs, the facilitator says that there will be no blaming or shaming. But it can feel embarrassing and depressing to talk about your family at a conference. Parents often feel even angrier when they have a child welfare history. In those situations, CPS is mandated by law to speak about your past. Knowing this in advance can help EPY prepare emotionally so they don't get so upset that it hurts their case. And if you've addressed problems from your past, find ways to show the changes you've made.

Consider sharing this article with parents going through an investigation as a way to show support or to start a conversation.

http://www.risemagazine.org/2017/02/what-you-should-know-about-child-safety-conferences/

Helping a Young Person Identify/Locate Their Attorney:

Ask the young person the name of their lawyer.
If unknown, help locate the youth's lawyer by calling The Legal Aid Society's Juvenile Rights Practice
http://www.legal-aid.org/en/las/findus/locations.aspx

or Lawyers for Children (LFC)

www.lawyersforchildren.org.

It is likely that the youth's lawyer works at one of these two organizations. Contact information for these organizations is in the Appendix. FCLS attorneys also have the current name and contact information for each young person's lawyer and can provide it to the EPY, and to the case planner for notifying the attorney about conferences.

17 Even though an individual is identified as the child's biological father, he may not be the child's legal father. Case workers and case planners should work together with FCLS to clarify the father's legal status.

18 If the mother has identified an individual as a father, but that individual has not yet been legally established the father, FCLS must seek the court's permission to serve that individual with a copy of the petition, the summons, and the notice of pendency.

19 Even if the individual has not yet been established as the legal father, he might be considered a suitable person who can serve as a resource for the child. He would not, however, have the same rights as a legal father.

20 NY Fam. Ct. Act § 1017.

with some notice they may be able to meet with the young parent to discuss agency concerns and may be able to attend conferences to support the young parent. Independent of the youth contacting their attorney, the case planner and the DCP CPS must notify the FCLS attorney of all upcoming CSCs. [21] (Contact information for FCLS attorneys is in the **Appendix**.)

If a young parent is already a respondent in a neglect or abuse proceeding and the youth's child is paroled to them, the agency should still follow the same CSC protocol detailed above if safety concerns arise. In these cases, DCP or the provider agency should notify the FCLS attorney, who must notify all of the attorneys already on the case(s).

Rise Tips for Dealing with a Crisis or CPS Investigation

Highlighting 5 Protective Factors

During a family crisis or investigation, it can be hard for parents to believe they have strengths. By their nature, interventions by ACS make parents feel attacked and ashamed. But all parents have strengths, and accentuating what is positive about the parents you are working with is essential. Investigators need a full picture of families' "protective factors," because those factors have been proven to help keep children safe.

Resilience

This means that when parents hit tough times, they are able to bounce back and keep moving forward. For parents who have been in foster care, it should not be hard to identify moments of resilience!

Social Connections

Research shows that it is easier to handle parenting challenges when you have positive relationships with family, friends and others. Many parents in care have broken relationships or even Orders of Protection in place with family members. It is important to get creative when identifying social connections!

Knowledge of Parenting and Child Development

There is no such thing as a perfect parent, but when parents have a basic understanding of what to expect from early childhood through the teenage years, they are less likely to get frustrated.

Concrete Support in Times of Need

All families go through tough times. Knowing where to get help—from food, clothing and shelter to domestic violence or drug treatment—can help parents rebound.

Building Children's Social and Emotional Competence

When parents are able to help their children with their emotions, children become better able to manage their own feelings and build healthy relationships.

Below is our interview with Corey Best, a parent partner in Flagler and Volusia Counties, Florida, and a member of the Birth Parent National Network, and Kevin Jackson, Kyla Clarke and Sarah Houser of the Division of Child and Family Services in Salt Lake City, Utah:

Q: How can parents show their "protective factors" to an investigator?

Corey: During an investigation, parents feel outnumbered, outgunned and outraged. But when you know your own protective factors—the positive things you do to keep yourself and your children safe—you can have more confidence and can become part of a dialogue with an investigator.

21 Attorneys are not permitted to attend child safety conferences.

For instance, when parents pick up the phone to call a sponsor, that's a protective factor—using social connections.

When parents read a book or go to a parenting group because they're noticing something concerning in their child's behavior, that's being pro-active in gaining knowledge of child development.

The times you spend listening and talking to your children are protective because they support your children's social and emotional competence.

It's hard to know what an investigator is going to consider important. But if you can tell an investigator all the ways you build healthy relationships with your kids, from activities you do together to books you read, that can begin to change the picture that investigator has of you.

During an investigation, everything we as parents have done wrong is magnified tenfold. Therefore, it is important to magnify all the positives possible.

Q: How can child protective investigators use protective factors in their work?

Sarah: When investigators look through a protective factors lens, it gives them a broader view of families rather than just focusing on the allegation.

Instead of just seeing "lack of supervision," for instance, we might see a parent who is depressed but is also doing things that are successful. Even small successes—like that the kids ate breakfast—can be important. A lot of parents have been through hell in their lives, for lack of a better term, and they're still pushing forward. That's resilience.

Once we understand both the positives and the challenges, we can ask: "Where does this parent need support to be more effective as a parent?"

When parents have protective factors in their lives, that can also help us make a safety plan with them. For instance, just because a parent is using drugs does not mean removal is needed. We might ask: "Can we bring in that family's support system to create safety for the children?" The question is: "What's the impact on the children and what can we do to resolve it?"

Kevin: When we ask about social connections, some families will say: "I don't have anyone." But when we brainstorm with parents about all the people in their lives, often they're surprised. They'll say: "Oh, well, my brother does take the kids every couple of weeks so they can hang around their cousins." Or, often there are burnt bridges we can work to mend in order to bring more safety to a family.

For many parents, a religious organization is also part of their support system.

Kayla: Just including parents in problem-solving can help them and the investigator see that they have the ability to get through a difficult situation rather than needing the state to dictate what happens next.

Q: What if you aren't strong in some of the protective factors? How can you start building them?

Corey: Parents need to be careful about sharing what they're struggling with during an investigation, because when we we're too open, that can come back and bite us. But parents can also use an investigation as an opportunity to grow.

The investigator or the judge may outline their requirements for a parent. But parents can do their own self-assessment and become their own case managers. Whatever parents think they need, they can learn what resources are out there and reach out to get their own goals accomplished.

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For More Information: http://www.risemagazine.org

Guide to Working with Young Parents in Out of Home Care

Court Intervention

Court Intervention

A Child Safety Conference (CSC) may result in the filing of a petition against a young parent alleging that they have neglected and/or abused their child or children. Because of the serious consequences of such a decision, it is important for CSC participants to understand the variety of outcomes possible for the parents and children once a case is filed in Family Court (Refer to ACS Child Safety Alert #33 in the **Appendix**). Importantly, CSC participants should be familiar with all of the different placement options available to the Court regarding the child(ren) of a young person in foster care.

INITIAL COURT PROCEEDINGS

If, after conducting an investigation and holding a CSC, Children's Services believes that the child of a young parent has been neglected or abused or is at imminent risk of being neglected or abused, Children's Services can file a petition in the Family Court on behalf of the child. The CPS must advise the young parent of his or her right to a lawyer to represent him or her as the respondent and give notice of the date, time and location of the initial court hearing.

At the first court appearance, Children's Services can request: (1) that the child be released to the young parent with supervision by Children's Services (commonly known as "parole"); (2) that the child be removed from the parent and legally placed ("remanded") by the Court in the care and custody of the Commissioner of Children's Services and placed in a foster care setting separate from the young parent; (3) that the child be placed in the custody of the Commissioner of Social Services, "remanded," and reside in the same foster home as the young parent; or (4) that the child be "released" or "paroled" to a relative, the other parent, or another suitable person, while the case proceeds in Family Court.[22] If the child is remanded and remains in the same home as the young parent, the court may place limits on the young parent's ability to be alone with the child or to take the child out of the foster home.

Before ordering a "parole" or a "remand," the court must conduct a hearing to determine whether the child would be in imminent danger if the child were to remain with the young parent, and if services can be put in place to mitigate that danger. The court also must determine whether the agency satisfied its obligation to make "reasonable efforts" to keep the child with his or her parent. If the child is "paroled" to the young parent or to a relative, the court may order Children's Services to supervise them and make referrals for services, which the court will order the young parent to participate in. If the court "paroles" the child to the young parent, it may also do so on the condition that the young parent remain in his or her foster care placement, which could be either a family setting or a residential care facility. In the event that the child is remanded to ACS and is placed in the same foster home as the young parent, the resource parent would be the resource parent for the child as well as the young parent and would be responsible for the child. If the child is "remanded," the court will order the young parent to participate in services and the foster care provider agency will be responsible for making referrals.

EMERGENCY REMOVAL OF CHILDREN

A child can only be removed from their parent or person legally responsible for care without a court order if continuing to live in the care and custody of the parent or person legally responsible presents an imminent danger[23] to the child's life or health and there is not enough time to seek a court order for a removal.[24] If imminent risk is established and an emergency removal is necessary, Children's Services must file a petition on the next day that court is in session to request approval for a remand or temporary placement of the child.

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22 NY Family Court Act § 1017.

23 Imminent danger means danger that is not merely possible, but so immediate that removal is needed even before a court order can be obtained. In every instance, the reason for removal must be to provide temporary protection for the child's life or health.

24 NY Fam. Ct. Act § 1024.

In addition, when an emergency removal is necessary, it is ACS policy to hold a Child Safety Conference before going to court the next day.

If an emergency removal occurs, the Children's Services DCP CPS handling the removal must always provide the young parents with:

- Information about the right to a lawyer;
- In case of an emergency removal without prior court approval, information about the right to a family court hearing within one business day of the removal to request that the child be returned to the parent;
- The date, time and location of the initial court hearing;
- Name, title, address and phone number of the person removing the child;
- Name, address and phone number of the agency where the child is placed; and
- Contact information to facilitate visits with the child.

The CPS handling the removal must provide this information in person or, if unable to locate the young parent, the CPS handling the removal must deliver a copy of this information addressed to the young parent and also mail a copy to the young parent at their last known residence within twenty-four hours after the removal. The CPS must make "every reasonable effort" to inform the young parent about where the child is taken after the removal and where the child will be located, including providing the name of the agency and the names and phone numbers of the case planner and supervisor. (Note that the foster parent's address and contact information is confidential). A young parent's provider agency case planner should also attempt to provide this information. Case Planners are to encourage young parents to attend the Child Safety Conference after an emergency removal, even if a Foster Care Provider Agency has yet to be assigned to the removed child. At the initial court hearing following an emergency removal, the court may order a "parole",(to respondent/non-respondent parent), relative or other suitable person or "remand" arrangements for the child as described in "Initial Court Proceedings," above, for court authorized removals.

TRANSITION FOLLOWING SEPARATION OF YOUNG PARENT AND CHILD

Following a removal, it is important that the young parent practice shared parenting with the resource parent to help support the child adjusting to foster care as early as possible and to reduce the trauma experienced by the child. To facilitate this shared parenting relationship, an initial Transition Meeting at an agency facility shall take place within two business days of the child's legal placement into foster care.[25]

At the Transition Meeting, the young parent, the CPS, and the foster care case planner for the child discuss the reasons why the child came into care and start to develop a service plan. Immediately following the Transition Meeting, the young parent and the child's resource parent attend the Parent to Parent (P2P) meeting to discuss the child's needs (see Tips for Facilitating Parent to Parent (P2P), on this page).

The P2P meeting creates the foundation for a trusting relationship to develop between the young parent and the resource parent and addresses what the two families, supported by the case planner, community and service providers, can do to ensure that the child has the most positive experience in out of home care. Young parents should be encouraged to share with the resource parent the child's needs, likes and concerns as they know them, and to bring vital medical/health or school information and accompanying documents, as well as photographs or personal items (favorite toy, blanket, etc.) that will help the child be comfortable in his or her placement setting.

Subsequent P2P meetings must be convened any time there is a change in caseworkers or when a child is moved to a new foster home.

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25 Transition to Foster Care Services ACS January 3, 2011 (Revised) Memorandum to Policy 2010/02,dated February 22,2010.The Transition Meeting, Parent to Parent meeting, and first parent-child visit. will occur within two (2) business days of the child's legal placement into foster care (via Family Court remand order/signature of voluntary placement agreement/placement of child into foster care as a destitute child) OR assignment of a foster care agency to the child's case, whichever events occurs last.

The initial family visit should immediately follow the P2P meeting. In any event, the initial family visit must take place within two business days of the child's placement to help reduce the trauma of separation and removal. Reasons for and purposes of supervision should be clearly identified.[26] Visits should be unsupervised unless there is a documented reason to support the need for supervision based upon a risk to the child's physical or emotional safety, or unless there is a court order directing supervised visits. The provider agency case planner should complete an assessment to determine whether the young parent can safely have unsupervised visits. [27] The case planner should consult with the resource parent, day care provider, visit host, etc., to get as complete a picture of the family as possible. If visits must be supervised, they should be arranged to take place in the community to better engage the young parent and his or her child, and additional supports (e.g., visit coaches/visit host, dyadic therapies) should be considered. Young parents with children in care should not remain in supervised visit mode when there is no remaining safety reason to support such supervision and/or monitoring. If there is a court order prohibiting unsupervised visits but there are no remaining safety concerns to support such supervision and/or monitoring, the case planner must immediately contact FCLS to seek to change the court order. Every family is unique and its child-parent visit plan must be developed, assessed, and evaluated on an individual basis. Young parents should be consulted before each visit throughout the life of the case. It is vital that young parents whose children have been removed be allowed to visit as frequently as possible.

Tips for Facilitating Parent to Parent (P2P)

Within two business days following a removal, the young parent(s) and resource parents should also be encouraged to share information regarding the child either over the phone, Skype, etc., and given permission to call each other following the initial visit/contact if there are additional concerns or information that must be shared or asked regarding the child(ren) that cannot wait until the next P2P meeting.

Rights of privacy and confidentiality should be respected by the young parent(s), resource parents and case planner.

The Parent Perspective

Removals and Retraumatization

When we grow up in foster care and become the subject of an investigation, and when our own children are placed in the system, the experience can be devastating. Many of us have harrowing memories of what we've gone through ourselves and what we've seen our parents go through. It can feel like what happened in the past is still happening or will always happen.

As children we may have been told one thing and then seen another happen. That can make us feel like there's no one we can trust. We may also have seen our own parents feel distrustful.

When we feel triggered like that, we can feel again like powerless, voiceless children, and our cases can go backward. One Rise writer wrote:

The first time I visited my son in foster care, I walked into the child welfare office that I'd sat in as a child. I saw my son looking at me with tears running down his face the same exact way I'd looked at my mom.

26 Determining the Least Restrictive Level of Supervision Needed During Visits for Families with Children in Foster Care," 2/28/13.

27 Determining the Appropriate Level of Supervision Needed During Visits for Families with Children in Foster Care, NYC Administration for Children's Services, 2/28/13.

As I walked through the halls of the same courthouse, I watched the design on the floor just like I used to. I was livid that child welfare was back in my life. I never would have been able to get through it if my son hadn't been on the other side.

Caseworkers cannot change a young parent's traumatic past, but they can help us feel less powerless. One important tool is transparency. Although it can be hard work to be open with young parents who are going through an investigation, young parents want to be in the know, and we feel hurt when we are given inaccurate information. For example, if CPS is considering filing a case against a parent or removing a child, our young parents say that they want to know. It is terrifying to be blindsided in a meeting or surprised by a petition telling us to show up in court. Being given accurate information can help us believe that we have the ability to change the course of our family's history. Below is a story by a worker about how being transparent helped her build trust with a young parent who grew up in foster care:

When I first meet with a parent, they are often at the lowest point in their lives. Most were trying hard to be good parents before they met us. The message our arrival sends is that they have failed.

I also wield power over my clients' lives. To me, this is painful. My goal is to help families, but because the system has taken away their control, I often feel like I am doing the exact opposite. My ultimate goal is return power to them and bring humanity and respect into a relationship that is, unfortunately, lopsided.

One of the most useful things to help parents understand where they are in the child welfare process is the court report I have to write. Many of my parents were in the system before I began working with them and typically they never knew what the case planner was going to say in court or what surprises they'd face when they arrived there.

In order to help build trust, every few weeks I review with them the service plan and progress and I tell them exactly what I would say in court based on their actions. I also ask parents what they think the court needs to see in my report and what they need to do in order for me to write a report that would move them toward reunification. Almost always the parents have clear ideas, and voicing those ideas, instead of being told what they have to do, seems to help them take those steps. This gives them a chance to share their view of the case and to regularly have the opportunity to troubleshoot issues with me before court.

By providing this consistency I was able to help one mother move from twice weekly supervised visits to trial discharge over the span of about five months after the case had been stagnant for a year.

According to reports, this mom was often angry, sometimes rude. She had a substance abuse problem and was completely disengaged from her child. At every visit, mom made sure to explain to me how upset she was with the agency and how little she believed I could make a difference.

I also learned that mom herself had been in foster care. She didn't have anyone to vent to or trust.

I told her that I understood that she was upset, and that my goal was to be there for support. Still, her anger and outbursts continued. But as I worked openly with her—sharing what I would write in my report based on her actions, as well as what I wanted to write in my report in order to help her reunify—it was clear that she appreciated the honesty. As she saw me report not only the challenges but also her successes she began to become more open to suggestions and she came to rely on me for support.

During those first five months, she called me a lot. But over time, she became more and more independent. By the end of our time together, she had met all mandates, taken extra steps to baby-proof her home, and developed a stronger bond with her adult family, potentially increasing her sources of support. I was proud of her, and I told her regularly.

I remember the look in her eyes when she told me she had enrolled herself in a preventive program that specialized in working with mothers with children under 5. She was so proud. She was no longer doing what the system was asking her to do. She was doing what she felt she needed to do to take care of her family.

From "Family After Foster Care" issue, Fall 2016.

For More Information: http://www.risemagazine.org/2016/07/transparency-and-trust/

EXPLORATION OF PLACEMENT FOR CHILDREN OF EPY[28]

Once a child has been removed, Children's Services and its provider agencies must place the child in the best possible setting conducive to the child's emotional, developmental, and physical needs. As described in "Initial Court Proceedings," above, in many situations a child can be placed in the same foster home as the young parent, even if the child is remanded by the Court to the care and custody of the Commissioner of Children's Services. This type of placement is ideal because it allows more guidance and support of positive parenting practices on a daily basis, as well as an opportunity for the young parent to continue the bonding process with his or her child.

If placing the young parent in the same foster home as the child is not appropriate, the DCP CPS and provider agency case planner should ask young parents to identify any people in their lives who can care for the child. These resources could include family or friends of the young parent and, if not a respondent, the child's other parent. In the event that a resource does not wish to become or is unable to be certified as a foster parent, Children's Services and the provider agency should consider whether it would be safe and appropriate for the child to be paroled to the resource. Under a parole, the child would not be in the care and custody of the Commissioner of Children's Services, but would remain under Family Court jurisdiction. In addition, in some circumstances, the Family Court could order Children's Services to maintain regular contact and offer services to the resource person and the child. Foster care funding is not available when a child is paroled rather than remanded to foster care, but the case planner should discuss with the proposed resource other financial resources that might enable them to care for the child.[29]

If the baby has any siblings (or half-siblings) in foster care, Children's Services and the provider agency also have an obligation to place the child with those siblings unless such placement is contrary to the children's health, safety or welfare.[30] Otherwise, regular, frequent sibling visits must be provided, as appropriate.

VOLUNTARY PLACEMENTS[31]

A "voluntary placement" is when a parent willingly transfers legal custody and physical care of his or her child to the Commissioner of Children's Services for the purpose of placing the child in foster care. New York State law requires that the social services provider make "reasonable efforts" to eliminate the need for foster care placement before accepting a voluntary placement agreement from any parent. A CSC should be held in response to a request from any parent to voluntarily place a child in foster care in order to determine if the need to place the child can be eliminated by services and support.

Children's Services and its provider agencies should exercise extreme caution when discussing voluntary placements with young parents on account of the difficulty these youth may later face in regaining custody. If a voluntary placement agreement is discussed with a young parent, care must be taken to ensure that he or she understands what the terms of the agreement would be and what his or her responsibilities would be.[32]

If a voluntary placement is being considered, the provider agency case planner should accompany the young parent to an ACS Borough Office, where the process of assessing the need for and appropriateness of a voluntary placement occurs. A CSC should be conducted, and should include the young parent(s), birth family members, the case planner, service providers and other supports, as described in the Child Safety

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28 **Protecting Children of Young People Living in Foster Care, Child Safety Alert # 19 dated May 22, 2014.** See the **Appendix** for an explanation of placement options for young parents who are in foster care.

29 **Protecting Children of Young People Living in Foster Care, Child Safety Alert # 19 dated May 22, 2014**

30 Family Court Act §1027-a.

31 Minor Parent/Infant Foster Care and Adoption, NYS Office of Family and Children Services, Administrative Directive, July 7, 1994. Refer to link- for a discussion of when foster care placement, including voluntary placement, is appropriate for the child of a minor parent in foster care.**https://ocfs.ny.gov/main/policies/external/1994/ADMs/94-ADM-12%20Minor%20Parent-Infant%20Foster%20Care%20and%20Adoption.pdf**

32 **https://ocfs.ny.gov/main/policies/external/1994/ADMs/94-ADM-12%20Minor%20Parent-Infant%20Foster%20Care%20and%20Adoption.pdf**

Conference Section above. The young parent's attorney's Social Worker should also be invited to the CSC.[33] During the CSC, a careful assessment should be made, and the decision to accept a voluntary placement agreement should be made only if a safety concern is identified that cannot be alleviated by supportive services.

