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ABSTRACT

Based primarily on publicly available statistics, this report puts together information relating to the condition of New York City children. After compiling lists of the major concerns for children, and testing them against the reactions of experts and relevant research literature, the availability of usable statistical indicators is explored. In order to indicate improvements where they are needed, the analysis of how children are doing is combined with an examination of selected public programs and investments. Community organizations trained teams of lay and professional members for the task, developed standard observations and interview guides, assembled and analyzed their materials, and developed their reports and recommendations. These organizations and their task forces are responsible for the reports, on which four of the chapters of this report are based. Monitoring targets were: (1) child health stations; (2) the public school attendance program; (3) food programs in the public schools; and (4) bilingual programs in the schools. An analysis of the city's budget for children is also undertaken and a brief summary of a methodology devised for measuring children's perceived quality of life is provided. (Author/AM)

State of the Child:
NEW YORK CITY

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April, 1976

About the covers:

The covers of this report are based on two award-winning "Moster Posters" from the Bicentennial Exhibition of school paintings, held in May, 1975. *I Love New York* is by Brett Rhyne, 5th grade, P.S. 214, Queens, and *The Most* by Evelyn Roman, 4th grade, P.S. 19, Manhattan. We are much indebted to these young artists and the N.Y.C. Bicentennial Corporation.

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Preface

New York City is not only the greatest cultural and intellectual center in the United States, it is also home for over two million children. The State of the Child Report is an attempt to describe the quality of life of these children.

This report is the product of one of several efforts of the Foundation to harness social science knowledge on behalf of children. Increasingly, the research we sponsor is concerned with the social and ecological factors that shape the lives of children and their families, focusing on the actual environments in which children live and grow, as well as on the larger context in which these familial and neighborhood settings are embedded. Other foundation-supported efforts attempt to conceptualize and measure the impact on children and families of existing and proposed government programs.

Since it is based primarily on publicly available statistics, the State of the Child Report is necessarily incomplete and one-sided. Agency statistics reflect illness, dependency, social pathology, and failure more often than health and success. And many New York City children are healthy and successful. We sometimes see bright, cheerful groups of them being guided through the halls of the United Nations or gathered around their teachers in one of the City's museums. But most of the children live a world away from the centers of business, finance and the arts. And, the number of children in serious trouble is increasing.

What the Report says should prove especially helpful in this time of fiscal crisis and retrenchment. Resource constraints force the City to seek optimum investment of what it has to spend. Evidence of the poor quality of life for children and of ineffective programs compels us to reexamine traditional ways of responding and to consider the changes demanded by the times. Since New York City's problems are emerging in other large urban centers as well, the reassessment of operations and services now demanded of New York assumes national importance.

Orville G. Brim, Jr.
President

Introduction

This report is an attempt to gather and disseminate as much knowledge as possible about the conditions of New York City children. There are many reports about what public and private institutions and organizations do, what they spend, produce, plan, and claim. These are important in presenting the community's efforts on behalf of the child. We, however, are concerned with measurable results: results of child-rearing, family arrangements, income distribution; results of services rendered by public and voluntary institutions, and by society in general.

We talk frequently and with great conviction in this nation about what we want for and expect from our children. We note our large investments in education, health, and related services. Accountability demands that we ask also whether these investments have the intended effects. Are we achieving our goals? Do schools teach our children to read? Do health services keep them healthy? Are we able to protect children and their families from harm? Are we doing better or worse than five, ten, or twenty years ago?

Social scientists will recognize that this effort belongs in the general category of work which might be labeled "applied social indicators," and will have no difficulty recognizing the limitations and constraints of the effort.

The Problem of Defining Goals and Measuring Outcomes

When one talks of the "state of the child," one has to define one's central concerns and core values. We are focusing here on availability to the child of a stable family; a good state of health and safety; access to adequate food and shelter, as symbolized by income; evidence of mastery of basic skills and avoidance of anti-social patterns. We limit ourselves to these aspects of a child's quality of life because they are the only ones for which we have some sort of agreed-upon measurement.

We are aware that these are scarcely the full range of America's concerns for children; they do not begin to capture the aspirations of our culture and our society in relation to a sense of justice and fairness, opportunity for maximum growth and self-realization, a high degree of

sensibility and cultivated taste, and sensitivity to the needs of others. We begin, in short, with elementary foundations, with values which can be conceptualized in readily communicated ways, acknowledging, however, that our concerns dwarf our current measurement capabilities.

The Lack of Meaningful and Usable Data

The problem goes beyond methods of measurement. New York City and State spend millions of dollars in compiling numbers, but the information systems are fragmented and primarily responsive to the administrative needs of individual agencies. Most of what is now collected is only incidentally usable to measure what is achieved for child or family.

The conventional measures for which data on children are collected provide a very limited indication of "how the children are doing." For example, we may know whether children can read at their grade level, but not whether they have developed curiosity and a capacity to learn in a deeper sense, or whether they have learned to form constructive social relationships with a diversity of people. We may know about child accident and poisoning rates, but not about vitality and states of energy and health; about their delinquency, but not whether they see the world as fair and just.

Moreover, data collected on how children fare involve constantly shifting definitions, responsiveness to modified reporting rules, and changing rigor of implementation (often dependent upon fluctuating staff levels), with the result that they cannot be used to indicate trends. There is often no way to interrelate the geographic units for which data are collected by various agencies. Finally, compilation of data is often slow and sometimes inaccurate, further minimizing their usefulness.

This is not necessarily the fault of individual department chiefs, statisticians, or research directors. In general, our attempts to secure data series met with cooperation and competence in city and state offices, bureaus, and departments. The basic problem grows out of factors that go beyond the individual agency and department. At the top level of the city (and state) government, no decision seems to have been reached, as yet, to organize administrative and service statistics and occasional special surveys so as to provide usable social indicators of the state of New York City children. Given the size of the tax dollar investment in information systems, this situation is hard to justify.

This report is an experiment in what is possible now. After compiling lists of our major concerns for children, and testing them against the reactions of experts and the relevant research literature, we explored at length the availability of usable statistical indicators. We considered indicators to be usable if, on the face of it, they are reliable, valid, of known

normative significance (i.e., report things most people clearly define as good or bad), and have been measured over some time period. We then assembled available data series on indicators of the state of New York City children. With few exceptions, the statistical tables presented here represent our own efforts at organizing data from multiple sources into a form that is usable and informative.

Not Only a Report, But Also a Search For Paths to Improvement

We are also trying, in a preliminary way, to combine the analysis of how children are doing with an examination of selected public programs and investments, as a basis for indicating improvements are needed. To leap from social indicator to public program and to announce that it needs strengthening is to take a large step indeed. For example, if children do not read well, should priority be given to smaller classes, a more universal school meal program, family support and education efforts—or what? Are juvenile crime rates a signal to put greater investment into police work, the probation system, court reform, or perhaps, into civil rights or job programs for youth?

In short, we realize that the states of children and their attributes and behavior that are measured are outcomes of complex social phenomena; that the directly-related public programs are small parts of a very large system. Aware of how far the science of social indicators has yet to develop, we decided, nonetheless, to move to the level of hypothesis and to strain for guidance as to policy and program in an effort to use what is known while adding to knowledge.

An expert professional advisory committee[1] helped us decide what the statistics seemed to say and mean, about what we should be concerned, and aided us in identifying what public or voluntary services could be responsible for unsatisfactory situations or, on the other hand, might contribute to solutions of problems brought to light by the indicators. We fully realize, however, that our choices of intervention targets are hypotheses, not certainties.

Program Monitoring—The theory of the monitoring component of this report is simple; it is an effort to find out whether the program in question is delivering what is expected of it, in accord with acceptable standards, and at a sufficiently comprehensive level; if not, what recommendations can be made for upgrading and improvement.

Monitoring was carried out over six- to nine-month periods by the Community Council of Greater New York and the Citizens' Committee for Children of New York. In addition, a monitoring report of the Community Service Society was used. These community organizations trained teams of lay and professional members for the task, developed standard

observation and interview guides, assembled and analyzed their materials, and developed their reports and recommendations. These organizations and their task forces are responsible for the reports, on which Chapters 9 to 12 of this report are based. Monitoring targets were (1) child-health stations, (2) the public school attendance program, (3) food programs in the public schools, and (4) bilingual programs in the schools.

The Adequacy of the Investment in Children—A State of the Child report also requires a budget analysis that reviews the public sector investments in essential children's services.[2] Just as the monitoring touches only a few programs, so does budget analysis yield only a partial picture. The public budget for children's services is only a part of the public expenditure for programs affecting the state of the child. For example, it leaves out such massive services as housing, police, and sanitation. Nor are we sure that more money equals better service.

Nevertheless, we thought that a look, however incomplete, at the City's budgets for children would be meaningful. The question about budget priorities became even more difficult to answer in view of the New York City budget crisis of 1975-76. For this section of the report, we relied on the experience and skill of the Citizens' Committee for Children, which has analyzed city expense budgets for over twenty years. This analysis provides the basis for Chapter 13.

The Future

As stated earlier, this report is an experimental prototype. Each of the elements should become firmer the next time around. If our example proves helpful, people will be testing this approach in other cities.

Future efforts will also be aided by two projects sponsored by the Foundation for Child Development that have special relevance here. First, a pilot project on the "Quality of Life of Children" that involved at-home interviews with New York City parents and children. Its main goal was to develop a methodology for measuring children's perceived quality of life. A brief summary is included in Chapter 14. The findings of the pilot project will be helpful to a second undertaking by the Foundation; a national survey of children aimed at improving the measures of children's physical and psychological well-being and thereby obtaining a more adequate national profile of children than currently exists.

This first report claims limited accomplishment, although our objective is ambitious: to add to policy- and program-relevant knowledge so as to improve the real-life circumstances of children. To this end, we have

assembled available social indicators data, monitored a few selected programs for children, and have added insights from major reported research and evaluations that have been published in the recent past. First conclusions about the state of the child in New York are not encouraging, and there are many reasons for concern. But we are not without options and possibilities, and even hope.

[1]Ruth Atkins, Senior Coordinator, N.Y.C. Comprehensive Health Planning Agency
Bertram M. Beck, Executive Director, Henry Street Settlement
Betty J. Bernstein, Associate Director, Citizens' Committee for Children
David Fanshel, Professor, Columbia University School of Social Work
Bernard C. Fisher, Director, Department of Community Services, Community Service Society
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Helen Henkin, formerly Assistant to the President, United Parents' Association
Sister Mary Paul Janchill, Euphrasian Residence
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Florence Kreech, Executive Director, Louise Wise Services
Leah Marks, Deputy Administrator, Family Court, N.Y.C.
Georgia McMurray, formerly Commissioner, Agency for Child Development, N.Y.C. Human Resources Administration
Marina Montalvo, Project Director, Chelsea Committee of Child and Family Development
Elsie Richardson, School Community Coordinator, District 16
David Seeley, Executive Director, Public Education Association
Ruth Waller, Chief, Monitoring Unit, Community Council of Greater N.Y.

[2]We had hoped to add a section on investment by the voluntary sector, but found the data too inconsistent and fragmentary.

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1

Children And Other People In New York City

For the past two decades, New York City has experienced near zero population growth. The U.S. Census counted 7,891,957 New Yorkers in 1950, and 7,894,851 in 1970. Since 1970, greater New York has joined four other major metropolitan areas of the United States in actually losing population.[1] These summary figures do not convey the large shifts in population that occurred during these years: the massive abandonment of some neighborhoods and the creation by vast housing projects of new neighborhoods; the change in ethnic composition of whole boroughs; the rise in the number of "minority" children and youth to the point that they are in the majority in all public institutions for children, especially schools; the loss of the City's stabilizing social base as a result of the flight of middle-class families and the weakening of the City's economic base of blue-collar as well as white-collar jobs.

A Changing Population Mix

The most dramatic change came in the ethnic composition of New York City's population. There was a surge in the non-white population which more than doubled between 1950 and 1970, and in the Puerto Rican population which more than tripled (Appendix Table 1). During the same years, the white population decreased by almost one-fourth or 1.5 million.

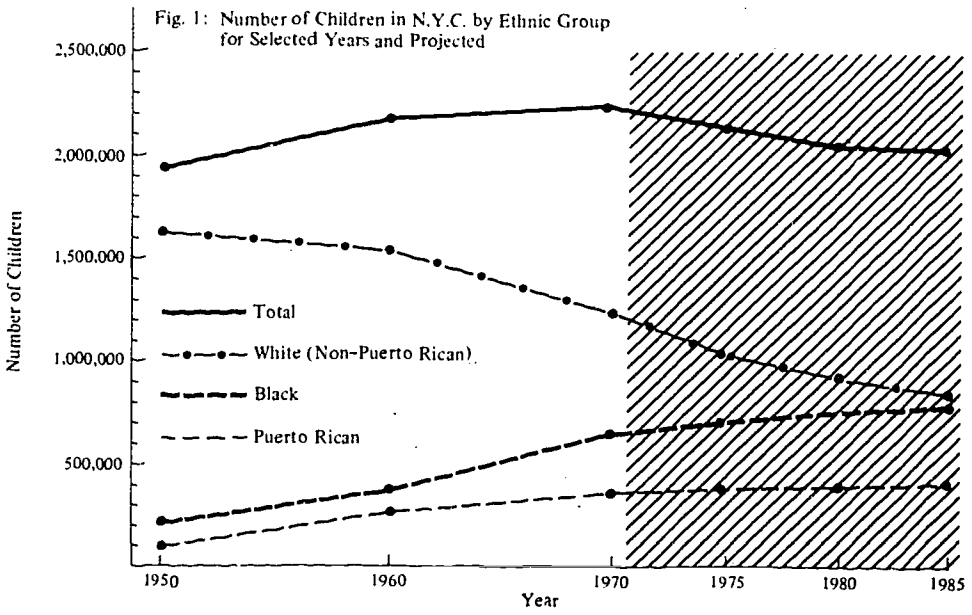
[1]Population declined between 1970 and 1973 in New York (-1.3%), Los Angeles (-1.2%), Chicago (-1.6%), Philadelphia (-1.3%), and Detroit (-2.4). The populations of San Francisco, Boston, and Washington increased by 0.5%, 0.4%, and 1.2% respectively, during the same time period (*The New York Times*, June 16, 1975).

While more recent information for the same ethnic categories is not available, a special analysis of the 1973 *Current Population Survey*[2] indicates that these general trends continued between 1970 and 1973.

The ethnic shifts in the population under 18 years of age were roughly parallel to those of the New York City population as a whole, with the result that in 1975 (projected) approximately 48.9% of all children living in the City were white,[3] 33.1% black and 18.0% Puerto Rican. (Figure 1 and Appendix Table 2). For the next ten years, the shift in ethnic composition is projected as continuing, but at a somewhat slower rate.

Although the ethnic and racial ingredients are changing very rapidly, New York City is still a melting pot. In the 1970 Census, there were 116,021

Fig. 1: Number of Children in N.Y.C. by Ethnic Group for Selected Years and Projected



Source: Bernstein, B., Snider, D.A., and Meezan, W., *Foster Care Needs and Alternatives to Placement: A Projection for 1975–1985*, New York State Board of Social Welfare, November, 1975, p. 85.

[2]The *Current Population Survey* (CPS), conducted by the U.S. Bureau of the Census, is a source of monthly and annual data on various social and economic characteristics of the U.S. population. The Bureau does not, however, publish these data for cities. A special analysis of March, 1973 CPS data (collected from the New York City sample of 2,100 households) has been made by Bernstein and Bondarin. (B. Bernstein and A. Bondarin, *New York City's Population—1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974.) Whereas this analysis is helpful because it provides an indication of social and economic trends in the City since the 1970 Census, there are some limitations to the data as pointed out by the authors: (1) With a sample size of 2,100 households, the reliability of some of the data must be questioned, especially when broken down into fine categories (e.g., population by income group, ethnic group, and family size); (2) Beginning with the 1971 *Current Population Survey*, the data for Hispanics, i.e., those of Spanish origin, can be obtained separately by race. In their analysis, Bernstein and Bondarin subtracted the data for white Hispanics from the data for whites including Hispanics, but did not subtract the non-white Hispanics from the non-whites because their number is not significant. Non-white Hispanics represent only 3.6% of all non-whites and only 5.4% of all Hispanics. Data shown, therefore, are for: whites excluding white Hispanics, non-whites (including non-white Hispanics), and Hispanics (only white Hispanics).

[3]Includes non-Puerto Rican Hispanics.

foreign-born children[4] in the City—5% of the under-18 population (Appendix Table 3). These children represented approximately 8% of the 1,437,058 foreign-born persons living in the City (not counting illegal aliens).

Fewer Children In New York City

Between 1970 and 1973, the number of children in New York City decreased slightly more rapidly than the population as a whole. In 1970 there were 2,234,819 children and youth under 18 in New York City, accounting for about 28.3% of the total population of 7,894,862. By 1973, the number declined to about 2,129,000 or 27.8% of the estimated population (Appendix Table 4). Changes in the total number and ethnic composition of the youth population are largely attributable to patterns of in- and out-migration, a decline in the total birth rate, and the differential birth rates for the ethnic groups.

The birth rate has shown a steady decline since the peak post-war years. The drop since 1970 has been dramatic, from 18.9 births per 1,000 population to 14.0 in 1974[5] (Figure 2 and Appendix Table 5). Marriage

Fig. 2: Live Birth Rates, 1901-1974.* N.Y.C.

*For 1901 to 1950, rates represent five-year averages. Annual rates are shown for 1951-1974.

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis, Summary of Vital Statistics, 1971, Table 1, p.2; supplementary data.

rates have declined in the City[6] and more couples are apparently postponing parenthood. Also, safe, legal methods of contraception and abortions are more easily available.[7]

[4]Children born in Puerto Rico are not foreign-born.

[5]Rates are approximate because total births include births to non-residents.

[6]The N.Y.C. Dep't. of Health has noted a significant drop in the rate of marriage in the City. (Marriages of non-residents are included.) During the years 1946-1950, there were, annually, 11.6 marriages per 1,000 persons; 9.4 in 1970, and by 1973 the rate had decreased to 8.9. During those same years, the number of divorces increased.

[7]See Chapter 2.

The overall fertility rate (number of births per 1,000 women aged 15 to 44) for New York City dropped from 101.7 in 1960 to 64.8 in 1973—or 36% (Appendix Table 6).[8] Changes in fertility patterns are even more striking when broken down by ethnic group. In 1960, the rates were 149.4 for Puerto Rican, 120.5 for non-white, and 90.8 for white women. The 1973 rates were 71.8, 77.4, and 57.8, respectively. Whereas white women in New York City continue to have the lowest fertility rates, the decline in fertility is most notable for Puerto Rican women (down 52% since 1960 compared to a drop of 36% for both white and non-white groups). It must be pointed out, however, that only births to first-generation Puerto Rican women are included in tabulations of Puerto Rican births, while second-generation Puerto Rican women are counted in the population base used for calculating Puerto Rican fertility rates. As a consequence, Puerto Rican fertility rates must show a decline over time. Conversely, since births to second-generation Puerto Rican women are counted as white births while the population base used for computing white fertility rates excludes second-generation Puerto Rican women, fertility rates for whites are inflated.

As the fertility rates for the City declined, the actual number of live births fell from 168,383 in 1961 to 110,642 in 1974 (Appendix Table 7). Approximately 38,000 fewer children were born in New York City in 1974 than in 1970. The changing ethnic composition of the City, combined with the differential fertility rates noted above, have resulted in an increasing proportion of births to non-white and Puerto Rican mothers. The majority of births in New York continue to be white births. White births, however, represent a steadily falling percentage of all births—from 63.6% in 1961 to 53.5% in 1974.

An examination of birth rates in different parts of the City reveals that poor districts reported the highest rates of birth: districts in Brooklyn such as Williamsburg-Greenpoint (18.9) and Brownsville (18.3) reported much higher rates of birth in 1973 than did New York City as a whole (14.1) (Appendix Table 8).

Where Are the Children?

As of the 1970 Census, 2,234,819 children and youth under 18 were living in New York City (Appendix Table 4). Of these, 816,149 (36.5%) were residing in Brooklyn, 520,276 (23.3%) in Queens, 465,369 (20.8%) in the Bronx, 330,797 (14.8%) in Manhattan, and 102,228 (4.6%) in Richmond. Between 1960 and 1970, Manhattan lost 14.2% of its under-18 population, while during the same period, Richmond gained 32.9%, the Bronx 14.8%, Brooklyn 4.0% and Queens 1.6% There was and is a strong movement by families with children to districts away from the center city. If current trends continue, fewer and fewer children are likely to live in Manhattan.

When the 1970 population figures are broken down by school district, the highest concentrations (over 40%) of under 18-year olds are found in

[8]See Footnote 5.

the Brownsville (District 23), Bedford-Stuyvesant (16), Bushwick (32) and East New York (19) sections of Brooklyn, and in the South and East Bronx (Districts 7 and 12) (Figure 3 and Appendix Table 9). These districts were among the poorest in the City (Appendix Table 9).

Children are more likely than adults to live in poverty areas in New York City. In 1970, 49.1% of all children under 18 lived in poverty areas, compared to 36.5% of all adults. The proportion of children living in such areas varied from borough to borough. It was highest in Manhattan (76.5%), and lowest in Staten Island (13.7%) (Appendix Table 10).

Families on the Move

No situation in New York City remains static for long. In addition to migration to and from the City, New Yorkers keep moving from borough to borough and from neighborhood to neighborhood. Between census years our data on the New York City population are very meager.[9] The best available data on changing child population patterns within the City are school enrollment statistics. Since almost half of all children under 18 are enrolled in public schools,[10] school statistics provide a reasonable indication of the residential changes that take place from year to year.

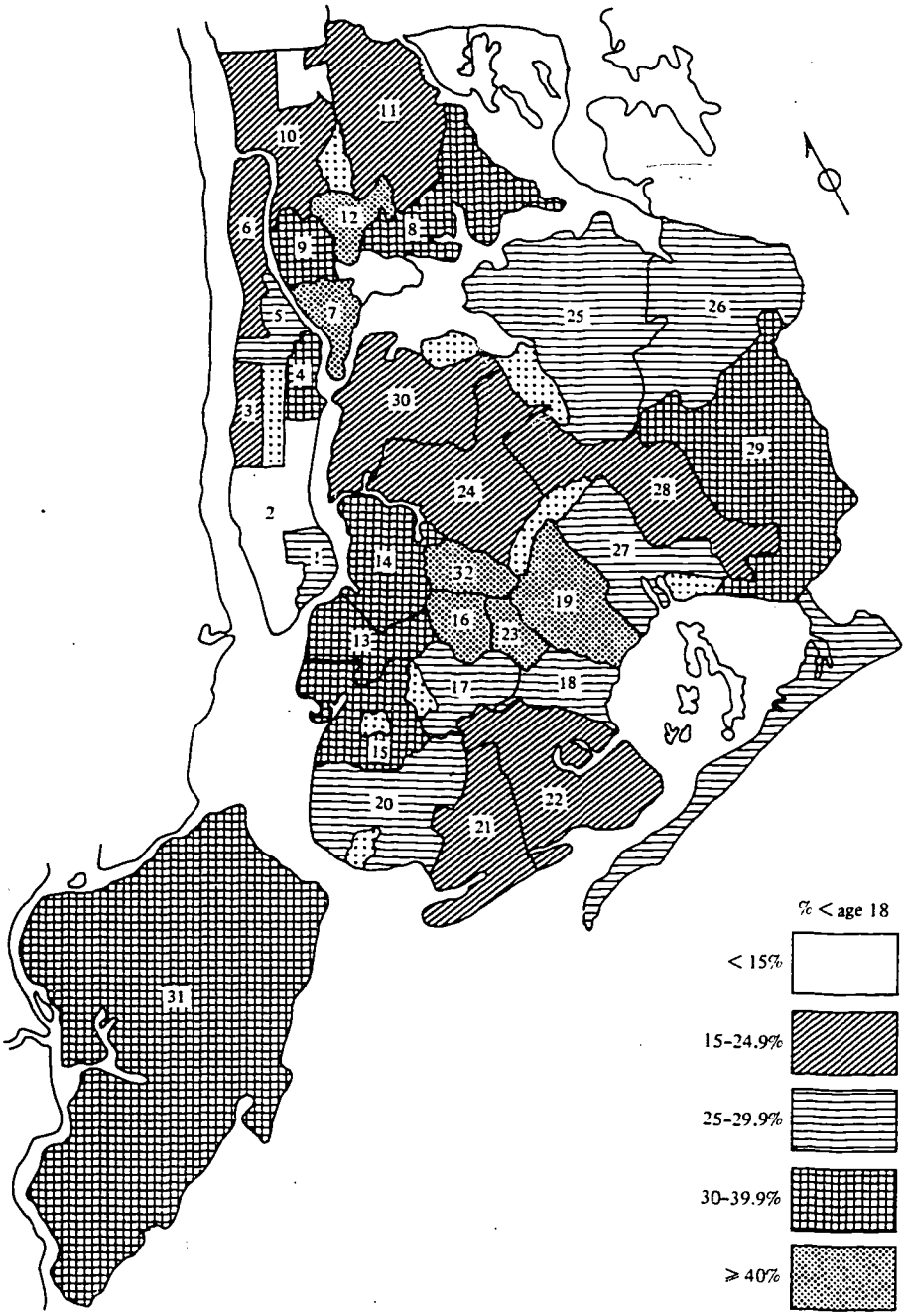
A map of changes in public school enrollment by school district between 1970-71 and 1974-75 (Figure 4 and Appendix Table 11) shows that large numbers of families with school-aged children moved out of low-income districts which had high proportions of children and youth. The out-migration was heaviest from: Brownsville (District 23), East Bronx (12), East Harlem (4), Central Harlem (5), Bedford-Stuyvesant (16), and South Bronx (7). Poor districts, where ethnic "minorities" are in the majority, are being abandoned in favor of districts such as Flatbush in Brooklyn (17), Riverdale (10) and the Concourse area (9) in the Bronx, and Ridgewood-Sunnyside-Elmhurst (24) in Queens.

Between 1972 and 1974, there was a net loss of approximately 25,000 school children (Table 1). There was a net outmigration of 23,993 school children to the suburbs; to the South—a loss of 9,322; to other points in the U.S.—7,521. More children went back to Puerto Rico than arrived from there—4,218 in 1972-73. 560 in 1973-74.

On the other hand, immigration from the West Indies and from other areas, primarily South America and Asia, has increased. Between 1972 and 1974, there was a net gain of 10,534 from the West Indies and 9,792 from other countries. Contrary to general assumption, the flow of Blacks from the South and Puerto Ricans to New York City has apparently stopped, and for 1972-74, at least, the flow has reversed. However, the migration patterns seem to be responsive to relative economic conditions.

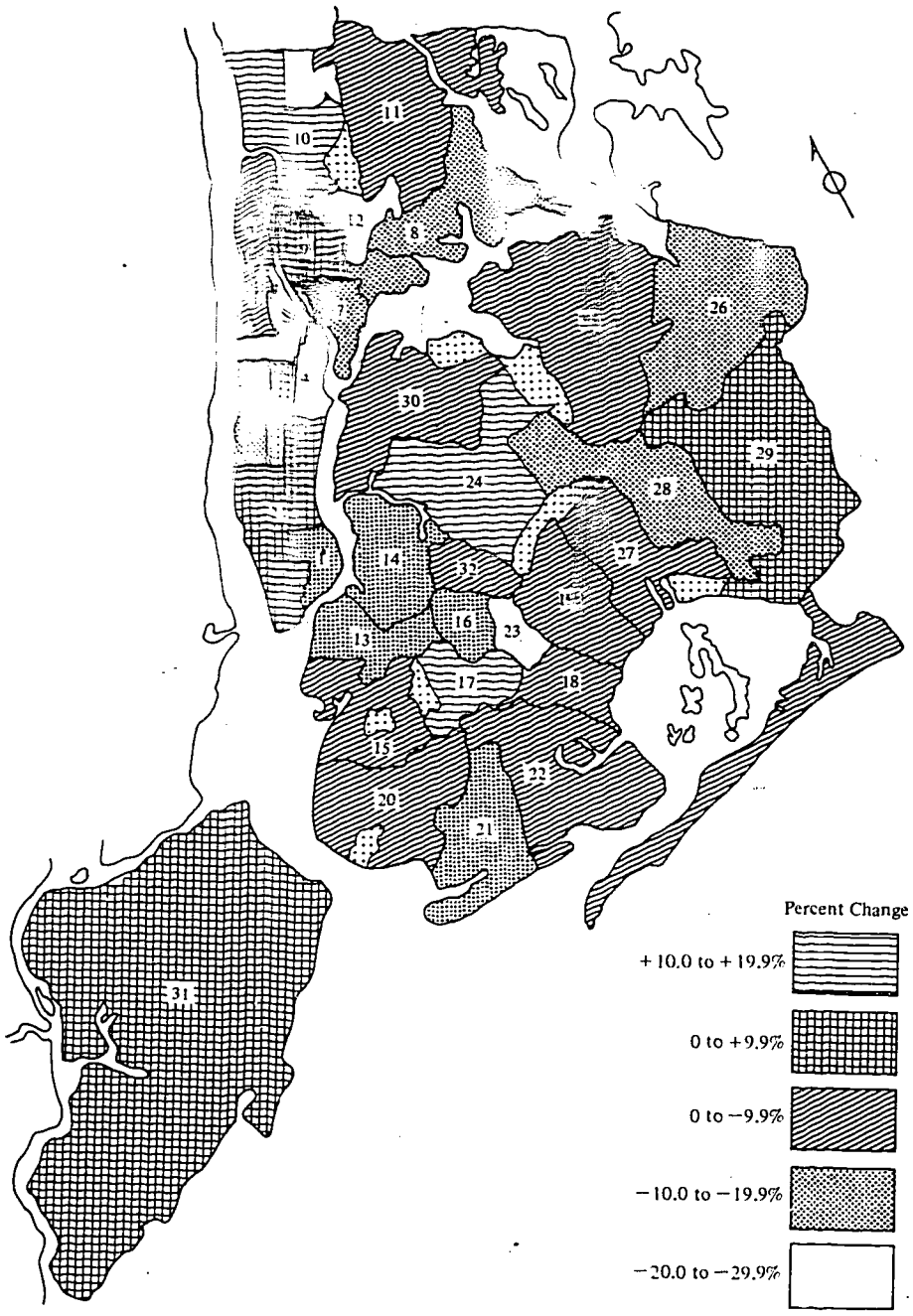
[9]See Chapter 14.
[10]See Chapter 4.