A DCP caseworker, or CPS, must ensure that a young parent has access to a lawyer before signing a voluntary placement agreement so that the young parent can get proper advice about legal options and the consequences of signing a voluntary agreement. Every youth in foster care already has a court-appointed lawyer. The CPS should contact the assigned FCLS attorney as soon as the possibility of a voluntary placement is raised so that the FCLS attorney can notify the youth's lawyer that a voluntary placement is being considered. The CPS should document this communication. The CPS should also let the youth know that he or she has a right to legal representation, and can direct her to the list of referrals that can be found in the attached **Appendix**.

PERMANENCY HEARING AND COURT REPORTS

Youth in foster care should understand that case planners are required to periodically report to the court on the progress and development of both the parent and infant while in foster care. The reports address the services provided to the young parent and the child, the progress of the young parent in services as well as barriers to the provision of services, and the educational and medical needs of the young parent and the child. When writing a permanency or progress report for the court, a case planner should present a balanced and unbiased account of a young parent's progress, including in the home, in relationships, and at school. For instance, if a young person breaks curfew and that is included in the report, are there ways to demonstrate how the situation was addressed? Are there also positive things that the young parent has been able to do, such as bring the child to medical appointments or bond well with the child? When discussing mental health history, the case planner should ensure that the information included in all reports submitted to the court reflects the most current evaluations and diagnoses for the young or expectant parent. In order to preserve these vulnerable families, case planners should consider the power of their words, both in ways that can be helpful and ways that can hurt the family. FCLS attorneys and case assistants can provide helpful advice and guidance regarding what information is appropriate and helpful to include in a permanency or court report and what should not be included, such as confidential health information.[34] All reports must should be provided to FCLS well in advance of the court appearance. The youth should also be encouraged to attend court and the CPS staff must assist in making arrangements for the youth to attend court hearings.

YOUNG PARENTS MISSING FROM CARE

Case planner must provide immediate and ongoing efforts to locate and re-engage any child who is missing from foster care.

The 2016 OCFS Administrative Directive, Protocol and Procedures for Locating and Responding the Children and Youth Missing from Foster Care and Non-Foster Care, issued 5/5/16 (16-OCFS-ADM-09), gives updated guidance and directives for determining, on a case-by-case basis, whether a young person may be considered missing from care and the required response, including timely notification to the National Center for Missing and Exploited Children and local law enforcement.

An SCR call should be made in response to a young parent's absence from care ONLY when the mandated reporter has reasonable cause to suspect that the young parent or the child is being neglected or abused, and not simply because they are missing from care or absent from placement. When a young parent goes missing from care without his or her child, the safety assessment should include consideration of whether the child was left with an appropriate caretaker and provisions, and the duration of the young parent's absence.

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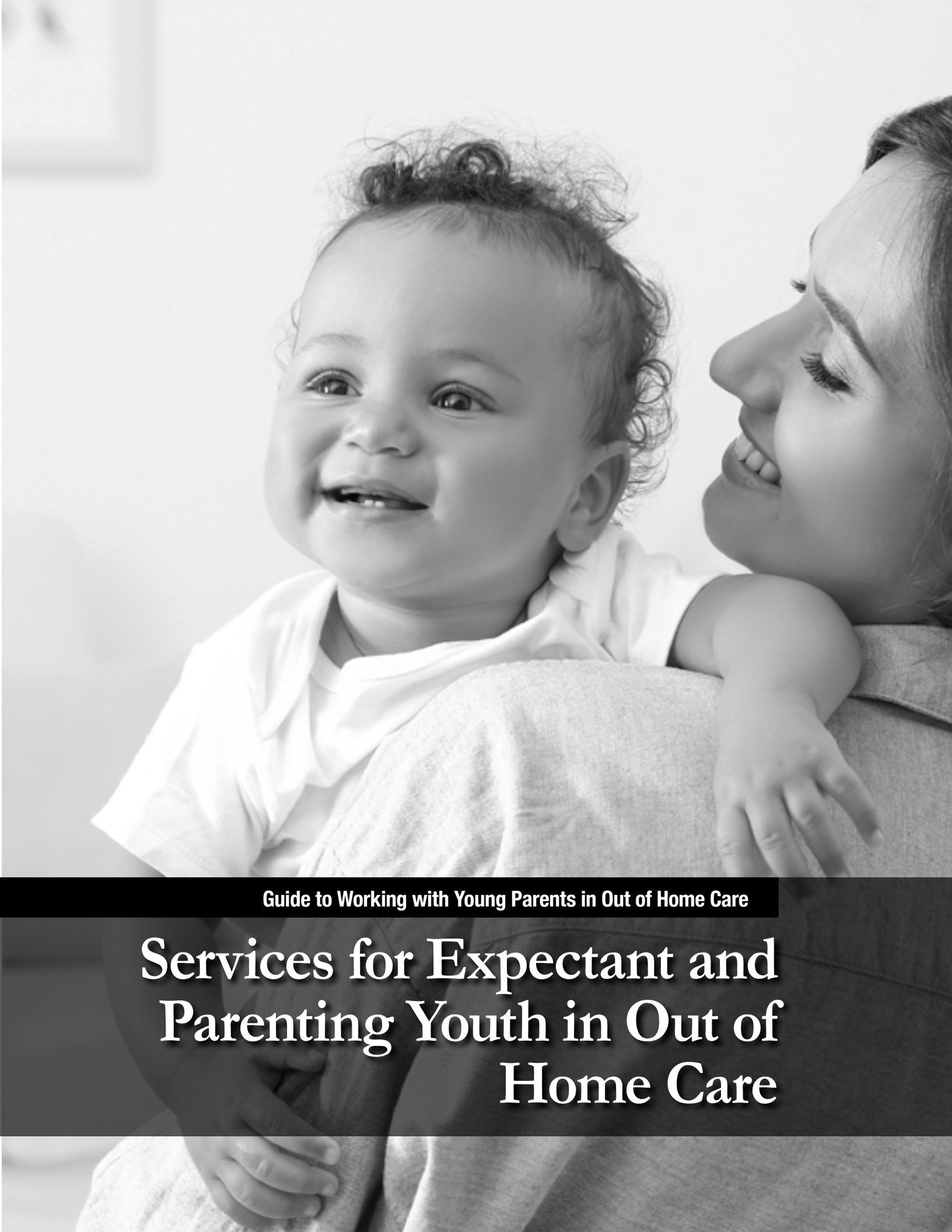
33 Attorneys themselves are not permitted to attend Child Safety Conferences.

34 Case planners must not disclose specific health information related to a young person's HIV status, sexual activity, sexual orientation or gender identity, or other confidential health information unless it is directly relevant to the safety of the young parent's child.

Other safety factors to include in the assessment are determining whether the child's basic needs are being met, whether proper supervision is being provided, and whether the child is receiving appropriate medical care. Case planners must attempt to locate the young parent and assess the child's safety before calling the SCR. For a young parent who is routinely missing from care to spend time with supports, such as family or the father of her baby, a safety plan should be developed that includes assessing the safety of her chosen destinations and caretakers and potentially approving these destinations as visiting or placement resources.

If a youth is absent from his or her expected location and reasonable efforts to locate him or her have been unsuccessful, a Missing Person's Report should be filed with the New York Police Department immediately. There is no waiting period for filing a Missing Person's Report for a person under 21 years of age. The case planner must also notify the ACS Missing Children's Outreach Unit (MCOU) at **mcou@acs.nyc.gov.**

ACS policy states that once the youth returns to care, an FTC must be held before the youth is replaced, or scheduled within 24 hours of replacement.



Guide to Working with Young Parents in Out of Home Care

Services for Expectant and Parenting Youth in Out of Home Care

Services for Expectant and Parenting Youth in Out of Home Care

Rise Tips for Making a Successful Service Referral

Below are suggestions from Rise **(www.risemagazine.org)** about starting a conversation with young parents about services:

1) It helps when caseworkers stay positive about referrals

Parents can be engaged more easily if you describe a program not as a way to fix a problem, but as an opportunity to gain knowledge about babies or as opportunities for our children to develop new skills and get smarter.

Parents may not feel open if you say, "I think you should go to dyadic therapy." But if you know that mothers are eager to learn about their babies, you can say: "I know of a program that can help you learn about your baby, and the people there are knowledgeable and enthusiastic."

Or, knowing how valuable peers' opinions are, you can say, "I know of a program that other young moms have found really helpful."

2) We want to feel in control and know that we have choices

Caseworkers can help by offering information about services, so that parents feel that they have a choice. Then ask us what we think we need.

One mom explained:

A lot of us don't have family support, and we don't know about any services. Besides, we're stubborn, and we're used to doing everything and learning everything on our own. But it would help if the system gave us more information so we knew more about the good things out there, and we could feel like we had choices.

3) Some of us don't want to talk to anyone in the system. You can play an important role by connecting us to help outside the system.

Some young parents will only go to services if they are easy to get to, or even right in their agency. But other parents feel like they need to get help outside the system if they're going to be able to feel safe enough to share their challenges.

Caseworkers can help by asking young parents what makes them feel more comfortable: having services within their agencies or outside it.

4) Make sure you aren't sending us to anger management or parenting classes when what we really need is trauma-informed services

Lots of caseworkers and young parents in the system don't realize that, sometimes, when we blow up, we don't have an "anger problem" and we don't need an anger management class. When we're struggling to care for our babies, sometimes it's our own past getting in the way.

As teens, many of us don't want to think that our pasts might affect us. Even if we know that they do, we don't want anyone else to know, because too often we've been made to feel like we're crazy, or that we're "just like our parents." Sometimes it's only years after we've left care that we feel open to thinking about our pasts.

But if caseworkers are able to gain knowledge about what trauma is, what it might look like, and how to talk about it without making us feel like we're crazy--and then learn what trauma-informed services are out there--it might keep them, and us, from hitting our heads against a wall. Helping us understand where our own struggles might be coming from, and letting us know that there are services that can help, might give us all hope that the wounds of foster care can heal.

And remember, therapy isn't the only answer!

Reprinted from Rise Magazine

Expectant and Parenting Youth (EPY) in foster care have complex and varied needs. Case planners have the unique task of supporting youth who are emerging into adulthood all while transitioning into parenthood.

Services and supports should be multigenerational, culturally sensitive, affirming of sexual orientation and gender identity expression (SOGIE), and developmentally and age-appropriate to meet the needs of EPY. Prior to making any referrals, a case planner should work with a young person to develop the most conducive individualized service plan. It is imperative that the youth is given information about all the wraparound supports available to support them as expectant and parenting youth. Once a youth has made the decision to continue with a pregnancy, referrals must be immediately made, bearing in mind the likelihood of waiting lists for services.

Case Planners play a key role in helping EPY meet their own needs and that of their children. This section is organized around what research indicates are the five key developmental areas for EPY. They include:

- Physical, sexual and reproductive health and development;
- Cognitive and emotional development;
- Identity development;
- Social development; and
- Preparation for parenthood and self-sufficiency.

Listed below are the specific developmental needs within each of those areas that all workers should focus on in their work with EPY.[35]

DOMAIN	DEVELOPMENTAL FOCUS AREAS
Physical, Sexual and Reproductive Health and Development	■ Support youth by talking with them about physical, sexual, and reproductive health and creating a judgment free zone. ■ Provide youth the information necessary to have access to and timely receipt of accurate medical, contraceptive, and reproductive health care and information ■ Educate and support youth in building healthy behaviors, in particular eating nutritious food and avoiding drug use. ■ Encourage youth to be sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections.

35 Chart adapted from Harper Browne, C. (2015, August). Expectant and parenting youth in foster care: Addressing their developmental needs to promote healthy parent and child outcomes. Washington, DC: Center for the Study of Social Policy. Retrieved from **http://www.cssp.org/reform/child-welfare/expectant-parenting-youth-in-foster-care/tools-resources-research/section-front-image/EPY-developmental-needs-paper-web.pdf**

DOMAIN	DEVELOPMENTAL FOCUS AREAS
■ Cognitive and Emotional Development	■ Empower youth to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services. ■ Inform youth of the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity. ■ Identify and build on youth's strengths, encourage them to voice their opinions, and create opportunities for them to make and learn from decisions.
■ Identity Development	■ Support youth as they develop their personal and parental identity, and create opportunities for experiencing "normal" adolescence. ■ Help youth envision and explore a positive future identity and the pathways to achieve it.
■ Social Development	■ Encourage youth to build and sustain relationships with trusted and supportive family members, other adults, peers and the co-parent if it is safe and appropriate. ■ Support the efforts of youth to be meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable. ■ Provide access to comprehensive supports that focus on the dual needs of young parents and their children, and that are guided by an understanding of adolescent development and a strengths-based, trauma-informed approach to working with youth.
■ Preparation for Parenthood and Self Sufficiency	■ Support youth to complete high school or a high school equivalency program, complete college or vocational training, secure employment with a livable wage, build healthy life skills, and learn to balance work and parental roles. ■ Encourage youth in their efforts to be knowledgeable and nurturing parents. ■ Support youth to be aware of their rights as expectant and parenting youth.

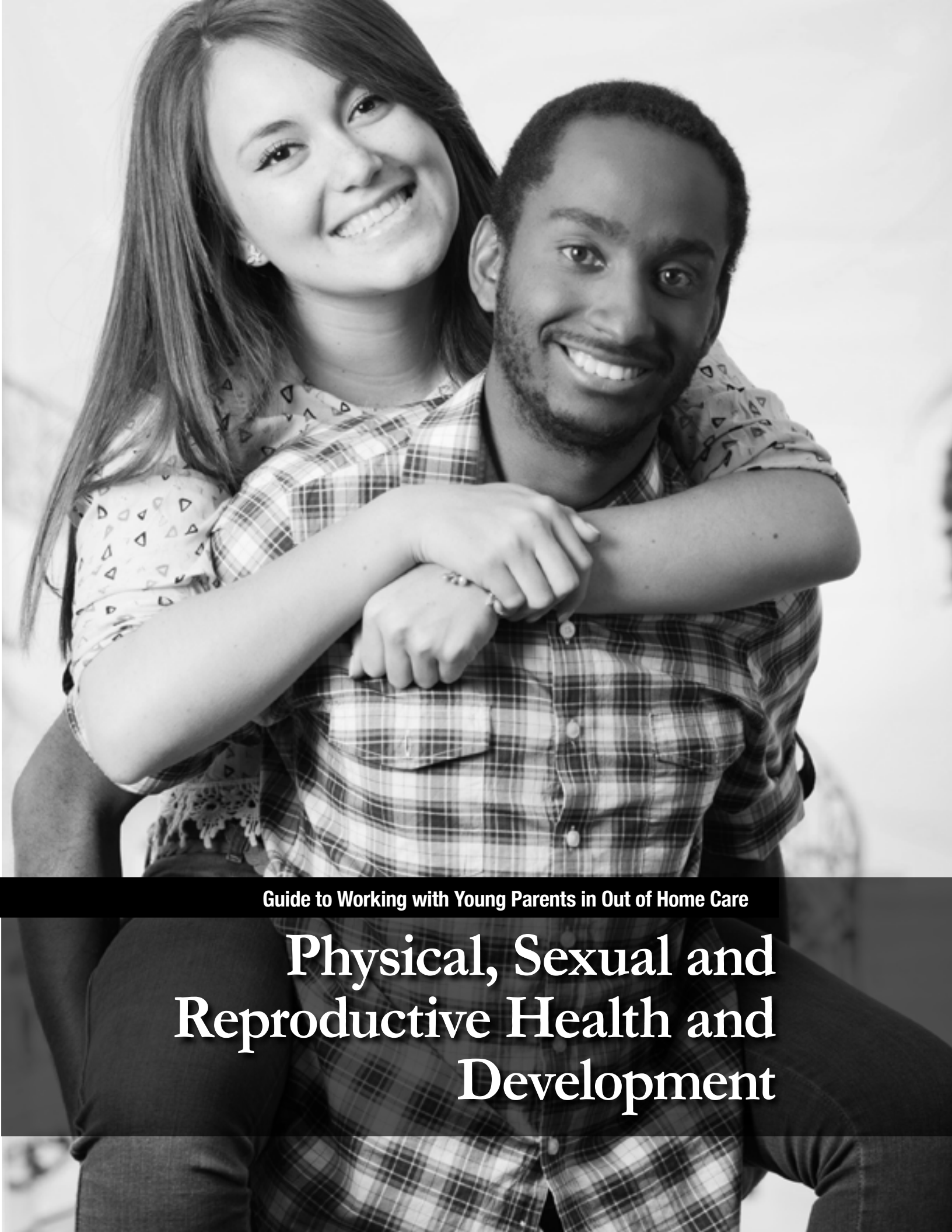
The Parent Perspective
Trauma and Parenting

All parents feel overwhelmed sometimes when their children do normal things, like have temper tantrums or act demanding. But for parents who have experienced trauma, those difficult moments can remind us of painful childhood experiences when we felt terrified or overwhelmed by someone who was out of control. When that happens, we can respond by getting too angry or by shutting down.

For More Information: http://www.risemagazine.org/2015/09/a-family-that-heals-together/

Reprinted with permission from Rise, a magazine by and for parents affected by the child welfare system:

For More Information: http://www.risemagazine.org



Guide to Working with Young Parents in Out of Home Care

Physical, Sexual and Reproductive Health and Development

Physical, Sexual and Reproductive Health and Development

Expectant and parenting foster youth need access to reliable information about their physical, sexual and reproductive health from a nonjudgmental, trustworthy adult. In New York State, a youth, regardless of age, is authorized to consent to receive reproductive health and family planning services.

For More Information: http://www1.nyc.gov/assets/acs/pdf/guidebook/MedicalConsentPolicy91614.pdf

They also should have access to timely medical care, be supported in engaging in healthy behaviors, and encouraged in being sexually responsible to delay subsequent pregnancies.

For More Information: http://www1.nyc.gov/assets/acs/pdf/guidebook/SexualReproductiveHealthCare.pdf

PREGNANCY-RELATED SERVICES

Pregnancy is the optimal time for provider agencies to work with adolescent parents to maximize their chances of achieving healthy and confident transitions into parenthood. Services should be nonjudgmental, specifically geared toward adolescents and, when possible, be located within their communities.

FAMILY PLANNING AND SEXUAL HEALTH SERVICES

Case planners should support EPY in maintaining their sexual and reproductive health and delaying subsequent pregnancies by providing access to nonjudgmental services including contraception, pap smears, HPV and Hepatitis B immunizations, pregnancy and other laboratory testing services, options counseling, abortion services, education about the prevention of sexually transmitted infections, and treatment related to STIs and HIV/AIDS. Services can be provided directly and/or through linkages to community-based providers.

In general, case planners should:

- Ask young people about their relationships look for signs of unsafe relationships and encourage healthy sexual practices. Asking these questions routinely can help to build a trusting relationship with a young person which may encourage him or her to talk about a pregnancy early.
- Make developmentally-appropriate information about sexual and reproductive health available to all youth in foster care, regardless of age.
- Provide comprehensive age-appropriate information about family planning and sexual health issues within 30 days of placements and every 6 months after and tell youth orally and in writing how they can access family planning and pregnancy-related services and information. Make sure resource parents do not withhold family planning and sexual health information from young people in their care.
- Ensure that young women have ongoing visits with an OB/GYN post-pregnancy.
- Ensure young men have access to urologists, STI screening, and contraception as needed.
- Provide youth access to the Bill of Rights for Children and Youth in Foster Care.

Upon learning of a young person's pregnancy, a case planner should:

- Provide nonjudgmental information on all pregnancy options, including parenting, abortion, and adoption, and discuss what supports are available for a youth who decides to become a parent in terms of placement, education, child care, family involvement, etc.

- Provide discussion and counseling about these options as soon as possible and no more than five days after pregnancy confirmation.
- Meet with the young person within two weeks of pregnancy confirmation to ensure youth has all the information needed to make a decision.
- Connect the youth to emotional support groups or counseling and/or provide opportunities for a pregnant youth to seek advice or information from friends, family, her health care provider, her attorney or other support person regarding the decision whether to continue the pregnancy. The ultimate decision about the pregnancy is made by the youth, and the case planner should ensure that the youth is not being coerced or pressured to make a particular choice.
- Ask the youth about whether they would like to notify their parent or legal guardian about the pregnancy. No disclosure to the youth's parent or legal guardian may occur unless the youth gives written consent.

If the EPY chooses abortion:

- Talk with the youth about whether or not they would like to involve a support person, such as their own parent, a friend, or their partner.
- Help them to identify a provider and make an appointment.
- Offer to accompany them to the appointment.
- Help the youth create a self-care plan for during and after the procedure, including referrals to trauma-informed counseling by a licensed clinician if desired.
- Check in with the youth weekly for the first month after the procedure.

If the EPY chooses adoption:

- Meet with youth to discuss options for adoption. We advise that the Case Planner encourage youth to discuss options with their Attorney[36]
- Check in with the EPY throughout the process to make sure they are still feeling good about the adoption plan, and support them if they change their mind.
- Ensure that the youth's case plan includes provisions for support during the pregnancy and recovery/support/counseling after pregnancy.
- Connect the youth to adoption-specific support groups and counseling if desired.
- Support fathers in being involved in the adoption planning.