Fig. 3: Child Population as Percent of Total Population by School District, N.Y.C., 1970



Source: N.Y.C. Planning Commission, Dep't. of City Planning, *Community School District Profiles: Socio-Economic Characteristics*, July, 1974.

Fig. 4: Percent Change in Enrollment* by School District from 1970–71 to 1974–75, N.Y.C.



*PS + IS Including Pre-K and 9th Grade in IS

Source: N.Y.C. Planning Commission, Dep't. of City Planning, Office of Education and Social Services.

TABLE 1

Admission and Discharge [illegible] for
N.Y.C. Public Schools, 1972-73 and 1973-74

	Total	New York City Suburbs	South	Other U.S.A.	Puerto Rico	West Indies	Other Countries
Coming to N.Y.C. Schools From:							
1972–73	52,0[illegible]	[illegible]73	[illegible]426	3,352	6,[illegible]45	6,366	8,253
%	100	[illegible]4.2%	8.5%	6.4%	13.4%	12.2%	15.9%
1973–74	57,6[illegible]	[illegible]	4,520	4,332	8,254	7,100	8,403
%	100	[illegible]	7.8%	7.5%	14.3%	12.3%	14.6%
Going from N.Y.C. Schools To:							
1972–73	85,356	[illegible]8	9,259	6,377	11,163	1,510	3,329
%	100%	[illegible]	10.8%	7.5%	13.1%	1.8%	3.9%
1973–74	80,718	[illegible]	9,009	8,828	8,814	1,422	3,535
%	100%	[illegible]	11.2%	10.9%	10.9%	1.8%	4.4%
Net Change:							
1972–73	−33,324	[illegible]	−4,833	−3,025	−4,218	+4,856	+4,924
1973–74	−23,050	[illegible]	4,489	−4,496	− 560	+5,678	+4,868

*These data refer to location of the [illegible]hool student is coming from or going to.

Source: N.Y.C. Planning Commission, [illegible]. Office of Education and Social Services.

2

What Are The Facts Of Their Family Lives?

Most children grow up in families. The family bears the major responsibility for the care and rearing of children in American society. We expect families to provide their children with shelter, food, clothing; to protect them from harm; to teach them basic skills and values. The family is also expected to serve as a link between children and institutions and services such as schools, health care, and recreational and cultural facilities. Most children in America and in New York City live in families with both father and mother in their own household. One or both parents work and earn sufficient income to provide for the basic necessities of life. For many American and New York City children, however, the realities of family life are quite different from this standard image.

What are the facts of family life in New York City? What changes have there been in the composition and living circumstances of families with children? What are the implications of these changes for the well-being and development of children in New York?

Fewer Families with Children.

New York City is less a family city now than it was in the past. As of the 1970 Census, there were about 1,054,000 families with related children under 18 in New York City, about 18,000 fewer families than there were as

of the 1960 Census (Table 1). Between 1970 and 1973, New York lost about 14,000 more such families. Underlying this net loss of about 3% in the total number of families with children, were much larger shifts in the number of families by different ethnic groups. There was a large increase in the number of non-white (largely black) families, for example, but this increase was more than offset by the departure of white families from the City.

Table 1
Trend in number of Families with Related Children under 18 by Number of Related Children in Family, N.Y.C., 1960, 1970, 1973

	Families with Children Under 18					
	1960		1970		1973	
	Number	%	Number	%	Number*	%
Total	1,072,636	100%	1,054,[illegible]	100%	1,040,000	100%
With:						
1 Related Child	436,579	40.7%	399,[illegible]76	37.9%	421,000	40.5%
2 Related Children	370,632	34.6%	334,706	31.7%	350,000	33.7%
3 Related Children	158,171	14.7%	175,[illegible]25	16.7%	151,000	14.5%
4 or more Related Children	107,254	10.0%	144,[illegible]96	13.7%	118,000**	11.3%

*Rounded off to nearest thousand, exact figures not available
**Includes 60,000 families with 4 children; 38,000 with 5 children, and 20,000 with 6 or more children under 18

Sources: Community Council of Greater New York, *Families in New York City: Social & Economic Characteristics*, May, 1966, p. 45.

U.S. Bureau of the Census, *1970 Census of Population: Detailed Characteristics New York*, PC(1)-D34, Table 208.

Bernstein, B., Bondarin, [illegible], *New York City Population - 1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November [illegible], Table 14, p. 57.

In 1973, approximately 46% of New York families with related children under 18 were white families of non-Hispanic origin, 32% were non-white and about 23% Hispanic (Table 2). Because of differences among ethnic groups in the number of children per family, the changing ethnic composition of the City's families has meant even greater changes in the ethnic composition of the City's children.[2] As of 1973, the percentage of New York City families containing only 1 or 2 children was 66% for non-white families, 68% for Hispanic families, and 83% for non-Hispanic white families. By contrast, the percentage of New York families containing four or more children was 20% for non-white families, about 14% for Hispanic families, and only about 4% for non-Hispanic white families (Table 2).

More Female-headed Families

The family change affecting the largest numbers of New York City children has been the increase in female-headed households. The number and percentage of families with children in which both parents are present have been declining steadily in recent decades. The 1960 Census showed

[1]See Footnote 2, Chapter 1.
[2]See Chapter 1.

TABLE 2

Number of Families with Related Children under 18, by Number of Children and by Ethnic Group, New York City, 1970

	Number*	%
Hispanic		
1 Related Child	85,000	36.2
2 Related Children	74,000	32.5
3 Related Children	42,000	17.9
4 or More Related Children	34,000[1]	14.4
Total Hispanic	235,000	100.0
% of Total Families		22.8
Non-White		
1 Related Child	129,000	39.2
2 Related Children	89,000	27.1
3 Related Children	45,000	13.7
4 or More Related Children	66,000[2]	20.0
Total Non-White	329,000	100.0
% of Total Families		31.9
White**		
1 Related Child	207,000	43.5
2 Related Children	187,000	39.3
3 Related Children	64,000	13.4
4 or More Related Children	18,000[3]	3.8
Total White	476,000	100.0
% of Total Families		45.8%
Total Families	1,040,000	

*Rounded to nearest thousand

**Excluding Hispanic

1) Includes 22,000 families with 4 children; 12,000 with 5 children; and 6,000 with 6 or more children under 18.

2) Includes 35,000 families with 4 children; 18,000 with 5 children; and 13,000 with 6 or more children under 18.

3) Includes 9,000 families with 4 children; 8,000 with 5 children; and 1,000 with 6 or more children under 18.

Source: Bernstein, B., Bonacum, A., *New York City's Population - 1970: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974, Tables 14A, B, C, pp. 58-60.

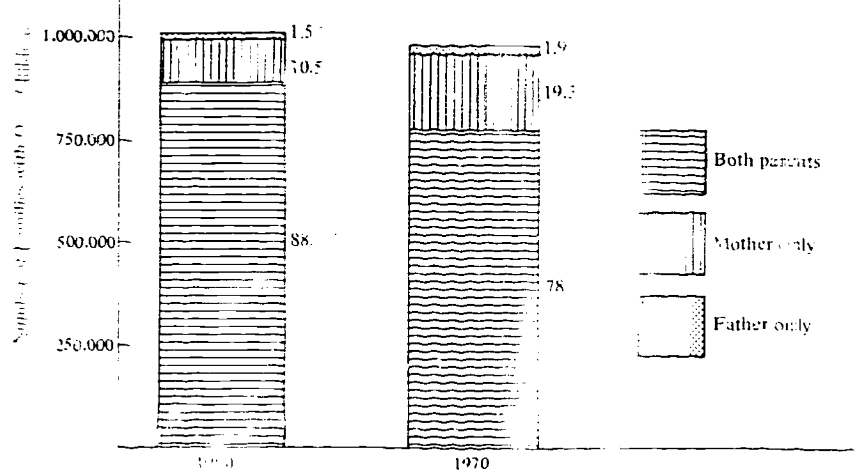
that about one out of ten families with "own" children under 18 in New York City had only a single parent living in the household.[3] By the 1970 Census, nearly one such family in five was headed by a single parent (Figure 1 and Appendix Table 12). The overwhelming majority (over 90%) of single-parent families are female-headed. This development has led to changes in the living arrangements of large numbers of children. As of 1960, approximately one child in ten in New York City was living with its mother only (Table 3). By 1973, the comparable figure for the City was one child out of four.[4]

Although not as rapid as in New York City, the trend over time for the United States as a whole has also been one of marked increase in the number and percentage of children living in female-headed households. In 1960, for example, 8.1% or one out of twelve children in the United States lived with mother only, whereas in 1973, approximately one of every seven

[3]Census statistics on "own" children are limited to the family head's single (never married) children under 18 years of age.

[4]This figure does not include the 2,000 children under 18 in N.Y.C. who are living with neither parent or not in families.

Fig. 1 Number of Families with Own Children under [illegible] by Type of Family Head, N.Y.C., [illegible]



Source: Community Council of Greater New [illegible] *Headed by Women in New York City*, January, [illegible]

children (13.7% under 18 years of age was living in a female-headed family.[5]

The rapid increase in the number of female-headed families in New York City is due primarily to the increasing prevalence of marital separation, desertion, divorce, and the larger proportion of out-of-wedlock births. Other factors include the flight of two-parent families from the City and the changing ethnic composition of the City's families. Children of non-white and Hispanic families are more likely to be living in single-parent households. In 1973, the percentage of New York City children under 18 living in

TABLE 3
Distribution of Children under 18 Living with One or Both Parents by Type of Family [illegible]

Type of Family	1960 Number	1960 Percent	1973* Number	1973* Percent
**Total Children in Families with One or Both of Own Parents	[illegible]043,156		2,072,000	100.0[illegible]
Living with Both Parents	[illegible]806,870		1,467[illegible]	70.8
Living with Mother Only	210,383		[illegible]	2[illegible]
Living with Father Only	[illegible]		[illegible]	[illegible]

*Estimate.
**New York City children under [illegible] who are [illegible] not [illegible] families are not included.

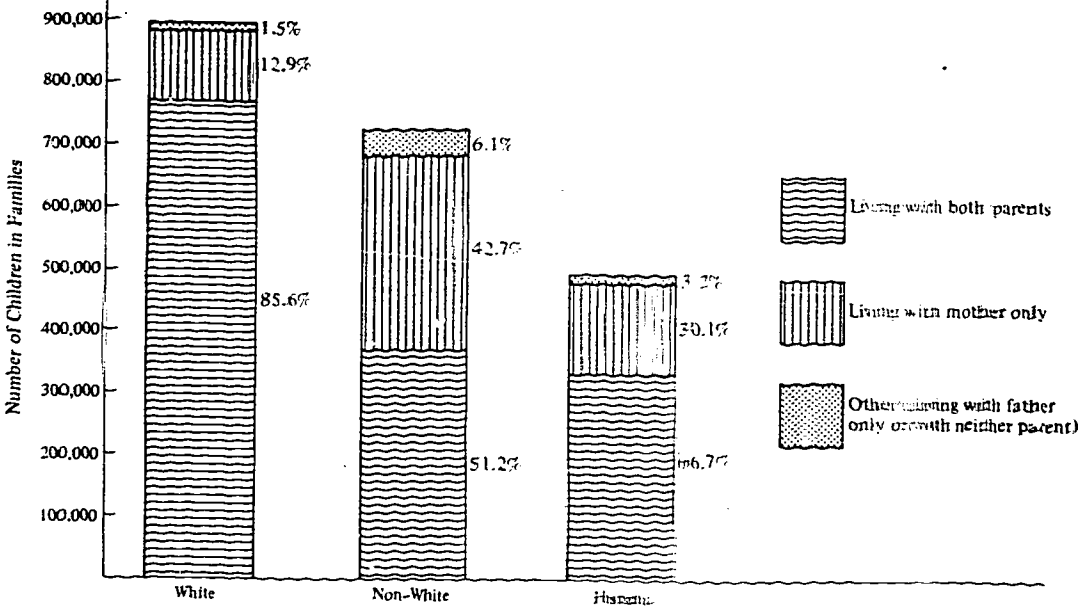
Sources: Community Council of Greater New York, [illegible], February, 1972

Bernstein, B., [illegible] *Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974, Table 4, p. 26.

[5]U.S. Bureau of the Census. "Female Family Heads," *Current Population Reports*, Series P-23, No. 50, 1974, Table 7.

families with mother only was 12.9% for white children, 30.1% for Hispanic children, and 42.7% for non-white children (Figure 2 and Appendix Table 13).

Fig. 2: Number of Children under 18 Living in Families by Presence of Parent(s) and Ethnic Group, N.Y.C., 1973.



Source: Bernstein, B., Bondarin, A., *New York City's Population—1970: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974.

The Female-headed Family and Poverty

Children living with their mothers only are also likely to be living in poverty. In the 1970 Census, 45.7% of the female-headed families with children in New York City reported incomes below poverty level in 1969. Further, the more children there are in a female-headed household, the more likely it is that the family income is below poverty level (Table 4). Poverty status was reported by 28.2% of the female-headed families with one child as compared to 77.1% of those with six or more children. Because of the relationship between family size and poverty status, more than half (56.0%) of all children living in female-headed families were living in poverty in 1969.[6]

The increasing prevalence of female-headed families and the low-income status associated with such families as well as changing eligibility standards has meant a substantial rise in the number of children eligible for public assistance in New York City. The total number of children in the City receiving public assistance under the AFDC[7] AFDC-U[8] and HOME-RELIEF[9] programs rose from 196,164 in December, 1961, to a peak of 710,493 in

[6]Community Council of Greater New York, *Families Headed by Women in New York City*, January, 1975, Table 9, p. 12.

[7]See definition, p. 17.

[8]Provides assistance to two-parent families with at least one minor child where father works less than 100 hours per month and is not receiving or eligible for unemployment insurance.

[9]A New York State general assistance category to support needy residents, both individuals and families, not eligible to receive assistance under federally-aided categories.

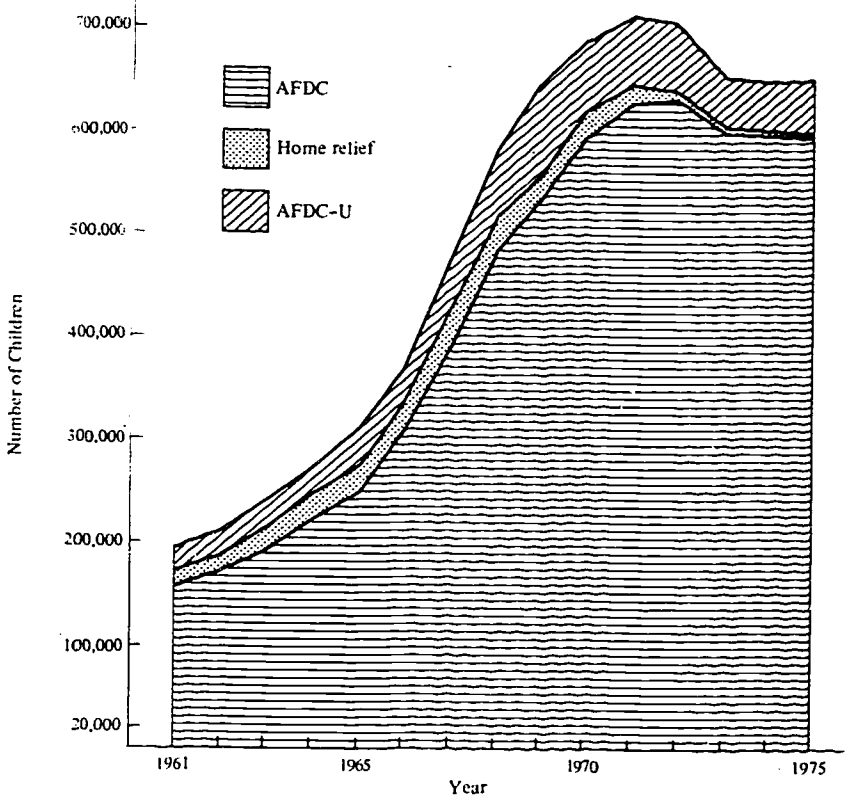
TABLE 4
Percent of All Families with Children under 18 That Had Incomes Below Poverty Level in 1969, by Type of Family and Number of Related Children, New York City, 1970

		Number of Related Children					
	TOTAL	1	2	3	4	5	6 or More
% of All Families	16.0	9.8	12.6	21.0	29.3	39.9	46.3
% of Male-Headed Families	8.4	5.1	6.6	10.4	16.1	26.9	24.6
% of Female-Headed Families	45.7	28.2	40.8	63.3	71.1	74.3	77.1

Source: U.S. Bureau of the Census, *1970 Census of Population: Detailed Characteristics—New York*, PC(1) - D34, Table 208.

December, 1971 before declining to 649,347 children in June, 1975 (Figure 3 and Appendix Table 14). The change from December, 1961 to June, 1975 represents more than a 230% increase in the number of children whose families received such public support. The total amounts of money dis-

Fig. 3: Number of Children on AFDC, AFDC-U and Home Relief, N.Y.C., December 1961–June 1975



Source: N.Y.C. Human Resources Administration, Division of Statistics.

tributed under these programs went from $11,314,110 to $98,471,158[10] *per month.*[11] [12]

The great majority of children whose families receive public assistance come under the AFDC program. In order to qualify for support under this program, the child must be, according to Title IV, Section 406(a) of the Social Security Act:

> "...a needy child who has been deprived of parental support or care by reason of death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with his father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece, in a place of residence maintained by one or more such relatives as his or their own home."

This definition excludes needy children whose parents are not incapacitated or who live together but are unable to provide support.

What percentage of the children in New York who are potentially eligible for AFDC assistance receive such assistance? In an attempt to answer this question, data from the 1970 Census and the 1973 *Current Population Survey* were compared with statistics from the New York City Human Resources Administration on the number of children who received AFDC money in the comparable year. In 1970, the Census counted 521,967 children under 18 who were living in families with only one parent present. An additional 94,040 children were living in families with neither parent present. This is a total of 616,007 children who were potentially eligible for AFDC funds, depending on the economic circumstances of their families. The HRA statistics show that in December, 1970 the number of children receiving AFDC funds was 591,322. For 1973, estimates based on the *Current Population Survey* in New York City show 605,000 children under 18 who lived with one parent and 41,000 who lived in families with neither parent, for a total of 646,000 children (Bernstein and Bondarin 1974). In December of the same year, 600,289 children received AFDC support. These figures seem to indicate that an extremely high proportion of this group of children is on AFDC.

There are, however, other factors that must be considered: some children who are eligible for AFDC (currently about 35,000) live in two-parent families where one parent is physically or mentally incapacitated; a relatively small number of children are over 18 but are eligible because they attend school. Furthermore, the Census tends to undercount the number of residents in central city areas, particularly minority and low income groups.

Even with adjustments for these factors, however, the numbers of children in the welfare statistics are much higher than reasonable, given the Census statistics.[13] Unless approximately 87% of all children living in single-parent families or with neither parent are, in fact, eligible for AFDC, there seem to be more than 100,000 children whose families are receiving

[10]In June, 1975, $98,471,158 was distributed to 993,139 persons under these programs. Of these, there were 649,347 child recipients, accounting for 65.4% of the total.

[11]This amount included only the basic allowance (which, for AFDC recipients was $293 plus rent per month for a family of four as of December 31, 1975). Public assistance recipients are also entitled to a food-stamp bonus and medical assistance (Medicaid).

[12]N.Y.C. Human Resources Administration, Division of Statistics, Monthly Statistical Reports.

[13]In 1970, the Census reported that 56% of children living in female-headed households were living in poverty.

AFDC funds but who are not eligible for them. This disparity raises questions about the way the AFDC program is administered, or about the HRA and Census statistical programs, or about both. These inconsistencies were brought to the attention of the New York City Human Resources Administration. As of the printing of this report, no satisfactory explanation has been forthcoming.

The staggering size of the welfare figures in New York both in the number of children and total dollars spent has been the subject of much discussion. Although few are happy with the welfare programs as currently mandated and administered, attempts to formulate alternative policies have been consistently frustrated. The total number of children whose families receive public assistance and the total welfare budget have declined somewhat since 1971 as a result of tightened administrative practices, but the figures appear to be rising again. Although there has been a general decline in the birth rate, the number of children living in female-headed families in New York continues to grow. The job situation remains dismal. As of October, 1975, the unemployment rate in New York City was 11.7%, 4.5% higher than at the same time in the previous year.[14] The number of payroll jobs in the City was down some 133,500 from the prior year, and the number of employed New York City residents was down by 137,000.

More Mothers Work

Although many female-headed families receive public assistance, the fact is that mothers living alone with their children are more likely to be in the labor force than mothers whose husbands are also present (Table 5). In

TABLE 5
Labor Force Participation of N.Y.C. Women with Own Children under 18, by Marital Status and Age of Children, 1970

Total Women 16+ with Children under 18	1,007,660
= in Labor Force	335,418
% in Labor Force	33.3%
(a) Married, Husband Present (% in Labor Force)	31.2%
(b) Other (% in Labor Force)	40.9%
Total Women 16+ with Children under 6	493,529
= in Labor Force	106,230
% in Labor Force	21.5%
(a) Married, Husband Present (% in Labor Force)	20.1%
(b) Other (% in Labor Force)	27.1%
Total Women 16+ with Children 6-17 Only	514,131
= in Labor Force	229,188
% in Labor Force	44.6%
(a) Married, Husband Present (% in Labor Force)	42.2%
(b) Other (% in Labor Force)	52.9%

Source: U.S. Bureau of the Census, *1970 Census of Population: General Social and Economic Characteristics, New York*, PC(1)-C34, Table 85.

[14]Community Council of Greater New York, "Selected Economic Indicators in New York City," No. 11, December, 1975.

1970, 52.9% of female-family heads with related children 6-17 years old were working or looking for work, as compared to 42.2% of New York mothers with children in the same age range whose husbands were present in the household. Whereas a smaller percentage of mothers with children of preschool age are in the labor force, labor force participation rates are still higher for separated, divorced, and never-married mothers than for married mothers living with their husbands. 27.1% of female-family heads with children under 6 years old were in the labor force in 1970, in contrast to 20.1% of married mothers with children in the same age range.

Whether they are living with husbands or not, more American mothers are working or looking for work. National labor force participation rates of women with school-aged children (6-17 year olds only) went from 32.8% in 1950 to 51.5% in 1970. For mothers with preschool-aged children (under 6 years), labor force participation rates went from 13.6% in 1950 to 32.2% in 1970.[15] As of 1970, somewhat smaller but still substantial percentages of New York City mothers were working or looking for work: 44.6% of those with school-aged children; 21.5% of those with children under 6 years of age.

Although more recent information is not available for the City, the percentage of mothers in the labor force nationally has continued to grow since 1970. The Bureau of Labor Statistics reported that, as of March, 1974, the labor force participation rates of women with school-aged and pre-school children rose to 53.6% and 36.1% respectively.[16]

Who Cares for the Children?

Based on the 1970 Census data, approximately 480,000 children under 15 had working mothers. Of these, 130,000 were children under 6 years of age.[17] Statistics on working mothers raise an obvious question: Who is minding the children while their mothers are at work? Unfortunately, data on the child-care arrangements of working mothers in New York City are limited.

Approximately 141,500 children under age 6 were enrolled in some form of full or part-day program in 1974-75. We know that there were some 41,232 children under age 6 served by day-time care programs funded through the Agency for Child Development in 1974-75.[18] This is more than double the number of such children who were in these publicly-funded programs in 1969-70 (Table 6). Most of this increase was accounted for by a four-fold rise in the number of children in group day care facilities: from

[15]U.S. Office of Management and Budget, *Social Indicators, 1973*, Table 4/13, p. 142.

[16]U.S. Dep't. of Labor, Bureau of Labor Statistics, *Children of Working Mothers, March, 1974* Special Labor Force Report 174, 1975.

[17]Day Care Council of New York, Inc., *New York City Child Care Programs: Challenges Ahead*, July, 1974, p. 15.

[18]We do not know how many were children of working mothers or public assistance recipients, except for group day-care, where according to July, 1975 reports from the Agency for Child Development, 66% of the mothers were working; 12% looking for work; 14% in training (including WIN) and 8% other. Approximately 37% of the children's families were on public assistance. For Head Start, at least 90% of the children must be from families whose incomes fall below the poverty line and/or are receiving public assistance, but rules and regulations are frequently not observed.

7,100 children in 1969-70 to 28,569 in 1974-75. Family day care services also increased but to a lesser degree (from 4,579 to 6,539) while the number of children enrolled in Head Start programs rose only slightly (from 5,800 to 6,127). The rapid growth of group day care was due largely to the greater availability of federal funds.

TABLE 6
Enrollment of Children under 6
in Public and Non-public Programs, N.Y.C.,
1969-70 vs. 1974-75

	1969-70	1974-75
Agency for Child Development: (publicly funded)		
Group Day Care	7,100 (+900 in After School)	28,569 (+9,419 School Age)
Family Day Care	4,579	6,536
Head Start	5,800	6,127
Public Schools:		
Pre-Kindergarten	9,128	3,743
Kindergarten	91,070	71,110
Non-Public Schools:		
Pre-Kindergarten	3,542	5,448
Kindergarten	13,005	12,594
Other Licensed Programs	8,291	7,429
Total	142,515	141,556

Note: The number of children informally left in unlicensed homes or facilities is assumed to be very large, but is not known.

Sources: Early Child Development Task Force, *The Children Are Waiting*, July, 1970 (Appendix A).
N.Y.C. Agency for Child Development, "Facts and Figures," July, 1975.
N.Y.C. Bureau of School Financial Aid, Office of Educational Assistance.
N.Y.C. Department of Health, Division of Day Care.

Approximately 75,000 New York City children were enrolled in pre-kindergarten and kindergarten classes in public schools and approximately 18,000 were enrolled in such classes in non-public schools in 1974-75—almost all of them in part-time morning or afternoon classes. Some 7,400 were in other licensed, but not publicly-supported programs (such as cooperative nurseries, play schools, and church-affiliated programs). During the same period, AFDC mothers received approximately $20 million from the Department of Social Services to purchase their own child-care arrangements. No reports are available about the kinds or amounts of care bought for what numbers of children.

In 1973, the population of children under 6 years of age in the City was estimated to be 753,000 (Bernstein and Bondarin 1974). The needs for day care and other preschool programs or existing arrangements of the over 600,000 children not accounted for above are largely unknown. The number of children informally left in their own homes or put in unlicensed homes or facilities while their parents are working or fulfilling other responsibilities outside the home is assumed to be large, but no reliable estimates are available. In order to produce valid estimates of the demand for, current use of, and satisfaction with day care services in New York City, we must go beyond the administrative statistics now available and collect information through household surveys of representative samples of women with young children.[19]

[19]See Chapter 14.