Open adoption allows for contact between the birth parents and the adoptive parents and many times for regular or intermittent contact throughout the child's life. An open adoption represents the joining of two families based on love and trust. Open adoption means that birth families and adoptive families will maintain significant ongoing contact after a placement. In some cases this takes the form of sharing non-identifying information and sometimes it means the full exchange of identifying information between birth and adoptive families. This contact may include phone calls, visiting with each other and the child, sharing photos and letters or corresponding via e-mail. While national statistics on openness in private domestic adoptions are difficult to collect, the largest field study to date showed that over two-thirds of families with children adopted through private domestic adoption had an arrangement with some level of openness, and that number is likely growing.[37]

For More Information: https://www.adoptioninstitute.org/publications/openness-in-adoption-from-secrecy-and-stigma-to-knowledge-and-connections/

36 The case planner may not delay an abortion procedure for failure to have this meeting.

37 Siegel, D. and Livingston Smith, S. (2012, March). Openness in Adoption: From Secrecy and Stigma to Knowledge and Connections. Evan B. Donaldson Adoption Institute. https://www.adoptioninstitute.org/publications/openness-in-adoption-from-secrecy-and-stigma-to-knowledge-and-connections/

If an open adoption is chosen:

- Support young person in selecting a family they feel comfortable with, who meets their expectations of who should parent their child.
- Support youth in maintaining contact with the adoptive family in accordance to the agreement with the adoptive family.
- Ensure fathers are included in post-birth contact agreements if safe and appropriate.

PRENATAL CARE

Early and regular prenatal care is one of the best ways to promote a healthy pregnancy. Early prenatal care increases the likelihood that the parents and child will continue receiving health services after birth.

Case planners should:

- Ensure that prenatal care as received as soon as possible so there is time to establish a trusting relationship with a medical provider.
- Encourage the father to attend prenatal appointments. Involvement in prenatal care supports young fathers to provide a stable and secure environment for their children.[38] When fathers can be present during the pregnancy and birth they are more likely to be involved with their children later in life.[39]
- Provide resources and/or educate expectant and parenting youth on nutrition during pregnancy and post-pregnancy. Make specific referrals for young parents to receive education and counseling about parenting, including child care and development, subsequent pregnancy prevention, nutrition, physical activity, what to expect during the birthing process, and basic skills in caring for a baby, including education about safe sleep practices.
- Support EPY in their right to choose their own medical and service providers and whether they would like pregnancy care from a doctor or midwife. Ensure EPY have access to medical providers located outside the agency if that is their choice.

MEDICAL HOME VISITING PROGRAMS

The best way to ensure both regular prenatal care and healthy parent and child development is to make a referral to a medical home visiting program. Home visiting programs have recently been promoted for their positive effects on the well-being of new parents and their children.[40] In the New York City area, expectant youth in foster care should be referred to one of the following programs:

The Nurse Family Partnership (NFP) is for first-time mothers only, and Children's Services currently collaborates with NFP to ensure that every expectant mother in foster care is referred during her first pregnancy. A referral must be made prior to the young person's 28th week of pregnancy. NFP is an intensive home visiting program that provides services to improve the health and social functioning of first time mothers, beginning during pregnancy and continuing through the child's second birthday. Case managers are licensed nurses who conduct frequent home visits and teach mothers health-related behaviors in addition to helping them access services.

Healthy Families New York (HFNY) will begin working with a young person in out of home care during pregnancy, or will begin working with the young family up until the baby is 12 weeks old, whether or not the young person is pregnant with her first child. Referrals can be made at any time during the young and/or expectant parent's pregnancy or shortly after birth. Services will continue until the newborn is in school

38 Florsheim, et al. (2012) Young Parenthood Program: Supporting Positive Paternal Engagement Through Coparenting Counseling. American Journal of Public Health. 102(10): 1886–1892.

39 Hoffman, John (2011). Father Factors: What Social Science Research Tells Us About Fathers and How to Work with Them. Peterborough.

40 Research indicates that these services prevent many health and developmental problems and that young mothers participating in home visiting programs have lower rates of child abuse and neglect and lower rates of subsequent births, particularly among unmarried mothers. Ownbey, M., Ownbey, J. & Cullen, J. Child Adolesc Soc Work J (2011) 28: 439. doi:10.1007/s10560-011-0235-z

or Head Start. Using a strengths-based approach, HFNY provides comprehensive home- visiting, ensures connections with medical providers, supports the development of positive parent-child relationships, makes referrals to Early Intervention programs, and helps parents access services in their own communities. Healthy Families New York programs and services are located in all five boroughs.

Visiting Nurse Service of New York (VNS) also provides nurse/health workers to pregnant or parenting youth in foster care. Young people are eligible during pregnancy and after birth. VNS workers assist young people in accessing medical care, early intervention, child care and Head Start, and community services for disabled children.

Early Head Start programs also provide home visiting and other services; see the Early Care, Education and Child Care Services section of this Guide for more information and/or visit this page. Additional home visiting and supportive services can be found in the **Appendix** or by calling 311. Case planners should also assist young parents to have their babies screened for Early Intervention services; such screenings are not required but should be made available.

For More Information on Early Learn: https://www1.nyc.gov/site/acs/early-care/acs-child-care-options.page

PLANNING FOR CHILDBIRTH

EPY should feel confident, knowledgeable and prepared for labor and delivery to ensure a healthy transition to parenthood.

Case planners should:

- Encourage EPY, including young fathers, to plan for their labor and delivery and participate in childbirth education classes to support a safe birth.
- Ensure that the resource parent is involved in childbirth planning if the EPY is in a foster home or other family placement.
- Encourage, at the earliest stage possible, EPY to involve their parents or other family members, as appropriate, to help plan for the arrival of the child.
- Discuss with the EPY the environment where they would like the childbirth to take place, who they would like to be present and whether they would like pain medication administered.
- Offer doula services if desired. Doulas are trained birth assistants who provide non-medical labor and delivery support to a pregnant woman and her partner before, during and after birth. They provide emotional and physical support and help women have more satisfying birth experiences. (*See **Appendix** for free or low-cost doula services.*)
- Encourage young parents to take infant care classes during pregnancy. Infant care classes can help young parents to understand what to expect from their newborn and should address topics such as feeding, bathing, and safe sleep.

BREASTFEEDING

Breastfeeding is the best way to meet the nutritional requirements of newborns and to help babies resist disease and allergies. Breastfeeding has been shown to be associated with a decreased risk of sudden infant death syndrome[41] and helps to establish bonds between mothers and their babies. Although breastfeeding is a natural process, it can be very difficult and requires detailed instruction and support before and immediately after delivery. A young mother's choice not to breastfeed should be accepted and equally supported.

41 In New York City, there is a substantially higher incidence of SIDS among children of African-American and Hispanic parents. Children of mothers under 20 years old are also at greater risk of SIDS. See http://www.nyc.gov/html/doh/downloads/pdf/ms/ms-sids-0518.pdf.

Case planners should:

- Supply referrals to organizations that support breastfeeding.
- Refer the EPY to prenatal services that include education and support regarding breastfeeding, as well as arrange a breastfeeding coach or lactation consultant to work with the young mother before and immediately after the birth.
- Make sure the EPY has access to a breast pump so she may return to school or work and continue breastfeeding. If a young woman plans to breastfeed, the case planner should request a breast pump from the agency before the birth and arrange for instructions and support on the proper use of the breast pump.
- Provide information about breastfeeding and support to resource parents caring for young mothers and to birth parents if they are involved.
- Provide information about and access to one of the high quality formulas on the market if the young mother chooses not to or is unable to breastfeed.

SAFE SLEEPING ARRANGEMENTS

All infants from birth to 12 months of age are at risk for a sleep-related death. Certain practices further increase those risks. Sharing a bed, couch or any other sleep surface with an infant is particularly dangerous, according to national health experts, because the adult or another child may roll over on the baby leading to injury, suffocation or death. The risk of infant death further increases if caregivers drink, use illicit drugs or are overweight. Other high risk practices include placing infants on their stomachs or sides instead of on their backs to sleep and placing them to sleep in environments with soft bedding, including blankets, pillows, bumper pads and plush toys.

Case planners should:

- Discuss the practices associated with high risks for sleep related deaths with EPY, resource parents and/or residence staff.
- Encourage EPY to use a separate, safety-approved sleep surface such as a crib, bassinet or playpen approved by the Consumer Product Safety Commission (CPSC). The crib, bassinet or playpen can be placed near the adult bed to help facilitate breastfeeding and bonding.
- Educate the young parents to-be on the dangers associated with bed-sharing and provide them with a crib, bassinet or playpen for their infant prior to delivery to avoid the possibility of bed-sharing.[42]

42 The Safe Sleep Unit at ACS provides safe sleep training and education as well as educational materials to caregivers, providers and staff. In addition, the New York City Department of Health and Mental Hygiene (DOHMH) provides one-on-one safe sleep education and portable cribs to families through their Newborn Home Visiting Program which serves families in North and Central Brooklyn, East and Central Harlem and the South Bronx. Youth enrolled in the Nurse-Family Partnership Program, a nurse home visiting program for low income, first time mothers are also eligible to receive a crib.

Guide to Working with Young Parents in Out of Home Care

Cognitive and Emotional Development

Cognitive and Emotional Development

Expectant and parenting youth should be supported in developing the independence to seek their own medical, contraceptive and reproductive health care and information. They should also be supported in learning the impact of parenting stress, past traumatic experiences and general life stressors while applying their strengths to build resilience and gaining a sense of control over their lives.

PARENTING SUPPORTS

Exposure to general life stressors, pregnancy and parenting stressors or traumatic events are all potentially harmful to youth because they can interfere with healthy development and well-being. However, this does not mean negative outcomes are inevitable, even when youth have experienced complex trauma. Youth are more likely to achieve healthy outcomes and to thrive when they have opportunities to build their resilience.

Research has suggested that young people's resilience is facilitated by experiences that:

- Foster a secure attachment to at least one trusted and supportive adult.
- Teach healthy ways to manage stressful events.
- Promote high, achievable expectations for self-improvement.
- Help identify strengths and enhance a youth's positive self-appraisal and self-worth.
- Encourage optimism and a productive future orientation.
- Provide opportunities for constructive engagement in activities.
- Encourage adolescent voice, choice and personal responsibility.
- Promote the development of self-regulation and good character.[43]

Case planners should:

- Encourage and support youth in seeking and obtaining services related to medical, contraceptive and reproductive health information.
- Encourage EPY to participate in parenting programs which address how young parents' own experiences of abuse or neglect may affect how they will parent their own children and how increased understanding about their upbringing can result in a better experience for themselves and their children.[44] The best programs include hands-on sessions with the babies and other children if participants have more than one child.
- Refer youth to parenting services that are developmentally informed and designed for young parents and focused on parent-child bonding and child development. Parenting services, including fatherhood programs, should also help young parents learn ways to balance being an adolescent with being a parent.
- Encourage EPY to establish supports with their peers, extended family members and any other adults with whom they have trusting relationships. Family supports on "both sides" of the child's family should be encouraged.
- Recognize the importance of helping EPY identify and use their strengths. Too often, the risks, vulnerabilities and poor outcomes of foster youth are the exclusive focus in planning and providing services for them.
- Encourage EPY to have a voice in planning and decision-making for their and their child's future.

43 Harper Browne, C. (2015, August). Expectant and parenting youth in foster care: Addressing their developmental needs to promote healthy parent and child outcomes. Washington, DC: Center for the Study of Social Policy.

44 Child Neglect: A Guide for Prevention, Assessment and Intervention, Impact of Neglect, Children's Bureau Office of Child Abuse and Neglect, Danfilis, D. 2006

The Parent Perspective
Dyadic Therapy

Many parents involved with ACS are advised to take parenting classes. Dyadic therapy is another kind of parenting program, where parents and their young children play together with the support of a therapist. The therapist gets to know the parent and the child, helps them connect through play, and supports the parent in understanding and responding to the child's emotional needs.

Caseworkers may ask: what is so special about dyadic therapy? Here is what dyadic therapy has meant to young parents at Rise **(www.risemagazine.org):**

1) Dyadic offers hands-on learning, instead of learning in a classroom setting

Pia: I went to two parenting classes that didn't help before I found dyadic therapy, which worked for me. The ones that didn't help were the ones where the instructor read to us from a big parenting book or played old videos of moms trying to get their children to listen. Then the instructor would say, "Ok, what did you learn?" or just, "Hey, use the skills you saw today in this video."

2) Dyadic therapy offers individualized advice about our children, instead of generic advice about children in general

Pia: In one of my typical parenting classes, I followed the book's advice and put my son in a time out when he acted out, but it only made him angrier. When I told the instructor, she just said, "Keep trying." I felt defeated, like a failure.

Eventually I went to dyadic therapy. My therapist showed me that I was frustrating my son by moving too fast from toy to toy. I kept changing the toys when I was bored. My therapist told me that it was okay if my son stayed on tasks a little longer than expected.

At first, when I took this advice home, it was a disaster. My son took so much time to play that he didn't want to do anything! I told my therapist, and she told me about the egg timer approach. I would set an egg timer to go off 10 minutes before I wanted my son to do a different task. It didn't work immediately, but eventually it worked so well that I just gave my son early warnings and we gave the egg timer a rest.

3) Dyadic therapy emphasizes parent-child attachment and encourages the parent to empathize with the child. When children feel that their parents understand them, they feel less anxious and they grow calmer.

Kira: It helps you create that special bond between a mother and child, and you feel more connected to your child that you did before. The more connected you feel, the more understanding you feel of your child.

When my daughter is upset, she'll cry like a banshee. If I tried to give her a toy, she would just throw her toys. My parenting therapist helped me figure out how to help her using music. I got to understand my daughter a little more. When she cries, I know what she wants now.

4) Dyadic therapy respects the parents' role. As one dyadic therapist told us: "Therapists must listen carefully to what parents say, because parents are the experts on their child. No one knows that child better." Many of us have have felt supported instead of judged in dyadic therapy.

Sara: When I first came, I was nervous. It's not easy for me to trust people because of all the things I've been through. Not knowing my parenting therapist, Hazel, at first, it wasn't easy for me to trust her. I was afraid she would be just waiting for me to make a mistake—like she'd write a list to the court saying, "At 1:45 this mother couldn't calm her son down." But it's not like that. She's actually helped me see that, when a mistake happens, it's not completely my fault.

Just last week my son fell. He tripped and but his lip when he fell. Hazel told me, "It's not your fault. He's learning to walk. He's going to be a bit wobbly. And he's exploring his surroundings. When kids are learning, they fall down. You can't catch him every second." She didn't blame me. What a miracle!

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For More Information: http://www.risemagazine.org

COUNSELING AND MENTAL HEALTH SERVICES

Expectant and parenting youth in foster care have needs that are unique to their circumstances. It is important to recognize that becoming a parent can bring up latent issues about past life experiences, as well as experiences of being in foster care, that may have been suppressed. Accordingly, it is part of best case practice to be vigilant when EPY have a history of mental health needs. There are several mental health treatment modalities that have been successful in working with EPY in care.

Case planners should:

- Consider referring EPY with a history of mental health needs to mental health services designed to address their individualized needs. Treatment can support the EPY's ability to achieve emotional regulation to manage intrusive thoughts and feelings, symptoms related to past traumatic experiences, and new feelings about becoming a parent. Treatment offers the ability to enhance personal safety and growth, gain parenting skills, and encourage familial interaction and communication.
- Engage family members or members of the EPY's extended support network in trauma-focused treatment programs when appropriate, which can help ensure positive outcomes for EPY who experience significant emotional and behavioral difficulties related to traumatic life events.

The following are two recommended treatment interventions:

Solution Focused-Brief Therapy (SF-BT) emphasizes empowerment by identifying strengths and family resources already displayed in the expectant and parenting youth's present lives to help them move forward and build success in the future in doable steps to reinforce competency and achievements.

Trauma-Focused Cognitive Behavioral Therapy, a short-term, evidence-based treatment program, can be an effective treatment modality that incorporates trauma-sensitive interventions with cognitive, behavioral, family, humanistic principles, and techniques that have been known to encourage meaningful engagement in treatment for expectant and parenting youth, many of whom have experienced neglect and sexual trauma.

For additional preventive providers: http://www1.nyc.gov/assets/acs/pdf/guidebook/PreventiveServicesDirectorySept2015.pdf

Guide to Working with Young Parents in Out of Home Care

Identity Development

Identity Development

Expectant and parenting youth need to forge a satisfying personal and parental identity, while still having experiences that enable them to feel like normal adolescents. They should be supported in exploring and planning for their future goals.

EDUCATION

EPY need and deserve to have normal adolescent experiences. All New York City students can attend public school until the end of the school year in which they turn 21 years old or until they receive a high school diploma/high school equivalency, but are required to attend school through the end of the school year during which they turn 17 years old.

Case planners should:

- Encourage EPY to stay in their current school-barring any safety concerns and if it meets their educational needs- throughout the duration of their pregnancy and after the birth of their child and ensure they are allowed to participate fully in all desired educational programs and activities while in school.
- Ensure that after childbirth, the student is aware of her right to return immediately to her last school or ask for a transfer to another school to better meet her needs.
- Work closely with school guidance counselors and other school staff to discuss the educational plans and goals for EPY keeping in mind potential student absences for doctor's visits, birth, and/or other health reasons related to pregnancy.
- Assist the EPY with providing the appropriate medical documentation to the school as soon as possible if a pregnancy-related absence is required.
- Work with the father's school to excuse absences for pregnancy-related appointments and commitments.
- Work with the school guidance counselor, teachers and school staff in the event of a high-risk pregnancy to make a request for home instruction. A young parent may be eligible for home instruction due to his or her own medical needs, OR if her child has a medical or emotional disability that prevents the child from using the LYFE program.[45]
- Refer EPY whose child has a disability or is suspected of having a disability to NYC DOHMH Bureau of Early Intervention as soon as possible for children 0 to 3 years old. For students from 3 to 5 years old, a referral can be made to the NYC DOE Committee on Preschool Special Education. For student 5 years and older, a referral can be made to the school the child attends.

Case Planners should also encourage EPY to enroll their children in Living for Young Family Through Education (LYFE) program.

Living for Young Family through Education (LYFE) program

LYFE provides free childcare and support for student parents in DOE-funded programs or public school. Children must be fully immunized (at the earliest, 8 weeks old) and the program can be used to the end of the school year in which the child turns three years old. There are 35 DOE LYFE programs located in various high schools across all five boroughs. EPY do not have to attend a particular school in order to receive services from that LYFE program location.

45 See the Early Care, Education and Child Care Services section for more information about the LYFE program. When home instruction requests are pending, it is important that the agency work with the school guidance counselor and school representatives to arrange for credit- bearing interim educational supports so the young person does not fall behind in his or her education and credit accumulation. If home instruction is denied to a parenting student but they continue to be absent from school, the case planner should work with the school to ensure the student receives the classwork/homework assignments. This includes arranging for academic work to be sent home, completed by the student and returned to the school. The case planner should also explore any virtual learning opportunities that can be arranged by the school, including academic assistance through email or phone conferencing during class.

Case planners should:

- Refer EPY to LYFE programs prior to the child's birth. If there is a delay accessing the LYFE program, consider other alternatives, and work closely with school staff, EPY, medical and mental health providers and the agency education coordinator to put together the best educational plan that will meet the young parent's educational goals.
- Consider whether it may be preferable, depending on an EPY's needs, to pursue other childcare options because LYFE is limited to the school year and during school hours.

Assist EPY in enrolling in another LYFE program in the community if his or her school does not have one.

For More Information: http://lyfenyc.org/locations/

ALTERNATIVE SCHOOL PROGRAMS

Students that are 17 years or older can complete a high school equivalency program (HSE) instead of obtaining a traditional high school diploma. Students can attend HSE programs through the NYC DOE Pathways Program or a community-based organization such as the SUNY Educational Opportunity Centers located in the five boroughs.[46]

If a parenting student is struggling in a traditional high school setting even with additional educational supports, the DOE offers a few alternative school programs:

- **Transfer High Schools** (for students aged 15–21 who have dropped out or are under-credited)
- **Young Adult Borough Centers** (night school for over-aged, under-credited students)
- **Learning to Work programs** (job training while working towards a high school diploma or equivalency diploma)
- **Vocational Training Programs** (such as **Cooperative Technology High School**, which provides students with in-depth, credentialed training in a particular trade while also enabling them to earn high school diplomas) [47]

Alternative programs have their own eligibility requirements, such as a minimum number of credits completed. If a student wishes to transfer to an alternative program, he or she should be assisted and supported throughout the process.

POST-SECONDARY EDUCATION

Expectant and Parenting Youth should be guided and supported in exploring and planning for their educational goals, which may include not only finishing high school, but also entering college and/or career training. Furthering their education prepares young parents to sustain themselves and their children in the future. There are some colleges that also offer single parent housing or mother/child programs that allow students to live on campus with their children. Some services at post-secondary institutions are highlighted below.

CUNY (Community colleges and four-year schools):
The City University of New York includes 11 senior colleges and seven community colleges located throughout the city's five boroughs. CUNY services include:

- **On-site Daycare**: free or reduced cost child care on 19 campuses.
- **Single Stop Program**: a free service which helps connect students to benefits at CUNY community colleges

46 http://schools.nyc.gov/ChoicesEnrollment/SpecialPrograms/AlternativesHS/FullPtGED/default.htm

47 See **Appendix** A for more information about each of these alternative programs. The DOE also offers HSE preparation in over 80 locations across the five boroughs. The Referral Center for High School Alternatives could help a student and her case planner evaluate the desirability and fit of any of these programs. There is an Academic Intervention Specialist at each Referral Center who is trained to support pregnant and parenting students in education and other service planning.

- **CUNY Black Male Initiative** (Campus Projects), which aims to increase graduation rates for underrepresented students
- **CUNY Fatherhood Academy**: free program that supports unemployed/underemployed young fathers (ages 18–28) designed to promote responsible parenting and economic stability through education, employment, and personal development. The program provides a range of academic and personal supports including TASC (High School Equivalency test) preparation classes, tutoring, individualized counseling, parenting seminars, MTA Metrocards, job preparation, and college prep. It can be a pathway to admission to a CUNY college or university.

SUNY

The State University of New York has 14 four-year schools and 30 community colleges throughout New York State. SUNY services include:

- **Foster Youth College Success Initiative**: provides additional services and funding to assist foster youth in succeeding in college
- **Child care:** SUNY campuses offer onsite daycare and referral services to daycare providers for student parents.
- SUNY offers **single parent housing** for undergraduate students where students can live on campus with their child(ren)
- **SUNY Educational Opportunity Center** offers tuition-free programs including computer classes; academic, technical, employability and life skills training; individual tutoring; help with resumes, cover letters, and job applications; and an open lab with internet access

Private Colleges

While private colleges can be more expensive than state- or city-run schools, they may also offer additional financial aid and services to help students succeed. Many also have on-site daycare.

Proprietary schools (Trade Schools)

Proprietary schools, or trade schools, can be a great option; however, they are not recommended unless they are licensed. Students and case planners are encouraged to check the **New York State Education Department Bureau of Proprietary School Supervision** to ensure licensing.

While paying for college can present a huge challenge for a foster youth, there are some federal, private and public scholarships available specifically for students who were formerly in foster care. More information can be found here. Case planners should support youth in locating scholarships suited to their needs and situation.

For additional information on how to support the educational needs of EPY students in foster care, please refer to the ACS Foster Parent Guide to Education. To request a copy of the guide, please email **education.unit@acs.nyc.gov.** For more information about financial aid and specialized programs, please contact the ACS Office of Education Support and Policy Planning at: **education.unit@acs.nyc.gov** or 212-453-9918.

JOB TRAINING

College is not for everyone. Case planners should support youth in acquiring job skills training if they choose not to pursue post-secondary education to ensure they have the skills needed to enter the workforce upon exiting care. (See **Appendix** for resources.)

EARLY CARE, EDUCATION & CHILD CARE SERVICES

If the young parent is residing in a foster home, the case planner should:

- Be sure that the foster parent, case planner and EPY discuss, before the child is born, what the child care arrangements will be when the young parent is in school, working, attending appointments, on job interviews and otherwise away from the home without his or her child.

- Encourage resource parents and EPY to clearly define the child care expectations and responsibilities of each party.
- Support the EPY in choosing members of his or her support network that could be appropriate caregivers.

If the EPY is residing in a maternity and mother/child residence, the case planner should:

- Work with the EPY to see if their residence provides child care services on site.
- Ensure that EPY has a clear understanding of the circumstances in which she may leave her child with program staff, and when she is expected to care for her child on her own or make alternative arrangements for child care.
- Support the EPY in choosing members of his or her support network that could be appropriate caregivers.

Case planners should also support EPY in considering school-based or community-based child care options for their child(ren). Below is an overview of available programs.

ACS EARLY LEARN PROGRAM

The ACS Early Learn Program offers center-based and home-based child care as well as Head Start programming for eligible families. Children in foster care and minor children of a youth in foster care are categorically eligible for child care if the foster parent or child's parent in foster care are employed, in school, or in an educational or vocational program.

Referrals can be made by completing form ECE-002, as outlined in the 2014 ACS Policy, **Referral Procedures for Early Care and Education Services for Children in Foster Care and Children Receiving Child Protective or Preventive Services**, issued 12/27/13, and any amended or successor guidance. The ACS division of Early Care and Education processes approved referrals and will preferentially place children in an EarlyLearn NYC child care setting.

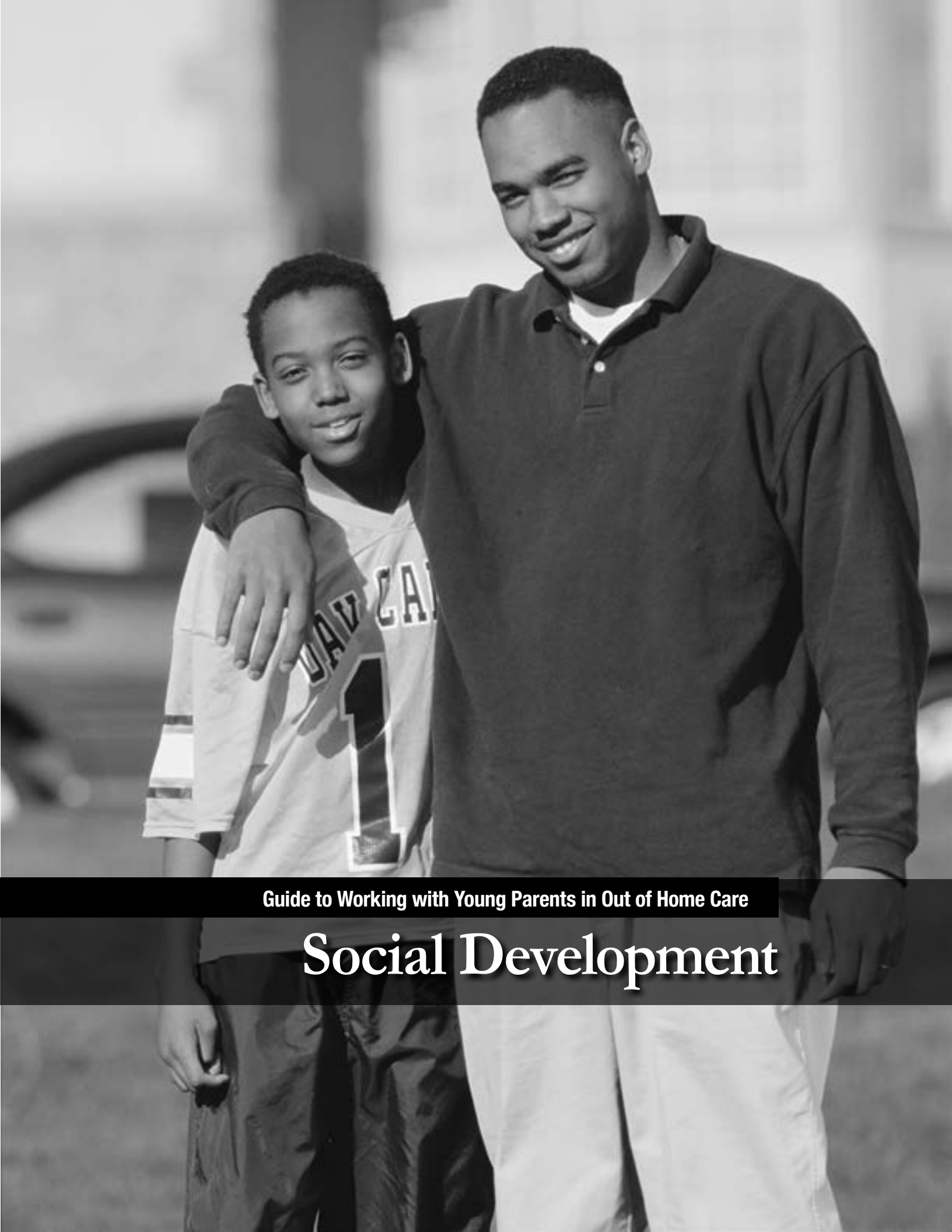
EARLY HEAD START

Pregnant women and families with infants and toddlers up to age 3 may be eligible for Early Head Start (EHS). Head Start and Early Head Start are free and children in foster care are categorically eligible. There are about 250 EHS slots in New York City. EHS is a federally funded community-based program designed to promote healthy prenatal outcomes for pregnant women, enhance development of very young children, and promote healthy family functioning. In addition to child care, EHS programs provide an array of services, including home visiting, parenting education, health and mental health services, and adult education and job training. Although ACS does not contract for EHS services, case planners should utilize the Child Care and Head Start Referral Procedure to help a young parent access those programs as well.

(For more information about eligibility for early care, what options are available, and making referrals, please refer to **Appendix C:** NYC Children's Services Working with Young Parents in Out of Home Care: Early Care and Education Services and NYC Children's Services Working with Young Parents in Out of Home Care: Young Parents Transitioning Out of Foster Care.)

IMPORTANT: Children's Services' procedure for accessing early care and Head Start is undergoing changes. Please check for new procedures in Docushare or with the ACS Division of Child Care & Head Start.

For More Information: http://www1.nyc.gov/assets/acs/pdf/guidebook/ECEReferral.pdf



Guide to Working with Young Parents in Out of Home Care

Social Development

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Social Development

It is important for expectant and parenting youth to build lasting relationships with trustworthy and supportive family members, adults, peers, and the co-parent if safe and appropriate. They should be encouraged to become involved in social institutions and environments that are safe and supportive. And they should have access to support that focuses on their needs as well as those of their children. Wherever possible, case planners should refer to programs that use a strengths-based and trauma-informed approach.

MENTORING

Many youth in foster care lack protective adult relationships. It is extremely important for youth in foster care—including expectant and parenting youth in foster care—to have opportunities to develop a trusting relationship with at least one adult. Youth also need positive peer relationships for the development of well-being during adolescence.[48]

Mentoring and peer mentoring opportunities can be a valuable way to provide additional support to EPY in foster care. Positive mentor relationships between young parents and adults who have had similar experiences can provide youth with interpersonal and communication skills that they can transfer to other areas of their lives. In addition, both expectant and parenting mothers and fathers need opportunities for peer support and peer exchange, particularly when they find the role and responsibilities of being a parent often require separating themselves from their non-parenting friends. Outcomes are better for youth who have strong peer support networks upon leaving foster care.[49]

Case planners should:

- Refer young parents to mentoring programs that are designed to accommodate the special needs of young parents and that they provide additional ways for youth to develop their personal supports.
- Consider peer mentoring programs for young parents in foster care.
- Seek out opportunities for both young mothers and fathers in care to connect with their peers. *(See **Resource Guide.**)*

POSITIVE SOCIAL INSTITUTIONS

All youth need to be engaged in social institutions and environments – such as schools, religious institutions, or recreation facilities – that are safe, stable, supportive, and equitable.[50]

Case planners should:

- Ensure EPY are provided opportunities to participate in enriching activities that both support their social development as teenagers and their development as parents.

48 Harper Browne, C. (2015, August). Expectant and parenting youth in foster care: Addressing their developmental needs to promote healthy parent and child outcomes. Washington, DC: Center for the Study of Social Policy.

49 Snow, K., & Mann-Feder, V. (2013). Peer-centered practice: A theoretical framework for intervention with young people in and from care. Child Welfare, 92(4), 75.

50 Harper Browne, C. (2015, August). Expectant and parenting youth in foster care: Addressing their developmental needs to promote healthy parent and child outcomes. Washington, DC: Center for the Study of Social Policy.

CO-PARENTING

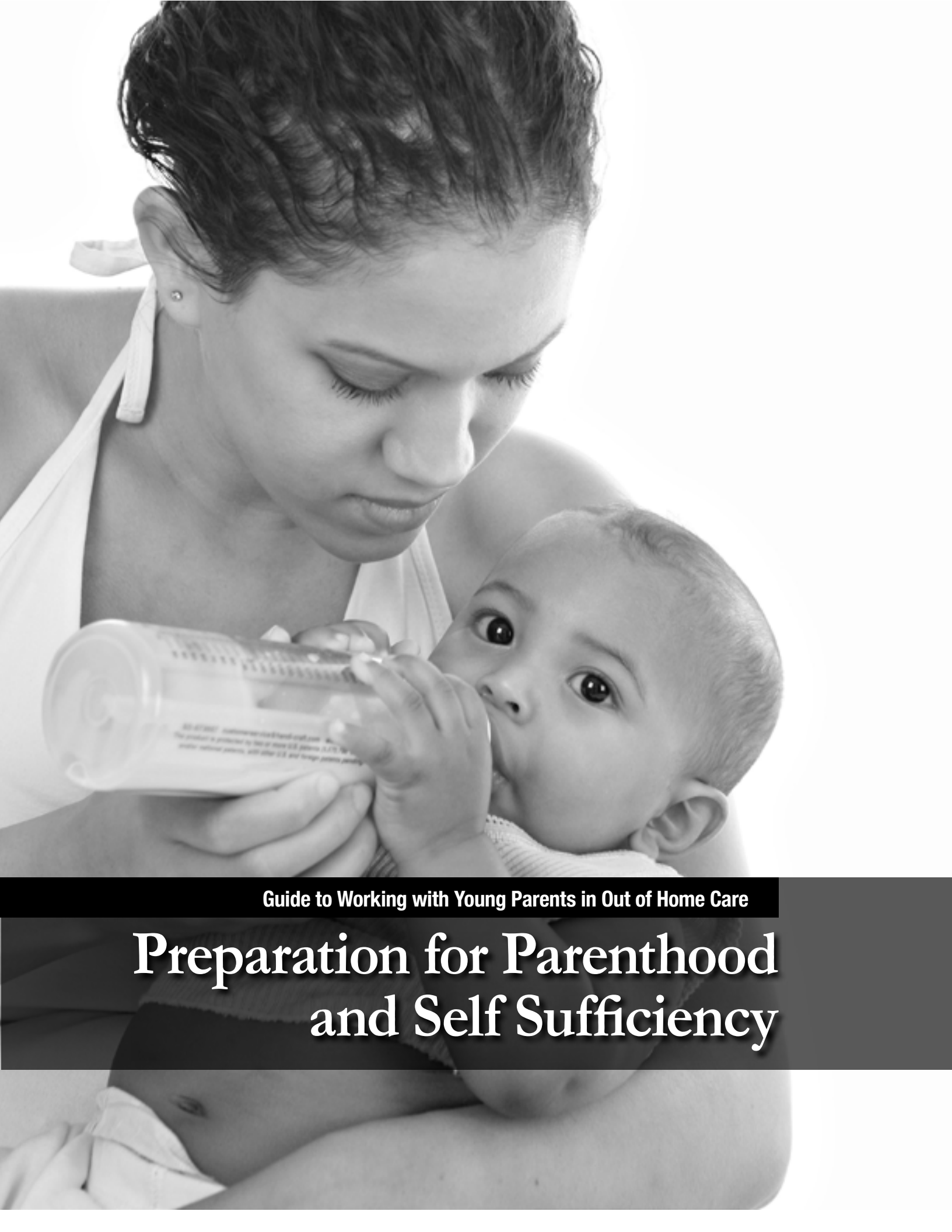
Research shows the importance of father involvement in a child's life and how children with involved fathers are better prepared for school, can better tolerate stress, are physically and mentally healthier, and have fewer behavioral problems.[51] Studies also show that the health of the mother and child are associated with the quality of the mother-father relationship.[52]

Case planners should:

- Provide supports and services that will help EPY develop and sustain positive co-parenting relationships when safe and appropriate.

51 National Healthy Start Association. (July 2010). It takes two to tango: Defining the role of fathers. Washington, DC: Author. Retrieved from **http://www.nationalhealthystart.org/site/assets/docs/NHSA_Fatherhood_Brief.pdf**

52 Allen, S. & Daly, K. (2002). The effects of father involvement: A summary of the research evidence. The FII-ONews, 1. Retrieved from **http://www.ecdip.org/docs/pdf/IF%20Father%20Res%20Summary%20(KD).pdf**



Guide to Working with Young Parents in Out of Home Care

Preparation for Parenthood and Self Sufficiency

Preparation for Parenthood and Self Sufficiency

In addition to pursuing a high school degree, expectant and parenting youth should be supported in their pursuit of college or vocational training, securing sustainable employment, building healthy life skills, and learning to balance work and being a parent. They should be encouraged to develop their parenting skills and learn their rights as an expectant and parenting foster youth.

TRIAL DISCHARGE FROM FOSTER CARE

Any young person being discharged to another planned, permanent living arrangement with a permanent adult connection in the community (APPLA+) must be placed on trial discharge status for six months or until the young person's 21st birthday, whichever comes first. If needed, the trial discharge period can be continued at the discretion of Children's Services as well as the discretion of the Family Court every six months until the young person's 21st birthday, as long as he or she consents. The Family Court also has the discretion to terminate a trial discharge. Trial discharge is a transition period.

Case planners must:

- Ensure that the agency continues to act as a safety net fSor the EPY while they are on trial discharge.
- Maintain monthly contact with the young parents and allow them to return to care with their children if they are not able to live independently.
- Work with the EPY to ensure they have stable housing (other than a homeless shelter) and that the housing will remain available to them for at least the first 12 months after discharge.
- Ensure that young parents have health care coverage for themselves and their children when they leave care and that they know how to access health care services.[53]
- Convene a discharge conference to put a plan in place for the young person's final discharge from foster care, and give the young person written notification of the right to re-enter foster care within two years or before turning 21 years old, or mail the notice to them if they do not attend the conference.

Young parents who have been trial or final discharged after leaving foster care sometimes find the transition to independence very difficult and may wish to re-enter a foster home or maternity and mother/child residence before they turn 21 years old. There are two mechanisms for youth 18-20 years old to come back into foster care placement (with or without their children): (1) Returning from a Trial Discharge or (2) Court-ordered Re-entry.

COURT-ORDERED RE-ENTRY

A young parent who was final discharged from foster care within the past two years may be eligible for court-ordered re-entry into foster care with his or her child(ren)

Case planners should:

- Notify the young parent's attorney and FPS Provider Agency Collaboration & Engagement (PACE) Manager, who will convene a social work conference to address the issues that led the young parent to request foster care re-entry.
- Ensure the young parent's support people are invited to the conference, including family members, friends, adult resources, mentors, and other resources identified by the young parent, including his or her attorney and current or former service providers.

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53 The case planner should also ensure continuity of services for young parents who have Child Care Subsidy or Head Start. Refer to the Working with Young Parents in Out of Home Care Early Care and Education Services Desk Aid.

- Complete initial assessment of the young parent's eligibility for re-entering foster care.[54]
- Encourage youth to attend services and workshops at different agencies regardless of their foster care agency placement.

RESPITE CARE

It is important to educate EPY about respite care, which they can also access after leaving foster care. **New York Foundling Crisis Nursery** and **Prospect Family Support Center** are two resources that young parents should be aware of in case of an emergency where they need immediate child care or respite and have no one to care for their children.

HOUSING

Stable housing is a crucial component of planning for young parents to transition out of foster care. The following are some resources available to EPY as they work to secure housing:

- Young people discharged from foster care in NYC are given highest priority code of N-0 for public housing through the New York City Housing Authority (NYCHA).
- "One shot" grants for start-up costs associated with acquiring an apartment (exceptions apply) and a recurring monthly subsidy for those youth who have rental leases in their own names, and are renting market-rate, non-subsidized apartments are available through
- Supportive housing for young parents and/or young people who have recently left foster care. Supportive housing links affordable, independent housing with support services including case management, educational and vocational services, benefits assistance, and medical and mental health referrals.

Case planners should:

- Develop a plan for housing along with the young parent that meets their needs and the needs of their child(ren).
- Discuss options such as NYCHA and housing subsidies with EPY.
- Discuss the option of supportive housing with young parents who are close to transitioning out of foster care. (See Resource Guide for list of supportive housing services.)

(See **Appendix D**—ACS Housing Services for APPLA Youth (August 2011) for more information.

MEDICAID

It is critical that young parents and their children have health care coverage when they leave foster care. While in the care of Children's Services, young parents and their children are covered by foster care Medicaid (also called "Services Medicaid"). If a young parent age 18 through 26 and his or her child(ren) will not be covered by private insurance upon discharge from foster care (for example, through the young parent's employment), he or she and his or her children will be transitioned to Community Medicaid for an initial period of up to 4 months. During these 4 months, the local social services district will review the youth's and his or her child's documentation to determine eligibility for Community Medicaid.[55] Youth who will not be residing in the State of New York are not eligible for transitional Medicaid and should apply in the state in which they will reside.

Case planners should:

- Educate youth about their options.
- Support youth to pick the a plan that best fits their needs and that of their child(ren).

---

54 The young parent must be 18-20 years old; have left foster care after age 18; have been final discharged within the past 24 months; lack a reasonable alternative to foster care; agree to enroll in and attend an educational/vocational program if appropriate; and be seeking a foster home or maternity and parent/child placement. (Refer to ACS Re-Entry Policy for Youth Discharged from Foster Care)

55 After passage of the Affordable Care Act, children who are final discharged from foster care at the age of 18 + are entitled to Medicaid until the age of 26 years old. Please note that this process does not pertain to youth who are discharged to adoption or guardianship.

(See **Appendix** E—Transitional Medicaid Tip Sheet)

FINANCIAL LITERACY

Case planners should support expectant and parenting youth in developing financial literacy skills while they are in foster care. Before leaving foster care, youth should understand how to budget effectively, build and maintain good credit, and open and maintain checking and savings accounts. Financial literacy skills will help young parents transition to adulthood and maintain financial stability to support themselves and their children.