Rising Cost of Maintaining a Family

Families with children in New York have had to contend with sharply increased costs of living in recent years. Living costs are higher in the New York City area than virtually anywhere else in the United States. According to the U.S. Bureau of Labor Statistics,[20] the annual cost of maintaining a moderate level of living for a four-person family[21] in the New York-Northeastern New Jersey area was $16,648 in autumn 1974 (Appendix Table 15). At a lower level of living, annual costs for the same family would be $9,852, while at a higher living standard, budget costs went to $25,470. Living costs in the New York-Northeastern New Jersey area in 1974 were above the urban United States average at all levels of living: 37% above the urban United States average at the higher level; 16% above average at the moderate level; and 7% above average at the lower level. It is the single most expensive area in the United States at the higher level, the second highest at the moderate level (surpassed only by Boston), and third highest at the lower level (exceeded only by San Francisco-Oakland and Boston). Furthermore, the spread between lower and higher budget levels in New York is substantially wider than for the urban United States: the higher level in the New York budget was 159% above the lower budget in autumn 1974. This gap has widened over the last 7 years from 147% in 1967. Between 1967 and 1974 the cost of maintaining the same level of living rose 64% at the lower budget level, 67% at the moderate level of living, and 71% at the higher level. The cost of living at all three levels rose sharply between 1973 and 1974: up $1,191 or 13.8% at the lower budget level; up $2,200 or 15.2% at the moderate level; and up $3,471 or 15.8% at the higher level of living. The rate of increase in costs of living has been greater in the New York area than for the urban United States overall, both since 1967 and between 1973 and 1974.

The rise in living costs in the New York area reflects sharp increases in personal income tax dollars and substantial price increases for goods and services consumed by families. Since 1967, tax payments at all three budget levels have more than doubled. A general rise in the costs of consumer goods and services was led by dramatic increases in the cost of food, housing, and medical services. Although food price increases have moderated somewhat since the period of these figures, recent increases in the cost of transportation, and the higher rates of taxation produced by emergency legislation to "rescue" New York City, mean that the cost-of-living picture for the immediate future looks even bleaker. Accompanying these still higher prices and taxes will be a deterioration in the public services on which New York City has prided itself in the past.

Family Costs vs. Family Income

How do these BLS family budgets compare with the annual incomes of

[20]U.S. Dep't. of Labor. Bureau of Statistics. Middle Atlantic Region, *NEWS*, May 27, 1975.

[21]The BLS four-person family consists of an employed husband age 38, a wife not employed outside the home, an eight-year old girl, and a thirteen-year old boy. For a definition of the three BLS levels of living, and an explanation of the procedure used to estimate the budgets, see BLS Bulletin No. 1570-5 (March, 1969) and the 1972 Supplement to this Bulletin.

families with children in New York City? In 1972 (the most recent year for which estimates of family income in New York City are available), almost 40% of New York families with two children had annual incomes below the BLS lower level of living, and a majority (roughly 67%) of the two-child families in New York had annual incomes below the moderate level for a family of four.[22]

There are striking differences among ethnic groups in the percentage of families with two children that have annual incomes below the BLS lower standard. Whereas 36% of the Hispanic families with two children had incomes below the official poverty line in 1972,[23] 68% of Hispanic two-child families were below the BLS lower standard of living budget. For non-white (largely black) families, 22% of the two-child families were below the official poverty line and 55% were below the BLS lower standard. The comparable figures for non-Hispanic white families were 6% and 17% respectively (Appendix Table 16).

In all ethnic groups, a majority of two-child families were below the BLS moderate living standards: 51% of white two-child families; 79% of non-white families and a striking 91% of Hispanic families. Whereas nearly a quarter of the white two-child families had annual incomes above the higher BLS standard of living, only about 8% of non-white families and roughly 3% of Hispanic families had incomes above the higher standard.

In 1972, the median family income for all families in New York City with children under 18 was about $9,400 (Table 7). Whereas for white families the median income was about $12,900, the median income for both non-white and Hispanic families was only about $6,900. For all ethnic groups, as the number of children in the family went up, the median income went down: from about $10,000 for families with one child only to about $6,000 for families with four or more children.

TABLE 7

Median Income in 1972 of Families with Children under 18, by Number of Children and Ethnic Group, N.Y.C., 1973

	Number of Children				
	Total	1	2	3	4 or More
Total Families	$ 9,424	$10,024	$10,084	$ 9,592	$ 6,000
White Families*	$12,897	$12,822	$12,708	$16,110	$10,000
Non-White Families	$ 6,932	$ 7,643	$ 6,950	$ 9,100	$ 5,500
Hispanic Families	$ 6,938	$ 8,227	$ 6,333	$ 5,857	$ 6,500

*Excluding Hispanic

Source: Bernstein, B., Bondarin, A., *New York City's Population - 1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974, Table 14, 14A, B, C, pp. 57-60.

[22]The figures cited above are estimates based on the autumn 1972 BLS standards for a four-person family: $7,841 at the lower level; $13,179 at the moderate level; and $20,165 at the higher level (Bureau of Labor Statistics, June 1974). These budget standards were compared with the 1972 family income distributions reported by Bernstein and Bondarin (see Footnote 2, Chapter 1) in their analysis of New York City data from the 1973 *Current Population Survey* (see Appendix Table 16). The figures are only approximations because the income classes used in the Survey did not correspond exactly with the BLS cut-off figures, and not all of the families with two children match the characteristics of the BLS four-person family. A number of the two-child families, for example, have only one adult present in the household. Such families would have lower annual costs by the BLS method of estimating budgets. Fatherless families also tend to have lower annual incomes, as noted above.

[23]$4,275 for a family of four in non-farm area.

While many New York children are growing up in families where making ends meet is a continual struggle, the economic situation is especially difficult for children who live with their mothers only, for black or Puerto Rican children, and for children growing up in large families. Of the 464,000 children in New York City who lived in families with incomes below the poverty level in 1970, three out of five lived in families headed by females. Nearly half (44%) of the City's poor children were black and one-third were Puerto Rican. Black children were twice as likely as white children to be living in poverty (32% vs. 16%).[24] Current demographic and social trends for New York suggest that in the future an even greater percentage of the City's children will experience economic hardship as they grow up. A greater percentage of the City's children will be black or Hispanic. A larger proportion of New York children will be living in female-headed families. Although the birth rate has been falling in general, the families who are continuing to have large numbers of children are the families who can least afford to care for them.

Family Planning

The state of children in New York City would obviously be improved if every child born in the City were born into a family that wanted the child and had the means to care for it adequately. National fertility surveys demonstrate that most U.S. citizens, regardless of their ethnic, religious, or socioeconomic backgrounds, want to have smaller families, and use or expect to use some form of birth control. In New York City, this trend has been evidenced by dramatic drops in fertility rates and in the total number of births in the City over the last decade. Fertility rates for women of all ethnic groups in the City have declined sharply. The total number of births in New York dropped from approximately 159,000 in 1965 to 110,600 in 1974.[25] The number of births to mothers on public welfare (who already have one or more children) has dropped from a high of 173 per 1,000 cases in 1964 to 67 per 1,000 in 1973.[26]

New York City has led the nation in making available to large numbers of its residents a wide range of family-planning services. During fiscal year 1974 a total of 207,100 women aged 15 through 44 received family-planning services from organized programs in New York City. Although this number was down somewhat from the 232,200 women served in 1972, the number is more than double the 1968 caseload. Approximately 45,000 adolescents received family-planning care from organized programs in New York City in 1974, and about 16,800 received such services from private physicians. Most of the women served in these organized programs (about 85%) were

[24]Community Council of Greater New York, "Some Facts about Children in New York City," March, 1974.

[25]See Chapter 10.

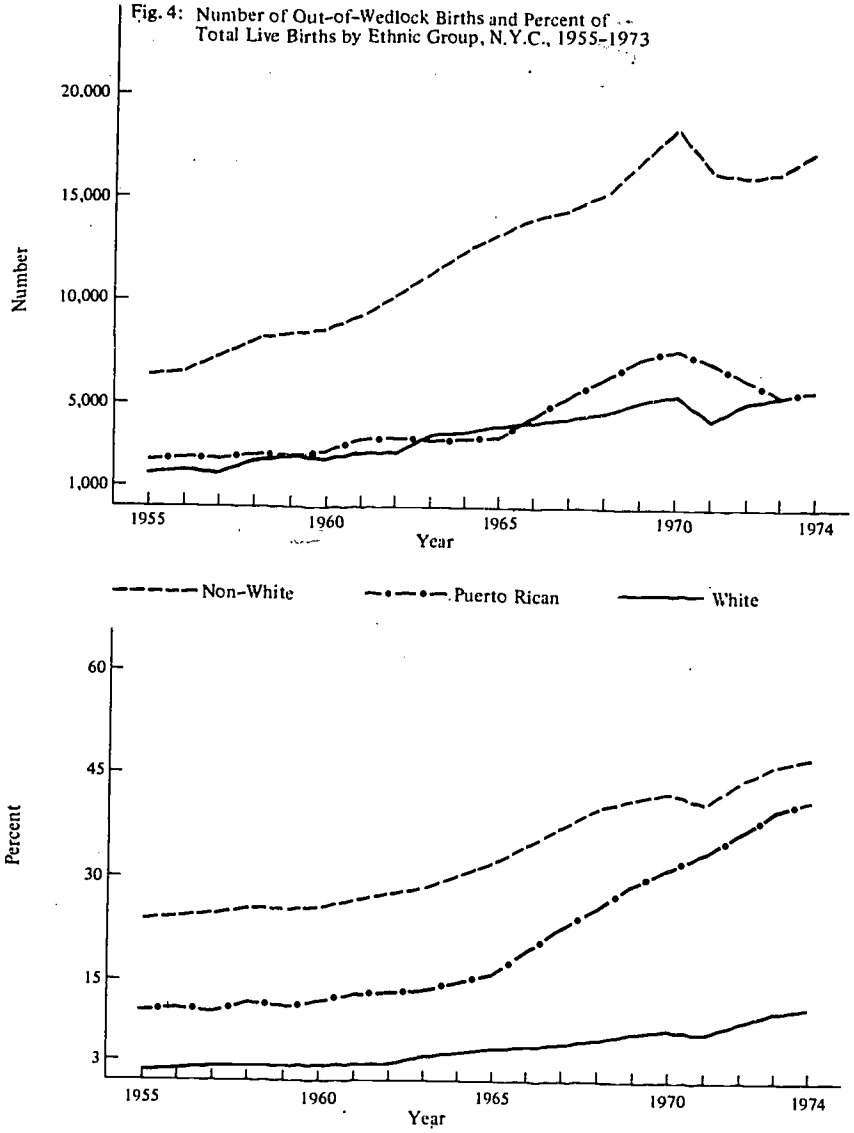
[26]Planned Parenthood of N.Y.C., Inc., "Statement on the Development of a Comprehensive New York State Plan to Implement Title XX of the Social Security Act," March 20, 1975.

from low or marginal income families.[27] Nevertheless, a substantial number of women in New York continue to have unintended pregnancies because of lack of knowledge or lack of access to effective contraceptive methods. The need for more effective, more widely available family planning is strikingly illustrated by statistics on out-of-wedlock births and abortions in New York City.

Out-Of-Wedlock Births

29,209 infants were born out-of-wedlock in New York City in 1974. This was about 900 more out-of-wedlock births in the City than in 1973, but about 2,700 fewer such births than in the peak year of 1970 (Figure 4

Fig. 4: Number of Out-of-Wedlock Births and Percent of Total Live Births by Ethnic Group, N.Y.C., 1955-1973



Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

[27]Alan Guttmacher Institute, Family Planning Services in New York, *Focus for State Initiative*, 1975.

and Appendix Table 17). Nevertheless, the 1974 figure is almost three times as high as the number of out-of-wedlock births in 1955, before family-planning services were widely available. Although the total number of out-of-wedlock births in New York has not changed dramatically in the last five years, these births represent a steadily increasing percentage of all live births in the City because the number of births to married women has been declining. Thus, the illegitimacy ratio rose from 6.3% in 1955 to 21.4% in 1970, and to 26.4% in 1974, or more than one birth in four.

60% of the babies born out-of-wedlock (17,405) in 1974 were black, 20% were white and 20% Puerto Rican.[28] Slightly more than 47% of all black babies born in New York City in 1974 were born out-of-wedlock. Almost 41% of the Puerto Rican babies and 10% of the white babies were also born out-of-wedlock. More than a third of the babies born out-of-wedlock in New York City in 1974 were born to teenage mothers (Appendix Table 18).

There is considerable dispute about whether being born out-of-wedlock and growing up in a fatherless family is detrimental per se to the health and well-being of a child. The existing evidence on this question is contradictory, but we do know that children born out-of-wedlock are likely to be born into poverty, and this association alone makes illegitimate birth a risk factor for a child.

Abortions

Almost 86,000 abortions were performed in 1974 for women residing in New York City (Table 8). This was almost 19,000 (or 28%) more abortions than were performed in 1971, the first full year in which legal abortions were available on demand in New York. The number of abortions has risen since 1971 for all ethnic groups. Of the abortions performed in 1974, 48.6% were for black women, 37.4% were for white women and 14% were for Puerto Ricans. There were 4,800 more abortions than live births to black women in New York in 1974. For Puerto Ricans, the number of abortions performed in 1974 was 83% of the number of live births; while for whites the number of abortions was 54% of the number of live births. 65% of the New York City residents who had abortions in 1974 were unmarried, so

TABLE 8
Number of Abortions for N.Y.C. Residents, and Percent by Ethnic Group, 1971-1974

Abortions	1971		1972		1973		1974*	
	No.	%	No.	%	No.	%	No.	%
White	29,508	44.0	30,104	42.5	30,526	37.6	32,126	37.4
Non-White	30,033	44.8	33,740	47.6	39,183	48.2	41,746	48.6
Puerto Rican	7,491	11.2	6,993	9.9	11,491	14.2	12,026	14.0
TOTAL	67,032	100.0	70,837	100.0	81,200	100.0	85,898	100.0

*In 1974, there were 59,180 live births reported for white women, 36,944 for non-white, and 14,518 for Puerto Rican women.

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

[28]Only those births that are to mothers born in Puerto Rico are counted as Puerto Rican births. Out-of-wedlock births to second generation Puerto Rican women are included in the white category.

that if these abortions had not been performed, the illegitimacy ratio in New York would be even higher than it is. 20% of the abortions performed in 1974 were for teenage women. 31.5% of the abortions were for women aged 20 through 24.[29]

Many abortions represent failure to use other methods of birth control or ineffective contraceptive practice. Thus, the large number of abortions performed in New York each year demonstrates the need for more education and the provision of family-planning services, particularly for young, unmarried women. The Alan Guttmacher Institute (1975) has estimated that there are some 106,200 women of low and marginal income who are in need of family-planning services, but who are not served by organized programs or private physicians. This represents some 28% of the New York women of ages 15 through 44 with low and marginal incomes. Of the approximately 119,800 adolescent women in New York at risk of unwanted pregnancy, it is estimated that 58,000 (or about 48%) received no professional advice or assistance regarding birth-control methods.

[29]N.Y.C. Dep't. of Health. Bureau of Health Statistics and Analysis.

HIGHLIGHTS

- About one child in four in New York City was living in a female-headed household in 1973, as compared with about one child in ten in 1960. For the nation as a whole, about one child in seven lived with mother only in 1973.
- Almost one out of two black children and one out of three Hispanic children live in female-headed households, as compared with about one out of eight white children.
- More than half of all children living in female-headed households live in poverty.
- Between 1961 and 1975, the number of children receiving public assistance rose by 230%.
- Labor force participation rates of mothers are rising and are higher for separated, divorced, and never-married mothers than for married mothers living with their husbands.
- The needs for day care or other preschool programs, and the existing arrangements for over 600,000 New York City children under age 6 are largely unknown.
- Of the 464,000 children in the City who lived in poverty in 1970, three out of five lived in families headed by women, nearly one-half were black and one-third were Puerto Rican. Black children are twice as likely as white children to be living in poverty.
- In 1972, almost 40% of the City's families with two children had incomes below the Bureau of Labor Statistics' lower level of living standard of $7,841 for a family of four.
- In 1974, more than one in four children were born out-of-wedlock in New York City, as compared with about one in sixteen in 1955. Almost half of all black babies born in the City in 1974 were born out-of-wedlock. 56,000 unmarried women had abortions in 1974.

3

How Healthy Are Our Children?

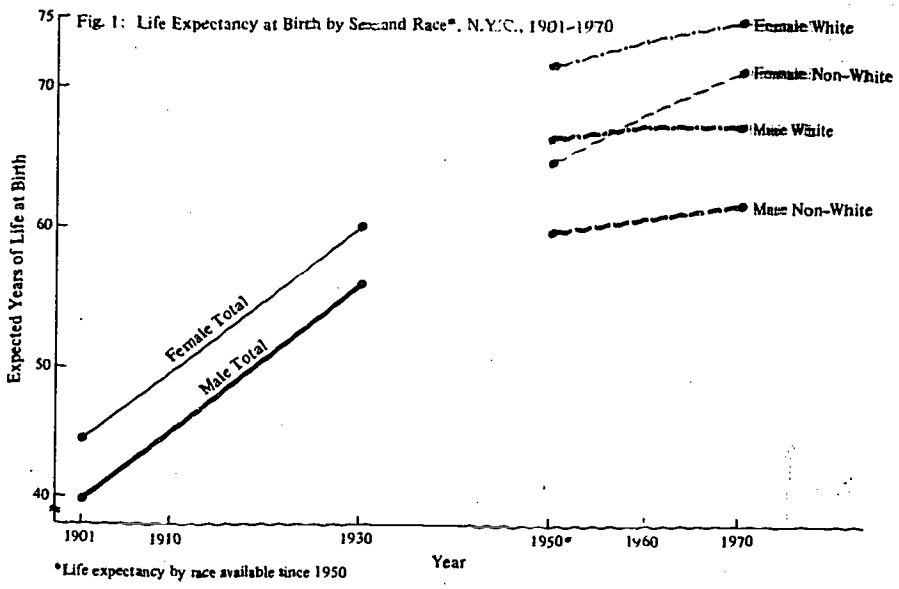
A child should be able to look forward to a long life, a life as free as possible from disease, disability, and physical discomfort. Adequate health is necessary for a child to be able to play, learn, and function without restrictions and is basic for normal growth and development. How healthy and safe are children growing up in New York City today? Is child health and safety in New York City improving or deteriorating over the years?

To answer these questions and develop a full profile of the safety and health of New York City children, several different kinds of information are needed. Unfortunately, not all are available. We have statistics from birth and death certificates, reports of specific diseases, accidents, and poisonings—statistics compiled and analyzed by the Bureau of Health Statistics and Analysis over many decades. We also have more limited information from the National Health Survey on childhood disability and the use of health services in New York City. But we do not have adequate statistics on nutrition, physical fitness, freedom from pain and discomfort, and/or long-term physical handicaps. As in other areas of concern, we have no systematic measures of the subjective feelings and reactions of New York City children and their parents about children's health and safety and about the availability and adequacy of health-care services.[1]

Life Expectancy

The average life expectancy for a child born in New York City in the 1970's is at least 25 years longer than the life expectancy of a New York City child born at the turn of the century. (Figure 1 and Appendix Table 19). This represents a dramatic improvement across the last 75 years, although the rate of improvement has leveled off in the last three decades. The lengthening of the average life span has come about primarily because

[1]See Chapters 9 and 14.



Source: N.Y.C. Dep't of Health, Bureau of Health Statistics and Analysis, *Summary of Vital Statistics*, 1971.

more individuals now survive through infancy and childhood into adulthood. Much of the improvement is due to the conquest of infectious diseases such as yellow fever, smallpox, cholera, typhus, diphtheria, infantile diarrhea, and dysentery, and to better procedures for preventing and treating respiratory diseases such as influenza, pneumonia, and tuberculosis. The control of these diseases has been brought about through a combination of better sanitation and hygiene, improved nutrition, immunization, and treatment with drugs or antibiotics.

Despite the overall improvement in life expectancies, significant discrepancies among groups still exist and in some cases have grown larger. The life expectancy for a white girl born in New York City in 1970 was nearly 75 years. For a non-white girl, it was approximately 71 years. As in other parts of the world, life expectancy at birth for boys was substantially lower—about 67 years for white and only 61.5 years for non-white boys. The life expectancy of children born in New York City in the 1970's is very similar to the corresponding figures for the nation as a whole, with slightly lower expected years of life for the New York City white population and slightly higher for the non-white population in comparison with the corresponding national population groups (Appendix Table 19).

That girls live longer than boys may well reflect biological differences. That Blacks do not live as long as non-Blacks, on the average, reflects differences in susceptibility to infant mortality, chronic disease, and violent death, such as by accident or homicide. Many of these differences, in turn, are linked to potentially-modifiable social and economic risk factors.

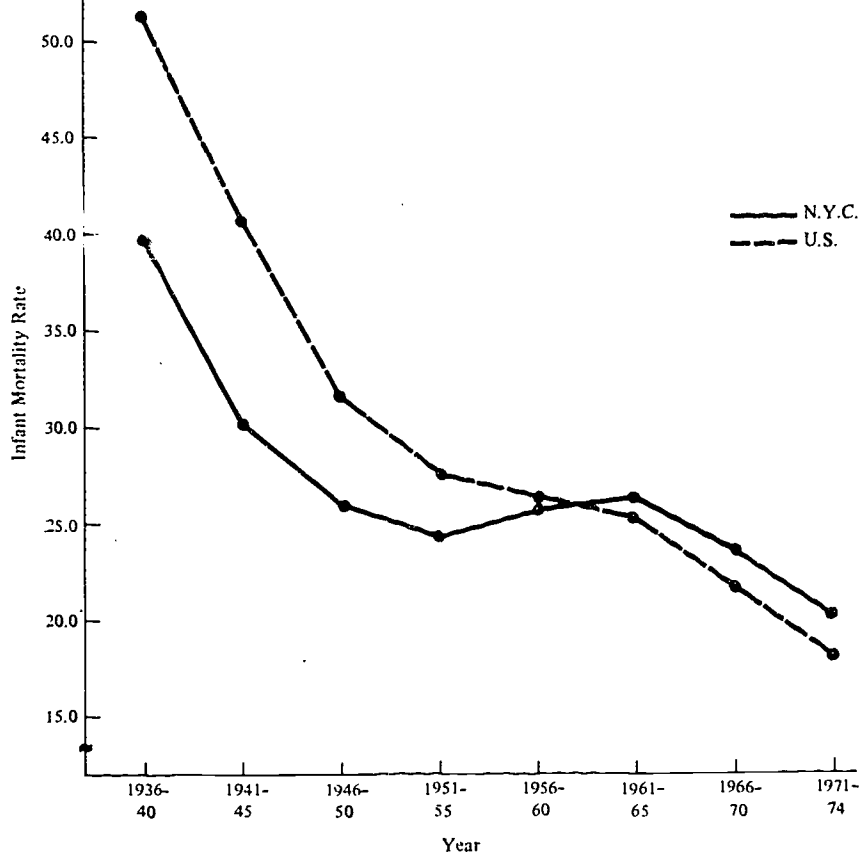
Life Chances: The First Year

A major factor that has contributed to the improvement in average life expectancy for New York City children has been the decline in infant

mortality rates. More than one child in ten born in New York City died within the first year of life at the beginning of the century. Today, about 2% of all newborn babies die in their first year. As with life expectancy, the most dramatic improvements in the infant mortality situation occurred in the first half of the century. At the turn of the century in New York, the infant mortality rate was approximately 137 deaths per 1,000 live births. By 1931-35, the rate had dropped to 52 deaths per 1,000 and until the early '50s, it continued to decline to a level of about 25 deaths per 1,000 births. For the next 15 years, the New York City rate remained at or slightly above this level. (Figure 2 and Appendix Table 20). In the last decade, the overall mortality rate in the City has declined further to approximately 20 deaths per 1,000 live births in 1974.

In comparison with United States rates, New York City evidenced consistently lower infant mortality for the period 1936-60. Since 1960, however, total infant death rates in New York City have been slightly

Fig. 2: Infant Mortality Rates* N.Y.C. vs. U.S., 1936-1974



*per 1000 live births

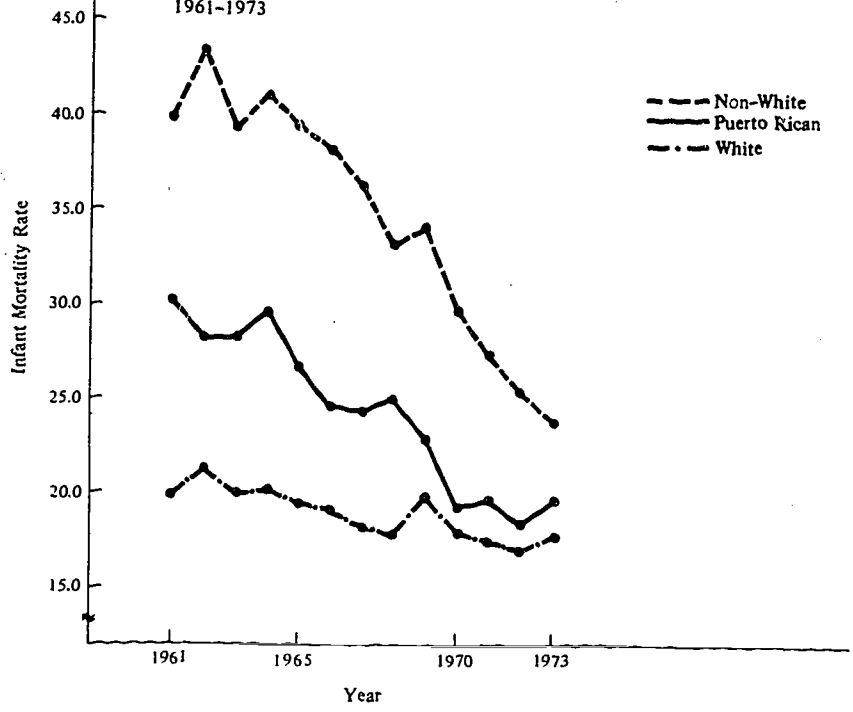
Sources: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

White House Conference on Children and Youth, *Profiles of Children*. Washington, 1970.

The New York Times, "New Fight Mapped on Birth Hazards," L.K. Altman, July 22, 1975.

higher than the national average. The differences between United States rates and New York City rates in the last 15 years probably reflect the differing ethnic composition of the City as compared to the Nation as a whole. Infant mortality rates for Blacks have been higher both in the City and the Nation than for non-black babies (Figure 3 and Appendix Table 20). The Puerto Rican population of New York City has also shown consistently higher infant mortality rates, but not so markedly different as those for Blacks.

Fig. 3: Infant Mortality Rates* by Ethnic Group, N.Y.C., 1961-1973



*per 1000 live births

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

The overall improvement in the infant mortality picture in New York in the last 15 years seems attributable to a combination of significant advances in medical technology and obstetric and newborn care, coupled with important social advances such as the widespread availability of family-planning services. These advances have had a beneficial impact on all ethnic groups, but the most striking effect has been a fairly steady increase in the chances for survival of black and Puerto Rican babies over the last decade and a half. Nevertheless, a significant gap remains. In 1973 non-white babies in New York died at a rate of 23.9 per 1,000 births whereas the comparable rate for non-black, non-Puerto Rican babies was only 17.7. The Puerto Rican rate in the same year was 19.5.

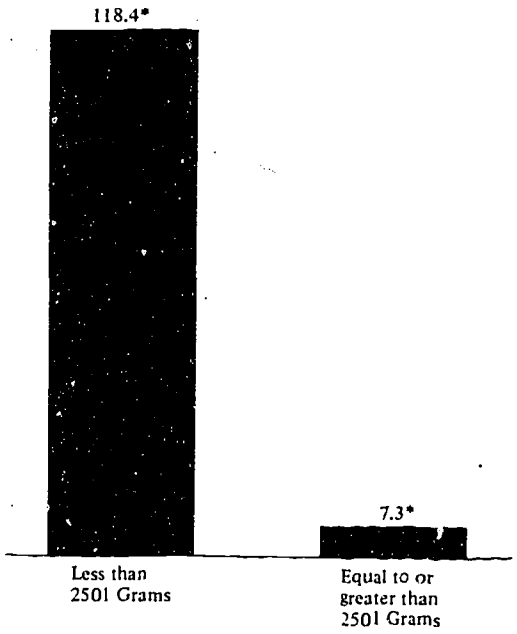
Low Birth Weight: A Major Risk

Another child health indicator which is available from birth statistics is the number and percentage of "premature" babies, that is, babies who are

born weighing less than five and a half pounds (2,501 grams). These statistics are of interest because newborn infants of low birth weight have a greater risk than others of either dying in infancy or suffering from physical and intellectual handicaps later in life.