Case planners should:

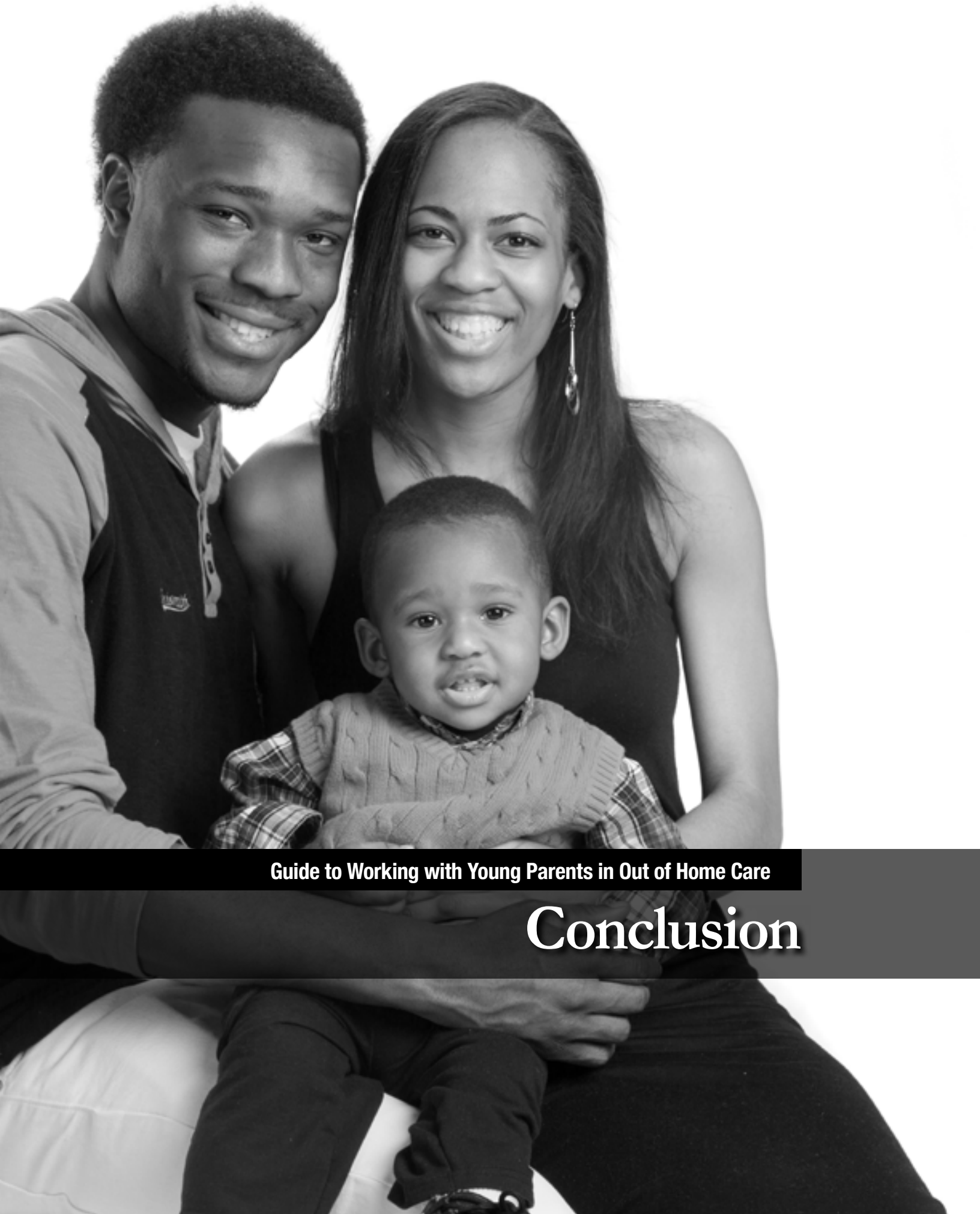
- Support youth in budgeting their finances.
- Assist youth in establishing credit and accessing their credit report.
- Assist youth in opening savings accounts.
- Connect youth with community resources related to financial literacy.

IMMIGRATION LEGAL SERVICES

A child born in the United States is automatically a citizen of this country, even if one or both of that child's parents is undocumented or a resident alien or "Green Card" holder. Because the birth of a citizen child does not change the legal status of the parent, steps should be taken as soon as possible to try to obtain legal status for any young parent who is undocumented.

Case planners should:

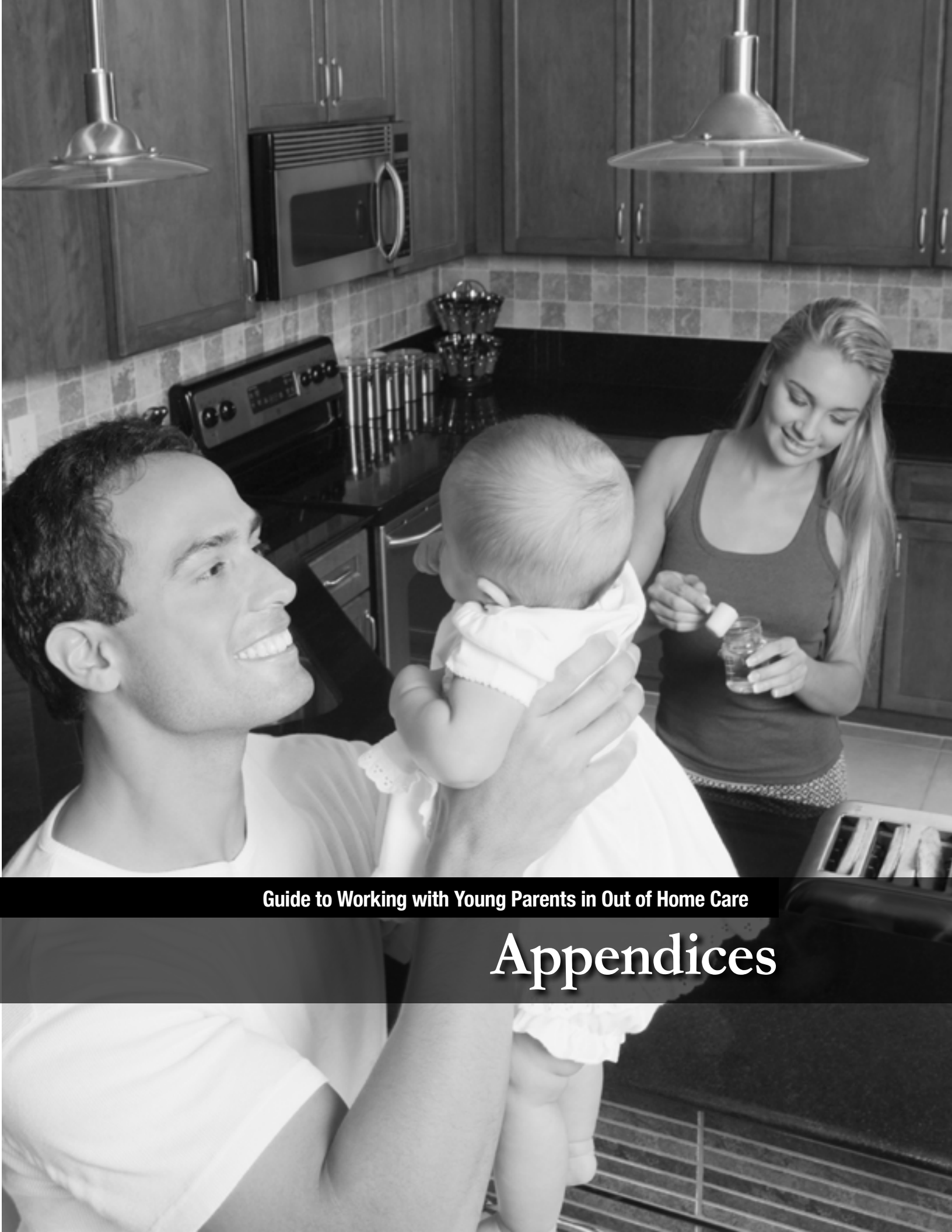
- Refer EPY who may be in need of assistance to immigration legal services providers as soon as possible.
- Assist immigration legal services providers as needed to help EPY obtain immigration benefits.
- Refer to the ACS Policy and **Procedure on Special Immigrant Juvenile Status and Immigration Services**. If you need assistance, contact **ACS Immigrant Services**.



Conclusion

Conclusion

Expectant and parenting youth in foster care require special attention as they move toward adulthood with the added responsibility of raising a family. It is our intention for this Guide to offer a roadmpa and resources that support these young families and create opportunities for them to succeed and thrive.



Guide to Working with Young Parents in Out of Home Care

Appendices

Appendix A

Appendix A.1

BRONX

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EVIDENCE-BASED PROGRAMS

Child Parent Psychotherapy (CPP) is an intervention model design for children 0-5. CPP examines how the child's and/or caregiver's trauma histories affect the parent-child relationship and the child's development. CPP supports and strengthens the caregiver-child relationship as a way to restore a child's sense of safety, promote attachment, and improve the child's functioning. Cultural, socioeconomic, and immigration stressors are addressed. Treatment focuses on safety and stabilization and incorporates case management.

SafeCare is a structure home-based parent training program for families with children from birth to 5 years old. The program includes three training models focused on home safety, child health and parent-child/infant interaction. Parents learn to improve home safety, to recognize and respond to symptoms of children's illnesses and injuries and to interact in a positive manner with children. SafeCare providers are called "Home Visitors" and they train parents by first explaining and modeling the skills, then having the parent practice and providing immediate feedback. SafeCare takes place in families' homes typically on a weekly basis.

Group Attachment Based-Intervention (GABI) An intergenerational model for families that have experienced trauma. Clinical interventions to provide the protective factor of a secure parent-child attachment relationship to buffer effects of toxic stress and adversity.

Attachment and Bio-behavioral Catch-up (ABC) ABC is a coaching program for foster and birth parents of children from 6 months to 24-36 months. It pairs skilled coaches with foster and birth parents to help them better understand and care for the children in their households. This practice supports and strengthens a caretaker's bond to the infant or toddler, is a protective factor against trauma or stress, and is associated with lifelong positive outcomes

Appendix A.2

RISE MAGAZINE ARTICLES

Using Parent Stories to Help Young Parents Make Decisions About Services

At Rise (www.risemagazine.org), *we have seen how important it can be for parents to hear from other parents about whether a service can help them or their child.*

Here, you can find stories by young parents about services that they say made a difference as well as interviews with professionals about those services. Sharing them with young parents on your caseload may help them decide whether a similar service might be right for them

Dyadic Therapy helped me feel heard.
That helped me listen to my son.

BY PIAZADORA FOOTMAN

Most parents whose children enter foster care have to take parenting classes in order to get their children back. I went to two parenting classes that didn't help before I found a program that worked for me.

The ones that didn't help were the ones where the instructor read to us from a big parenting skills book or played old videos of moms trying to get their kids to listen. Then the instructor would say, "Ok, what did you learn?" or just, "Hey, use the skills you saw today in this video."

I'd sit there thinking that the strategies didn't apply to my son. The book would say to put your kid in a time out if he acted out, but when I tried time out with my son, it only made him angrier. When I told the instructor that, she just said, "Keep trying." I felt defeated, like a failure.

No Mother-Son Respect

At the time, my 5-year-old son was living with my grandmother because I'd been arrested and then placed in a mental health facility for 18 months. By the time I moved back home, I'd overcome an addiction and was managing my bipolar disorder.

Xavier was about to come back home and I felt overwhelmed because we still didn't have that mother-son respect level. I wanted it to be that I spoke to my son once and he would listen, period, end of story. But Xavier was not listening the first, second or third time I told him to do something. I had to understand that that's not quite how kids are.

Eventually the court sent me to a different kind of parenting program, a parent-child therapy program in the Bronx called Chances for Children that uses video to help parents see themselves. Each week, they took video of me playing with my son and then the therapist discussed it with me. At first I felt like, "Ugh, I don't want to be here. It'll just be a repeat of the last two classes." But it was different. With the video, I got to see the problems between my son and me from a different point of view.

A New Perspective

During our video sessions, Ms. Martha would have Xavier and me play on the carpet with different toys. In the middle of the session, she'd stop the tape to show me what she noticed. She said that it was good that I even wanted to play with my son, and that she could tell that we normally play with one another. She also noticed that when we were coloring, Xavier longed for my approval of his picture. Ms. Martha told me this meant Xavier cared about what I thought, which is a sign of a mother-child bond.

Ms. Martha also showed me how I was frustrating Xavier by moving too fast from toy to toy. I kept changing the toys because I was bored with them instead of waiting for him to finish. This would make Xavier upset. He would try to get the same toy again.

I thought Xavier was too young to understand playing. I wanted to teach him how to follow instructions so he could play with his toys how they were meant to be played with. I didn't understand his way of playing, that it didn't matter if he followed the instructions if he was enjoying himself.

It was hard to watch the first day's video. When I saw myself pressure Xavier into playing with a new toy because I was tired of playing with the old one, I felt like I was being a bully, not a mom. But after that session, I felt amazed. Ms. Martha had already helped me understand why my son got frustrated when we played together; he was unable to finish tasks that he started. Martha told me it was OK if Xavier stayed on tasks a little longer than I preferred.

Ideas That Worked

At first, when I tried to follow Ms. Martha's advice at home, it was a disaster. Xavier took so much time to play that he didn't want to stop to eat or take a bath or do anything that he wasn't ready to do! At our next session, I told Ms. Martha that I could not just simply let him play as long as he wanted. We had things to do besides play!

She told me about the egg timer approach. I would set the egg timer to go off 10 minutes before I wanted Xavier to do a different task. The countdown helped Xavier understand that playtime was almost over.

At home, the egg timer approach didn't work immediately, but eventually it worked so well that I just gave Xavier early warnings and we gave the egg timer a rest.

Listening to Each Other

From our video parenting sessions, I learned that Xavier needed me to be more patient with him and to hear him out. I also felt like he began to understand that when I gave him warnings that it was time to stop playing, he had to listen.

The biggest change was in my thinking. When my grandmother raised me, she acted like children should have no say-so, no thoughts, no feelings and, point blank, no voice. When Xavier was young, I found myself inhabited by my grandmother's ghost. I treated Xavier the same way.

The video parenting helped me realize that kids have their own minds and have real feelings too. Now that I've acknowledged that children are human just like me, I can talk with them instead of demanding. When I first went to the video parenting, I just wanted to get Xavier to listen to me. From our experience, I learned that I needed to listen to him, too.

To read Rise's entire issue on dyadic therapy, Healing Together, or to share it with a young parent, go to: **http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_26-healing-together.pdf**

I Am Proud That I Got My Son The Help He Needed

BY T.J.

My son was born shortly after the grandmother who raised me died. For several years after he was born, I struggled with the pain of losing her. Love from my cousin, a mentor and a peer support group helped me find my way to a better place.

By the time I aged out of foster care almost a year ago, I finally felt like I was on the right path but I worried about my son. I tried to give him all the attention I couldn't give him right after my grandmother died. I'd take him to karate class and read to him. I'd tell him I loved him and he'd repay me with random hugs and kisses.

My biggest challenge was figuring out how to respond when I saw him hurt, sad or scared, because those emotions still scared me. Often it seemed like emotions just brought more emotions.

I also feared that as a male he'd be a target if he was too emotional. So I taught him some of the tough love my grandmother taught me. If he fell, I'd speak to him in an aggressive voice. I'd tell him, "You're a boy. Boys are going to fall." I thought that emotions are the only thing you can control, and that I was teaching him self-control.

'That Hurt My Feelings'

But at 3, my son could also be very aggressive. He was always in defensive mode, ready for a fight. One day my cousin went to hug him and he punched her. He reacted as if she were coming to attack him.

That's when I asked for help. I went to the Department of Education and had my son evaluated. When he entered pre-K, they got him a teacher just to work on helping him express his emotions.

After a while, he started coming home saying, "You made me upset, Mommy," or "That hurt my feelings," or "Leave me alone please. I need to think." My son also began to allow himself to cry from time to time.

Over time the hitting stopped. I felt proud that my son could express his feelings. I saw that it helped, not hurt him. It gave me hope that he'd have the skills to make his way in society.

I still feel afraid that the world will eat him alive if he shows weakness. But I am trying to accept that he is a child, and that it's OK for children to sometimes be weak. Crying is a way for my son to tell me, "Mommy, I need you."

Seeking and Thriving

Getting help for my son made me want more help.

Recently another mother described a parent-child therapy program where the therapist videotaped her playing with her son, and they watched it as part of the therapy. It sounded great because it was really about her and her son, not about parenting rules. After that, I hardly slept until I found a similar program. I'm hoping it can help me address my own painful emotions and help my son and me feel like a team.

Click here to read T.J.'s whole story, including the importance of mentoring and peer support in her life: **http://www.risemagazine.org/2015/09/i-was-her-little-flower-that-was-blossoming**

Early Intervention: What you should Know to Help your Baby

As babies grow, they develop new abilities to move, speak and relate emotionally. At each age, there are "developmental milestones"—typical behaviors or abilities that you'll want to watch for in your children. For example, at 3 months old, babies should be able to make fists with both hands, lift their head and chest, and turn their head toward sounds, bright colors and light. If your child isn't meeting the milestones, consider getting your child evaluated for the Early Intervention Program, which provides special services to infants and toddlers up to 3 years old.

In New York, all of the services are free. Cara Chambers, a lawyer at the Legal Aid Society's Kathryn A. McDonald Education Advocacy Project in New York, advocates for services for children with developmental delays or disabilities who are involved in the child welfare system. Here she explains how to get the help your child might need:

> **Q:** How can parents know if their babies need help?
>
> **A:** Parents should try to pay attention to how their babies are developing in a variety of ways. You shouldn't feel that you've done something wrong if your baby's delayed in meeting those milestones. Many children develop delays for unknown reasons and need special help. Parents simply can't be experts in all areas in development, so they should use the expertise of specialists if their babies need extra help.

It's important to get the services your child needs. When kids don't get help with developmental delays, it can be incredibly stressful for the parent and the other members of the family. If you have a 2 ½ year old who can't communicate verbally, then your child might communicate by having tantrums, biting, hitting, or scratching.

A specialist can teach your child how to communicate so the whole family will have an easier time.

> **Q:** How can parents get special services for their babies?
>
> **A:** If your baby isn't meeting the milestones, you might be able to get free Early Intervention Services. Some services help parents, such as respite care, parent training, or nutrition services. Others help your baby directly.

Specialists might work with your toddler on daily living skills like feeding themselves with their hands, pulling their socks up, holding their arms up to get dressed, brushing their teeth and washing their faces.

To get these services, you start by requesting an evaluation. In New York, you call 311 and ask to speak to the Early Intervention office in your borough. An Initial Service Coordinator will ask what your concerns are, so you might say, "My baby's not talking very much at 3 years old." Or, "She's a year old but not really crawling."

The coordinator will set up a meeting, usually in your home, to explain the services and your rights, and to get your consent to do the evaluation. Then the coordinator will set up a number of different evaluations and specialists will come into the home to assess how your baby is doing. Once they're done, you'll have an Individualized Family Service Plan meeting, where a team will decide whether your child is eligible for services.

You are a member of that team and have a right to attend the meeting. Your child will be eligible if he has a disability (a diagnosed condition like Cerebral Palsy, Downs Syndrome, etc.), or if he has one or more developmental delays. If you don't want the recommended services you don't have to take them. But if you want to go ahead, then they'll develop a service plan to address your child's needs and specialists will begin coming to your home to help your child develop the skills he needs to catch up.

The greatest benefit of Early Intervention is that, because it's provided in your home, you have an opportunity to learn from the specialist.

Parents learn different games and strategies to use with their child, and when the specialist isn't there, you can use the techniques to reinforce your child's skills.

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Trauma-Informed Therapy Showed me I Could Build a Better Future for My Family

When I started attending the Safe Mothers, Safe Children program at the ACS-NYU Children's Trauma Institute, I felt like my past had completely destroyed me and my relationship with everyone.

As a child, I used to have to look down when an adult was talking to me. If I looked up, then I would get hit. My family called it disrespect.

But when I became an adult, I felt disrespected by everyone, including my children. I often felt so angry at them that they were afraid of me. At the same time, I would give in to them all the time. I didn't know how to be a parent.

As a child I was also violated so many times I can't even count. As an adult, I was so afraid that I wouldn't even sleep with my bedroom door open, even though I knew my kids were the only people in my house. I just didn't feel safe, even behind closed doors.

Ashamed of My Story

When I started therapy, I was so ashamed to talk about anything that had to do with my life. But my therapist supported me. There were times that I didn't feel like talking to her about my past, but she helped me realized how good it would be to let it out, and I did.

She also gave me charts to fill out for homework that helped me monitor my feelings so I could pay attention to when I was feeling angry or confused. Those charts helped me pay more attention to how strong my feelings were, and learn ways to bring down the intensity.

Learning to Play

I also began to play with my children. My therapist gave me logs to write down whether I had played with my children for even 5 minutes a day, and whether there were any obstacles. At first I just took small steps. But as we played, I felt like I was learning how to play right along with them. I stopped being afraid to enjoy myself.

My younger children began to trust me more and more. My 6-year-old daughter used to be so afraid to come to me when I called her, and she would lie to me all the time. But she began to really open up.

It felt wonderful when my 5-year-old son started telling me everything about his day when he came home from school.

'I Will Never Give Up on You'

It was much harder with my older daughter, who is 15. While I was in therapy, she overdosed. I was overwhelmed with so many feelings.

One way I began to sort them out was by filling out a special chart. I wrote down how angry I was with my daughter, but also how helpless I felt, and how guilty that her overdosing had to do with me and the kind of mother I used to be.

I also wrote down my actions and the results of my actions. I realized that when I refused to take my daughter to the hospital because I was so angry,

that made her think that I think I'm better off without her. That was painful to realize.

I also wrote down alternative actions I could take, like telling my daughter, "I understand why you did what you did. I'm here for you, and I will never give up on you."

I wrote down other feelings I could have about myself as well, like being proud of not giving up on my daughter.

Finding Ways Forward

In so many ways, therapy helped me take control of my life and believe that there is always a way forward. It helped me give my children something my parents didn't give me—the safety, the trust, and most of all, the love I never received.

I also began to understand what my rights are as a human being. I learned that:

I have the right to ask for what I want.

I have the right to say "no."

I have the right to feel and express my feelings, both positive and negative.

I have the right to make mistakes.

I have the right to have my own opinions and convictions.

I have the right to be treated with dignity and respect.

I have the right to change my mind or decide on a different course of action.

I have the right to protest unfair treatment or criticism.

I have the right to expect honesty from others.

I have the right to my own values and standards.

I have the right to be angry at someone I love or anybody for that matter.

I have the right to say "I don't know" no matter what the question may be.

I have the right to negotiate for change.

I have the right to be in a non- abusive environment.

I have the right to ask for help or emotional support.

I have the right to my own needs for personal space and time, even if others want my company.

I have the right not to have to justify myself to others.

I have the right not to take responsibility for someone else's behavior, feelings, or problems.