Most infant deaths occur among babies weighing less than five and a half pounds. An analysis of New York City birth and death statistics for 1973 (Figure 4) shows that the infant mortality rate for newborns weighing less than 2,501 grams was more than 16 times greater than the rate for heavier infants. Even if they survive into later life, low birth-weight babies are more likely to show retarded physical and mental development and to experience a variety of disabilities (National Center for Health Statistics 1972).[2]

Fig. 4: Infant Mortality Rates by Weight at Birth, N.Y.C., 1973



*Infant deaths per 1000 live births

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

The total number of low birth-weight babies born each year in New York City increased from 1955 to 1964 but has shown a fairly steady decline since then (Figure 5a and Appendix Table 21). Nearly 15,000 such infants were born in 1955, almost 17,000 in 1964, and only slightly more than 10,000 in 1974. This decline, however, reflects the size of the newborn population. The *ratio* of low-weight births to total births each year has

[2]U.S. Dep't. of HEW, HSMHA: *Trends in "Prematurity" United States: 1950-67*. Vital and Health Statistics Analytic Studies, Series 3, (DHEW Publication No. (HSM) 72-1030). This is not to imply that all children who fall into the low birth-weight classification have health or developmental difficulties. Low birth-weight infants are a heterogeneous group, ranging from extremely low-weight babies delivered before term, with complications in the pregnancy, to infants born at or near term at birth weights close to the lower end of the distribution of birth weights for normal pregnancies.

changed relatively little over the same period (Figure 5b and Appendix Table 21). In 1974, 9.1% of the babies born in New York City fell into the low birth-weight category. This represented a very slight improvement from the mid-'60s, when the low birth-weight percentage was approximately 10%, but it is not significantly different from 1955 when it was 9.0%.

As noted earlier, the declining trend in the total number of births in New York City seems to be associated with the establishment of widely available family-planning services (from about 1965 on), and with the advent of legalized abortions (July, 1970). The trend curve for the total number of low-weight births apparently reflects the same turning points. Although there has been no marked change in the percentage of low birth-

Fig. 5a: Number Low-Weight Births, N.Y.C., 1955–1974

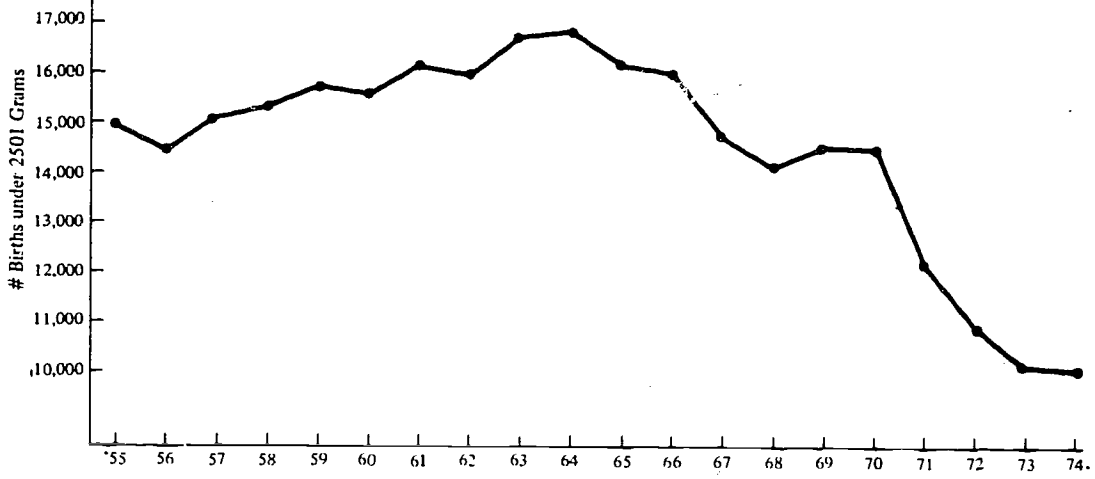
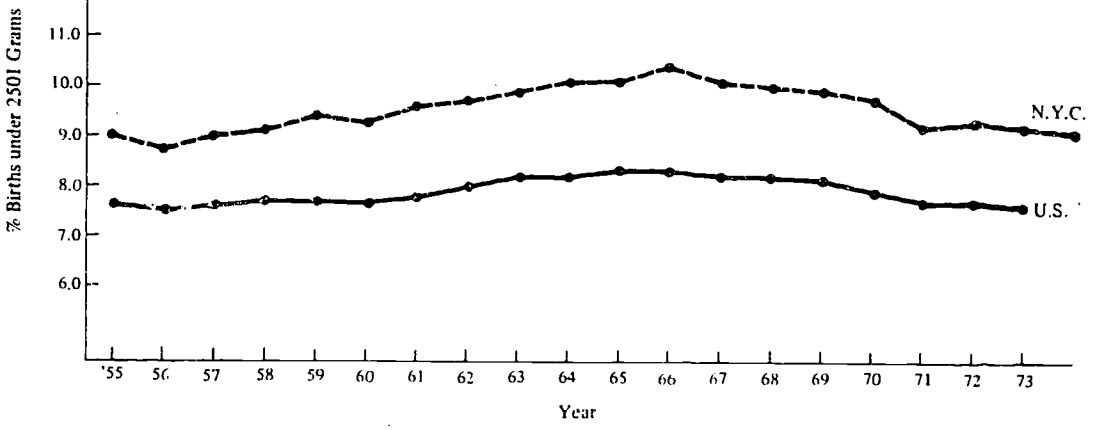


Fig. 5b: Percent Low-Weight Births, N.Y.C. vs. U.S., 1955–1973



Sources: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

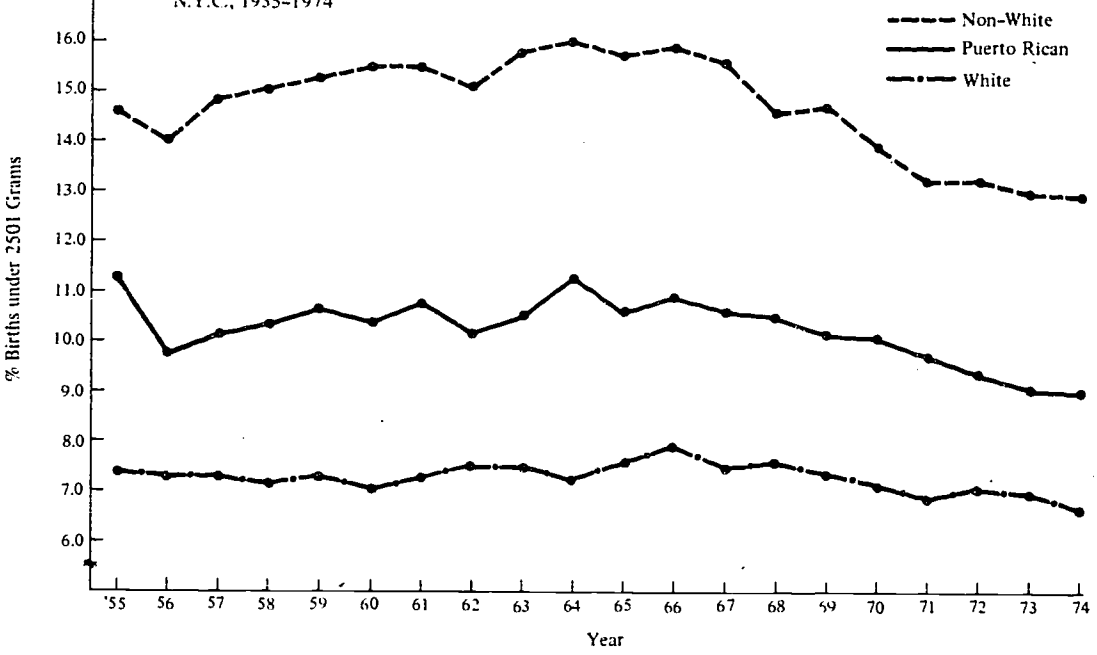
U.S. Dep't. of Health, Education and Welfare, *Trends in Low Birth Weight Ratios: United States and Each State, 1950–68*, June, 1973.

U.S. Dep't. of Health, Education and Welfare, Nat'l. Center for Health Statistics.

weight babies, the reduction in the sheer numbers of such babies represents a real advance for child health in New York City, in the sense that fewer children are being born at risk each year.

The percentage of low birth-weight babies born each year in New York City has been consistently higher over the last twenty years than the percentage for the United States as a whole. For example, in 1973 the U.S. low birth-weight ratio was 7.6% and the New York City ratio was 9.2% (Figure 5b and Appendix Table 21). As with infant mortality, this difference seems to be associated with the ethnic composition of New York City and the differentials in low birth-weight percentages that these groups exhibit. Babies born to black and Puerto Rican parents in New York City are more likely to fall into the low birth-weight category (Figure 6 and

Fig. 6: Percent Low-Weight Births by Ethnic Group, N.Y.C., 1955-1974



Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

Appendix Table 21). Of the babies born in New York City in 1974, 12.9% of the non-white infants, 9.0% of the Puerto Rican infants, and 6.7% of the white infants were less than five and a half pounds. The percentage of low birth-weight babies has, however, declined since the mid-'60s for all ethnic groups, most notably for Blacks.

Many variables have been identified as correlates or predictors of both low birth weight and infant mortality, including such factors as age of mother, illegitimacy, and inadequate prenatal care.[3] The relative importance of individual factors has varied from study to study. Nevertheless, it seems clear that high rates of infant mortality and low birth weight in an area are associated with poor living conditions in that area, as measured by

[3]D. M. Kessner, *Infant Death: An Analysis by Maternal Risk and Health Care.* Institute of Medicine, National Academy of Sciences, 1973. J. Pakter and F. Nelson, *Factors in the Unprecedented Decline in Infant Mortality in New York City.* N.Y. Academy of Medicine, July-August, 1974.

low income, substandard housing, broken homes, etc.[4]

We have noted that rates of both infant mortality and low birth weight vary across ethnic groups. However, as Struening et al., have observed:

> "ethnic membership in this country is so intimately related to income level, availability of jobs and housing, general levels of health, availability and use of medical facilities and levels of nutrition that it is nearly impossible to separate racial and ethnic effects from the effects of these variables. If these and other relevant variables were rigorously controlled, it is not clear whether ethnic or racial differences per se would account for significant differences in low birth weight and infant mortality."

While it is true that in recent years both infant mortality rates and the number of low birth-weight infants have declined, certain social problems may act as barriers to further reductions in these phenomena. These factors include the continuing large proportion of out-of-wedlock[5] births in New York City and the number of babies being born to drug-addicted mothers. In 1974, 26.4% of all births in New York City were out-of-wedlock. In 1973, for example the infant mortality rate for out-of-wedlock babies was 27.2/1,000 compared to 14.5/1,000 for in-wedlock babies—a ratio of almost 2 to 1 (Appendix Table 22). The difference in mortality rates probably reflects less adequate prenatal care, nutrition, and living standards associated with out-of-wedlock births.

Narcotic addiction among expectant mothers has been a growing problem in New York City. Narcotic addiction at birth was reported for 911 infants in 1973 or 0.82% of all births in that year. (The comparable reported figures for 1970 were 489 births and 0.33%). Even though these percentages appear low, the impact is substantial, since babies born to addicted mothers have evidenced more than three times the rate of low birth weight and infant mortality in comparison to total New York City rates (Pakter and Nelson 1974). Furthermore, the figures on the incidence of addicted births understate the size of the problem since under-reporting of addiction on birth certificates is said to be extensive. In some hospitals in the City, births to drug-addicted mothers have been reported to constitute as much as 20% to 30% of the births.[6]

Why Some Children Die

911 children in the 1 through 14 age group died in New York City in 1973 (Table 1). While the comparable number of deaths in 1963 was 1,170, age-specific death rates per 1,000 population for children one year of age and over have remained fairly constant since the 1950's (Appendix Table 23). In 1973 as in 1963, more than half of these deaths were caused by accidents, cancer, congenital malformations, influenza, and pneumonia. A disturbing change revealed by these data is the rising importance of murder

[4] E. L. Struening, et al., "Family, Ethnic and Economic Indicators of Low Birth Weight and Infant Mortality: A Social Area Analysis." *Annals of the New York Academy of Sciences*, June, 1973. L. Kogan and S. Jenkins. *Factorial Ecology of Child Health and Welfare: Development of the DIPOV Index*. Center for Social Research, Graduate Center, CUNY, March, 1974.

[5] See Chapter 2.

[6] J. Pakter, D. O'Hare and F. Nelson. *Teen-Age Pregnancies in New York City: Impact of Legalized Abortions:* Presented at the Annual APHA Meeting, October, 1973.

as a cause of child deaths. In 1963, 17 children were murdered in New York City accounting for 1.5% of all child deaths in that year and making homicide the seventh leading cause of child deaths. In 1973, there were 57 child murders in New York, or 6.3% of all child deaths that year. Homicide had become the fifth leading cause of death.[7]

TABLE I
Deaths in the 1-14 Year Age Group–Ranked by Chief Causes of Death – 1963 vs. 1973, N.Y.C.

1963			1973		
Accidents	269	23.0	Accidents	177	19.4
Malignant neoplasms	248	21.2	Malignant neoplasms	159	17.5
Congenital Malformations	151	12.9	Congenital anomalies	111	12.2
Influenza & Pneumonia	142	12.1	Influenza & Pneumonia	59	6.5
Gastritis, duodenitis, enteritis, & colitis	20	1.7	Homicides	57	6.3
Meningitis	20	1.7	Diseases of nervous system and sense organs	55	6.0
Homicide	17	1.5	Heart disease	15	1.6
Benign & unspecified neoplasms	14	1.2	Diseases of blood & blood-forming organs	14	1.5
All other causes	289	24.7	All other causes	264	29.0
	1170	100.0		911	100.0

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics & Analysis.

Accidents

Accidents remain the leading cause of child death after the first year of life. In the five-year period 1969-1973, 1,153 children aged 14 and under died of accidents (Table 2). 516 of these accidental deaths occurred to

TABLE 2
Child Deaths from Accidents, N.Y.C., during the Period 1969 to 1973

	Age 0–4	Age 5–14
TOTAL	516	637
I. Home (total)	366	152
Poisonings (gas excepted)	15	2
Poisonings by gases/vapors	1	4
Fire and flames	190	94
Suffocation	68	5
Falls	61	35
Other home accidents	31	12
II. Motor Vehicle (total)	115	391
Injury to pedestrian	89	303
Collision with other m.v.	19	18
Collision with fixed object	2	6
Non-collision	2	35
Other motor vehicle	3	29
III. Public Non-Motor Vehicle (total)	35	90
Subway	-	4
Air transportation	-	-
Fire explosion	1	1
Drowning	4	37
Falls	10	19
Other	20	29
IV. Occupational (total)	-	4

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

[7]See Chapter 7 for further information on child homicide trends.

children 4 years of age and under. 71% of these preschoolers died from accidents in the home, with fire being by far the largest cause of these household deaths.

In the same five-year period, 637 older children (ages 5-14) died of accidents. The majority of these accidental deaths (76%) occurred outside the home. Of these, 81% were motor-vehicle related. Almost half of the deaths in the 5-14 age category were the result of children, as pedestrians, being struck by cars or other motor vehicles. Thus, pedestrian safety and fire prevention in the home stand out as areas requiring special attention if the toll of child deaths in New York City is to be significantly reduced.

Poisonings

Although poisoning accounts for relatively few child deaths in New York City a large number of child poisoning cases requiring medical attention occur each year. In 1973, for example, some 25,660 cases of child poisoning were reported in the City (Table 3). Of these, 22,608 occurred in children under 5, 1,847 in children between 5 and 9, and 1,088 to children between 10 and 14. (In an additional 117 cases, the age of child was unspecified.) At all ages, internal medicines were the leading poisoning agent. Other agents, accounting for substantial proportions of the poisoning cases were household preparations, cosmetics, plants, external medicines, paints and solvents, and pesticides.

TABLE 3
Cases of Poisoning Reported in 1973, for Persons under Age 14, by Age and Poisoning Agent, N.Y.C.

Agent	Age			Child, Age Unspecified	Total Children Under 14
	Under 5	5-9	10-14		
Internal Medicine	6,207	524	409	14	7,154
Household Preparations	4,217	226	122	22	4,587
Cosmetics	2,184	77	30	14	2,305
Plants	2,161	259	123	19	2,562
External Medicine	2,018	127	71	4	2,220
Paints, Solvents	1,343	93	85	4	1,525
Pesticides	1,343	97	37	7	1,484
Lead Poisoning	673	93	5	11	782
Petroleum Distillates	436	27	33	4	500
Gases, Vapors, etc.	7	5	8	-	18
Miscellaneous	2,019	321	165	18	2,523
Total	22,608	1,847	1,088	117	25,660

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

There were 782 cases of lead poisoning in children reported in 1973.[8] The number of lead poisoning cases reported annually has fluctuated greatly over the years. 467 cases were reported in 1967; 2,649 in 1970. This increase in reported cases appears related to the introduction during this period of educational programs about lead poisoning and an improved system for reporting cases. Since 1971, the number of cases reported has declined from 1,925 in 1971 to 495 in 1974. This decline may reflect the

[8]N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

positive impact of lead-poisoning programs, although a decline in the quality of reporting must be considered as a contributing factor.

Conquering Childhood Diseases

A number of communicable diseases that affect children are regularly reported by physicians and clinics to the New York City Department of Health. The annual numbers of cases for these diseases have been tabulated by the Health Department for many decades and these tabulations provide another perspective on child health in New York City (Appendix Table 24).

The general picture presented by the trends in the incidence of these reportable diseases is one of an improvement in health conditions over the last several decades. Many of the serious communicable diseases that killed and disabled children in the last century and earlier part of this century have now been brought under sufficient control so that they no longer pose a significant public-health problem. With the advent of an effective vaccine, polio, which was a serious crippler of children 20 years ago, has now been virtually eliminated as a cause of childhood disability. Levels of scarlet fever and whooping cough have also been significantly reduced and less serious childhood diseases have also shown a declining trend from the perspective of the last several decades.

Chicken pox, measles, and mumps now constitute the vast bulk of reported childhood diseases (Appendix Table 25). The term "childhood disease" can be misleading because it implies that these diseases are a normal part of childhood—something most children have and get over. Whereas these illnesses rarely pose a threat to the life of the child, they are all sources of discomfort and require medical attention. Some can result in serious complications. Measles, for example, may lead to pneumonia and/or infections of the middle and inner ear which can result in hearing loss. While many childhood diseases are preventable through immunization, only continued awareness and active efforts will maintain a high level of protection against them.

ILLNESS AND THE LIVES OF CHILDREN

In order to get a complete picture of the health of New York City children, information is needed on the impact of illness and injury on the day-to-day life of children and on the access to health-care services and the use of such services by children. One way of obtaining such information is to conduct household interviews with children's parents and to ask them to report on recent episodes of illness, injuries, and doctor and dental visits. Such information is, in fact, collected on a continuing basis in the National Health Interview Survey.[9]

The survey is designed to provide national and regional health statistics, and data from the survey are not routinely reported for New York City. The survey sample includes a sufficient number of households in New York

[9]U.S. Dep't. of HEW, National Center for Health Statistics, *Health Characteristics by Geographic Region. Large Metropolitan Areas and Other Places of Residence. United States, 1969-70*, Vital and Health Statistics Series 10, No. 86, January, 1974.

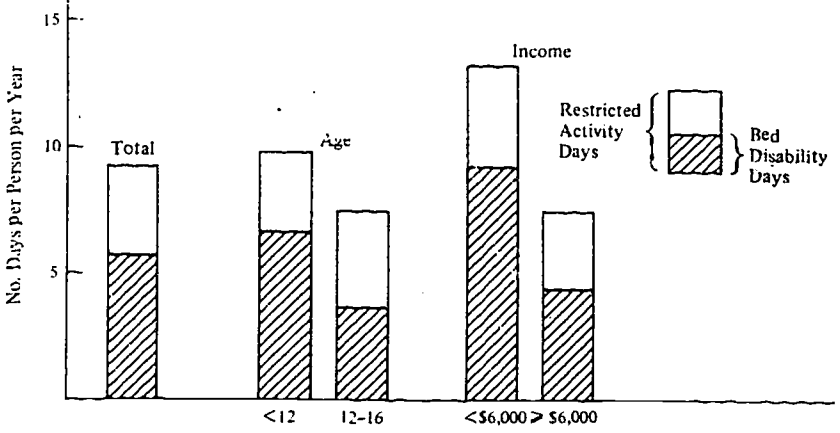
City, however, to make it possible to obtain reliable information on the health of New York City children, particularly if data for more than one year are combined. The following descriptions of child-health characteristics in New York City are based on information derived from special tabulations prepared by the National Center for Health Statistics at the request of the Foundation for Child Development.

Short-term Disability

Short-term disability is a temporary restriction of normal activity which may be caused by injury, or by an acute or chronic illness. It is measured by days when the child cut down on usual activities, stayed in bed, or stayed home from school. Children under 17 in New York City had an average of 9.1 days of restricted activity per year during 1973-74 (Appendix Table 26). Of these, 5.7 were days in which the child had to stay in bed. The comparable figures for the United States as a whole in the same period were 10.7 restricted activity days and 4.7 bed disability days per person per year. The average number of restricted activity days for New York City children has gone down from 1969-70, when it was at 12 days per child per year; but the average number of bed disability days has not changed significantly.

Younger children have more short-term disability than do 12 to 16 year olds, reflecting their greater susceptibility to childhood diseases, colds, and other respiratory infections. In 1973-74 New York children under 12 had 9.8 days of restricted activity, compared to 7.4 days for the 12 to 16 year olds; they had 6.6 bed disability days compared to 3.6 days for the older group (Figure 7 and Appendix Table 27). Regardless of age, children in families with incomes under $6,000 have more days of restricted activity and bed disability than children in families with higher incomes. The poorer children had nearly twice as many restricted activity days (13.1 vs. 7.4) and more than double the number of bed disability days (9.1 vs. 4.3) than children whose families were economically better off. The same pattern of

Fig. 7: Number of Restricted Activity and Bed Disability Days per Person per Year, for Persons under 17, by Age and Income, N.Y.C., 1973-74



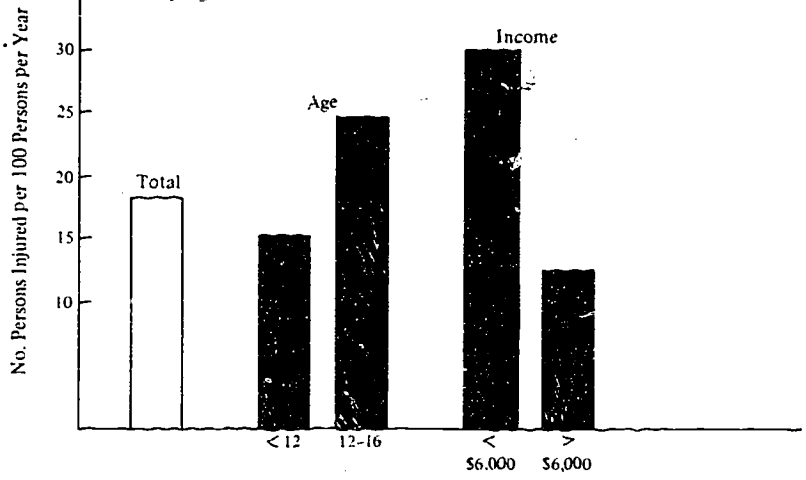
Source: U.S. Dep't. of Health; Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

differences in reported disability by age and income appears in national statistics.[10]

Episodes of acute illness constitute the most common health problem among children. The number of acute conditions per year per 100 persons under 17 was 171.7 in New York City and about 256.6 for the nation in 1973-74 (Appendix Table 28). Acute conditions are more frequent for younger children and for poorer children. Over half the acute conditions reported for children under 17 are respiratory conditions (Appendix Table 29). Injuries are also a frequent condition, especially for boys.

About 18 out of every 100 New York City children under 17 had an injury serious enough to require restriction of activity or medical attention in each of the years 1973-74 (Figure 8 and Appendix Table 30). The comparable figure for the nation was 35.5 persons injured per 100 persons per year. Older children are more prone to injuries than are younger children. For children under 12 the rate of injury was 15.3 persons injured per 100 person per year in 1973-74, whereas for the 12 to 16 year olds it was 24.3 per 100 persons. Children from low-income families (less than $6,000 per year) had more than double the rate of injury than children from higher income families (30.0 vs. 12.4 persons injured per 100 persons per year). Boys are more injury prone than girls (21.9 vs. 14.1 persons injured per 100 per year), and boys' injuries are equally likely to occur at home (11.1) as away from home (10.9). The majority of injuries to girls occur in the home (9.5 vs. 4.6). These differences probably reflect differences in participation in sports and other activities that may result in injuries to young people.

Fig. 8: Number of Persons Injured per 100 Persons per Year, for Persons under 17, by Age and Income, N.Y.C., 1973-74



Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

Use of Health Care Services

Children under age 17 in New York City average 4 physician visits per year; about 18% have not had any visits within a year (Appendix Table 31).

[10]U.S. Dep't. of HEW, Health Resources Administration, *Health: United States 1975*, DHEW Publication No. (HRA) 76-1232, 1976, pp. 402-403.

New York City children average about 2 dentist visits per year; but nearly half have not seen a dentist within a year. The number of visits per child per year are very comparable for New York City and the nation, but the percentage of children who have had at least one visit in a year is higher in New York City than for the nation (81.6% vs. 73.6% for doctors; 52.4% vs. 49.5% for dentists).

Children under 12 have more doctor vists per person per year than 12-16 year olds (4.5 vs. 3.0 visits per year in 1973-74), and a higher percentage (85.8% vs. 72.6%) of the younger children have had at least one visit to a doctor within the year (Figure 9 and Appendix Tables 32 and 33). For dental care, the relationship is reversed: children under 12 have fewer visits than 12-16 year olds (1.6 vs. 2.1 per person per year). Less than half (45.6%) of the younger children have had at least one dentist visit during the year, whereas two-thirds (67.3%) of the 12-16 year olds have had one or more visits.

The patterns of use are parallel to the relative incidence of medical and dental conditions in the two age groups and seem to reflect the seeking of medical services for treatment of existing conditions, rather than for

Fig. 9a: Number of Doctor and Dentist Visits per Person per Year, for Persons under 17, by Age and Income, N.Y.C., 1973–74

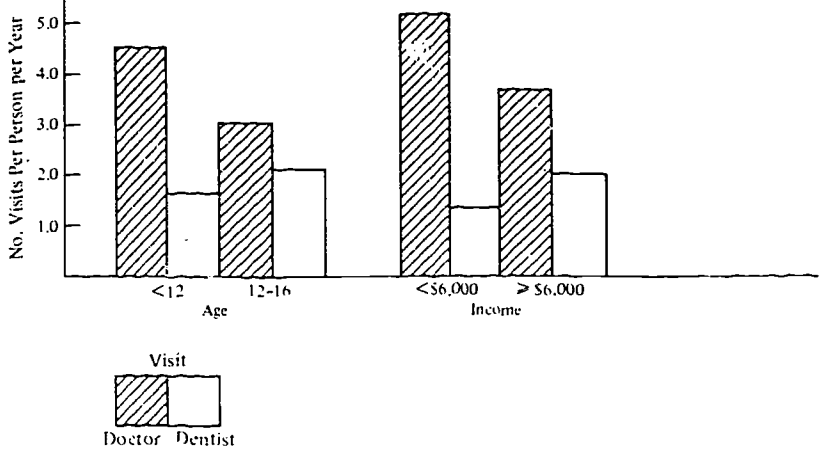
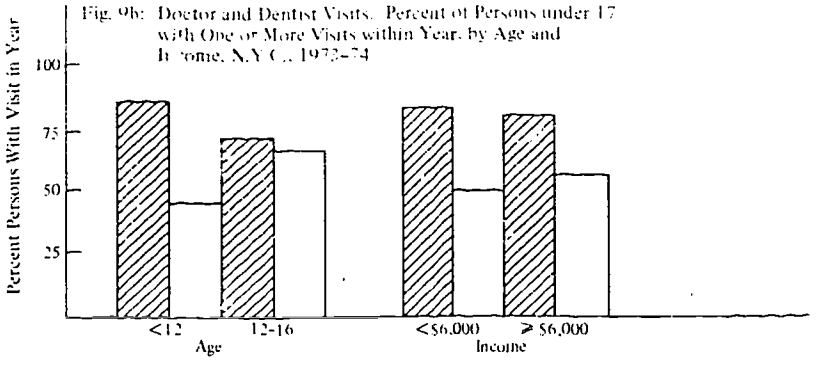


Fig. 9b: Doctor and Dentist Visits, Percent of Persons under 17 with One or More Visits within Year, by Age and Income, N.Y.C., 1973–74



Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

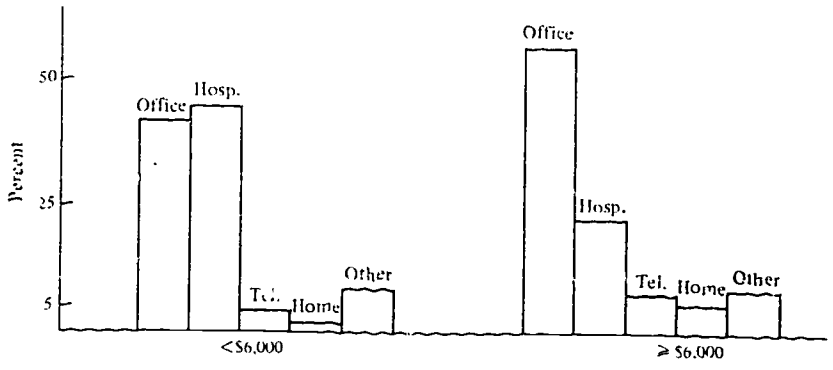
prevention of disease and maintenance of health. The need for more preventive dental care in younger children is particularly notable.

National trend data show that in the past, children from low-income families received considerably less ambulatory medical care than did children from higher-income families.[11] This difference in use has been greatly reduced in the United States in recent years, with the advent of Medicaid and other programs aimed at increasing access to care for lower-income children. In New York City, the current situation is that children from families with incomes below $6,000 are actually more likely to have seen a doctor at least once in a year than children from higher-income families (84.1% vs. 81.4%). Low-income children in New York City also have a higher average number of visits per year (5.2 vs. 3.7), reflecting their greater susceptibility to illness and injury.

This is not true of dental care. Low-income children are less likely to have seen a dentist (49% with at least one visit per year vs. 55.3% of higher-income children) and have a lower average number of visits per year (1.3 vs. 2.0).

The type of medical care received by low-income children is less adequate than that received by children from higher-income families. Children from poor families are more likely to receive their ambulatory medical care from hospital clinics and emergency rooms. About 45% of the physician contacts of children from families with incomes below $6,000 occur in hospitals compared to about 23% for children from families with higher incomes (Figure 10 and Appendix Table 34).[12] The relatively fragmented care received through hospitals is less likely to fulfill the preventive functions of medical care than the more comprehensive and continuous care that a personal physician can provide. The use of hospital clinics and emergency rooms for child-health problems has been increasing in the City. Between 1969-70 and 1973-74, the percentage of all children's contacts with physicians that occurred in hospitals rose from 23.6% to 31.9% (Appendix Table 35).

Fig. 10: Doctor Visits for Persons under 17: Percent by Place of Visit, by Income, N.Y.C., 1973-74



Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

[11]Ibid., pp. 408-409.

[12]It is assumed that visits of children from birth to 5 years of age to child health stations (see Chapter 9) would be included in the "other" category.

HIGHLIGHTS

- The average life expectancy for a child born in New York City today is at least 25 years longer than at the turn of the century, reflecting a significant decline in rates of infant death and generally improved health conditions of the City's children.
- Despite the improved chances of survival for infants of all ethnic groups and a decline in the number of low-weight births, significant gaps still remain. Infant mortality rates and low birth-weight ratios are higher for black and Puerto Rican babies than for white babies, and higher for New York City than for the nation as a whole.
- Children born out-of-wedlock and those born to drug-addicted mothers evidence much higher rates of infant mortality and low birth weight. The increasing proportions of such births may act as barriers to further reductions in infant death and disability.
- While accidents remain the leading cause of child death after the first year of life, over the past decade homicide has accounted for an increasing proportion of child death.
- In 1973, over 25,000 cases of child poisoning were reported.
- Many of the most serious communicable diseases that killed and disabled children in the past have been brought under sufficient control so that they no longer pose a major child-health problem in the City.
- In 1973-74 the number of acute conditions per year per 100 New York City children under 17 was 171.7, comparing favorably with the national figure of 256.6. New York City children had fewer days of restricted activity than children nationally.
- While the numbers of child visits to doctors and dentists per year are very comparable for the City and the nation, the percentages of children who have had at least one visit in a year are higher for the City.
- The use of hospital clinics and emergency rooms for child-health problems, especially by low-income families, has been increasing in the City. Hospitals are the primary source of care for children from low-income families.

4

Are The Children Learning?

The New York City school system is the largest in the nation. With an enrollment of 1,100,224 children in 1974-75 (Appendix Table 36), it is almost twice the size of the second and third ranking systems: Los Angeles, 612,638 and Chicago, 558,096.[1] There are 989 schools, and in the 1974-75 school year, there was a staff of 79,000 including 55,760 teachers. Combined with the City University's student body of 216,000 full-time students and faculty of 17,000,[2] the sheer size of the business of public education in our City is staggering. So is the cost. The budget of the Board of Education was $2,808 million and for the City University, $612.41 million for 1974-75. Together, they constituted 28.9%—or almost one-third of the City's expense budget.

The New York City schools pride themselves for having received wave upon wave of immigrants from Europe and for having played an important part in their Americanization. Today's educational tasks—though different—are, if anything, more difficult. The obstacles of language and the widely disparate cultural and social backgrounds of the many ethnic groups are more complex, but the expectation that the school system will overcome them all has remained. How well are the schools meeting the needs of today's children? Are children learning necessary skills and maturing into responsible citizens? Are they safe and reasonably happy in the environment in which they spend so many hours each day?

It is not possible to answer fully these questions with available statistics, but indicators such as standardized reading and math test scores,

[1]National Education Association, October, 1973
[2]New York City Board of Higher Education

attendance figures, statistics on school crime and vandalism, suspensions, and drop-out and graduation rates do give us a limited picture of how the schools and students are functioning and how they have changed over time.

How Well Can They Read?

Many educators dispute the value of standardized achievement tests, especially for use in evaluating individual children. But when equivalent tests are given regularly to comparable groups, they provide valuable trend data on whether there has been improvement or deterioration in the learning of fundamental skills. That all of our city's children be literate is, after all, a minimum requirement for their present and future well-being.

Measured by grade level reading ability, the majority of children are not learning to read. Reading achievement levels have deteriorated since the late sixties and have remained relatively stable in the last several years (Table 1). The reading test survey of grades 2-9 in the New York City public schools of April, 1974 showed that only one-third of the school children in New York City had the capacity to read at their grade level or above (Table 2), while 20% of school children read up to one year below grade level; 18.6% one to two years below grade level; and 23.1% two years or more below grade level.[3]

TABLE 1
Percent of N.Y.C. Public School Students Reading below National Norm, by Grade Level, 1966-67 to 1973-74

	Metropolitan Reading Achievement Test - % below national norm by grade (standard = 50% below)							
Grade	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
2	54.9	54.8	55.3	40.7	58.3	60.1	52.8	54.1
3	59.0	56.0	60.6	60.8	68.1	69.2	65.4	65.5
4	66.1	60.5	67.5	67.0	64.8	70.6	71.1	69.4
5	62.9	60.7	66.7	65.0	59.8	66.4	65.1	64.6
6	58.4	58.7	64.1	64.7	66.5	67.3	67.4	67.3
7	60.5	61.8	66.2	65.6	73.1	74.6	73.3	73.6
8	51.0	52.2	56.6	62.0	67.0	71.5	71.2	71.7
9*	49.7	50.4	54.7	62.4	62.4	65.8	62.0	62.3

*Includes 9th grade pupils in Junior High and not pupils in High Schools.

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975

[3]The results of the April, 1975 reading achievement tests were published in *The New York Times*, January 12, 1976. They showed much improved scores: 45.2% of the 581,380 pupils tested in grades two through nine were reading at or above grade level—as against 33.8% in April, 1974. However, different tests were used (the Metropoligan Achievement Test was replaced by the Stanford Achievement Test) and Chancellor Anker warned against comparison of test results.

TABLE 2
Distribution of City-wide Pupil Proportions at Various Reading Levels and N.E. Pupils Excluded from Testing, N.Y.C., 1971-1974

Achievement Levels	Proportion of Pupils			
	1971	1972	1973	1974
(1) At & Above Grade	33.9	32.0	34.0	33.8
(2) Up to 1 year Below Grade	22.2	22.5	19.7	20.0
(3) 1-2 years Below Grade	15.1	15.2	18.9	18.6
(4) 2 years & more Below Grade	24.0	26.1	22.7	23.1
(5) N.E.*	4.8	4.2	4.7	4.5
	100.0	100.0	100.0	100.0

*Non-English: FORM 1090.2 SECTION 2 ANNUAL SURVEY OF PUPILS' ABILITY TO SPEAK ENGLISH. "(CATEGORY 2) Pupils who speak little or no English, or whose regional or foreign accents make it impossible for them to be readily understood"

Source: N.Y.C. Board of Education, Office of Educational Evaluation, *Pupil Reading Acehievement in New York City: A Report of the April, 1974 Reading Test Survey, Grades 2-9, N.Y.C. Public Schools*, Table 3, p. 5.

The difference among achievement levels across districts was wide—District 4 (Central Harlem), for instance, had 15.3% of the children reading at or above grade level, whereas District 26 (Bayside-Douglaston in Queens) had 62.7% of the children performing at this level (Appendix Table 37). There were even greater extremes among individual schools. The swing in 1974 was from 81.4% at or above grade level at one school to 5.3% at another (Appendix Table 38). Two junior high schools had over 60% of the students reading more than two years below grade level.

The question of who or what is responsible for children's low achievement is being hotly debated: quality of teaching, while important, is not the only factor affecting student reading achievement levels. Numerous studies have demonstrated the importance of students' social background and home environment as predictors of educational achievement. The average reading ability in a New York school tends to be correlated with the ethnic composition of the school's pupils. However, the level of student reading achievement in New York City vary considerably among schools with very similar ethnic compositions—suggesting the influence of class and income (Table 3).

Assessment of the performances of city children in reading is made more difficult by variations in the percentage of Hispanic and other children who are designated as "non-English speaking" (N.E.) and hence are not included in the regular city-wide testing program. It would seem that procedures for testing these students should be devised and implemented so that more accurate and comprehensive information could become available in the near future.[4]

[4]See report on bilingual education in Chapter 12.

TABLE 3
Ethnic Composition and 1974 Reading Achievement for Selected Public Elementary Schools in N.Y.C.

School	# Registered*	Ethnic %			% At or Above Grade Level	% N.E.**
		Black	Puerto Rican	Other		
A	995	5.2%	0.6%	94.2%	59.4%	0.7%
B	745	4.3	0.1	95.6	78.3	0.0
C	798	23.8	5.5	70.7	52.9	0.0
D	681	26.1	5.1	68.7	77.2	0.0
E	535	31.6	65.4	3.0	36.2	9.4
F	602	35.2	62.1	2.7	10.3	8.4
G	841	51.8	47.7	0.5	29.4	0.7
H	795	49.9	45.2	4.9	16.6	6.0

*Number enrolled not number tested
**Non-English speaking (not tested)

Sources: N.Y.C. Board of Education, Office of Educational Evaluation, *Pupil Reading Achievement in New York City: A Report of the April, 1974 Reading Test Survey. Grades 2-9, N.Y.C. Public Schools.*

N.Y.C. Board of Education, *Community School Profiles 1973-1974*, April, 1975.

Until recently, published test reports have been incomplete even where tests were given regularly. Math test scores, for instance, were published for the first time in April, 1975[5] and the scores on Reading Achievement Tests of ninth-graders in high schools were never released until January, 1976.[6]

The schools defend their record: one study showed New York City standing third among ten of the largest school systems in the country in comparable tests of reading achievement—7 had lower levels of performance (Appendix Table 39). This indicates only that the failure of children to learn basic skills is not limited to New York City. The fact that great numbers of American school children living in other urban centers also cannot read adequately is scarcely a cause for civic celebration. One must remember, however, that the achievement scores of New York City children must be seen in the context of the vast changes in, and unique problems of, the City and its schools.

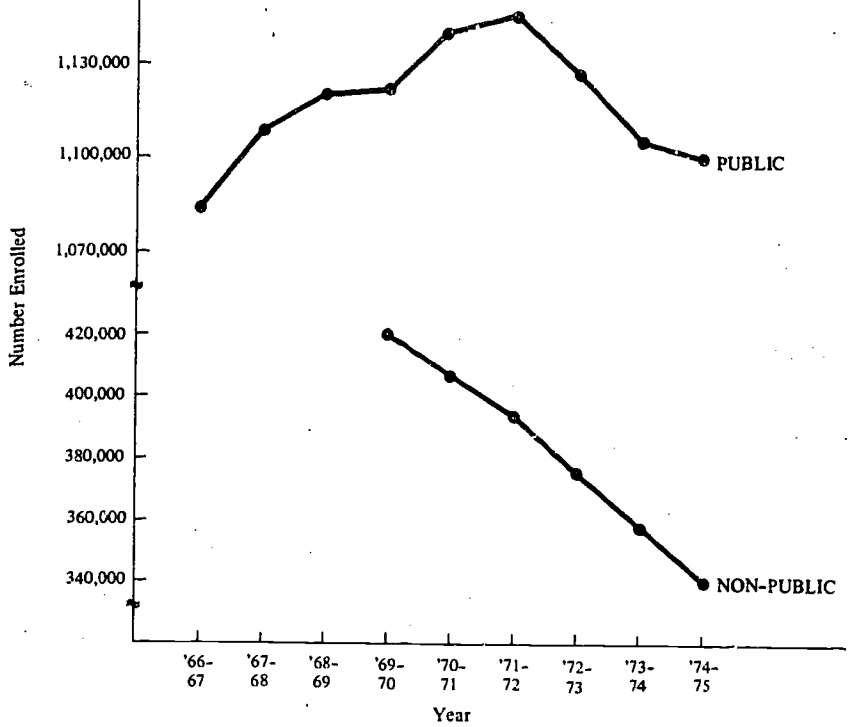
A Changing School Population

The total number of students enrolled in the schools of New York City grew steadily until 1971-72, after which time, enrollment began to decline (Figure 1 and Appendix Table 36). The effects of a lowered birth rate on early childhood enrollment had been felt prior to that time (Appendix Table 40). As of 1973-74, however, the number of high school students was still increasing.

Another group of pupils showing a net gain are the children enrolled in special schools and classes. The main reason for this increase is a Court decision (Riley Reid mandate) rendered 3 years ago, under which the City Board of Education must provide suitable educational facilities and full educational opportunity for handicapped children as required by state and federal law. New York City receives special state funds for these children.

[5]N.Y.C. Board of Education, *Community School Profiles, 1973-74*, April, 1975.
[6]*The New York Post*, January 12, 1976

Fig. 1: Number of Children Enrolled in School, Public vs. Non-Public*, N.Y.C., 1966–1975



*Data for non-public schools not shown for years prior to 1969.

Sources: N.Y.C. Planning Commission, Office of Education and Social Services (from N.Y.C. Board of Education–Ethnic Census).

N.Y.S. Education Department, Information Center on Education.

In 1968 this group numbered under 25,000. In 1975 it was reaching 50,000 children (Appendix Table 41). The increase is made up of children transferred from regular classes and children newly admitted to the school system.

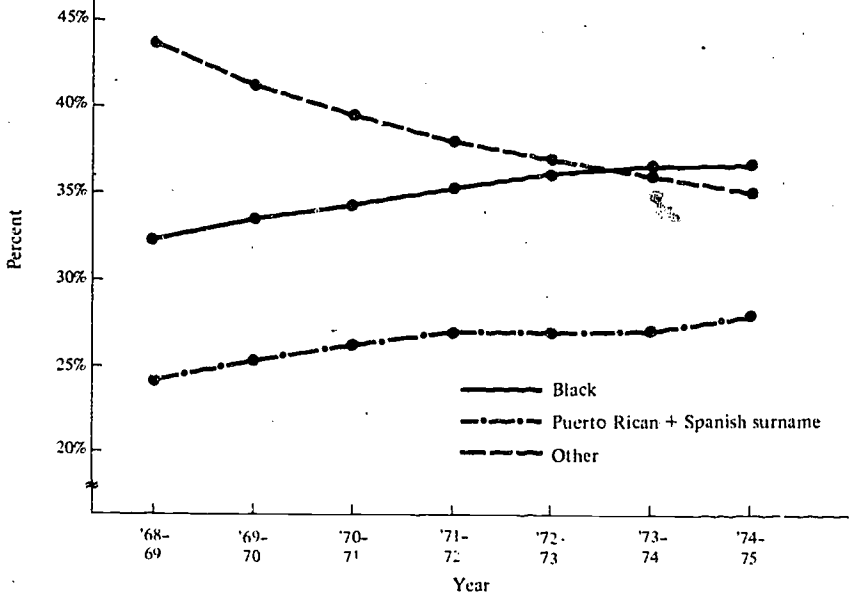
As illustrated in Chapter 1, the flight of middle-class families (largely white, but increasingly non-white as well) to the suburbs contributed to the decline in public school enrollment. Children are also leaving the system for the South and Puerto Rico. Many families may leave, but it is known that some black and Puerto Rican families send their children "home" to what they believe are safer, drug-free schools while they remain behind to work.

We have shown the never-ending population shift within the City. As a result, school buildings are often not where the children are. The Board of Education reported 14 schools closed in fall of 1975. Others are seriously underused, while such districts as Staten Island are faced with floods of children they find difficult to house.

It is in the ethnic and racial composition of the schools that change has come most rapidly and dramatically. The "minorities" have now become the "majority" in the City's public school system (Figure 2 and Appendix Table 42). In 1974-75 black children numbered 36.6% of the school population; Puerto Rican 23%; other Spanish surname, 4.9%; Oriental

2.1%; and "Other"[7] 33.2%. There are great variations among the boroughs, however: large majorities of black and Puerto Rican children in the Bronx (82%), Manhattan (81.3%), and Brooklyn (67.6%). White children are still the majority in Staten Island (85.3%) and Queens (56%) (Appendix Table 43).

Fig. 2: Ethnic Composition of N.Y.C. Public School Enrollment, 1968–1975



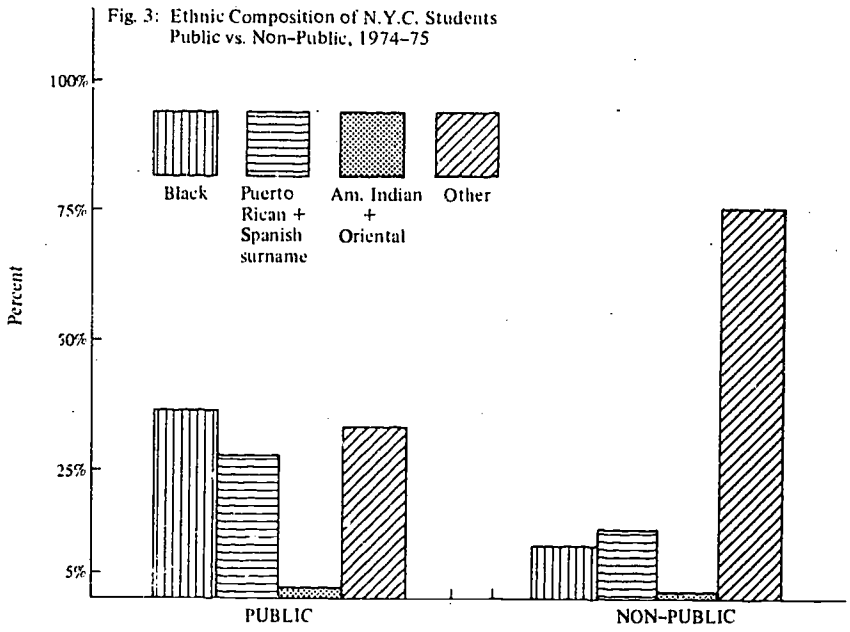
Source: N.Y.C. Planning Commission, Office of Education and Social Services (from N.Y.C. Board of Education—Ethnic Census).

The departure of white children from the public school system has not meant an increase in non-public school enrollment. Although private and parochial schools are still overwhelmingly white children's schools (Figure 3 and Appendix Table 42) the total enrollment in such schools started to decline earlier and at a more rapid rate than in public schools.

In the school year 1969-70, there were 1,123,165 public school children, 419,628 non-public school children; in 1974-75, 1,100,224 public school and 340,931 non-public school children (Appendix Table 36). The decline, to a large extent, is due not only to the flight of white middle-class families, but also to the increase in cost which has led to the closing of numerous parochial schools.

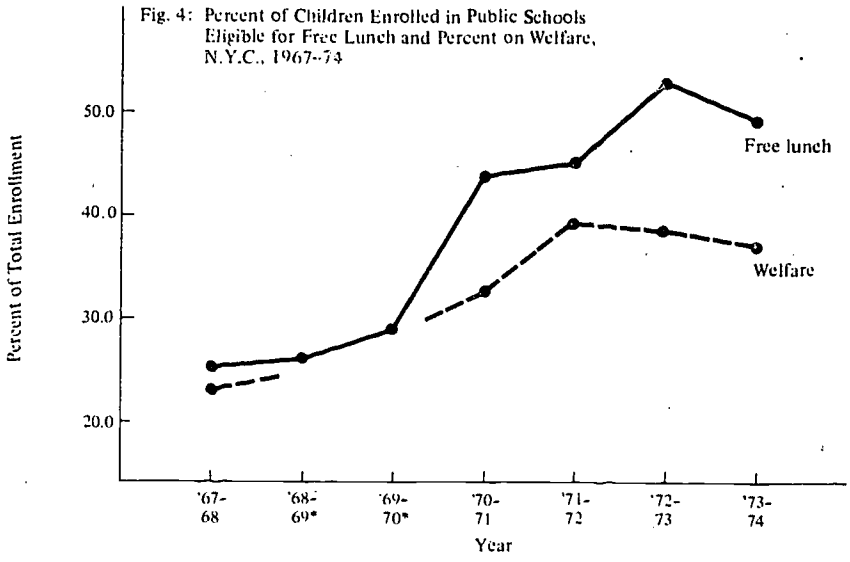
What are the economic circumstances of the new majority in New York City's schools? The number of children eligible for the school lunch and breakfast programs[8] presents a clear indication of the changed economic status of our city's school children. The number of these children rose from 25% of the school population in 1967-68 to almost 50% in 1973-

[7]The classification "Other" as used in New York City includes whites.
[8]See Chapter 11.



Sources: N.Y.C. Planning Commission, Office of Education and Social Services (from N.Y.C. Board of Education–Ethnic Census).
N.Y.S. Education Department, Information Center on Education.

74 (Figure 4 and Appendix Table 44). The fact that a child is eligible does not necessarily mean that he or she is actually receiving free school meals. Not all schools are equipped to serve hot meals, and some children dislike the food offered and refuse to participate in the lunch program. Also, the breakfast program was slow in getting started. High percentages of eligible



*Welfare data not given for years indicated

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

children in a district usually mean correspondingly high percentages of black and Puerto Rican children (Appendix Table 45).

Teachers and Classroom Conditions

We do not know how much the ability of children to learn is affected by the quality of teaching. We can say, however, that the lack of achievement of New York City public school students would not seem attributable to uneducated or poorly paid teachers. In 1973-74, the average age of public school teachers in New York City schools was 35 (Appendix Table 46). They are well-trained; 27% have a Master's degree, plus 30 hours of graduate work; 23.7% have a Master's, which means that 50.7% have graduate degrees; 30.8% have one to five years of teaching experience and 10.8% have been teaching 16 to 20 years (Figure 5 and Appendix Table 46).

And teachers are decently paid. As a matter of fact, New York City's teachers' salaries and benefits are among the most favorable in the nation (Appendix Table 47). Although the salary scales were frozen in fall of 1975, benefits and regular increases (education, seniority, cost-of-living) were not.

Authorized teaching positions rose from 54,450 in 1967-68 to 59,060 in 1973-74 (Table 4). The number of teachers thus increased by 8.5%. During those same years overall enrollment increased until 1971-72 when it was 3% higher; then it fell, and in 1974-75 was .85% below 1967-68. The average class size, however, did not reflect this changing relationship between numbers of students and teachers.

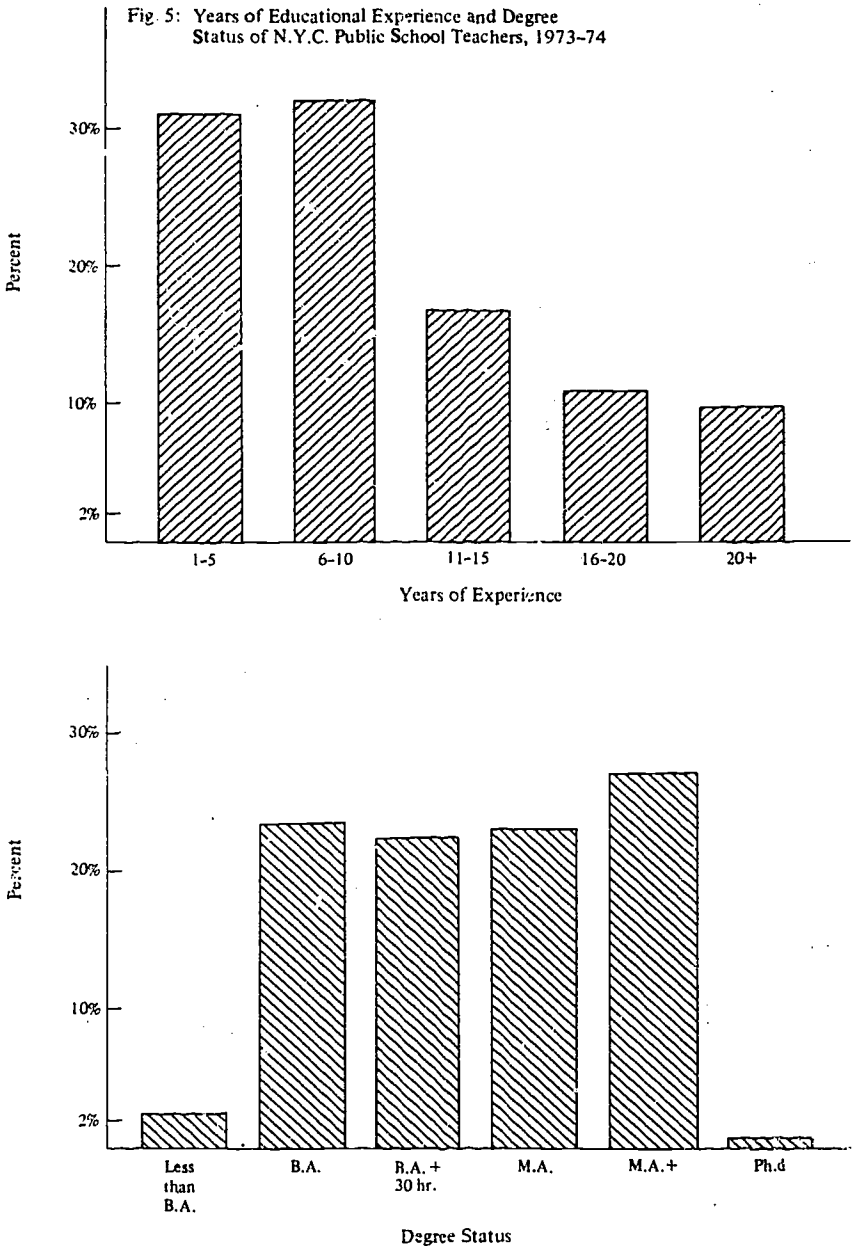
TABLE 4
Trend in Pupil-Teacher Ratio, Average Class Size,
Number of Authorized Teaching Positions, N.Y.C. Public Schools,
1967-68 to 1973-74

	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Pupil-Teacher Ratio							
Elementary	22.86	22.34	22.77	23.04	24.35	24.61	23.22
Junior High	17.85	17.55	16.43	16.54	17.35	17.55	17.28
High School	21.89	20.40	19.23	20.22	22.14	22.37	24.94
Average Class Size:							
Elementary	27.7	27.7	26.3	26.6	28.0	28.5	28.8
Junior High	30.1	29.2	29.2	28.7	28.5	29.0	29.4
Academic High Schools	28.5	27.1	26.8	26.6	27.8	28.0	29.0
Vocational High Schools	28.1	27.1	26.6	26.9	28.6	28.2	28.8
Authorized Teaching Positions	54,450	57,033	58,743	58,787	55,846	55,452	59,060

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

The authorized number of teaching positions was cut by over 10,000 in 1975-76. At this time, it is not clear what the impact on class size will be. What is already apparent is the extremely disruptive effect on students of the frequent shifting of classroom teachers brought about by budget cuts and seniority rules.

Fig. 5: Years of Educational Experience and Degree Status of N.Y.C. Public School Teachers, 1973-74



Source: N.Y.S. Education Department, Information Center on Education.