I have the right not to have to anticipate others' needs and wishes.

I have the right not to always worry about the goodwill of others.

I have the right to choose not to respond to a situation.

I have the right to be respected and taken seriously.

I have the right to a happy life.

I have the right to my freedom.

When I completed the therapy program, I received a certificate.

I call it my diploma. I told my therapist, "This program changed my life." But she said to me, "No, Micarline, you did it. And I'm proud of you."

For more stories by parents on trauma and parenting, go to: **http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_25-trauma.pdf**

Sometimes Therapy isn't the Answer:

Calming your body's sensations can help to heal trauma Many youth in care have been mandated to go to therapy. For some of us, it's been a life-saver. For others of us, we've just gone around in circles, telling the same stories over and over, never feeling better, and sometimes feeling worse. Because of those experiences, some of us don't want to go to therapy again! Would you?

But there are other ways of beginning to heal from trauma besides therapy.

Below is an interview Rise parent Piazadora Footman did with Bessel Van Der Kolk, medical director of the Justice Treatment Institute's Trauma Center in Massachusetts and renowned trauma treatment researcher and specialist, about other ways to heal from trauma. You may want to share this with parents who don't want to go to therapy. Or you may read it yourself so you can know other ways you might help a young person.

Q: Your recent book is called "The Body Keeps the Score." Can you explain what that means and why it's important for people who have experienced trauma to understand it?

A: Trauma lives in our bodies. Our brains try to keep our bodies from feeling that trauma. But our bodies may continue to experience agitation, rage and heartache. Those symptoms are all pieces of the past that haven't been laid to rest.

Talk therapy can be an important part of trauma recovery, because when you've experienced trauma you need to find words for what happened to you. A therapist should help you feel safe to feel what you

feel and encourage you to really be curious about yourself.

But an ordinary talk therapist may not be able to help you learn how to calm your body down. It's hard to heal from trauma if your body is afraid to be touched or to take in the milk of human kindness. Feelings of abandonment or self-loathing don't go away just because you can talk about them.

Q: Can you describe some trauma treatments that focus on healing trauma in the body?

A: People who have experienced trauma often barely notice their bodies because their brains are used to cutting off their feelings. They may overeat or starve themselves. They may not notice when they're tired. A central part of healing trauma is finding a way to feel fully alive in the present without blocking out your feelings.

Childhood trauma also resets the brain and makes many things harder, like concentration and the ability to regulate your emotions. Neuro-feedback, the main focus of my own research, looks at how to teach the brain and body to focus and calm down. In neuro-feedback, we put sensors on people's heads, then project their brainwaves on a computer, and people get to play computer games with their own minds. They work on becoming more attentive and calming down their reactions.

The most important question to ask yourself is what will help you begin to notice the sensations in your body. Anything you do is good. Just sitting quietly and paying attention to your breathing is a step in the right direction.

Practices that come from Asia, like meditation, Tai Chi and yoga, can help. There are a lot of yoga teachers that you can find on the internet who have been trained to work with trauma. You can also just choose a gentle yoga that is primarily meant to calm you down and help you notice your body. Once you start paying attention to your body, it's easier to take steps to care for yourself. It's also easier to work with a therapist to begin to regulate your feelings instead of getting too angry, scared, or shut down.

There are also trauma treatments that focus on healing the body that have been developed more recently. Eye Movement Desensitization and Reprocessing, or EMDR, is an interesting and bizarre treatment that works by moving your eyes from the left to the right while you're helped to remember very specific memories. We don't know exactly why EMDR works, but it has been shown to be an amazingly effective treatment for people who are haunted by particular memories, like being molested or beaten. EMDR is something that people should ask about because it is becoming increasingly available.

Q: You also focus on arts-based therapies in your book. How can the arts help in recovering from trauma?

A: The arts in general are very important in helping people imagine alternative realities. I've met so many survivors in my career by now, and the people who do the best are people who are able to imagine realities that are different from what they've experienced.

There are theater-based therapies, for instance, that can help people discover new identities when they've gotten locked into the same frozen, angry, tough identity. One of the things that happens with trauma is that people build up a determination to never get hurt again. At the time that the trauma is occurring, that defense can be very helpful. But in the long run, if you're in a relationship and your main preoccupation is to never feel any vulnerability, it's not.

When you do theater, you change your voice. You change how you hold your body. You change how you react to other people, and this opens up new possibilities. Maybe you discover that you have a gentle side, or that you could be a really powerful person when you have the chance to act like a powerful person.

Being involved in the arts is also enormously fun. For people who have grown up in foster care who may not have had the experience of feeling like they belong, being part of a theater production, joining a church choir, a garden club, or anything that gets you involved in creating things with other people can give you that feeling of being needed and of belonging.

These kinds of programs are not usually offered by foster care systems. Systems need to learn what it's like to feel abandoned and scared, to not have life feel safe or predictable, to not have a voice or control of even part of your life. Once systems begin to focus on what it feels like to be in the system, they may begin to focus more on what it takes to heal those feelings.

For more stories by parents on trauma and parenting, go to:

For More Information:

http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_25-trauma.pdf

Appendix B

Working with Young Parents in Out of Home Care

MANDATORY REPORTING

Throughout the young parent's involvement in the child welfare system, Children's Services and agency staff should clearly explain their role as mandated reporters.[56] The young parents should know that:

- CPS, foster care agency case planners, and preventive agency case planners are required to make a report to the State Central Register (SCR) of Child Abuse and Maltreatment and notify Children's Services if they have reasonable cause to suspect that the child is an abused or maltreated child. .
- Potential safety issues should be explored with the young parents to ensure they have a clear understanding of their role in keeping their child safe.
- Services should be offered in the spirit of helping the young parent and their child(ren).

Every effort should be made to engage, encourage, and support young parents. In order to avoid alienating young parents from seeking and accepting help, if a young parent breaks a group home or foster home rule, the disciplinary action should be appropriate to the infraction and not be used to discourage or undermine the young person's ability to parent or have custody of his or her child.

Making Reports to the State Central Register (SCR)

Reporting a young parent to the State Central Register of Child Abuse and Maltreatment (SCR) may be required of a provider agency case planner in the course of his or her work. New York State law mandates social service professionals to immediately make a report to the SCR when:

- In the course of their professional or official capacity, a case worker/case planner has "reasonable cause" to suspect that a child is being abused or maltreated[57], or
- The child is at serious risk of abuse or maltreatment, as a result of his or her parents' actions.

Provider agency case planners should also follow their individual organization's protocol about making reports.

If a case planner deems it necessary to make a call to the SCR, if possible, she or he should inform the young parent before making the report. When telling a young person that a call will be made or was made to the SCR, the case planner should anticipate and validate the young parent's reactions. Best practice includes continuing to support the young parent and to provide services to the parent and child throughout the reporting and investigation process.

Once a call is made, it is the responsibility of the Children's Services Division of Child Protection (DCP) Child Protective Specialist (CPS) to investigate the allegations and determine whether the case should be "indicated" or "unfounded." Because of ACS and the provider agencies' unique role in caring for young parents in their custody, it is important for case planners to have a general understanding of the possible outcomes of a Children's Services child protective investigation. If sufficient evidence supports the allegations in the SCR report, it will be marked "indicated," and the record of this report against the parent will remain in the SCR database until the youngest child named in the report turns 28 years old. The case planner should take time to discuss the seriousness and implications of an indicated case with the young parent.

If a young parent asks a case planner or CPS for information or advice about the investigation process, or about the letter he or she receives about the result of the investigation, the case planner or CPS should refer the young parent to his or her attorney for further information.

56 NY Social Services Law sections 411-416 explain who mandated reporters are and what their obligations are.

57 New York Social Services Law § 412.

Appendix C

Working with Young Parents in Out of Home Care

EARLY CARE AND EDUCATION SERVICES

A young parent in out of home care may be eligible to access early care and education services based upon certain criteria below:

New York City Child Care Subsidy

The following families are **eligible for** subsidized child care services:

1) Families that have applied for or are in receipt of TANF Cash Assistance when child care is needed for a child under 13 years of age in order for the parent or caretaker to engage in a work activity;
2) TANF families that are receiving Child Care in Lieu Of Cash Assistance (CILOCA); and
3) Families receiving transitional child care when their TANF case is closed.

If funding is available, a family may be eligible to receive Child Care Subsidy when:

1) The family has an open Child Protective Services case and child care is needed to protect the child;
2) The family has an open Preventive case;
3) The family's income is up to 200% of the State Income Standard and the caretaker is:
   - **a)** homeless while working or participating in an educational or vocational activity;
   - **b)** a victim of domestic violence;
   - **c)** employed or
   - **d)** participating in an approved educational or vocational program.

Families with working foster care parents are also eligible for child care. If there is a two parent foster care family, both parents must be working.

If a young parent is in a direct placement with his or her child rather than in foster care, the family may be eligible for Child Care Subsidy if it meets the criteria of one of the above categories. For assistance obtaining subsidized child care, the young parent should call 311. **Note that each family receiving Child Care Subsidy must pay a monthly fee based on family size and income for child care services. Employed foster care families pay a flat minimum fee.**

HEAD START AND EARLY HEAD START

Head Start and Early Head Start (EHS) are free to eligible families. Children ages 3 and 4 who are from families with incomes below the federal poverty guidelines are eligible for Head Start. Pregnant women, infants and children up to age 3 whose family incomes are below the federal poverty guidelines are eligible for EHS services. Children from homeless families and families receiving public assistance such as TANF or SSI are also eligible for Head Start/EHS. Children in foster care are eligible for Head Start/EHS regardless of their foster family's income. **Youth needs to be enrolled in school or work to be eligible for the child care.**

Making Referrals

Young parents in foster care who are employed or attending approved educational activity do not require referral from case planner. They can apply for Child Care Subsidy at an ACS contract child care program. A directory of ACS contract child care programs is available at:

For More Information: http://www1.nyc.gov/apps/311utils/providerInformation.htm?serviceId=1050

In accordance with the Children's Services Child Care and Head Start Referral Procedure, a case planner should assist a young parent in foster care whose child may be eligible for subsidized child care or Head Start/EHS services by contacting the appropriate office below.

- If you have questions about a referral or ECE placement, please contact the ECE Special Referral Unit using the appropriate e-mail address:

  ECEPreventiveReferral@acs.nyc.gov (FSS)
  ECEProtectiveReferral@acs.nyc.gov (DCP)
  childwelfarereferrals@acs.nyc.gov (FPS)

Child care services should be applied for in the young parent's name rather than the foster parent's. Please note that each family pays a monthly fee based on family size and income for child care services. Head Start is free of charge. Youth needs to be enrolled in school or work to be eligible for the child care.

If you have questions about the ECE-002 procedure, please contact Shari Gruber, Director of Policy and Procedure, Division of Early Care and Education at grubers@acs.nyc.gov

Working with Young Parents in Out of Home Care

YOUNG PARENTS TRANSITIONING OUT OF FOSTER CARE

When a young parent transitions out of foster care with his or her child to live independently, child care should continue seamlessly as long as the family continues to meet the eligibility requirements.

However, child care will end when the young family transitions out of care unless the young parent is eligible. (i.e., low income and working or low income and in an educational/vocational activity). If the young parent is eligible, the case planner must notify the ACS Division of Early Care and Education well in advance of discharge to ensure that child care continues uninterrupted.

Note: Child care may be interrupted if an agency or the teen parent fails to notify ACS of changes in status.

What Types of Child Care Are Available?

- Group Child Care Centers: Certified providers offer care in a licensed child care center, funded by ACS. Group centers may provide care for children ages 6 weeks to 3 years. Centers are generally open Monday through Friday from 8:00 a.m. to 6:00 p.m., though some programs may open early, stay open late or have weekend hours.
- Family Child Care Networks: Child care is provided for eligible families in registered family childcare homes and licensed group family child care homes affiliated with ACS-funded family child care networks. Child care in the homes is often available for children ages 6 weeks through 12 years. Children with documented special needs may receive child care through the age of 18. Regular hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. for non-school aged children, and 3:00 p.m. to 6:00 p.m. for school aged children, though many family child care providers open early, stay open late or have weekend hours.
- Family Child Care Homes: A provider cares for up to 6 children depending on the age of the children in the provider's home. The provider is registered by the DOHMH.
- Group Family Child Care Homes: The provider and an assistant may care for as many as 10 to 14 children, depending on the age of the children in the provider's home. The provider's home is licensed by the DOHMH.
- Head Start and Early Head Start: Head Start offers educational programs for children age 3 and 4, and Early Head Start offers programs for pregnant women and children up to age 3. Both offer a wide variety of opportunities and support services for families and feature safe, caring environments where both children and parents come to learn and grow and achieve. Case planners should refer young parents for Head Start or Early Head Start using the referral procedure described above. Interested families can also call (212) 232-0966 or 311 for details regarding Head Start/EHS and how to find centers in their neighborhoods.
- Universal Pre-Kindergarten (UPK): A free educational program available through ACS and the DOE for all eligible 4-year-olds. Programs offered are either half day or full day in local elementary schools and community-based sites. For more information about Pre-K programs, call 311.
- Out of School Time (OST): After school programs administered by the Department of Youth and
- Community Development (DYCD). Services are available at no cost to all school-age children, from kindergarten to high school. Programs offer academics, arts and music or sports. For contact information for after school programs in your area, call DYCD (1-800-246-4646) or 311.

Appendix D

Working with Young Parents in Out of Home Care

HOUSING ACADEMY COLLABORATIVE: YOUNG ADULT HOUSING SUBSIDY GUIDE

Young adults qualify for the subsidy grants when they have secured a NYCHA apartment, New York/New York III Supportive housing or any type of free market property, including a room or basement rental. A lease, sublease or occupancy agreement must exist between the youth tenant and respective landlord. A youth qualifies if he or she is being discharged from foster care, or, if he or she was recently discharged from care. Eighteen to twenty-one years and six months is the age requirement.

Subsidy Type:

- $1,800 to be used for rent, security deposit and/or furniture. This is limited to NYCHA and fee market apartments.
- $1,800 to be used for rent arrears. Youth renting NYCHA apartments, supportive housing and free market dwellings qualify.
- $645 to be used for rent and security deposit for furnished supportive housing apartment.
- A monthly housing subsidy of up to $300, which is limited to free market rentals. The subsidy has a total value of $10, 800. The monthly subsidy may last for a period of three years if funds from the two $1,800 subsidy grants are not utilized.
- Monthly subsidy rent payments terminate at age TWENTY-ONE.

Acquiring rent deposit and arrears subsidy funds:

- The agency Case Planner or designee submits (in person or via email) a copy of the lease, sublease, occupancy agreement, letter of intent to rent or landlord breakdown of arrears, along with the name and CIN number of the youth tenant to a HAC staff for review.
- The HAC staff issues a signed ELIGIBILITY MEMO with the appropriate subsidy grant amount.
- The foster care agency issues the rent deposit or arrears check to the landlord. ACS provides reimbursement to the foster care agency.
- For recurring monthly funds, the foster care agency is responsible for making the first two payments to the landlord. ACS' fiscal department will make subsequent payments directly to the landlord.

Frequently asked questions:

Will ACS make an exception to approve subsidy funds over twenty-one and six months?

Yes. The particular circumstance associated with the case will be a determining factor. Length of time on the NYCHA waiting list and enrollment in school may be two intervening factors.

Can a youth take possession of a supportive housing apartment while he or she waits to be called for a NYCHA apartment?

Yes.

If a youth previously received security deposit for a supportive housing apartment, can he or she receive additional funds for a NYCHA apartment?

Yes. ACS will take a close look at that youth's source of income and make a determination, based in part, on the designated source of income, as well as the risk of the youth losing the apartment.

Can subsidy funds be used to purchase electronic items, such as a television?

No. However, private donations of some electronic and household items are made to ACS. When available, ACS randomly dispenses those items to youth.

Why do youth with children often get called faster for NYCHA apartments?

.There are limited studio apartments available and fewer come online each year. NYCHA is primarily designed to assist families, and they have a greater number of available apartments for families.

Can I apply for a NYCHA apartment if I am utilizing college room and board?

Yes.

I was recently discharged from foster care and I do not have stable housing. Do I qualify for the ACS NYCHA priority?

Yes. if you are less than twenty-one years old. ACS and its foster care partners provide supervision to young adults up to age twenty-one.

Can I complete a NYCHA and a supportive housing application at the same time?

Yes.

If I have a mental health diagnosis, am I limited to supportive housing?

No. Intensive case management is available to assist if you choose a NYCHA apartment. Your treating mental health professional will need to make a recommendation.

Will I lose my NYCHA priority if I leave foster care before I'm assigned an apartment?

No. as long as you are placed on a NYCHA borough wide waiting list.

Can I change my borough selection once I'm placed on a NYCHA waiting list?

Yes. However, you will be placed at the bottom of the waiting list for the new borough that you select.

Can I start a supportive housing application before I turn eighteen?

Yes. However, you must be eighteen to move into a supportive housing apartment.

Do I qualify for supportive housing if I was adopted and my adoptive parent kick me out of the house?

You must have spent at least one year after your sixteenth birthday in foster care in order to qualify for categories of I or C or the New York/New York III supportive housing program.

Will I have to leave my supportive housing apartment if I have a child?

Yes. All the available supportive housing apartments for categories "I" and "C" are for single adults.

Must I have a mental health diagnosis to apply for supportive housing?

No. A psychiatric report is also not required if you have no mental health history.

Is my foster care agency is responsible for submitting the electronic 2010e supportive housing application if I'm in foster care or placed on an exception to policy?

Yes.

I was discharged from foster care and I'm between the ages of eighteen and twenty-five. Will a housing specialist from the Housing Academy Collaborative complete my electronic 2010e application?

Yes. I spent a least one year after my sixteenth birthday in foster care and I'm now in a shelter, or seeing a mental health professional at a clinic or hospital.

Can the shelter, clinic or hospital submit my 2010e electronic supportive housing application?

Yes. However, the shelter, clinic or hospital will need written confirmation of your foster care history from ACS to verify qualification to HRA.

Who provides access and training to the electronic 2010e application to users?

HRA.

Appendix E

TRANSITIONAL MEDICAID

Overview

ACS realizes that when youth turning 21 are final discharged from foster care there are many things that need to be put in place prior to leaving care. Access to medical coverage is an important part of ensuring a successful transition from foster care.

There are basically two broad Medicaid program categories in New York State: "Services Medicaid" (also known as foster care Medicaid) and "Community Medicaid." When a foster child is final discharged from foster care and will reside in the State of New York, the local social service district is required to determine the youth's eligibility for Community Medicaid coverage. But because of the Affordable Care Act children who are final discharged from foster care at the age of 18 + are entitled to Community Medicaid until the age of 26 years old. Please note that this does not pertain to youth who are discharged to adoption or guardianship.

Effective January 1, 2014, individuals under age 26 who were in foster care at age 18 + and in receipt of Medicaid are eligible for Medicaid coverage. Consistent with this rule, individuals are eligible for Medicaid if they:

- Are under age 26
- Are not eligible for and enrolled in mandatory Medicaid coverage; and
- Were in the custody of the Commissioner of the local department of social services or the Commissioner of the Office of Children and Family Services on their 18th birthday; and
- Were in receipt of Medicaid on their 18th birthday or at the point of aging out of foster care.

Accordingly, effective January 1, 2014, all former foster care youth who meet these requirements and who turned 18 in foster care between 2007 and 2013 are eligible for Medicaid. The former foster youth may apply for Medicaid at any point in time between attaining age 18 and 26.

The goal of the Transitional Medicaid Unit is to ensure that all eligible youth discharged from care with no other identified medical coverage plan are transitioned into Community Medicaid.

Services

Provider Agency staff must assist the youth with filling out the Medicaid renewal package with copies of supporting documentation. The renewal package should be submitted to ACS at least 60 days prior to the youth leaving foster care or turning 21. Supporting documentation consists of:

- Copy of youth birth certificate or permanent resident card if not an American citizen
- Copy of youth social security card
- Copy of a photo ID of the youth

After the youth is discharged from care and they need assistance concerning their community Medicaid, they can call the numbers below.

When in doubt, reach out:

Medicaid Transitional Unit

Grace Robinson, Supervisor
Grace.Robinson@acs.nyc.gov
(212) 676-6366

Roberta Dunson, Supervisor-Systems Medicaid
Roberta.Dunson@acs.nyc.gov
(212) 341-3662

Appendix F

CHILD SAFETY ALERT

From Commissioner Ronald E. Richter
#33June 15, 2012

> **Nicholson Balancing Test:** Balancing Imminent Danger and Emotional Risk of Harm during Removal Decisions

Parent-child attachment is critical to the physical and emotional well-being of a child. Parent-child separation reduces the opportunity for a child to bond physically and emotionally with their parent. Secure bonding with a parent enables a child to experience normal, emotional development and form his or her own identity. Children, particularly young children and infants who are separated from their parents, may experience significant emotional harm that affects their physical and emotional development. Extended separation from a parent may result in a child experiencing emotional dysregulation that results in acting out behavior by the child.

Nicholson Balancing Test

In the case of Nicholson v. Scoppetta, the New York State Court of Appeals ruled that the Family Court must apply a balancing test (hereinafter "Nicholson balancing test") when deciding whether a child should be removed from their home. Although the Family Court is required to conduct the balancing test, CPS must also balance the risk of emotional harm a removal may cause against the threat of physical and/or emotional harm if the child remains in the parent's care. CPS must be able to explain to the court why it was determined that the risk of physical and/or emotional harm by staying with the parent is greater than the risk of harm that may be caused by removal.

With each removal decision, the CPS must consider this question: Is the physical and/or emotional harm to the child greater if the child remains with the parent than the harm a removal may cause?

I. Questions to Consider During Removal Decisions

When there is threat of harm to a child, the CPS is required to make reasonable efforts to keep the child safely in the home. The CPS should use the following to guide their decision as to whether the threat of harm is so imminent that a removal is necessary:

a) **What is the threat of harm to the child?** What is the specific behavior, the immediacy of the threat, and the likely consequences of the threat? How does the threat of harm place the child in immediate or impending danger?
b) **What are the behaviors of each parent that are causing the harm or threat of harm?** The actions of each parent need to be analyzed separately to determine whether the child may be safe with either parent.
c) **What is the protective capacity of the parent(s) and other family members?** How well does the parent/family members understand the threat of harm to the child? Do they have insight into how the child can be harmed by the situation? Do they understand what it means to protect the child? Are they as a family unit, or are specific family members willing and able to protect the child?
d) **What reasonable efforts were made or can be made to keep the child safely in the home?** Will safety interventions placed in the home significantly reduce the threat of harm? Consider child vulnerability and parent/family willingness and ability to follow the safety plan that reduces the safety factors when making this determination.
e) Balance the threat of harm (imminent danger) the child faces versus the risk of emotional harm that a removal may cause. The age of the child, previous abuse/neglect history including removals and the availability of relatives to care for the child should be considered when assessing the emotional harm a removal may cause. Consider how the removal may affect the physical, cognitive, affective and behavioral functioning of the child.

If the threat of harm (imminent danger) of the child remaining in the home with the parent(s) is greater than the emotional harm that a removal may cause, the CPS should follow the process detailed in the Emergency Removal Policy.

II. Preparing for Court Hearings

During court hearings (including but not limited to: 1027, 1028, Fact Finding), the CPS should be prepared to provide testimony concerning the following:

- **a)** The threat of harm to the child, and the connection between the actions of the parent and the harm or imminent risk of harm;
- **b)** The child's vulnerability to being harmed;
- **c)** The parent/family protective capacity: Consider whether the child could remain with one parent with an order excluding the offending parent;
- **d)** Why safety interventions placed in the home will not reduce the danger to the child;
- **e)** How does the harm, if the child is not removed, outweigh the emotional harm that a removal may cause?
- **f)** What specific actions will the CPS team take to reduce the emotional harm that may result from the removal?

III. Actions to Reduce Emotional Harm

The following actions by the CPS team may reduce the risk of emotional harm:

- **a)** Be aware that removals may cause emotional harm to children and removal discussions should include strategies to reduce emotional harm.
- **b)** Place children with appropriate kinship resources to enable parents to have more frequent visits.
- **c)** Advocate for frequent visits between children and parents when children are placed in non-kinship homes.
- **d)** Limit the number of staff that handle the children during removal and placement.
- **e)** Place children in homes that can provide a loving and consistent environment where children can develop.
- **f)** Reduce the number of placements a child experiences by matching the needs of the child with the ability of the placement resource to meet the needs.

Child Safety Alert

#14 (revised)

From Commissioner John B. Mattingly
June 5, 2008

Safety Planning for Newborns or Newly Discovered Children
Whose Siblings Are in Foster Care
Child Safety Alert #14 (Revision)

Effective immediately Child Safety Alert #14 originally issued on June 22, 2006 has been revised.

This memorandum clarifies and strengthens Children's Services' policy regarding safety planning for newborns whose siblings are already in foster care as a result of abuse or neglect. Since Children Services has already determined that it is unsafe for older sibling(s) to be in the home, there must be full safety and risk assessments to ensure the safety of the newborn and appropriate court action taken on behalf of the new child. This memorandum also applies to a newly-discovered child of any age whose siblings are already in foster care. The following steps are intended to strengthen our capacity to protect these children from potential harm:

PRIOR TO THE BIRTH

As soon as the case planner learns of the mother's pregnancy, the case planner must conduct an on-going assessment to determine if it would be safe for the newborn to reside in the home. The case planner must notify the Family Court Legal Services (FCLS) attorney who is handling the sibling's case and the Child Protective Specialist (CPS) if the case continues to be active in the field office. A meeting with the family and service providers during this time should address the upcoming birth, services needed, and the family and agency's safety plan for the baby.

Calling the SCR as Soon as the Child is Born or Discovered

As soon as the foster care, preventive service or Children's Services staff learn of the birth or presence of a new child in the home, the case planner must call the State Central Register (SCR) and give information on the prior history, existing court orders, reasons sibling are remain in care and any new allegations that may exist. If there is reasonable cause to suspect abuse or neglect of the new child, the SCR will accept this call as a report, and a Child Protective Specialist will be

assigned to conduct an investigation. If the SCR does not accept the call as a new report, the SCR will take the information about the birth of a child with a sibling in care as "Additional Information." As described in the February 7, 2006, DCP memo entitled "Additional Information on SCR Reports & Subsequent Reports", a CPS will be assigned to do a full assessment of the safety of the new child in the home, and an Elevated Risk Conference must be convened immediately It is unlikely that SCR will not accept the case as a Child Protective Report (CPR) or Additional Information. If they do not, the Foster Care/Preventive agency staff should assess for safety and immediately ask Children's Services to convene an Elevated Risk Conference.

Connections Case Composition/Responsibility To Work With Newborn or Discovered Child

Upon learning of the birth of a child or discovered child, the case planner is responsible for adding the new child to the household composition in the Connections Family Services Stage and if services will be provided (Foster Care, Preventive, COS), designating the new child as a tracked child. Pending the completion of the CPS investigation, the child's Permanency Planning Goal (PPG) should be designated as "Protective/Prevent Placement."

The Investigation/Assessment

It is critical that the CPS and the foster care and/or preventive case planner share and discuss information with one another immediately. Planning for the new child should begin as soon as it is known that the parent is pregnant or as soon as the child is discovered. The investigation/assessment should include a review of the facts and circumstances surrounding the family's current service needs and their ability to care for the child, coupled with the family's history including why the siblings came into care and what progress the family has made towards addressing those safety concerns. This information should be discussed at the Elevated Risk Conference which is to be convened immediately after the child's birth/discovery. If it is determined that the new child is at imminent risk of serious harm and there is insufficient time to obtain a court order, immediate action must be taken to ensure the child's safety. The case planner retains responsibility for the work with the family and ongoing safety assessments.

Elevated Risk Conference Is Required to Reach Safety Decision

When a child with siblings in foster care is born or discovered, an Elevated Risk Conference must be convened immediately to include parents, Foster Care and/or Preventive case planner, CPS staff and others relevant to the case (Family Service Unit (FSU), service providers, etc.). The conference's decision should be to ask for either Court-Ordered Supervision or remand from the Family Court.

If the decision is to seek Court Ordered Supervision (or in exceptional circumstances not to take court action on behalf of the new child), there needs to be clear documentation from the conference that explains why the older children have not yet been reunified, while it would be safe for a new child, especially when that child is a more dependent and fragile newborn, to remain safely in the home.

When a child has siblings in foster care, Children's Services and Family Court have already determined that it is unsafe for older sibling(s) to be in the home. There should be a presumption that the safety factors that required removal and continued placement remain and that appropriate court action needs to be taken to protect the new child. Of course, it is the Family Court's responsibility to weigh the risk of harm of removal against the risk associated with the child remaining in the home.

DCP Borough Commissioner Approval Required – If Elevated Risk Conference Decision Is for Newborn or Discovered Child to Remain with Parent When Siblings are in Foster Care

When the Elevated Risk Conference decision is that the new child can remain with the parents with a safety plan in place to protect the child, that decision must be reviewed and approved by the DCP Borough Commissioner.

If the Borough Commissioner concurs with the Elevated Risk Conference decision for the new child to remain in the care of their parent, the plan must be implemented in its entirety and must include heightened monitoring of the safety of the child. The Children's Services, Foster Care or Preventive Services case planner must make at minimum two face-to-face contacts per month, both in the home for the first six months, one in the home thereafter. (See April 7, 2000, Memorandum: Family Casework Contact Requirements and Safety Assessments for Families with Histories of CPS Indicated Cases

Receiving Services from Protective, Preventive and Foster Care Providers & March 8, 2007 Memorandum: Casework Contact Requirements for General Preventive Service Providers). The work with the family must address the safety and risk factors identified during the life of the case. A request of the Court to add the child to the case and to order supervision must be made as well.

LEGAL ACTIONS

If the safety decision is to remove the child, the CPS will ask FCLS to initiate the court process. If the decision to have the child remain with the parent is approved by the Borough Commissioner, it will generally be necessary to file an Article 10 Family Court case on behalf of the newborn or discovered child; so that Court Ordered Supervision may be sought. The cause of action for the new child would be similar to the cause of action filed as to the siblings, since the new child is presumptively at risk due to the abuse or neglect of the siblings. New allegations may also exist. These filings will be expedited and not dependent on the availability of the current attorney assigned to the case.

If a judge issues an order that Children's Services believes will not adequately protect the new child, FCLS will oppose the order and appeal where appropriate.

For example, Children's Services will not support allowing a child to remain in a home in which a limited order of protection is issued against one respondent parent, stating that such respondent may live in the home but not be alone with the newborn--expecting the other parent/person legally responsible to be present at all times when the respondent is with the child.

Other Considerations

Assigning CPS to Do an Assessment When the SCR Does Not Accept a Report

In cases where the SCR does not accept a report and takes the information as "Additional Information" the following steps must be taken for CPS to assess the safety and risk of the new child: The SCR will send the "Additional Information" to the Applications Unit in the field office. The Applications Unit will conduct clearances to determine where in Children's Services the case is active. An updated Safety Assessment must be done immediately.

Cases Active in the Field Office: If the case is active in the field office, the safety and risk assessment of the new child will be done by the CPS unit assigned to the case.

Cases Active in Other Case Management Units: If the case is active in another case management area, the Applications Unit will assign the DCP Borough

Office where the family is living as the "Primary" and send an "Alert" to the case manager and the contracted Preventive Services Program Director or Foster Care Director. The case manager must immediately go into CONNECTIONS to assign the CPS worker a role in the case (caseworker) so that CPS can assess the safety of the new child and document this in CONNECTIONS.

Ongoing Assessment

Finally, if the Elevated Risk Conference decision is made to leave a newborn in the home, the case planner(s) must continually monitor and reassess the situation to determine the safety of the child. During home visits, it is critical for the worker to inquire about and interview any new members of the household in order to assess any potential safety threats. Case conferences, legal consults or SCR reports should occur as necessary to ensure the safety of the child.

New Child Sibling Reports Received by CPS

It is possible that a case planner will not know that there is a newborn or newly discovered child in a family. When a CPS receives a report regarding a child who has siblings in foster care, the CPS worker must immediately contact the case planner and the FCLS attorney to alert them to the child in the home. Children's Services and the agency should then follow the steps outlined above.

Child Safety Alert #19 (Revised)

From Commissioner Gladys Carrión, Esq.
May 22, 2014
Protecting Children of Young People in Foster Care

This Child Safety Alert serves to clarify and strengthen Children's Services' policy regarding safety planning and protective measures for infants and children of youth in foster care, when the infants and children reside with their parents in a foster home or an alternate foster care setting. Children's Services and our provider agencies must work to provide the same safeguards to the children of youth in foster care as we do for all children with whom we come into contact through a protective, preventive or foster care case.

When a youth in foster care has a child of his or her own, New York State laws and regulations do not require that the youth's child be placed in the legal custody of the Commissioner of Children's Services (i.e., foster care) in order for the child to reside in a foster care setting with the parent (the youth in foster care). Nevertheless, Children's Services and our provider agencies are responsible for providing support and offering services to the young parent who is in our care so that he or she is able to keep his or her child safe without child protective (or safety) intervention.

The young parent is responsible for the care of his or her child as long as the young parent retains custody. A foster parent or residential care staff person may be a resource, but if the young parent is unwilling or unable to care for his or her child and the young parent's failure to do so poses a safety issue, then the case planner must intervene to address the situation.

If there is reasonable cause to suspect that a young parent is exposing his or her child to harm or risk of harm, a report must be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR) and appropriate casework and/or legal intervention must be implemented. The Office of Special Investigations (OSI) within the Children's Services Division of Child Protection (DCP) shall investigate allegations accepted by the SCR. The child protective specialist (CPS) investigating the SCR report and the assigned agency case planner must promptly apprise the Division of Family Court Legal Services (FCLS) attorney assigned to the young parent's case of any concerns regarding the care of the young parent's child. If appropriate, OSI staff shall convene a Child Safety Conference.

OSI staff shall notify the FCLS attorney when a Child Safety Conference is scheduled to occur and of the outcome of the conference.

In certain cases it may be appropriate for the young parent to sign a voluntary placement agreement with Children's Services. The agreement would place the young parent's child in the legal custody of the Commissioner of Children's Services. If the outcome of the Child Safety Conference is a recommendation that the young parent sign a voluntary placement agreement with Children's Services, the CPS shall follow the procedures for a legal consultation with FCLS and request that a voluntary placement petition be filed in Family Court.

If the outcome of the Child Safety Conference is a recommendation to file an abuse or neglect petition and seek a remand of the child, or court ordered supervision while the child remains in the care of the young parent, the CPS shall refer the case to the appropriate FCLS Family Court Unit to request that an abuse or neglect petition be filed against the young parent in Family Court.

Children's Services has several legal options with respect to obtaining court assistance to protect the child of a young parent in foster care including, but not limited to, the options specified below:

1) At the initial hearing after the filing of an abuse or neglect petition, Children's Services may request a Family Court order to temporarily place or release the child directly to the custody of the youth in foster care with Children's Services' supervision (commonly referred to as a "parole" of the child with supervision). This will enable the young parent and the child to live together in a foster boarding home or alternate foster care setting. Legal and physical custody would remain with the young parent, and the young parent may be mandated by court order to cooperate with services and any necessary restrictions.

2) At the initial hearing after the filing of an abuse or neglect petition, Children's Services may request, a Family Court order to place the child of the youth in foster care in the legal custody of the Commissioner of Children's Services. Children's Services may then place the youth's child in a different residence from the young parent. Legal custody of the child would be transferred to Children's Services. In addition, the Court may order that the young parent comply with services in order to regain legal custody of his or her child.

3) Children's Services may request a Family Court order to approve a voluntary placement agreement signed by the young parent placing the young parent's child in the legal custody of the Commissioner of Children's Services. Legal custody of the child would be transferred to Children's Services. In such a situation, Children's Services may then place the youth's child in a different residence from the young parent.

All decisions concerning whether Children's Services should seek legal custody of a child of a youth in foster care should be based on the facts and circumstances of the individual case and based upon determinations of a Child Safety Conference. Whenever possible, unless there is imminent risk to the child's life or health, staff from the provider agency and Children's Services should make reasonable efforts to prevent the removal of the young child from his or her parent in foster care.

Appendix G

1 of 2 (front)

ATTACHMENT A
Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care

NAME OF YOUTH _____ DATE OF BIRTH _____

YOUTHS CIN (MEDICAID #): _____

As you make decisions about your health, it is important for you to be able to receive support from a number of different people, including your foster parent(s), parent(s)/guardian(s) and foster care agency staff. As a young person, you have certain rights concerning your medical needs, including sexual and reproductive health information and services. You also have the responsibility to make sure that any medical providers you go to on your own know about the other health services and medication(s) you are receiving.

You have the right to learn about:

- contraception and safer sex practices, including safer sex supplies such as barrier methods such as condoms, dental dams, and finger condoms;
- prevention of pregnancies;
- responsible behavior;
- healthy and unhealthy relationships;
- sexual orientation and gender identity; and
- prevention of and testing and treatment for sexually transmitted infections (STIs), HIV and AIDS;
- You have the right to access contraceptives and safer sex supplies, including emergency contraception (the "morning after pill" or Plan B).
- All female youth have the right to a gynecological exam and maternity care (prenatal, perinatal and postpartum) and termination of pregnancy. All male youth have the right to sexual and reproductive health services, including information about safer sex and delaying fatherhood.
- The foster care agency and/or foster parent must give you support in making sure you receive information and services. Even if your foster parent is not supportive about these issues, this should not affect your ability to access information and services. The agency gave a similar letter to your foster parent informing him/her of your sexual and reproductive rights.
- You have the right to privacy regarding your sexual and reproductive health. You can receive sexual and reproductive health services (prevention, testing and treatment for STIs, pregnancy testing, abortion services, and contraception) without anyone knowing about it, including your parents/guardians and foster parents, foster care agency staff, or anyone else.
- Your medical information may only be shared when required by law. In this event, the foster care agency will follow the law and will only share the information necessary. You will be told, as required by law, when the information is shared.

Along with this letter, the foster care agency will give you a pamphlet about your right to confidential sexual and reproductive health care *(Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health Rights)* and your rights and options if you or your partner is pregnant.

Your foster care agency has given you a CIN, which stands for Child Identification Number (Medicaid #), will allow you to access sexual and reproductive health-related services and resources outside of your foster care agency. Your CIN (Medicaid #) is also listed at the top of this letter. To prevent abuse or deliberate misuse, only share your CIN with appropriate staff and keep the letter in a safe place. When you have a doctor's appointment or visit a health clinic for services, take this letter and photo identification card with you.

You can ask the clinic or hospital to make a copy of the letter so you can keep the original.

Someone from your agency will speak to you about this information. If you have questions, and/or would like to talk about your sexual and reproductive health needs you can contact him/her at:

Staff Person's Name _____ Telephone Number _____

If you need help finding a health clinic in your neighborhood, have questions, or are unable to access information or services related to your sexual and reproductive health, you may call the Children's Services Office of Advocacy at 212.676.9421.

I have read, discussed, and I understand the information in this letter.

ATTACHMENT B

Letter Informing Parents/Guardians and Foster Parents of Adolescents' Rights to Confidential Sexual and Reproductive Health Care

Youth in foster care constantly face difficult life decisions that affect their future. Communicating accurate information with youth in a non-judgmental way about their rights to confidential sexual and reproductive health services is critical in helping them make informed decisions regarding their sexual health. As a parent/guardian/foster parent, you must be aware that youth 12 years and older and certain youth under 12 years in foster care have certain rights concerning their medical needs, including sexual and reproductive health information. It is important to be open and available to talk to youth about these situations, and be a resource for support and information.

Youth in foster care have the right to learn about:

- contraception and safer sex practices;
- safer sex supplies, including barrier methods such as condoms, dental dams, and finger condoms;
- prevention of pregnancies;
- responsible behavior;
- sexual orientation and gender identity;
- healthy and unhealthy relationships
- prevention of, testing and treatment for, sexually transmitted infections (STIs), HIV, and AIDS.

Youth in foster care have the right to access contraceptives and safer sex supplies.

All female youth have the right to a gynecological exam and maternity care (prenatal, perinatal and postpartum) and termination of pregnancy.

All male youth have the right to sexual and reproductive health services, including information about safer sex and delaying fatherhood.

The foster care agency and/or foster parent must give support to youth in care in receiving information and services.

Young people have the right to privacy in all issues regarding their sexual and reproductive health. Young people can receive sexual and reproductive health services (prevention, testing and treatment for STIs, pregnancy testing, abortion services, and contraception) without anyone knowing about them, including parents/guardians and foster parents, foster care agency staff, or anyone else.

Along with a letter, every youth will receive a pamphlet describing his/her rights to confidential sexual and reproductive health care (Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health Rights) and his/her rights and options if the youth is pregnant or has gotten someone pregnant. A copy of this pamphlet is included with this letter for your information.

The foster care agency has issued documentation to your child/foster child with his/her Child Identification Number (CIN), which is the youth Medicaid #. This will allow him/her to access sexual and reproductive health-related services and resources outside of the foster care agency. This number must only be used by the youth.

A representative from your agency will speak to the youth in your care about the information in this letter. You and/or the youth may contact the following person from your agency if either of you have questions about sexual and reproductive health issues or the rights of youth to confidential health care:

Staff Person's Name _____

Telephone Number _____

If you have questions or if the youth in your care is unable to access information or services related to sexual and reproductive health, you may call the Children's Services Office of Advocacy at 212-676-9421.

I have read, discussed, and I understand the information in this letter. After signing the document please return to agency staff person.

Signature of Parent/Guardian/Foster Parent _____

Date _____

Printed Name _____

Relationship to Child _____

Appendix C

SEXUAL AND REPRODUCTIVE HEALTH CENTERS/CLINICS

CLINICS	PHONE NUMBERS
Bronx	
Bronx Health Center	718. 320.4466
Jacobi Hospital/Clinic – Gun Hill	718.918.8850
Jacobi Hospital/Clinic - Tremont	718.918.8700
Planned Parenthood - The Bronx Center	212.965.7000
Brooklyn	
CABS Health Center	718.388.0390
Caribbean House Health Center	718.778.0198
Coney Island Hospital/Clinic	718.616.4392/3191
Dr. Betty Shabazz Health Center	718.277.8303
HEAT Program	718.467-4446
Kings County Hospital/Clinic	718.245.5495/ 3502
Planned Parenthood - Boro Hall Center	212.965.7000
Manhattan	
Callen-Lorde Health Outreach to Teens (Project HOTT)	212.271.7212
Community Health Care Network of NYC	212.545.2400
Community League Health Center	212.781.7979
Downtown Health Center	212.477.1120
Gouverneur Hospital/Clinic	212.238.7244/ 7601
Harlem Hospital/Clinic	212.939.8229/ 8262
Helen B. Atkinson Health Center	212.426.0088
Metropolitan Hospital	212.423.8811/ 7662
Planned Parenthood - Margaret Sanger Center	212.965.7000
The Door	212.941.9090
The Young Men's Clinic	866.463.2778
PFLAG (Parents, Families and Friends of Lesbians and Gays)	212. 463.0629
Queens	
Long Island City Health Center	718.482.7772
South Queens Clinic	718.883.6699/ 2558
Queens Health Center	718.657.7088
Staten Island	
Planned Parenthood - Staten Island Center	212.965.7000
Teen R.A.P.	718.226.6262

Appendix H

Guidance and Expectation of Practitioners Working with Expectant & Parenting Youth (EPY) around Co-Parenting

Purpose:

This guide is intended to support provider agency staff in their engagement of and ongoing work with expectant and parenting youth in foster care around a co-parenting intervention. The desired results of the co-parenting intervention are:

- Young parents are prepared to set goals to promote and create a healthy future for themselves and their children
- Young parents establish a positive co-parenting relationship that enables them to work together in raising and promoting the well-being of their child
- Ongoing and sustained involvement of both parents, especially the father, whenever possible in the child's life
- Young parents are prepared to make healthy decisions with their child's best interests in mind about their romantic and parenting relationships

What is Co-parenting and Why it is Important?