It is often claimed that children learn better if taught by teachers of their own ethnic background; that middle-class white teachers, unfamiliar with the children's family conditions, their traditions, and expectations, fail to understand, reach, or teach minority children. Even though this claim has not been validated, demands for a fair ethnic distribution of teachers are obviously justified. In 1973-74, 8.9% of all teachers were black, 2.5% Puerto Rican, 88.6% "Other" (white) (Appendix Table 46). While the trend

in ethnic composition, from 1968-69 to 1973-74 shows an increase in black and Puerto Rican teachers, New York was not doing well in hiring minority teachers compared to other large cities. In 1972-73, it ranked ninth of nine cities with Baltimore ranking 1, St. Louis 2, Detroit 3, Jackson 4, Chicago 5, Philadelphia 6, San Francisco 7, and Jersey City 8.[9] The wave of dismissals due to the budget crisis further cut the number of black and Puerto Rican staff members, since they were the last to be hired and first to be fired.

Many Children Are Not In School

Children need to attend school to learn in school. Though many children learn at home, non-readers obviously do not. On any given day, large numbers of children are not in school. The official record shows a city-wide drop in average daily attendance from 87% of enrollment in 1965-66 to 82.3% in 1973-74. Academic high schools have shown the most dramatic decline from 81.0% to 72.6%[10] (Appendix Table 48). Unofficial reports and observations in individual schools[11] estimate that average absence from school is much higher than the 195,000 children per day the Board of Education reports.

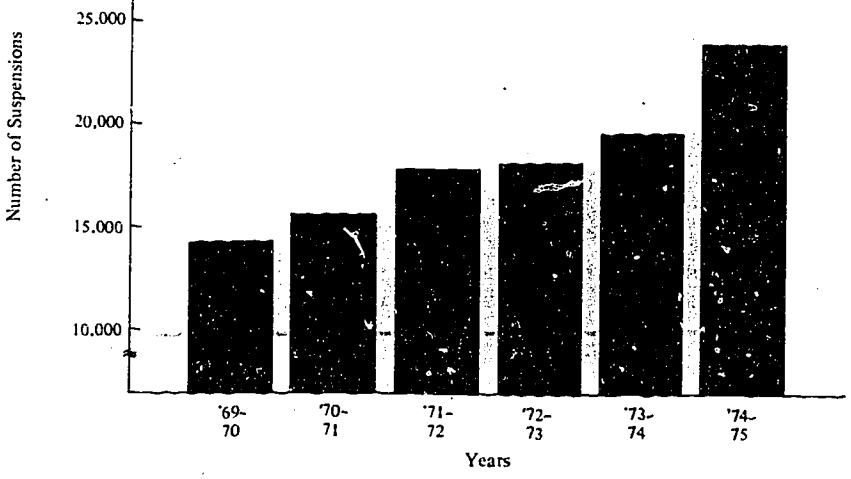
A child may, of course, be absent from school because of illness or family circumstances. The magnitude of absenteeism in New York City, however, indicates that a large, if unknown number of children are truants and this reflects how children and parents feel about their schools—and perhaps how teachers feel about children.

Being out of school is not always the student's choice. Suspensions—absences decided by the school authorities—have risen sharply.[12] The total number of suspensions rose from 14,351 in 1969-70 to 23,921 in 1974-75, a 66.7% increase[13] (Figure 6 and Appendix Table 49). Elementary and junior high school suspensions climbed 47.8% during this time, while high school suspensions shot up 249.7%. Even the high suspension rates reported underestimate the true situation. In November, 1974, for example, more than 20% of the high schools did not respond to Chancellor Anker's request for suspension information.[14]

There are two kinds of suspension—principal suspensions lasting up to five days, and superintendent suspensions for longer periods. How and when suspensions are used varies from district to district, principal to principal, and superintendent to superintendent. "Aggressive behavior" is the most frequently cited cause. It is responsible for one-half of all principal suspensions.[15] This description can and does cover a range of behavior from the most trivial to the most serious.

[9]N.Y.C. Board of Education, *Seniority and Layoffs: A Review of Recent Court Decisions and Their Possible Impact on the New York City Public School System*, November, 1975, p.9.
[10]The attendance figures obtained from the Bureau of the Budget vary from those reported by the Chancellor, though both must presumably derive from Bureau of Attendance reports.
[11]See Chapter 10 for Attendance Report.
[12]Suspended children are not included in absentee counts.
[13]In addition to recorded suspensions, there are a number of "unofficial" suspensions.
[14]Queens Lay Advocate Service, High School Project (unpublished).
[15]Ibid.

Fig. 6: Total Number of Suspensions from N.Y.C. Public Schools, 1969-70 to 1974-75



Source: N.Y.C. Board of Education, Bureau of Attendance, as cited by Queens Lay Advocate Service, High School Project.

Officially, most suspensions are time-limited. However the Queens Lay Advocate Service reports that in 1973-74, 60% of the students on superintendents' suspension seen by the Service had been out of school for over one month, 40% for over two months. The number out of school for seven months or more had increased over the prior year.

Some districts use suspensions much more than others. In 1973-74, for instance, 11 districts had no superintendent's suspensions at all. In the same year, 8 districts accounted for 77% of all superintendents' suspensions of elementary and junior high school students.

Ethnicity of suspended students has not been officially reported, but will be in the future at the request of the Office of Civil Rights of HEW. On the basis of sampling, that office estimates that in 1973-74, 80.8% of suspended students were black and Puerto Rican, compared with 60% of the total school population being black and Puerto Rican. Recent reports show that the New York City pattern of suspensions is being repeated nationwide.[16]

Schools Can Be Dangerous

Children spend much of their lives in schools. Like the teaching of basic skills, insuring the safety of pupils and teachers is a minimal requirement for any school system. In many schools in New York City, this requirement is not being met.

The U.S. Senate Subcommittee (of the Committee on the Judiciary) to Investigate Juvenile Delinquency in April, 1975 issued a report: "Our Nation's Schools—A Report Card: 'A' in School Violence and Vandalism." This report states that "during 1973 there were almost 10,000

[16]Children's Defense Fund of the Washington Research Project, Inc., *School Suspensions: Are They Helping Children?*, September, 1975.

reported crimes committed in schools or on school property in New York City, including 3 murders and 26 forcible and attempted rapes."

The New York City school system publishes no regular reports on school crime and vandalism. However, upon request, the Office of School Buildings readily sent information on the number of panes of glass that had to be replaced (204,039), the number of unlawful entries (3,005) and of fires (172) in 1974. The vandalism replacement cost was $4,092,914, up $280,818 over 1973 (Appendix Table 50).

Requests to the Office of School Safety for information on school crime yielded no data for publication. Such data are, however, collected. In testimony presented December 16, 1975,[17] Chancellor Irving Anker disclosed that crime had risen sharply in 1974-75 (Table 5) and was 63.6% higher in the current year than for the same period of the last school year.

TABLE 5
Reported Incidents
in New York City Schools, 1973–74 vs. 1974–75

	Total of Net Incidents		Percentage
	1974–75	1973–74	Change
Assault	1,672	1,292	+44.9
Robbery	211	158	+33.5
Trespass	722	508	+42.1
Narcotics	291	156	+86.5
Sex Offense	58	38	+52.6
Weapons Possessions	134	106	+26.4
Gang Fight	6	6	–
Disorderly Conduct	739	250	+195.6
Harassment	711	292	+143.5
Reckless Endangerment	198	55	+260.0
Extortion	7	5	+40.0
Demonstration	9	16	−43.7
Disturbance	90	116	−22.4
Criminal Mischief	190	34	+458.8
Larceny	678	287	+136.2
Fire	274	423	−35.2
Bomb Threat	594	423	+40.4
Other	33	1	–
Grand Totals	6,817	4,166	+63.6

Source: Board of Education

Source: *The New York Times*, December 17, 1975.

The Senate Subcommittee's "reported crimes" for 1973 and Chancellor Anker's "reported incidents" for the same period do not agree. The Chancellor listed a grand total of 4,166 reported incidents (no murders among them) as against the Subcommittee's 10,000 reported crimes. It seems improbable that this difference is due only to the fact that the Senate reports cover "schools or school property" and the Chancellor reported only about New York City "schools."

The Chancellor's report coincided with the announcement that due to the City's budget crisis, 50% (974) of the school security force was being eliminated.[18] The chances of control were thus weakened still further. Whatever the cause of school crime and violence and the relative contribution of students or intruders, there can be no question that school crime constitutes a problem of major dimension.

[17]Before the Subcommittee on Juvenile Delinquency of the Temporary State Commission on Child Welfare.

[18]See Chapter 13: Budgets for Children.

Graduation

Ultimately, the system must be measured by whom it graduates and by whether they are able to move on to more education and decent jobs. Although the number of high school drop-outs has increased from 29,030 to 34,178 between 1966-67 and 1973-74 (Appendix Table 51) the number of public high school graduates has been rising as well, and more of them are going on to college (Appendix Table 52). Most are entering two-year and four-year colleges in New York State, and especially the City University which is tuition-free for undergraduates and has an "open-admissions" program. Fewer graduates of public high schools were entering colleges outside of New York State in 1973-74 (6.5%) than in 1968-69 (11.1%).

The "open admissions" policy introduced by CUNY in 1970 assures acceptance at a CUNY two- or four-year college for every city high school graduate. In 1970, 27,481 New York City high school graduates entered the CUNY system; in 1974, the number rose to 30,536 (Appendix Table 53). The policy has meant that basic skills formerly expected of all students before entry into college had to be taught to many students in remedial college courses.[19]

The cut in the City University budget required by the City may lead to curtailment of the open-admissions policy. The Board of Higher Education voted that beginning in the fall of 1976, all new students would have to meet eighth-grade reading and mathematics requirements (a level of achievement nominally required for high school graduation)! The vote was rescinded in March, 1976, and a graduating average of 70 is now being discussed as the minimum for admission.

But even the advantage of open admissions comes too late for those students who drop out of high school before they reach graduation many of whom are black or Puerto Rican—as indicated by the shrinking minority representation in the 11th and 12th grades (Appendix Table 51). And Board of Education reports[20] tell us that of 18,350 students taking SAT tests in 1975, 18% were black, 5.3% were Oriental, 6.5% Puerto Rican, while 64.6% were white. The expectation of minority students of going to college is still low.

[19]Between 1970 and 1974 more than 19,000 senior and community college freshmen were enrolled in the SEEK and College Discovery Programs of CUNY.
[20]Board of Education, City of New York; Division of High Schools.

HIGHLIGHTS

- As of April, 1974, two-thirds of the public school children in New York City were not able to read at their grade level.
- There has been a rapid shift in the racial and ethnic composition of the City's public schools. In 1974-75, black and Hispanic children represented 64.5% of the total public school enrollment.
- Large numbers of children are absent from school. The official record indicates that for 1973-74, approximately 195,000 public school students (or 17.7% of enrollment) were out of school each day. For the same year, average daily absence for academic high schools in the City was 27.4%.
- Student suspensions from public schools have increased by 66.7% since 1969-70—high school suspensions by 249.7%.
- There were 6,817 reported incidents of crime and violence in the City's schools in 1974-75, 63.6% more than in the previous year.
- In 1973-74, over 34,000 New York City students dropped out of high school.
- 75% of the City's public high school graduates went on to a two or four-year college in 1974, almost 80% of these students entered City University programs.

5

How Many Children Do Not Live At Home?

We have seen that most New York City children live with parents, or increasingly, with one parent. There are, however, a growing number of New York City children who are not able to live in their own homes at all—most of them for long periods of time—and who are deprived, therefore, of the essentials of their own family's support. We now must ask who are these children, why do they have to leave their own homes and where are they.

This chapter discusses (1) the number of children living away from their own families in the City, the State, and the Nation;[1] (2) the trend in the number of such children over the past 15 years; (3) the characteristics of the children and the reason for their being away from home; (4) the various kinds of care with which they are provided.

29,000 Children in Foster Care

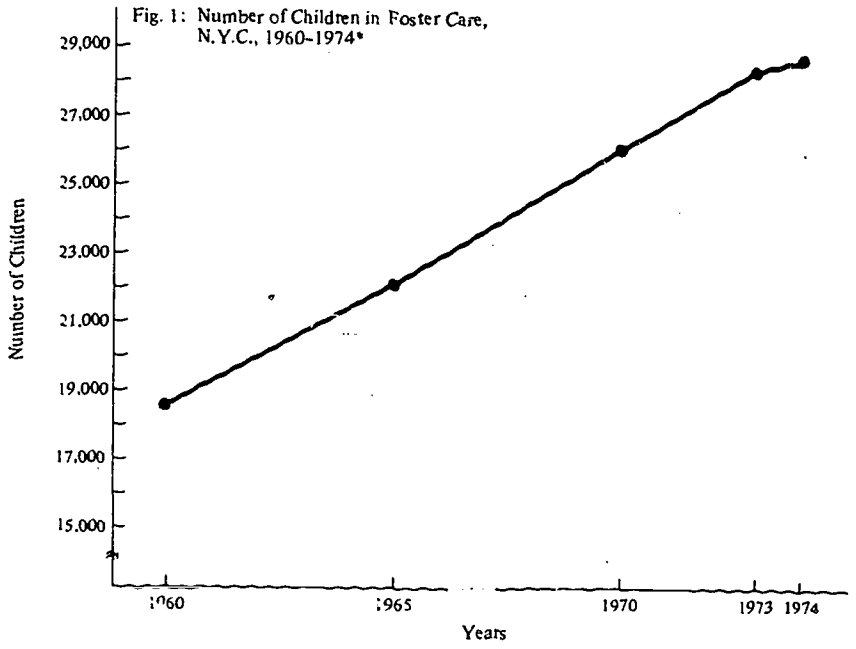
The vast majority (over 95%) of children not living with their own families are in foster care, large numbers of them for long periods of time.[2]

[1]New York City Census data do not provide a complete count of these children. For 1970 they list inmates of institutions 7,601 and of other "group quarters" 4,720, or a total of 12,321. There is no breakdown for different types of institutions, nor is there an indication of the numbers of children who are living away from home in other than institutional settings. From other sources we know that in 1970 there were 25,000 New York City children in foster care and over 7,000 of them were in institutions; at least 3,000 were placed in the programs of the State Division for Youth, 3,000 in institutions for the mentally retarded, and over 1,000 in psychiatric centers. This leaves out other public and private facilities; for instance, those for the physically handicapped.

[2]They live in foster homes, group homes, residences, and a variety of institutions.

As of December, 1974, 28,600 dependent, neglected, abused, abandoned, and maltreated children were in the care of 85 voluntary agencies, all largely paid for by public funds, or in the care of public programs established by the City for this purpose. Approximately 4.3% of the children in foster care were delinquents and PINS (persons in need of supervision).[3] Between 1960 and 1974, the foster-care population had risen from 18,424 to 28,600—an increase of 55% (Figure 1 and Appendix Table 54).

Fig. 1: Number of Children in Foster Care, N.Y.C., 1960-1974*



*as of December of years indicated

Source: N.Y.C. Dep't. of Social Services, Bureau of Child Welfare.

The steady rise in the foster-care caseload in New York City over the past 15 years does not reflect a state-wide trend. While the population under care increased from 20,000 to 23,000 (15%) between 1960 and 1970 for the rest of the state, it had declined to 19,400 (15.6%) by 1974.

Although no accurate and complete national trend data are available at this time, it is estimated[5] that approximately 325,000 children in the United States were in foster care in 1973.

Based on 1973 population estimates, the rate of placement in foster care for the nation as a whole is roughly 4.9 per 1,000 children under 18, while the placement rate for New York City is estimated at 13.2 per 1,000. Given the disproportionate number of children living away from their families in the City, it seems important to examine more closely this population of almost 29,000 children to find out who they are and why they are unable to remain at home.

[3]As of December 31, 1974, the foster care population included 1,014 PINS and 165 delinquents. (See Chapter 8).
[4]N.Y. State Department of Social Services, Bureau of Social Research.
[5]National Center for Social Statistics (Estimate).

Who Are These Children?

Since 1970, black and Puerto Rican children have accounted for more than 75% of the total New York City foster-care population (Figure 2 and Appendix Table 55). Catholics and Protestants are almost equally represented and together, accounted for over 95% of the total caseload in 1974 (Appendix Table 56). Whereas the percentage of all New York City children in foster care has been increasing, a black child is three times, and a Puerto Rican child more than twice as likely as a white child to be removed from his family (Appendix Table 57).

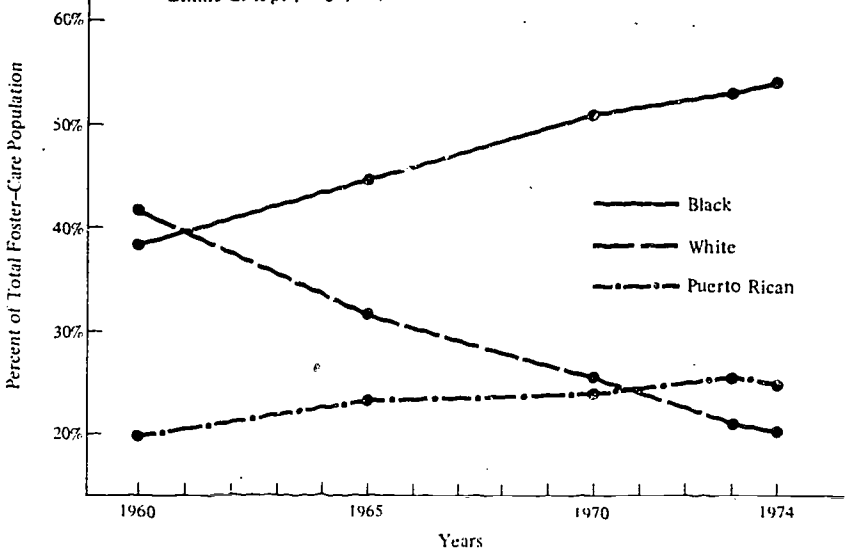
Since 1960, children 12 years of age or older have represented an increasing proportion of the total foster-care population (Figure 3 and Appendix Table 34). As of December, 1974, 42.1% of the children under care were 12 years of age or older. Only 23% were under age 6.

Whether large groups of these children ever had any kind of secure family situation is in doubt. Of all city children in care, 54.6% were born out-of-wedlock. While 34.7% have both parents living, the parents of only a small number (11.4%) are married and presumably living together (Appendix Table 58). Latest checks show that over 50% of the children in care come from female-headed families receiving Aid to Families with Dependent Children.[6]

Why Are They Not With Their Families?

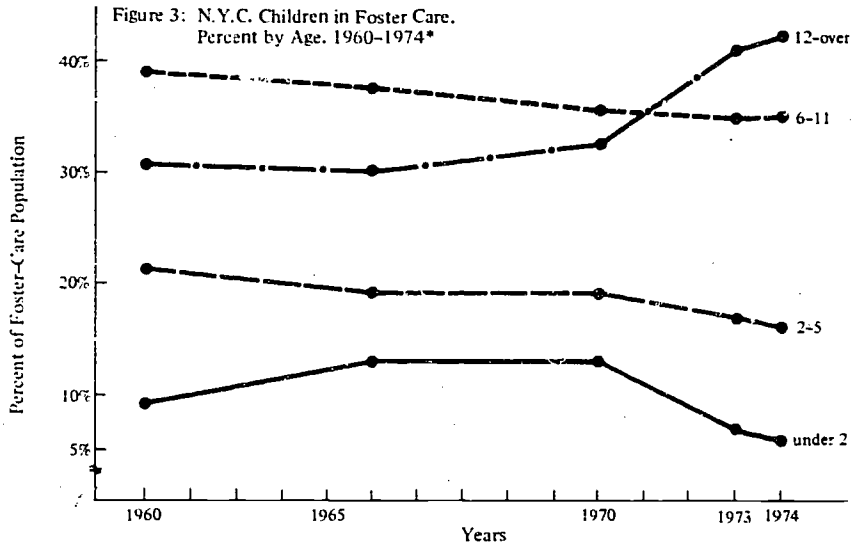
The reasons for placement given in children's case histories (often more than one reason is given) tell an eloquent story of family crisis and conflict (Appendix Table 59) and indicate that foster-care placement usu-

Fig. 2: N.Y.C. Children in Foster Care, Percent by Ethnic Group, 1960–1974*



*as of December of years indicated
Source: N.Y.C. Dep't of Social Services, Bureau of Child Welfare.

[6]N.Y.C. Human Resources Administration, Special Services for Children.



Source: N.Y.C. Dep't. of Social Services. Bureau of Child Welfare.

ally occurs because of parental problems rather than child problems. Prominent among these are parental inability to cope (cited in 27.7% of the cases), neglect of child (14.1%), abandonment of child (11.6%), and mental illness of parent (11.6%). Reasons given vary, however, with the age of the child at the time of placement. Older children are more likely to be placed in care as a result of their own problems, such as home behavior (13.4%), and school behavior (11.8%). Children from intact families (only 11.4% of the total population) are also more likely to be in care because of their own problems than are children from broken or single-parent families or conjugal unions.[7]

Where Do They Go?

About 85% of the children in foster care are in the care of voluntary, largely sectarian agencies, although the bulk of the costs are met out of public funds. The rest of the children are living in publicly-operated facilities and homes, and the number of these facilities is growing. Whether under private or public auspices, the actual residences of these children are varied: general institutions, so-called residential treatment centers, group homes, group residences, and individual foster homes. Although the percentage of children in institutions has dropped from 43.5% of all children in foster care in 1960 to 25.7% in 1974, the actual number has changed very little due to the growth of the foster-care population during this time (Appendix Table 60).

Just what considerations lead to what type of placement are difficult to

[7] B. Bernstein, D.A. Snider, And W. Meezan, *Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985*. N.Y. State Board of Social Welfare. November. 1975.

assess. Religious preference is clearly a factor,[8] as is the shortage of certain types of programs. The study by Bernstein, Snider and Meezan[9] has shown that many children are "inappropriately placed," and that more black and Puerto Rican than white children are not placed in suitable programs.

Mentally Retarded Children Away From Home

The foster-care caseload includes the vast majority of children not living with their own families. There are, however, other groups of such children. The court placement of delinquent and PINS children with the State Youth Division will be discussed in Chapter 8. The two other major (though much smaller) groups of institutionalized children are the mentally retarded in the state developmental centers and the mentally ill or disturbed children in state psychiatric facilities. Both groups belong to clearly defined diagnostic categories, and to a major degree, their placement needs, including length of placement, are determined by their inability to function within their families or the community.

As of December, 1974, 1,317 New York City children below age 16 lived in so-called state developmental centers for the mentally retarded (Figures 4a and 4b and Appendix Table 61). Almost 85% of these children were diagnosed as severely or profoundly retarded. Most of these children (over 60%) were housed at Willowbrook--a large center on Staten Island.

In 1971, the President's Committee on Mental Retardation officially recommended that at least one-third of all children in schools for the mentally retarded be transferred from these large institutions into community centers and homes, and whenever possible, to their families. It required a lawsuit by parents and the New York Civil Liberties Union, however, to bring about changes at Willowbrook. While no New York City data were available, the under-16-year-old population of Willowbrook (which houses adults as well as children) and that of the other centers declined from 7,374 in 1960 to 3,244 in 1975--a drop of over 55% for the state as a whole.[10]

[8]The New York State Law requires that "wherever practicable: children be placed in institutions or homes of their own religious background." This provision in general has been more decisive in the actual placement of a child than another stipulation in the law that placement be made "in the best interest of the child." A class action (Wilder v. Sugarman) brought in 1973 claimed that the child-care system is unconstitutional and "permeated by religious and racial discrimination." The Federal District Court decided that the (religious) statute, as written, is not unconstitutional. The question, whether the statute, as applied is unconstitutional, is about to come to trial.

[9]See footnote 7.

[10]N.Y. State Department of Mental Hygiene, Office of Statistics and Clinical Information Systems.

Fig. 4a: Number of Children under 16 from N.Y.C. in State Developmental Centers, by Age and Severity of Retardation, as of December, 1974.

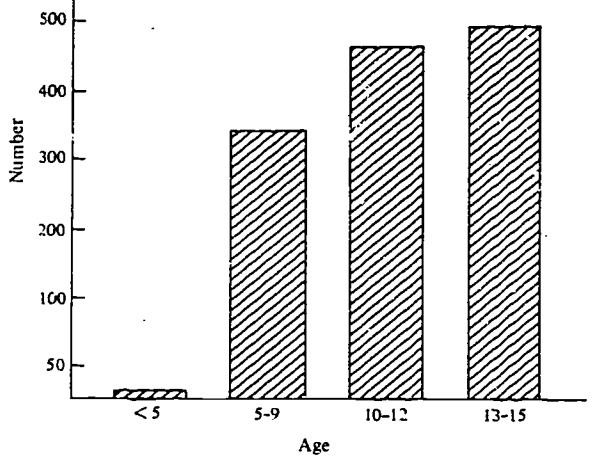
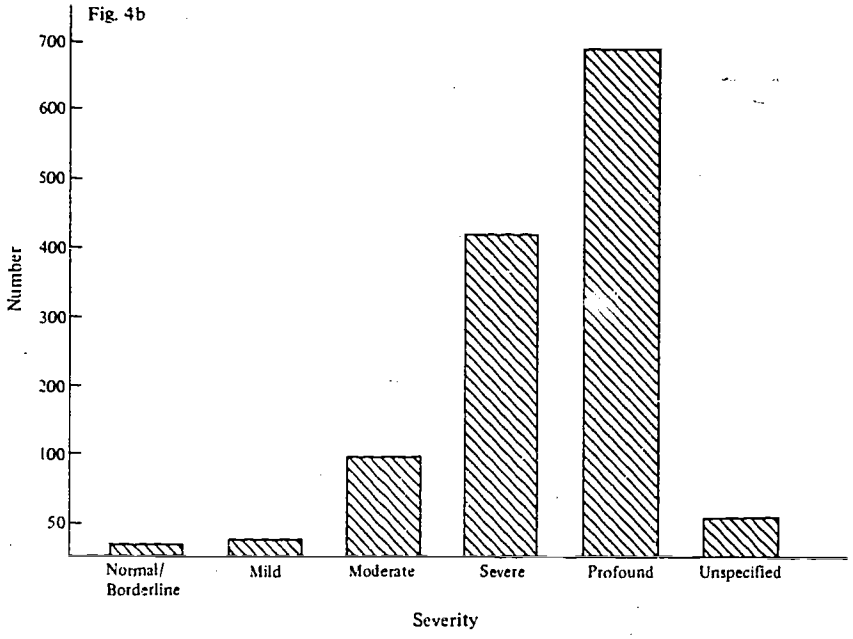


Fig. 4b



Source: New York State Department of Mental Hygiene, Office of Statistics and Clinical Information Services.

Mentally Ill Children Away From Home

Over the past five years, there has been a sharp decline in both the overall number of admissions and the length of stay of children in state

psychiatric institutions[11] (Table 1 and Appendix Table 62).

For example, whereas admissions for children under age 16 numbered 1,027 in 1970, there were only 392 such admissions in 1974; the median length of stay for such children dropped from 152 days in 1971 to 104 days in 1975.[12]

TABLE 1
Admissions, Discharges and Resident Patients in Psychiatric Centers:
Children under Age 16 from N.Y.C. and N.Y.S.,
Fiscal Years 1970-1974

Year Ended March 31	New York City			New York State		
	Admissions	Discharges & Placements	Residents 3/31	Admissions	Discharges & Placements	Residents 3/31
1974	392	372	560	980	1,001	961
1973	466	453	621	1,085	1,077	1,088
1972	505	597	730	1,159	1,308	1,264
1971	768	764	946	1,458	1,322	1,627
1970	1,027	975	1,152	1,698	1,540	1,852

Source: N.Y. State Dep't. of Mental Hygiene, Office of Statistics and Clinical Information Systems, February 3, 1975.

The significance of these declines is difficult to assess, but it seems probable that it reflects not as much lessened need resulting from improved outpatient treatment as rigid eligibility criteria and the absence of adequate resources to meet existing needs. In fact, there are indications that budget considerations are at least as important in the deinstitutionalization trend as is the availability of alternative programs.

A recent report[13] seems to corroborate the fact that the decrease in figures reflects capacity and not need. It points out that New York State has never had adequate psychiatric inpatient services for disturbed children and adolescents; that of 13 children's hospitals projected in March, 1969, only 6 were constructed, and the originally planned capacity of 2,600 beds was reduced to 989.

In August, 1974, when New York City announced that it had been compelled to send 150 seriously retarded and disturbed children to private institutions outside the State, the State replied that it had no way of caring for these aggressive children in its "open hospitals."[14]

There is a good deal of evidence that many of the children in foster care are in need of psychiatric treatment and are not receiving it. No data or even generally accepted estimates are available on how many children not in foster care should receive treatment in community settings, residential treatment centers or psychiatric hospitals.

[11]Neither the N.Y.C. Health and Hospitals Corporation nor the N.Y.C. Department of Mental Health and Retardation release, on a regular basis, any information on the hospitalization of children under 16 years of age in psychiatric wards of the city hospitals. The latter, upon special request, provided the following figures about psychiatric admissions to city hospitals for 1973-74: age 0-13, 329 admissions; age 13-15, 559 admissions. Hospital stay is limited to 30 days unless an extension is granted.