Co-parenting definition: Co-parenting can be defined as shared parenting responsibilities between consenting parents. The parents do not co-habitat together and may no longer be romantically connected. Both parents are involved to enhance the growth, development and well-being of the child. The involvement of both parents enriches future positive outcomes in all facets of the child's life.

How co-parenting supports EPY in building their protective and promotive factor capacity to promote the safety, permanency and well-being of their children

Co-parenting relationships among EPY youth in foster care encourages:

- Child safety
- Family stability
- Permanence
- Well-being

As practitioners, we must support EPY individually and as co-parents in enhancing their strengths in order to build opportunities for them around:

- Increasing a permanent adult resource/connection
- Decreasing trauma symptoms
- Increasing educational advancement
- Increasing employment readiness
- Increasing housing stability
- Decreasing substantiated child abuse and neglect reports
- Increasing healthy births
- Increasing regular medical visits

In essence, we should be encouraging and promoting our youth to thrive in order for them to be nurturing parents. The nurturing support that parents receive lays the foundation for their child's well-being and ongoing healthy development. In working with EPY, we want to encourage healthy co-parenting outcomes and seek the support from multigenerational family members to assist EPY.

It is our responsibility to support EPY with the following:

- Development of resiliency in order for them to better manage stress – particularly parental stress;
- Social connections necessary to build trusting, lifelong relationships – people they can turn to for guidance around their own growth and that of their children;
- Knowledge of their own health and development and the health and development of their children
- Concrete supports and comfort with seeking help without fear of being judged as a parent or, worse, having their child removed
- Build skills and cognitive and social emotional competence to assist them forming their independent identity, having a plan for their future and be nurturing parents attentive to their child's socio-emotional needs

Understanding that EPY are adolescents that require nurturing guidance and stability as we must work to create opportunities for them and their children around;

- Parent-child activities
- Home visiting
- Early child care education
- Support for navigating relationships
- Co-parenting

Research shows that adopting a co-parenting approach to involving fathers in the lives of their children is likely to pay off for all members of the family. We must find programs to help strengthen families and promote family stability. Such programs that can assist young parents are parenting skills, individual and group counseling. It is important to the expectant and parenting youth to engage in co-parenting workshops that focus on the challenges of shared parenting, describing the positive influence fathers can have on their children and discuss ways to work cooperatively with the father or other caregivers.

Policies & procedures for Provider Agencies:

- Provider agencies must counsel and provide up-to-date information to all male youth with special attention to parenting and expectant fathers, including information on topics, such as healthy intimate relationships, support services related to becoming a father and co-parenting (arrangements for the infant if the pregnant youth decides to continue the pregnancy to term and raise the child with the expectant father. This discussion should include an assessment of the safety of the young man's relationship with the expectant mother).
- If a male youth discloses to a foster parent or provider agency staff person that he has impregnated another youth, his case planner must immediately connect him to a fatherhood program. If the pregnant youth is also in foster care, the case planner must notify her case planner of the pregnancy within 24 hours and the Teen Specialist Unit must be notified.
- Provider agencies must offer training and inform all young men and women about their paternity rights and responsibilities regardless of their sexual orientation and gender identity. Topics should include parenting classes, family planning counseling, and links to local resources, mentors, and support groups.
- Provider agencies must also provide training for young fathers addressing the importance of their involvement in the lives of their children, their parental rights and responsibilities as well as support in creating a positive co-parenting relationship with the mother(s) of their child (ren). Provider agencies shall make efforts to help young fathers develop a strong sense of sexual responsibility and an understanding of the implications of fatherhood.
- Provider agency staff must provide all expectant and parenting youth with information and referral on co-parenting and the importance of creating a positive co-parenting relationship with the mother or father of their child.
- Provider agency staff must document within CNX their engagement, assessment and case planning with EPY with particular attention around creating opportunities for thriving adolescence, nurturing parenting and child well-being.

Roles and Responsibilities for Provider Agency Staff

(mother/child and family foster care)

- Engage young fathers and invite them into their role as co-parents. Safety of EPY is paramount therefore, if there are active order of protection against an EPY, staff must abide by guideline of order of protection however, if there is no order precluding EPY from visiting their child than the agency is responsible for providing a safe space for EPY and child to visit.
- Provide both mothers and fathers the following NYC ACS resources: child development trifold and any others that are helpful and can be accessed from other divisions within ACS
- Ensure that families are visiting
- Ensure that EPY are referred to Nurse Family Partnership or alternative evidenced-based programs to assist with pregnancy and health development of their child(ren)
- Ensure EPY are informed and or enrolled in parenting workshops
- Ensure EPY are enrolled and attending school
- Provide information on LYFE Center
- Provide information on School Base Support Team regarding sexual reproduction and health
- Assist in identifying trusted, non-judgmental, and positive individuals in whom male or female youth can confide;
- Promote responsibility and encourage expectant fathers to talk openly with expectant mothers
- Provide an objective review and discussion of all options and their implications, including continuing a pregnancy to term, adoption, or termination of a pregnancy, and the provision of support services to assist young men learning to raise a child;
- If the expectant youth decides to continue the pregnancy to term the case planner shall counsel the youth on the value of involving the other parent and engage the other parent in the planning for the child (this discussion should include an assessment of the safety of the young man's relationship with the expectant mother); and raise the child with the expectant father (this discussion should include an assessment of the safety of the young man's relationship with the expectant mother);
- Provide information about job training;
- Provide information and support services related to becoming a father and mother, including parenting and co-parenting resources and referrals
- Provide information about responsible fatherhood, resources, and referrals for the infant;
- Provide information on budgeting and financial literacy
- Provide information on healthy intimate relationships, responsible behavior, and support with co- parenting; and Information on DNA testing and establishing paternity if paternity has not already been legally established and, when relevant, child support and custody.
- Utilize CNNX to document correspondence with EPY, services and supports that are being provided.

If EPY refuses assistance and engaging in services all diligence to engage EPY around services and co-parenting must be documented.

PRACTICE TIPS FOR STAFF:

- Develop trust to encourage youth to disclose pregnancy as soon as possible
- Be supportive – offer to accompany youth in accessing services
- Reassure and provide guidance to the youth
- Listen to the youth's point of view
- Be honest and provide youth with information on all of their rights, responsibilities and options

Some questions that are needed to be asked are:

1) Who helps you take care of your child e.g., child's father/mother or other family member, boyfriend/girlfriend, foster parent or foster care staff, child care providers and other caregivers)?
2) How involved is the child's father/mother?
3) How often does he/she see the child?
4) What kind of things does he/she do with the child?
5) How does he/she help with parenting tasks?

Technical Assistance by the Teen Specialist Unit:

Teen Specialist staff will utilize the Assessment Tool and Father Survey when engaging EPY in order to assess and identify how to best assist them with supports and services. The Provider Agency should be ensuring that youth who disclose that they are fathers are engaging in a fatherhood program and actively visiting with their child.

Teen Specialists will work closely with the Provider Agencies and EPY in navigating resources and supports as needed around co-parenting and engagement of EPY to enroll in services.

RESOURCES AND RELATED LINKS:

Sexual Reproductive Healthcare for Youth in Foster Care – Administration for Children's Services – Policy and Procedure #2014/09

Guide to Working with Young Parents: Out of Home Care – Administration for Children's Services – 2013

A Medical Guide for Youth in Foster Care is available on line in both single page and booklet format. The guide in single page format can be viewed

View Guide: http://www.ocfs.state.ny.us/main/publications/Pub5116SINGLE.pdf

View Guide: http://www.ocfs.state.ny.us/main/publications/Pub5116BOOKLET.pdf

Pregnant and Parenting Youth in Foster Care – Administration for Children's Services – 2014 conditionally approved by OCFS

Fatherhood Program/Provider Resource Data Base – Office of Child Support Enforcement NYC Human Resources Administration Parent & Community Outreach

The Alex House Project – Parenting Workshops – Red Hook Brooklyn, New York

The Fatherhood Research and Practice Network:

View Guide: http://www.frpn.org/

ACS-Expectant & Parenting Youth Tri-fold

View Guide:

Development milestones tip sheet

View Guide:

Appendix I

Revised 2017

CHECKLIST FOR EXPECTANT AND PARENTING YOUNG PEOPLE IN OUT-OF-HOME CARE

The checklist for Expectant and Parenting Young People in Out of Home Care ("EPYP Checklist") is a tool for case planners to use in planning for youth who are parenting or expectant (pregnant girls/young women, or boys/young men who have disclosed that they have a child on the way). It is imperative that fathers are included in planning for their children. The purpose of this checklist is to assist case planners in applying a multi-generational and developmentally informed approach to supporting and securing services for expectant and parenting youth in foster care and their children. One of the main goals for this population is to emphasize comprehensive planning that promotes well-being, avoids placement disruptions, and supports permanency for youth and their children.

This checklist can be used by case planners, administrators and other staff within the provider agencies to help meet the following developmental needs of EPY so that they can succeed and thrive.

Physical, Sexual, and Reproductive Health and Development

1) Support youth by talking with them about physical, sexual, and reproductive health issues and creating a judgment free zone;

2) Ensure youth have access to and timely receipt of accurate medical, contraceptive and reproductive health care and information;

3) Encourage youth to engage in healthy behaviors, including eating nutritious food and avoiding drug use; and

4) Encourage youth to be sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections.

Cognitive and Emotional Development

1) Empower youth to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services;

2) Inform youth about the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity; and

3) Foster youth's strengths, voice, and sense of agency.

Identity Development

1) Encourage youth in the process of forging a satisfying personal and parental identity, and having experiences that enable one to feel like a "normal" adolescent; and

2) Help youth envision and explore a positive future identity and the pathways to achieve it.

Social Development

1) Encourage youth to build and sustain relationships with trusted and supportive family members, other adults, peers and the co-parent if it is safe and appropriate;

2) Support youth's efforts to be meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable; and

3) Provide access to comprehensive supports that focus on the dual needs of young parents and their children and that are guided by an understanding of adolescent development and a strengths-based, trauma-informed approach to working with youth.

Preparation for Parenthood and Self-Sufficiency

1) Support youth to complete high school or a high school equivalency program, complete college or vocational training, secure employment with a livable wage, build healthy life skills, and learn to balance work and parental roles;
2) Encourage youth in their efforts to be a knowledgeable and nurturing parents; and
3) Support youth to be aware of their rights as expectant and parenting youth in general, and as youth in foster care, if they are still in care.

The checklist is used to aid in the following instances:

- Initial service planning – The case planner should complete the checklist in the initial stage of case management and planning for expectant and parenting youth to identify appropriate service needs.
- Ongoing service planning – The case planner should complete the checklist as an ongoing part of permanency planning; to identify appropriate service needs for expectant or parenting youth and their children.

Note: that the EPYP Checklist is not a substitute for the Preparing Youth for Adulthood (PYA) Checklist. Case planners should also continue to use the PYA Checklist in planning for youth ages 14 and up who are expectant or parenting.

To maximize the helpfulness of the EPYP Checklist, it should be used in conjunction with the Guide to Working with Young Parents in Out of Home Care, which was developed by a working group of NYC Children's Services and parent and child advocates, released in 2012 and revised by NYC Children's Services, legal advocates and CSSP in 2017.

Checklist for Expectant and Parenting Young People in Out of Home Care

Case Name: _____

Case Number: _____

Name of EPY: _____

Permanency Goal: _____

_____

_____

Expected date of delivery (birth) _____

(N/A if not expecting) _____

Date of most recent Family Team Conference (FTC): _____

Scheduled date of next FTC: _____

Name, address and phone number of expectant co-parent: _____

_____

Name(s) and relationship(s) of people who EPY identifies as positive permanent connections, including those people invited to Family Team Conferences:

_____

_____

Does the young person have other children?_____

yes _____ no _____

If yes, list names and dates of birth and names and contact information of the biological/co-parents. _____

_____

_____

Date of next Permanency Hearing in Family Court: _____

Is the agency facilitating the young parent's attendance at the court appearance? What is the plan?

_____

_____

_____

	Physical, Sexual and Reproductive Health and Development	YES	NO	N/A	FOLLOW UP
1	Have all pregnancy options been discussed with the EPY?				
2	If the EPY chooses to have an abortion:				
	a) Do they need help identifying a provider and making an appointment?				
	b) Will a support person accompany them to the appointment? The case planner?				
	c) Do they have a self-care plan for during and after the procedure?				
3	If the EPY chooses to place for adoption:				
	a) Have they been connected to a nonjudgmental adoption specialist who can explain and review their options?				
	b) Have they been connected to emotional supports such as counseling or birth parent support groups?				
	c) Have they been supported in creating a birth plan?				
	d) Has the father been included in the adoption planning?				
	e) Have both mother and father been supported in developing a plan for maintaining contact, if open adoption is chosen?				
4	Have they been asked about their relationships to ensure their health and safety?				
5	Has an exploration of how the young person wants their partner or the other biological parent to the baby engaged during the pregnancy and birth occurred (note: discuss and encourage involvement of the father as early as possible in the pregnancy unless there are significant safety concerns)?				
6	Has information about sexual and reproductive health been provided orally and in writing? Have they been encouraged to use safe sexual practices?				
7	Are reproductive health and pregnancy prevention discussed with the EPY on an ongoing basis?				
8	Has there been ongoing discussion with the EPY about repeat pregnancy and family planning?				
9	**a)** Is the expectant young mother attending prenatal visits?				
	b) Has the EPY been supported in choosing their doctor or midwife?				
	c) Is the expectant co-parent attending prenatal visits with the expectant young mother?				
	d) The health care provider will develop a schedule for prenatal care based upon the young person's individual needs, but prenatal exams are generally scheduled:				
	Monthly from week one to week 28 of pregnancy				
	Bi-weekly from week 29 through week 36				
	Weekly from week 37 until the date of delivery				

	Physical, Sexual and Reproductive Health and Development	YES	NO	N/A	FOLLOW UP
	Provider Name and Contact Info:				
10	Is this a high-risk pregnancy?				
11	Has the health care provider identified any health issues related to the pregnancy?				
12	If the expectant young person needs specialized services or has special needs (e.g., mental health, medical diagnosis, developmental disability), have services been put in place for her? Specialized Service Provider Names & Contact Information:				
13	**a)** Is the expectant mother attending child birth education classes? **b)** Is the expectant co-parent attending with the expectant mother?				
14	Has breastfeeding been discussed with the expectant young person?				
15	Have a doctor/midwife and delivery location been identified? Doctor/Midwife: Hospital/Birthing Center:				
16	**a)** Has the expectant mother identified a support person to be present during the birth? **b)** Will the expectant co-parent accompany her?				
17	Has the pregnant/expectant young person been referred to the Nurse Family Partnership (first-time mothers must be referred by the 28th week of pregnancy) or Healthy Families New York (will work w/ mothers who have more than one child)?				
18	If the pregnant young person resides in a resource home, is the foster parent involved in the young person's pregnancy and health care needs?				
19	Is pregnant young person getting exercise?				
20	Has the young person been provided with nutrition counseling including information about WIC and SNAP—even if the young person is not currently eligible?				
21	Has smoking cessation been discussed with the expectant young parents?				
22	Have any substance abuse problems been addressed sufficiently with the young parents?				
23	Date of last physical exam:				
24	Date of last vision exam:				
25	Date of last dental exam:				

	Physical, Sexual and Reproductive Health and Development	YES	NO	N/A	FOLLOW UP
26	If the EPY has delivered already, did she have a vaginal birth or a cesarean birth? (Circle one) Cesarean Vaginal Birth				
27	Has the importance of well family care, including well baby visits, been fully explained to the young parents?				

	Post-Birth Considerations	YES	NO	N/A	FOLLOW UP
1	If the young parent is breastfeeding, are the feedings successful?				
2	**a)** Is the young parent receiving assistance in scheduling and attending well baby visits?				
	b) Do both parents attend?				
3	Has the young parent been provided with written information about immunizations?				
4	Is the baby receiving immunizations?				
5	Are there any medical concerns with the baby?				
6	Are there any safety concerns with the baby?				
7	Whom does the young parent turn to, and how often, for answers to questions, information, etc., about parenting?				
8	Does the young parent know the names and phone numbers of their doctor and/or their child's pediatrician? Doctor Name & Contact Information: Pediatrician Name & Contact Information:				
9	Does the baby have consistent contact with the father/ noncustodial parent?				

	Post-Birth Considerations	YES	NO	N/A	FOLLOW UP
1	Is the young person enrolled in an educational program? If so, type: Program: _____ School: _____ Grade: _____ Number of credits: _____ Regents or RCT exams passed: _____ Does the EPY received tutoring or other homework help? Name/Type of provider: _____				

2	Does the young person have an IEP? Date of last IEP: _____ Recommended placement and services: _____ **a)** Is the young person appropriately placed? **b)** Is the young person receiving all mandated services?				
3	Identify the young person's long-term educational goals:				
4	If the EPY does not have long-term educational goals, have alternatives such as vocational programs/job training been discussed?				
	Services	**YES**	**NO**	**N/A**	**FOLLOW UP**
1	Is the young person receiving counseling?				
2	Are supportive parenting services being provided (e.g., parenting education, medical home visiting programs, Baby and Me, etc.)?				
3	Have arrangements been made for the young parents to attend and participate in parenting classes?				
4	Has the agency provided assistance in applying for entitlements if appropriate?				
5	Has the young person received a Child Care/Head Start referral? Has the young person been referred for an eligibility interview? Interview date: _____ Were they accepted? Where?:				
	Social Development	**YES**	**NO**	**N/A**	**FOLLOW UP**
1	Does the young person visit with family/friends?				
2	Does the young person have a relationship with their birth mother?				
3	Does the young person have a relationship with their birth father?				
4	Does the young person have relationships with siblings or extended family members?				
5	If not, what follow-up should be done to encourage relationships with the birth family (regardless of youth's permanency planning goal)?				
6	Is the young person involved with their child's other parent?				
7	Is the child's non-custodial parent providing financial support?				
8	Is the agency facilitating visits with the non-custodial parent?				
9	Does the young person have relationships with the co-parent's extended family?				
10	Does the young person have a partner other than the child's other parent?				

11	Are there concerns regarding the young person and their relationship with the other parent or their partner? If so, detail the concerns under the comments section and detail necessary follow-up.				
12	Does the young person have a good relationship with the foster parent and/or staff where they live?				
13	Has the young person identified a supportive relationship with anyone not asked about above?				
14	Have any mentoring or peer mentoring programs been considered for the EPY?				
	Parenting Supports	**YES**	**NO**	**N/A**	**FOLLOW UP**
1	Has the young parent been provided with information – orally and in writing – explaining that, regardless of their age, as a parent they have the authority to make decisions and consent to medical, dental, health and hospital services for him/herself and for their child? Has the pregnant young person been advised – orally and in writing – that, regardless of her age, she has the authority to consent to medical, dental, health and hospital services relating to prenatal care?				
2	Does the young parent have custody of all of their children?				
3	a) Are any of the young parent's children in foster care? b) If yes, is reunification the plan?				
4	Does the young parent keep their baby safe?				
5	Has the agency provided the young parent with a clear indication of safety expectations?				
6	a) Is shared parenting encouraged with the other parent? b) Have referrals been made to a co-parenting workshop?				
7	Does the young parent utilize the Early Intervention Program?				
8	Does the young parent demonstrate an understanding of good nutrition for him/herself and for their baby?				

Complete the following **PERMANENCY** questions only for young or expecting parents under age 14. For those ages 14 and up, use the **PYA Checklis**t instead.

Then complete **CONFERENCE PLANNING** on the last page of this document.

	Preparation for Parenthood and Self Sufficiency	YES	NO	N/A	FOLLOW UP
1	Is the current foster care placement stable at this time?				
2	Is the current placement appropriate as a parent-child placement?				
3	Is a placement transfer pending?				
4	Has a referral been made to the ACS Office of Placement Services for a transfer?				
5	Have the young person's placement options been fully discussed with them?				
6	Does the young person have viable permanency resources? Names:				
7	Have other permanency placements/resources been explored?				
8	Does the young person's PPG need to be changed?				
9	Is the young person involved in planning for permanency?				
10	Has the young person been provided with a written copy of their latest permanency report?				
11	Does the young person receive the additional $60.48 /month (as of 2017) for diaper allowance? Amount: $ _____				
12	Is the young person a US citizen, or does the young person possess a green card?				
13	Does the young person know who her attorney is? Name: _____ Phone: _____				
14	Does the agency allow the young person to use an agency phone to call their attorney?				

15	Did the young person attend their most recent Permanency Hearing? Next PH Date: _____/_____/_____				
16	Did the young person attend the most recent Family Team Conference? Date: _____/_____/_____				
17	Has notice of the next conference been provided to the young person? Date of FTC: _____/_____/_____				
	CONFERENCE DISCUSSION ISSUES				
1					
2					
3					
4					
5					

NOTES:

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Guide to Working with Young Parents in Out of Home Care

NYC Administration for Children's Services

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