[12]Length of stay figures are deceptive, since children automatically leave the cohort at age 16, but may remain in the institution.

[13]Dr. Michael Kalogerakis, in *The Bulletin*, November, 1974. N.Y. State District Branch of the American Psychiatric Association.

[14]*The New York Times*, August 30, 1974.

HIGHLIGHTS

- Almost 29,000 New York City children were in foster care in 1974—almost three times the national rate.
- All but 20% were black and Puerto Rican.
- More than half of them were children of female-headed families on public assistance; more than half were born out-of-wedlock.
- Foster-care placement is usually due to family problems.
- While there was a large increase in the number of children in foster care, institutionalization for mental retardation or psychiatric illness declined sharply.

6

Looking At The System: Foster Care

In the previous chapter, the number and characteristics of children in foster care were described. But what of the system in which these children are placed? While a report on foster-care programs does not, by definition, belong in a section on child social indicators, the State of the Child report cannot ignore the availability of new data about a system in which 29,000 New York City children are currently placed.

Until recently, regularly available statistical information was limited to the reports of Special Services for Children (New York City Department of Social Services, Human Resources Administration) that, in addition to data on the total number of children in foster care, also provide breakdowns by age, sex, ethnicity, religion, sectarian auspices of care, and the number of children in different kinds of care, i.e., foster homes, group homes, or institutions. The State Department of Social Services, in addition, issues reports on the number of children discharged and to whom they were discharged. While useful for determining caseload trends and changing characteristics of the population, these reports do not provide analyses of the needs of individual children or assessments of the degree to which the program in which the children are placed meets these needs. Information has also been lacking on the total placement history for individual children and the location of accountability for the individual case.

For information about the quality of care, one had to rely on special studies, such as the most recent analysis of programs and needs (Bernstein,

:t al.)[1] and the series of reports based on David Fanshel's six-year longi-udinal study of 624 children in care.[2]

Within the last year, however, the Child Welfare Information Services (CWIS) has begun to issue "Computerized Data for Children in Foster Care," which makes it possible, for instance, to compare placement goals and actual developments. David Fanshel and John Grundy of the Columbia University School of Social Work provide "First Analyses"[3] of the latest CWIS data (May 1975), which now make it possible to know in more detail the characteristics and problems of the present system of care.

Are Children Misplaced?

There is continuing concern as to whether the child placement system is performing its function well. Accompanying this concern is the realization that in addition to more adeq..ate income maintenance, housing, and emergency services, a commitment to sustaining the family as intensive as the current commitment to child placement, might decrease pl: cement rates to a considerable degree.

It is also legitimate to ask, however, about the appropriateness of placement given the present context: how well does the system work for children whose families do break up or who are unable or unwilling to care for them for short or long periods of time?

Clearly, those who work in child-caring agencies have a more optimistic perspective than do out ide researchers. For example, assessing the CWIS data involving placement evaluation by social workers in the agencies, Fanshel states:[4]

> "There has been concern expressed from time to time in various circles that children are not in their appropriate placements and that some of this can be explained on racial grounds. When the child's current location is compared with the designation of the immediately desired program, it would seem that most children are where they belong, in the eyes of the social worker at least. Thus, 92% of the over 13,000 children in long-term foster family care are shown as being in an immediately desired program. This is true of 90% of the over 4,000 children in long-term institutions. The children who tend not to be located in the desired program are, as might be expected, those in short-term care. Out of about 1,000 children in short-term foster homes, about 60% are said to be:ng in long-term foster homes.
>
> "When the tables are set forth separately for white, black, and Puerto Rican children, the findings reported above appear to hold with only trivial ethnic differences."

On the other hand, a study commissioned by the State Board of Social

[1]B. Bernstein, D.A. Snider and W. Meezan, *A Preliminary Report: Foster Care Needs and Alternatives to Placement*, N.Y. State Board of Social Welfare, November, 1975.
[2]D. Fanshel, "Parental Visiting of Children in Foster Care: Key to Discharge?," *Social Services Review*, December, 1975 and "Status Changes of Children in Foster Care: Final Results of the Columbia University Longitudinal Study," in *Child Welfare*, March, 1976.
[3]D. Fanshel and J. Grundy, *First Analyses from a Management Information Service in New York City*, Child Welfare Information Services, Columbia University School of Social Work, No:.:mber 1, 1975. This work was undertaken with the aid of a grant from the Foundation for Child Devel:.pment.
[4]Ibid. pp. 23-24.

Welfare,[5] employing professionally developed criteria[6] and expert readers, found 43.5% of 28,000 children to be misplaced:

3,951	(13.7%)	were in "general" institutions—and, according to the study, none should be. (Many should be in the community in group homes, or, if too disturbed, in residential treatment centers.)
3,641	(12.6%)	should be adopted.
2,094	(7.3%)	should be in their own home.
1,856	(6.4%)	need residential treatment but are otherwise placed.
999	(3.5%)	need group homes and residences, but are otherwise placed
12,541	(43.5%)	

One would not expect researchers and on-the-line practitioners to have the same view of the world, but the discrepancy needs to be reconciled because it is too large for the community to sustain if it is to improve the system.

Planning for The Children?

Similarly, very basic questions are raised about the system's long-term planning for children, wherever they are cared for (Table 1). Fanshel summarizes his reading of Table 1 as follows:

TABLE 1
Discharge Objectives for Children in Foster Care, N.Y.C., May 31, 1975

	Number	Percent
Discharge to Parents	5,304	19.7%
Discharge to Relatives	744	2.8
Discharge to Own Responsibility	7,073	26.2
Adoption	5,447	20.2
Unknown	4,798	17.8
Not Reported	3,623	13.4
Total	26,989	100.0%

(Categories with no cases are omitted from the table.)

Source: Child Welfare Information Services, Inc. *System Level Reports*, May, 31, 1975.

"According to the social workers' specifications of discharge objectives, only one child in five currently in the system is likely to return home to his or her own parents. From the ratings of the workers one gets the impression of rather massive parental failure and inadequacy as a common characteristic of this population.

"For another fifth of the population the social workers indicated that adoption was the discharge objective. Considering the amount of legal and social service work involved in carrying through an adoptive plan this provides a perspective of a potentially large service load.

[5]See footnote 1.

[6]Sister Mary Paul, *Criteria for Foster Placement and Alternatives to Foster Care*, N.Y. State Board of Social Welfare, May, 1975.

"Over 7,000 children (26%) in care are destined to be discharged to their own responsibility. Many of these children will have reached young adulthood after growing up in the system of foster care.

"It was previously noted that 30% of the children were without a discharge plan. The following questions arise: Were the situations faced by these children too complicated to designate a discharge plan for them? Is the failure to establish a goal a sign of professional or administrative failure at the case management level? The analysis of this kind of data is obviously critical and worthy of intense scrutiny. Program managers and system planners need to know why some children are destined to spend their childhood years in foster care while others are able to return to their families or be placed with adoptive families."

In short, basic questions arise as to the placement system:

- Are we making a sufficient effort to maintain and support families as an alternative to placement?
- Are we considering a new long-term goal—adoption—where return to the home is not a reasonable alternative?
- Are we offering decent long-term foster care, the best and most appropriate available, when it is the best alternative?

Based on "First Analyses" Fanshel states some important policy and system planning implications which we reproduce in part on the following pages.

SOME IMPORTANT POLICY QUESTIONS[1]

"... it is perhaps too early in the history of the development of CWIS to expect data to be generated which will have a major impact upon policy decisions and program management.... However, while firm perspectives are not immediately forthcoming, it is our view that the data we have analyzed here can serve to stimulate *questions* about social policy and lead to an examination of program management issues....

• *Why is it not possible for social workers to report a discharge objective in one out of three cases?* The large number of cases where no discharge goal has been set is disturbing on the face of it. Is it explained by the omission from the CWIS form of a category "continuation in permanent foster care?" If this is the source of explanation, would such a category be acceptable as an outcome of placement to legislators, social planners and representatives of the community? Underlying this issue is the matter of the process by which a discharge objective is determined and a course of action pursued. Is the establishment of the discharge objective essentially a prerogative of the social worker assigned to the case and/or an agency supervisor? To what extent does the public agency[2] maintain a strong voice here? The public has a basic interest here because public monies represent most of the expenditures for foster care and a child's tenure in the system may entail, in the case of infants entering care, a long-term commitment of expenditures.

[1] See footnote 3.
[2] Special Services for Children, Department of Social Services (HRA).

conceivably in excess of one hundred thousand dollars.[9] It would seem reasonable that the importance of the process of establishing discharge objectives be recognized and responsibilities made most explicit. That social workers should not know what the discharge plan is for a child is not readily defensible as a widespread state of affairs. It suggests inadequate case management on the service agency level and of poor monitoring procedures by the public agency.

• *How did the system accumulate such a large group of children who have spent so many of their childhood years in care?* The mean length of time in care for some 27,000 children is calculated as 5.4 years (Appendix Table 63). Some 5,530 children have been in the system for ten years or more. Such long-term tenure of children in foster care is increasingly being defined in many quarters as a sign of failure of the system. A question arises: has termination of parental rights been considered as an appropriate course for many of these cases? If not, why not? Are these children being visited? How many are still in care because of a lack of effective case management i.e., because a discharge goal has not been established and vigorously pursued? We do not raise these questions in order to take "cheap shots" at agencies delivering service. There may be clear-cut non-performance factors that stymie the freeing of these children. Our perspective is directed to future computer-assisted case management procedures in which case objectives are set early in the child's placement experience and performance objectives carefully monitored so that time does not run out for a child in care and thus put him in permanent limbo.

• *Can the foster care system adequately serve two types of teen-agers?* There is a high proportion of boys in the older age groups who have come into care because of their own behavior difficulties (Appendix Table 64). They have been placed primarily in institutions. There is another large group of teenagers who have been in care most of their lives and they tend to be cared for in foster family homes. From a program management and planning point of view, is the system adequately geared to serve such contrasting types of children i.e., the dependent older child who poses only minor direct care problems and the youngster who is acting out in the community and for whom adequate placement facilities are hard to come by? There have been charges over the years that services to the aggressive teenager are not now being delivered effectively. How valid are these charges? What strains are created by the need to organize both types of service programs under a common umbrella of services?

• *What are the program and social policy implications stemming from the fact that the foster care system so heavily serves minority children?* One out of every two children in the system is black and one out of four is Puerto Rican (Appendix Table 55). Only nineteen percent of the children are white and the long-term trend would suggest that this group will diminish further over time. Do service requirements differ for minority children? We observe that black Protestant children are more likely to be discharged to relatives or adopted through using subsidized foster homes. Are foster care services being ghetto-ized? What are the consequences that flow from this demographic trend? Does it lead to increased stigmatization of the users of the service?

• *What is the outlook for children in foster care whose parents are drug addicted or alcoholic?* There are almost 2,300 children (8.5 percent) whose parents (usually mothers) are drug addicted (Appendix Table 59). They tend to be parents of younger children and research in this area suggests that the outlook for the discharge of the children is not promising. There are also over two thousand cases where the child is in

[9]See D. Fanshel, E.B. Shinn, *Dollars and Sense in the Foster Care of Children: A Look at Cost Factors*, Child Welfare League of America, 1972.

care related to a parent's alcoholism. How treatable are the parents who are afflicted with these problems? Is joint planning required between foster care agencies and those offering addiction services so that the treatability of the parents can be determined? Is more case advocacy required to garner more and better treatment services for afflicted parents? If some of the parents are not treatable by current techniques, termination of parental rights may need to be considered.

• *How well geared is the foster care system for providing adoptive homes for the many children for whom adoption has been designated as the long-term objective?* There are some 5,600[10] children in the system where the CWIS data shows that adoption is the clear-cut discharge objective. This is many times larger than the number of children annually being placed for adoption in New York City. Many of the children included in the CWIS system have been in care for long periods of time. Are these situations where foster parents have moved in the direction of adoption? How can more of these children be placed in adoptive homes? Is a massive adoption campaign required to accelerate the movement of children out of foster care?

Adoption: A Realistic Discharge Objective?

With adoption stated as the discharge objective for so many children, we analyzed available data to get a clearer picture of the chances these children have to achieve the desired solution. If past trends are a guide, the outlook for them is not bright. Adoptions by non-relatives have been declining over the last four years. In New York State, 7,058 not-related adoptions were granted in 1970-71; the figure fell to 3,825 in 1973-74.[11] And, of these, less than 25% were adoptions of children in foster care.

In New York City between 1969 and 1974, adoptions from foster care decreased more than 50% (Table 2). In 1974, 411 black, 490 white and 50 other children were adopted from foster care. While white adoptions had decreased (from 1,715 or 86.6% in 1969 to 490 or 51.5% in 1974), "other" adoptions doubled from 26 (1.3%) in 1969 to 50 or 5.3% in 1974. Black adoptions rose

TABLE 2
Adoptions from Foster Care N.Y.C., by Race,*
1969, 1973, 1974

	1969		1973		1974	
	Number	%	Number	%	Number	%
Total Adoptions from Foster Care*	1,980	100.0	847	100.0	951	100.0
White	1,715	86.6	419	49.5	490	51.5
Black	239	12.1	412	48.6	411	43.2
Other	26	1.3	16	1.9	50	5.3

*No Puerto Rican category

Source: New York State Department of Social Services.

[10]Though Table 1 shows adoption as the discharge objective for only 5,447 children, later tables show that steps had been taken toward freeing 153 additional children for adoption.
[11]Annual Reports of the Administrative Board of the Judicial Conference of the State of New York.

from 239 (12.1%) in 1969 to 411 (43.2%) in 1974—a positive development in an otherwise discouraging picture.

A very real obstacle to adoption is the age of the children for whom it is indicated (Appendix Table 65): for less than 20% of the under-2 year olds; for more than 20% of all 10-21 year olds in care for their whole life.

Adoption is planned for almost 25% of all black children in care (Appendix Table 66). And, in spite of the recent increase of black adoptions, the number of candidates is so large that for most children the chances of finding a home are slim.

The New York State Department of Social Services reports in July, 1975 that "less than 1% of the children (registered in the State Adoption Exchange) are 3 years or under, but 75% of the families prefer a child in that age group; 48% of children registered have some type of physical or mental handicap, but almost all families (1,334 out of 1,346) prefer a child with no handicap; 55% of the children are black, but less than 5% of the prospective parents prefer a black child."

The downward trend in adoptions is nation-wide. A report for the Child Welfare League Adoption Research Center[12] found that: "In 1974, 16% fewer white children and 13% fewer non-white children were accepted for adoptive placement than in 1973. From 1971 to 1974, the number of children accepted dropped by 45%. The numbers of both white and non-white children accepted fell sharply with a decline steeper for the whites (48%) than for the non-whites (35%)."[13]

A massive campaign is obviously required to accelerate the movement of children out of foster care and those for whom it is indicated, into adoption. First, however, existing resources should be more widely used. The most effective boost has been the adoption subsidy available since 1968 to foster parents who wish to adopt their foster child and, since 1971, for "any child whose special circumstances or handicaps might be an obstacle to his adoption." These subsidies have given a substantial impetus to the adoption of older and of black children (Figure 1 and Appendix Table 67).

Most child-caring agencies are not focused on adoption and their staffs are not trained for the difficult adoption task. In a study[14] of 248 children in placement since 1970 and up for review by Family Court,[15] Trudy Bradley Festinger found that in many cases, the Court had to "order agencies to explore adoption with foster parents when agencies have not done so."

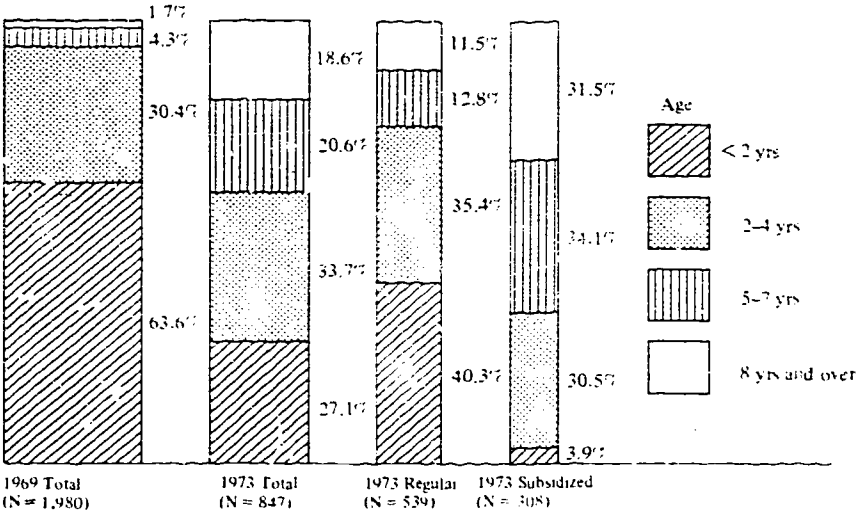
[12]Haring, Barbara. "Adoption Trends, 1971-74" *Child Welfare*, July, 1975.

[13]In January 1975, the Child Welfare League established the North American Center on Adoption that specializes in the adoption of exceptional (i.e., difficult to place, children.

[14]Festinger, Trudy Bradley: "The New York Court Review of Children in Foster Care." *Child Welfare*, April, 1975.

[15]Section 392 of the New York State Social Service Law requires that the Family Court review the foster care status of all children who have been in voluntary placement continuously for 24 months. In 1974, the time was shortened to 18 months.

Fig. 1: Adoptive Discharges from Foster Care by Age at Discharge. N.Y.C., 1969 vs. 1973*



*Regular vs. Subsidized adoptions from foster care shown for 1973

Source: N.Y. State Dep't. of Social Services, Bureau of Research.

There have, however, been changes since that time. In recent years advocacy groups such as The Council of Adoptive Parents and The Council on Adoptable Children have demonstrated effective recruiting and family-child matching programs, even for "hard to place" children.

In 1975, the New York State Legislature passed a number of bills tightening the adoption process. Beginning in April, 1976, children legally freed for adoption must be listed with the New York State Adoption Listing Services. In response to legitimate agency complaints that the legal fees connected with adoptions constitute a serious obstacle, the State Board of Social Welfare in its "Plan for Action,"[16] included among its recommendations a proposal that the New York State Department of Social Services and the New York City Department of Social Services finance in full the costs related to freeing and placing children for adoption.

[16]N.Y. State Board of Social Welfare, *A Plan for Action*, a companion document to *Foster Care Needs and Alternatives to Placement*, November, 1975, p. 5.

7

Do Children Break The Law? Are They Safe?

Information on the number and kinds of antisocial acts committed by or against children contributes to our knowledge about the safety of a community and the degree to which children and their families can live and grow in security and comfort. This chapter discusses indicators on children as perpetrators or as victims of antisocial behavior. In the following chapter, we look at the system that handles these children in an effort to assess its efficacy as a protector of the child and the community.

Children as Offenders

Since the 1950's, the country has been alarmed about juvenile offenders. Published statistical reports often cause concern and even panic. A recent national report states that half of all serious crimes are committed by juveniles under 18.[1] The report states further that between 1960 and 1970 juvenile arrests increased seven times faster than those of adults and that juvenile arrests for violent crimes increased three times more rapidly than adult arrests for such crimes.

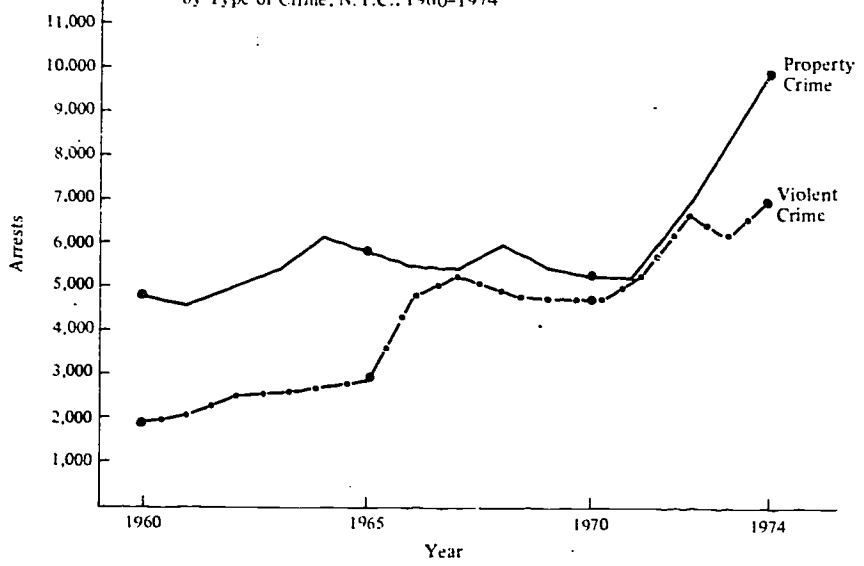
Although changing arrest data may reflect changing policies and record-keeping practices of the police as much as changing behavior in the community (and thus are not exact barometers of crime), victimization

[1] *Relay: Juvenile Justice*, Information Bulletin No. 1. Human Services Institute for Children and Families, Inc., January, 1975.

data, insurance reports about thefts and robberies, and general community experience would seem to offer further, though not absolute, proof that juvenile offenses have indeed risen sharply.

In New York City, arrests of under-16-year-olds for violent crimes show startling increases over rates that alarmed the City fifteen years ago (Figure I and Appendix Table 68). Arrests for violent youth crimes more than doubled between 1960 and 1970 (a 152% increase). Between 1970 and 1974, there was a further jump of 46%, although the under 16 population was increasing very little. This included a three-fold rise in

Fig. 1: Number of Arrests of Persons under 16 Years for Major Crimes by Type of Crime, N.Y.C., 1960-1974



Source: N.Y.C. Police Dep't., Crime Analysis Section.

murder and manslaughter (from 19 in 1960 to 77 in 1974), and a four-fold increase in robbery (from 925 in 1960 to 4,765 in 1974).

While youthful arrests for property crime rose only slightly between 1960 and 1970, arrests for such crimes climbed 86% between 1970 and 1974. Arrests for burglary doubled, and arrests for auto theft increased by 77.5% during those years. The rate of juvenile arrests for all crimes increased from 6.5 per thousand in 1960 to 8.9 per thousand in 1970; for violent crimes the rate jumped from 1.8 to 4.2, while it remained steady for property crime at 4.7 (Appendix Tables 69 and 70). Between 1960 and 1970 youth arrests for violent crimes increased faster than adult arrests for such crimes, accounting for 13.5% in 1960 and 17.6% in 1970 of all such arrests. Between 1970 and 1974, the trend was reversed, with youth arrests accounting for 15.73% of such arrests in 1974.[2]

[2]That the increase is lower than the above reported national increase of youth arrests for violent crimes is at least partly due to the fact that national reports of "juvenile" arrests, include everyone under 18 years of age. New York statistics cover under-16-year-olds only.

It should be noted that annual rates indicate only part of an age group implicated in antisocial activities. If data on numbers of arrests over a two- or three-year period are examined, the proportion of specific age cohorts accused of being involved in crime becomes more alarming. Although arrests are not convictions, their volume is testimony to the fact that fears of juvenile crime have a very real basis and are a cause for alarm.

Children as Victims

We turn now to other indicators of the safety of children and their communities, that of crimes perpetrated against children.

Homicide—Because of the news value of most reports on crime, the public ordinarily knows far more about children who cause trouble or commit offenses than it knows about children as victims of crime. Reports of child murder and severe child abuse are, of course, exceptions. There *are* child homicide victims, although their number is small and has decreased after peaking in 1972. The danger of being murdered is much greater for black children than for whites, and even very young children are murder victims (Table 1). Homicide victims listed by the police do not include children who died because of "suspected" abuse or maltreatment.

TABLE 1
Trend in Number of Child Homicide Victims in N.Y.C., by Age, Ethnic Group and as Percentage of Total Homicide Victims 1969–1974

	CHILD VICTIMS										% Under 16
	Under 7 years					7–15 years					
Year	White	Black	Hisp.	Other	Total	White	Black	Hisp.	Other	Total	Total Under 16	of total Homicide Victims
1969	17	22	4	–	43	3	9	10	–	22	65	6.2%
1970	5	32	6	1	44	1	14	2	1	18	62	5.6%
1971	12	22	12	–	46	2	10	15	–	27	73	5.0%
1972	10	21	13	2	46	8	26	15	2	51	97	5.7%
1973	5	25	6	–	36	8	26	8	–	42	78	4.6%
1974	6	23	7	–	36	2	15	14	1	32	68	4.4%

Source: N.Y.C. Police Dep't., Crime Analysis Unit, Annual Homicide Report.

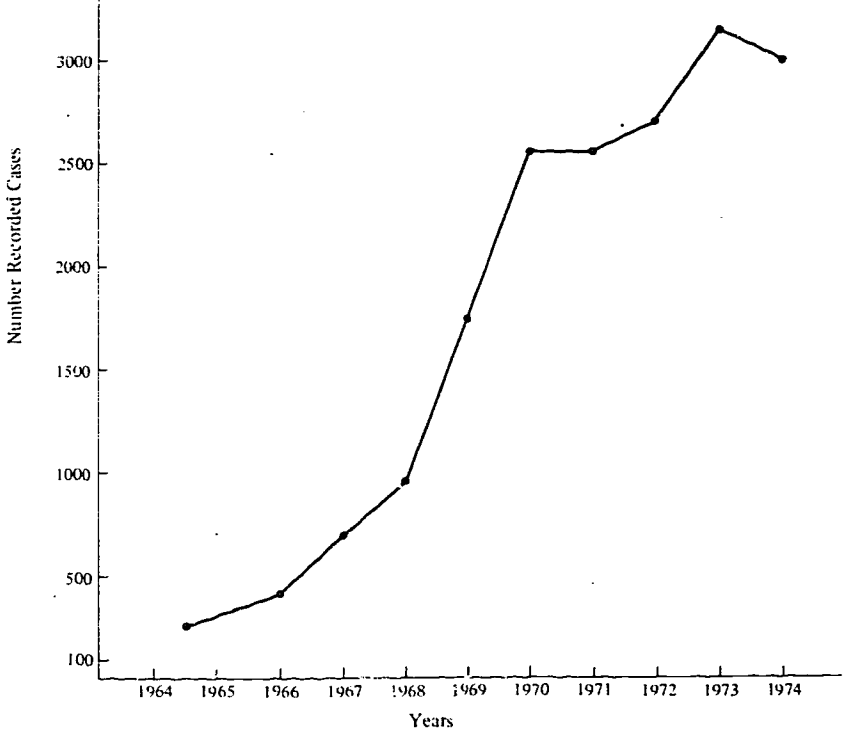
Child Abuse—According to published records child abuse is the leading instance of children-as-victims of crime. The number of children who died as victims of suspected abuse or maltreatment is larger than the number reported as homicide victims. In 1974, New York State reported 170 such fatalities, 115 of them in New York City.[3] Only a very limited segment of the abuse problem is publicly visible. Those cases that do reach the abuse registers or the courts tell us about children living in mortal danger in a severely unbalanced society.

During 1974, there were 3,086 alleged abuse cases reported to the Central Registry in New York City. Approximately half of these reported victims were under five years of age (Appendix Table 71). Reports of suspected abuse and "maltreatment" are much higher (Appendix Table 72) and are relatively higher for upstate counties than for New York City.

[3] *1974 Annual Report of the Provision of Child Protective Services in New York State*, N.Y. State Department of Social Services.

Reported abuse has risen rapidly, 1,026% over the last ten years (Figure 2 and Appendix Table 71). Much of the rise could be due to the fact that

Fig. 2: Number of Recorded Cases of Child Abuse in Central Registry, N.Y.C. 1964–1974



Source: N.Y.C. Bureau of Child Welfare, Central Registry Reports.

reporting requirements have been broadened.[4] In any case, no one knows the true extent of the problem or whether it is becoming more severe or only better reported.

In 1973-74, of the thousands of reported abuse cases, 407 reached the petition stage in Family Court, and of these only about 12% were removed from their own or relatives' homes (Appendix Table 73).[5]

[4]The Reporting Act of 1964 mandated reporting of suspected abuse by physicians, dentists, osteopaths, optometrists, chiropractors, podiatrists, registered nurses, and Christian Science practitioners. In 1969, the reporting mandate was extended to include: "hospital personnel engaged in the admission, examination, care or treatment of persons" and to "any social service worker, or school official having cause to believe..." In 1970 medical examiners and coroners were included. In 1971 day-care center directors were added. In 1972 peace officers joined the group mandated to report. In 1973 (September) the reporting mandate was extended to "day-care center workers or any other childcare or fostercare worker, mental health professional, or law enforcement official." And maltreatment (neglect) was added to abuse (though all tables used here are for abuse only).

The Child Protection Act of 1973 provided for the first time criminal and civil penalty for the knowing and willful failure to report—but there have been no actions taken under this provision as far as we can determine.

[5]The number of neglect and abuse petitions filed with the court will be increasing as a result of the 1975 legislation requiring the Department of Social Services to return a child to a natural family within 10 days or file a petition in court.

No separate statistics are routinely issued about children as victims of adult sex crimes. In 1969, however, the American Humane Association[6] analyzed 250 cases of adult sex crimes against children under 16 reported to police and child protection agencies in Brooklyn (150) and the Bronx (100). The sample constituted less than one-sixth of the cases reported (over 1,000 in Brooklyn alone in a single year). In 79% of the cases one or more types of neglect were also found to exist, and in 75%, the offenders were either members of the child's own household (27%), related (11%), or friends. The findings, the study stated, point to the probability of an incidence of sex crimes against children "many times larger than the reported incidence of physical abuse of children."

Children's Own Reports

According to children's own reports, New York City, in comparison to four other large American cities, is not the worst for crimes in which children are the victims. In 1972, the Law Enforcement Assistance Administration (LEAA) of the Department of Justice (today the leading federal agency concerned with data on children and crime) commissioned a household interview survey to determine the rate of crime victimization (Table 2).

TABLE 2
Victimization Rate, Children Ages 12 through 15, per 1000 Population of the Age Group, 1973

City and Population 12–15	RAPE	ROBBERY		ASSAULT		PERSONAL LARCENY	
		Injury	Without Injury	Aggravated	Simple	With Contact	Without Contact
CHICAGO (257,000 in this age group)	(X)	6	26	20	20	6	58
DETROIT (107,000 in this age group)	7	9	45	26	34	6	86
LOS ANGELES (187,000 in this age group)	(X)	8	29	27	36	8	107
NEW YORK (437,000 in this age group)	(X)	7	26	(X)	13	(X)	21
PHILADELPHIA (133,000 in this age group)	(X)	9	38	28	31	6	50

(X) Too few incidents for statistical reliability.

Source: Derived from a series of Tables in U.S. Dep't. of Justice, Law Enforcement Assistance Administration, "Crime in the Nation's Five Largest Cities," April, 1974.

[6]Vincent de Frances, *Protecting the Child Victims of Sex Crimes by Adults*, American Humane Association, Children's Division, Denver, 1969.

The data for children are shown for four major crimes (rape, robbery, assault, and personal larceny) committed against children aged 12 through 15 in five cities (Chicago, Detroit, Los Angeles, New York City, and Philadelphia). The LEAA reports that in no case did New York City rank higher than fourth and it ranked fourth in the cases of robbery-with and without-injury. In the cases of simple assault and personal-larceny-without-contact, New York ranked fifth. Too few incidents were reported for New York City to make any ranking possible in rape, aggravated assault, and personal-larceny-with-contact.

In examining these data, however, the absence of figures on children under 12 should be noted. The fact that the sample size was too small to make reliable statements on victimization in three categories of crimes in New York reduces the potential of the information to be derived from the table. Nonetheless, the data seem to suggest that even if New York City is not necessarily a worse environment for youth as crime victims than other large cities, none of these cities provides the safe environment we would want for our children.

HIGHLIGHTS

Children as Offenders

- More than three and a half times as many New York City under-16-year-olds were arrested for *violent* crimes in 1974 than in 1960. There was a three-fold increase in arrests for murder and manslaughter, and a four-fold increase for robbery.
- Youth arrests for violent crimes increased faster than adult arrests for such crimes.
- Youth arrests for property crimes rose 86% between 1970 and 1974.

Children As Victims

- More than half of the child homicide victims in 1974 were children under 7 years of age (36 out of 68). More than half the victims were black and 30% were Puerto Rican.
- Since 1964 (when the Child Abuse reporting act was passed by the New York State Legislature) reports about alleged abused children climbed from 274 to 3,086 (1,026%) in 1974. Approximately half the children were under 5 years of age.
- 115 New York City children died as victims of suspected abuse or maltreatment in 1974.
- According to children's own reports in a national household interview survey (1972), New York City was not in the highest category for crimes in which children were the victims. New York City was fourth out of five cities in two categories (robbery with-injury and robbery without-injury) and fifth in simple assault and larceny.

8

Looking At The System: Juvenile Justice

The previous chapter examined an aspect of life that makes New York less healthy and safe for children and their families—crimes committed by children and crimes committed against them. In both instances, levels of crime are rising rapidly, and in the case of juvenile arrests involving violent and property crimes, the rate of increase in New York City between 1960 and 1974 was 152%.

Are Offenders Treated Appropriately?

Data about children as victims and children as offenders are indicators of the "state of the child" of all New York children. To look at community response is to seek another type of indicator: the status of fairness, protection of rights, and program effectiveness in our community agencies and departments comprising the juvenile justice system. The data are very incomplete and the City's values and goals are uncertain.

It is not clear what New York citizens want of a juvenile justice system or what children who are brought into contact with police and courts have a right to expect. We have looked at evidence for fairness to children: are cases processed reasonably, promptly, and equitably? We have also asked whether the pattern of decision and disposition bears any relationship to reasonable criteria relating to child-category, offense, child-need, and to the goals that are assigned to police and courts; whether, at the very least, the

process protects children and community. Available data series are far from adequate for assessing the process. Nevertheless, the statistics that are available yield answers that we believe should cause major alarm about how children are faring.

After Arrest What?

According to the police, in 1974 there were 16,818 under-16-year-old arrests, 6,893 of which were for violent crimes and 9,925 for serious property crimes. Arrest of an under-16-year-old for a crime does not, however, mean automatic appearance before a Family Court judge. New juvenile delinquency petitions[1] were drawn for only 8,567 under-16-year-olds in the period from July 1, 1973 to June 30, 1974 (Appendix Table 74).[2] We do not know how many of the 6,893 arrests for crimes of violence are included among the petitions and how many of the petitions are for the many lesser crimes also classified as juvenile delinquency, since there is no report on the relation between "reason for arrest" and "reason for petition" in any given case. There are no police data which tell as a matter of routine what occurs following arrests. The fact that so few arrests are followed by petitions may be good or bad for children; it certainly raises a great many questions.

In a recent study, the Office of Children's Services[3] analyzed what happened to the children under 16 years of age, "who accumulated a total of 6,322 arrests for crimes against persons between July 1, 1973 and June 30, 1974." No information could be located about 645 of the children. Findings, therefore, relate to 4,847 individual children who amassed a total of 5,666 arrests for a total of 3,639 criminal incidents. By May 1, 1975, only 2,472 had been petitioned to court, while 3,032 (53.5%) were presumably adjusted at probation intake, though probation adjustment records were "perhaps the worst that we encountered. The misfiling was rampant."

More than half of the arrests brought by the police to Family Court are routinely "adjusted at probation intake," i.e. are diverted before reaching the petition stage. Are these arrests unjustified? Are too few petitions drawn? A comparison of arrest reports and court data shows that fewer and fewer arrests result in petitions. While arrests for young perpetrators of violent crimes rose dramatically, the number of delinquency petitions fluctuated over the last 10 years increasing only 20% between 1964 and 1974 (Appendix Table 74).

The Judicial System

What happens to the under-16-year-olds arrested who then enter the court system? The probability is that they wait for the next step for a considerable period of time. The delays are long and getting longer. They are

[1]Total petitions also include such offenses as arson, carrying dangerous weapons and burglary tools, unlawful entry, truancy.
[2]The annual reports of the Judicial Conference run from July 1 to June 30.
[3]*Juvenile Violence*, a study of the handling of juveniles arrested for crimes against persons in N.Y.C.; 7/1/73-6/30/74, Office of Children's Services, Division of Criminal Justice Services.

sufficient to discourage witnesses and petitioners alike, and make the gap between act and community response so large as to diminish any direct learning from the experience for many of the youths involved (Table 1).

TABLE 1
Time Lapse between Juvenile Delinquency and PINS Petitions and Dispositions. N.Y.C. Family Court, 1967-68 vs. 1973-74
(Percentages)

Days	Juvenile Delinquency		PINS	
	1967-68	1973-74	1967-68	1973-74
Under 30	36%	12%	11%	8%
30-60	23%	11%	21%	11%
61-90	13%	10%	14%	10%
91-270	23%	46%	41%	39%
271-365	3%	11%	7%	9%
Over 1 year	2%	10%	6%	23%
Median	52 days	157 days	109 days	188 days

Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administrative Board.

The increase in the number of juvenile delinquency petitions pending at the end of the judicial year was 630 percent (from 1,338 to 9,768) between 1964 and 1974 (Appendix Table 74). This happened in spite of the fact that the number of Family Court judges was increased by 70%.[4] During those years, there was a rapid rise in the number of "withdrawn or dismissed" petitions, even though more than 50% of all arrest cases had been filtered out before the petition stage. Thus, for the judicial year July 1, 1973 to June 30, 1974, judges dismissed or permitted petition withdrawal for 4,188 of the 6,055 cases disposed of (69%).

Many reasons are given for this situation, in addition to the difficulty of getting probation investigation completed speedily. The accumulating body of new laws, rules, and regulations has changed and complicated court procedures. Even though the Court's non-criminal character remains, it has been suggested that the presence of law guardians (Legal Aid lawyers assigned to alleged delinquents and PINS), has changed it from a social into an adversary court. The law guardians' aim is case dismissal, and it is alleged that in order to achieve this goal, they use delaying tactics in the knowledge that sooner or later, the complainant will become discouraged or the witnesses disappear. According to the 1973 *Statistical Report (Annual)* of the Family Court, 38,498 hearings were held to reach 6,578 dispositions in juvenile delinquency cases.

PINS children wait for their dispositions even longer than delinquents. The median lapse between petitions and dispositions for PINS was 188 days in 1973-74 (Table 1). The PINS category of status offender was created in 1962

[4]The Family Court Law as enacted by the Legislature (Section 121) determines the number of Family Court judges for New York City. Twenty-three were authorized in 1962, 10 were added in 1965, and 6 more were authorized in 1968.

to remove the delinquency stigma from children not guilty of actual crimes, but who have been involved in various forms of misconduct such as running away from home, refusal to obey, staying out late at night, truancy, or mixing with bad company. The overwhelming number are adolescents who are disturbed or rebelling against home; most often daughters against mothers in one-parent families, or children who cannot tolerate extremely disturbed, disorganized, and often pathological home situations. In many cases the rebellion is against the school. For the 3,753 new PINS petitions brought before the court in 1974, 8,572 "reasons" were given (Appendix Table 75). Running away (2,158 or 25%) and habitual truancy (2,061, approximately 25%) were the most frequently cited reasons, followed by refusal to obey (1,677, almost 20%), and staying out late (980 or 11½%). For twice as many girls as boys, runaway was given as a reason.

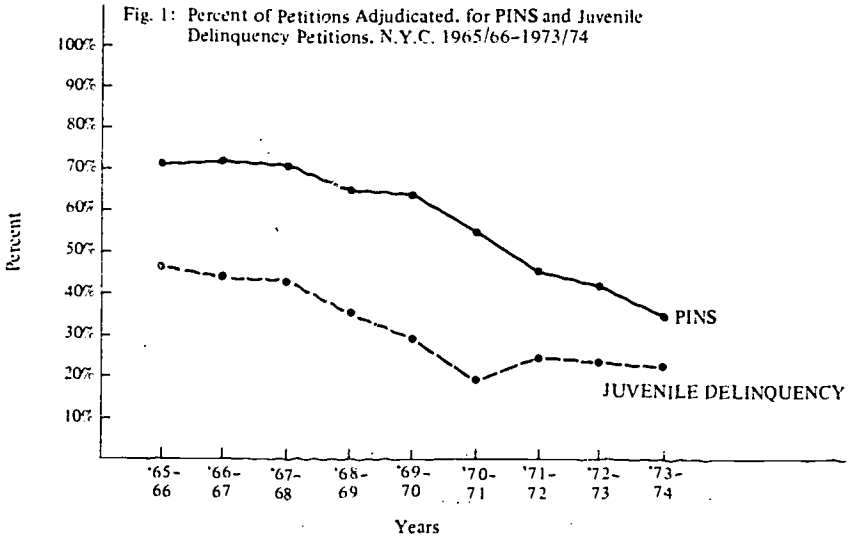
Fair Dispositions for Child and Community?

The court's disposition pattern should be looked at from several perspectives: community protection, fairness to children, efficient and effective use of the court and treatment resources. The first two are important, if imprecise, social indicators. Despite all the prior filtering and diversion, the majority of children for whom petitions are filed are—often after long delays—not adjudicated in the end; that is, the court does not take jurisdiction and make a plan for them at all (Figure 1 and Appendix Tables 76 and 77).

Adjudication has been decreasing. For delinquents, the percentage of cases adjudicated fell from 47% in 1965-66 to 23% in 1973-74 (Appendix Table 76). For PINS, the decrease over the same period was from 74% to 35% (Appendix Table 77). Adjudication is thus more likely for a child categorized as a PINS than for a delinquent.

Those who favor the decreasing adjudication trends do so, in part, because they doubt the value of court action in any case. Others note the

Fig. 1: Percent of Petitions Adjudicated, for PINS and Juvenile Delinquency Petitions, N.Y.C. 1965/66-1973/74



Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administration Board.

substantial pre-petition filtering and ask whether or not the process is supposed to protect children and community and to initiate help.

Disposition: Probation Without Placement

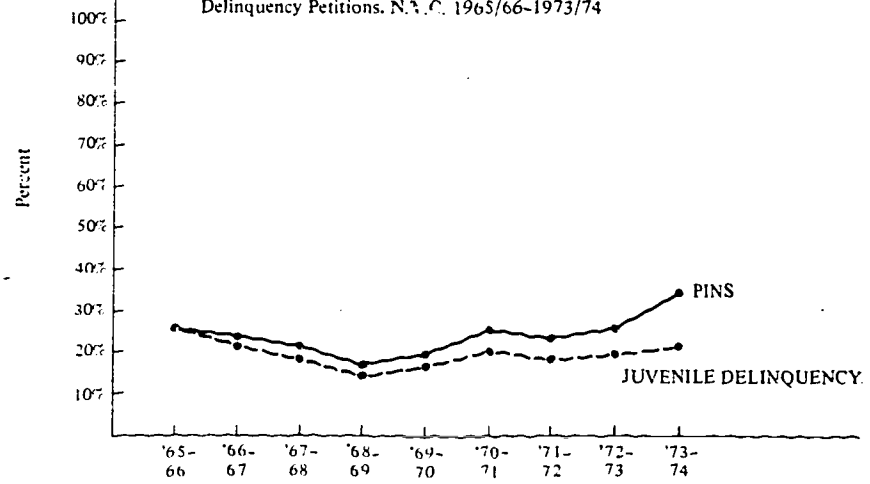
Probation is one way of keeping a child under supervision without removing him from home and community. It has been used over the years for approximately one-third of adjudicated male PINS, for less than a third of the females, for slightly less than half of adjudicated male delinquents, and between 6% and 3.9% of female delinquents (Appendix Table 78). The value of probation is questioned by many who are concerned with the needs of children. Staff cuts have depleted the Division of Probation.[5] Standards for probation supervision often were not met even before the budget crisis.[6]

Disposition: Placement

Only a small minority of adjudicated children are actually placed in any kind of residential program (Figure 2 and Appendix Tables 76 and 77). The delinquency-PINS comparison are startling: In 1973-74, 22% of adjudicated delinquents or 5% of alleged delinquents not screened out by court intake were actually placed in residential facilities, open or secure, public or private. For PINS the totals were 33% of adjudicated PINS or 12% of alleged PINS. The nine-year period from 1965 to 1973 saw a decline of placement in both groups, but especially among delinquents if one relates placement to the petition totals.

Clearly, if placement is considered punitive, PINS children have far less

Fig. 2: Percent Placed of Adjudicated, for PINS and Delinquency Petitions, N.Y.C. 1965/66-1973/74



Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administrative Board.

[5]See Chapter 13: Budgets for Children.

[6]An audit report on the Executive Department, Division of Probation issued June, 1974 by the Office of the Comptroller of the State of New York, showed that the State-required bi-weekly office visits happened in only 19.5% of the cases studied; the required monthly home visit by the probation officer took place in only 20%. While maximum probation for juvenile delinquents is 2 years, most cases were "relieved from operating status" after one year or less.

legal protection and are treated far more punitively than are delinquents. It is a reasonable hypothesis that the decrease in placement of delinquents over the years reflects the arrival of law guardians who are opponents of institutionalization, as advocates of this group and the national campaign against training schools in favor of "diversion" of delinquents from the juvenile justice system to "community based" treatment. One must ask why that which is desirable for delinquents should be considered less so for PINS and if, indeed, PINS are validly institutionalized.

The types of placement include: State Division for Youth training schools (Title III facilities), whose population in New York State has decreased from 1,697 in July, 1971, (when the Division took over the schools from the State Department of Social Services) to 799 in July, 1975 (Appendix Table 79); diversified open, small, urban residences, camps, training centers, therapeutic programs, etc. (Title II facilities) with a population about equal to that of the training schools (Appendix Table 80) also operated by the State Division for Youth; and direct placement with voluntary agencies and local social service commissioners for a large number of PINS and a much smaller number of delinquents (Appendix Table 81). City-State differences reflect the larger voluntary role in the City, especially for PINS. Upstate children depend more heavily on the social service department's own programs.

Neither these criteria, access, or resources are uniform state-wide. We do not know who is better off, but think we should find out. The preference system which operates in the City, for example, does not seem equitable: Some judges think—contrary to law—that they must not use public (Youth Division) facilities if there is a voluntary alternative. So for placement of New York City children, voluntary agency resources (most of them sectarian) are exhausted before public facilities are considered. For court placements of PINS and delinquents, the choice is: voluntary agency, then Title II facilities, and finally training schools (Title III) of the State Youth Division.

Indicators of What?

The data are fragmented and are not all pointed in one direction. Looked at over time, there appears to be little relationship between the rising number of incidents of antisocial behavior on the part of New York City's children and the development of mechanisms for handling these children. The system seems to offer scarcely any protection, fairness, or wisdom. Nothing serious happens in relation to most arrests for serious offenses. Delinquents are less likely than PINS to reach institutions. Placement rates do not coincide with community concern. On the one hand, from the perspective of helping young people and known recidivism rates, more commitments are clearly debatable. On the other, the secure placement of youngsters who have committed certain violent crimes and whom the community does not know how to change, is being advocated by responsible groups as a deterrent and for the protection of the community.

An ever-growing number of cases are adjourned and dismissed after increasing delays. Both money and social cost are high. One wonders whether the solutions proposed so far are adequate: these include clearer placement policy, better placement resources, larger staffs, less racial-religious differentiation, and better community treatment. Perhaps a fuller look at the entire system, its policies and operations is needed. The numbers seems to suggest that one cannot try to change one part without affecting the whole and that inconsistencies of philosophy and goals at several points currently undermine the entire effort.

Part II
Reports on Programs—Monitoring Selected Children's Programs.

Introduction: Program Monitoring

Although our indicators of the state of New York City children are limited in scope, they point up areas of concern and highlight problems that warrant further exploration. We recognize that the relationship between inputs (expenditures, staff, and program activities) and outcomes (the welfare or "ill-fare" of chil[illegible]ssarily direct or a simple matter of cause and effect. We recognize that certain of the City's programs and agencies play a significant role in the lives of its children. The monitoring phase of this report was undertaken to gain further insight on how some of these programs and agencies are trying to deal with the problems of children identified in earlier chapters.

We selected three programs for monitoring—child-health stations, the school meal program, and the school attendance system. The first program was selected in the belief that sound health is a basic ingredient of a child's welfare. We looked at school meals because, apart from the negative physical consequences of poor nutrition, hungry children cannot concentrate on learning. School attendance was selected on the theory that if children are not in school, they cannot be expected to learn, and, moreover, while out of school, often are the children most likely to end up in serious trouble. We also include here a brief summary of a monitoring report of a pilot bilingual education program,[1] though it was not prepared specifically for this report. The overall number of Spanish-speaking children in our schools is increasing, and since a large percentage of them are non-English speaking (N.E.), they are not able to participate in regular classroom programs.

We define "program monitoring" as a watchdog function that in these instances was implemented by teams of trained laymen and professionals, members of two major community organizations in New York City.[2] Based on analyses of relevant reports and data assembled by these organizations, monitoring was carried out over a six- to nine-month period, using structured and semi-structured interview guides. Each organization then collected and analyzed the material provided by team members, including their descriptive comments, observations, and reactions, and each prepared a report. What follows in Chapters 9 through 12 is derived from these reports.

[1]By the Community Service Society.
[2]The Citizens' Committee for Children and the Community Council of Greater New York.

9

Child Health Stations: Based on a Monitoring Report By the Citizens' Committee for Children of New York, Inc.

Background

As of December, 1974, there were 72 child-health stations in New York City, all located in low-income areas.[1] These stations comprise the largest network of neighborhood-based, preventive health-care facilities for children in the City. (Most hospital outpatient pediatric clinics do not provide well-baby services.) While the great majority (53) of the stations provide preventive care only, 19 are pediatric treatment centers that also care for sick children. However, in the event that a child is sick at the time of a scheduled visit at one of the preventive-care stations, the physician at the station will prescribe for the child.

There is no fee for any of the services provided in child-health stations or the centers. One-third of all children registered at child-health stations are Medicaid-eligible. The percentage of Medicaid children varies from station to station, from a low of 5% to a high of 65%. Until summer 1975, the Health Department, which operates the stations, was not reimbursed by Medicaid for services provided to Medicaid children; it now collects these fees.

In 1975, the total population under 5 years of age in New York City was estimated by the Health Department at 623,000. About 109,000 (17.5%) of these children were registered in child-health stations, and made over

[1]By September 1, 1975, only 69 were left. The closing of 10 additional child-care stations during the 1975-76 budget year is planned as part of the required cut in the departmental budget.

330,000 visits of which about 41,000 were visits by sick children.[2] About 11,000 additional visits were made by non-registered children.[3]

Child-health stations provide care to just under 20% of the City's children under age 5. While the total number of children registered decreased slightly over the past years (falling 2.0% between 1973 and 1974), visits by sick children increased by 220.3% and those by infants, 11.0%. Part of the decline in the non-infant population may be attributed to the Health Department's upper age limit of 1 year for supplemental food under the federal Women's, Infants' and Children's (W.I.C.) program. In some other health facilities, the upper age limit is 4.

Infants are referred to child-health stations primarily from hospitals or by neighbors or other child-health stations. In many cases, the child-health station appears to be the only source of health care for infants, immediately following birth.

Early and Per Screening, Diagnosis and Treatment Program

Beginning in 1 a new health-care tool with a potential for affecting large numbe en became available through the implementation of a federal child-health program: Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). This program, a 1967 amendment to Title XIX of the Social Security Act, mandates that states receiving Medical Assistance funds provide early and periodic screening, diagnosis and treatment services to all Medicaid-eligible children 0-21 years of age.[4] The responsibility to notify all Medicaid-eligible parents was lodged with the Department of Social Services. In the beginning, the child-health stations were designated as the only approved providers under the specific standards for the EPSDT program; later other providers were used as well.

The City Health Department is responsible for monitoring the stations with regard to the quality and quantity of medical care they offer, their screening procedures, their record-keeping methods, the state of their physical

[2]This number does not include the children who receive preventive care through the Health Department in the early childhood programs in which they are enrolled. Potentially, their number includes 40,000 to 45,000 children.

[3]The difference between registered and non-registered children is that registered children are brought to the health stations at regularly scheduled times, as part of a continuing health-care program. Unregistered children are those who have just moved into the district or who are there only temporarily, and who have not been known previously to the station.

[4]The federal guidelines for the EPSDT program, not issued until June 28, 1972, provide that: (1) at a minimum, screening should include: a health and developmental history (physical and mental); an assessment of physical growth; developmental assessment; inspection for obvious physical defects; ear, nose, mouth and throat inspection (including inspection of teeth and gums); screening tests for cardiac abnormalities, anemia, sickle cell trait, lead poisoning, tuberculosis, diabetes, infections and other urinary tract conditions; and assessment of nutritional status and immunization status. An assessment of this nature is necessary to identify individuals with potential or apparent physical or mental health and development problems requiring diagnosis and, possibly, treatment. (2) diagnostic services must be provided when needed. (3) treatment and provision of eyeglasses, hearing aids, dental services must be given when needed. Guidelines also require an outreach (case finding) program and the development of a "Health Care History" for each eligible child.

There has been considerable criticism of the operation of the EPSDT Program, both nationally and in New York City. Critics have pointed out that the implementation has been spotty at best—even for the priority population, the preschool group. It has been limited primarily to (often inadequate) screening without follow-up, diagnosis and treatment, and has thus created the impression of a child-health service, where none exists.

facilities, the competence of their staffs, the frequency with which they refer children to approved treatment resources, and the nature of the follow-up that exists on cases referred.

The Monitors' Report

The goal of the monitoring effort of the Citizens' Committee for Children was to assess in a general way the effectiveness of the services provided by the child-health stations, and to examine in particular, the implementation of the EPSDT Program at the stations. To do this, the monitoring project staff (together with Health Department staff) visited 12 stations and compared their observations and impressions with the reports on the stations issued by the City Health Department.[5]

Fragmentation and Uneven Quality of Care

The first finding of the monitors was that although the child-health stations were performing an important function for many pre-school children, most could not provide total health care. The major deficiency identified by monitors was the fact that most of the stations could offer [illegible]are so that parents were forced to take their children elsewhere when they were ill. This, at best, resulted in fragmentation of care and more often in neglect of child-health needs. The monitors also noted that the 9 A.M. to 5 P.M. weekday schedule of the stations makes them accessible for working parents only by loss of a work day. Since most hospital outpatient pediatric clinics operate on a similar schedule, parents increasingly tend to rely on hospital emergency rooms, which are open on a 24-hour basis, for all the health care of the children—not only for emergency care.

Uneven performance among stations seemed to be related to the staffing stituation. The monitors found the number and type of staff varying greatly from station to station. A full staff includes physician, public health nurse, public health assistant and [illegible]ally, pediatric nurse associates. In some health stations 2 or 3 physicians were on duty on the day of the visit, whereas in others no physician was available in the afternoon. Staff, particularly physicians, sometimes arrive late and leave before the 2½-hour scheduled sessions have ended. Turnover in public health aides is high, and their qualifications vary greatly.

Atmosphere and Administration of the Stations

The general atmosphere and management of the stations differ enormously. Some function smoothly and efficiently in a friendly and relaxed atmosphere. Others are noisy and disorganized with patients waiting for

[5]From November 19, 1974 to February 26, 1975. 21 monitors, including 19 volunteer public health, child-health and children's services experts, laymen and 2 staff members from CCC, made 17 visits to 12 child-health stations in 4 pre-selected areas of New York City together with New York City Department of Health Auditing staff. Six of these stations were pediatric treatment centers. The total register of the 12 stations was 25,396 of whom 5,078 were infants (under 1). Each visit included: interviews with parents or other adults accompanying children for health care and with supervisory personnel; observations of the physical plant, client amenities, and general management; selective review of client records. The analysis covered in this report is based on data collected by both the CCC monitoring teams and the Department of Health evaluative personnel in the course of the joint monitoring activity.

long hours in crowded waiting rooms, and a considerable amount of confusion is apparent. In still others the monitors found no patients and no activity, whatsoever. Station staff blamed the many broken appointments (due to bad weather, family crises, conflicting appointments or other reasons) for this situation. Broken appointments average approximately 40%, even for the pediatric centers. On the days the centers were visited, broken appointments ranged from 14% to 66%. A block appointment system[6] is used at most stations and sometimes patient flow is constant, but it often results in long waits for the patient to see staff. The inadequacy of scheduling in some stations is evidenced by the fact there are often times when there are no clients for scheduled staff to attend or, conversely, no staff to see waiting patients.

Facilities

Monitors reported inadequate space in many stations—particularly in the store-front clinics—for administering vision and audiometric tests. Many stations are located at busy intersections where noise levels make it difficult to administer and record screening test results. Well and sick children may be examined in the same room, and there is rarely adequate privacy for an intimate discussion between the parent and the staff member. Three-quarters of the stations have no play areas for children to use while they are waiting to be seen, or while parents confer with staff. Play equipment and toys are either lacking or in poor condition. Several stations lacked baby-weighing scales with adequate calibration, diagnostic lamps, glass beakers for biologicals, etc. While stations are, for the most part, moderately clean, the client bathrooms in some stations are without locks, toilet paper, towels, and soap, and are badly in need of repair.

Administrative Management

Monitors recorded situations for which weak administrative management seemed responsible. The major deficiency noted was that the 3-month reminder cards are available in only about half of the stations and even there are not being used at all. Audiometric screening worksheets were missing in more than one-third of the stations.

Monitors found that some districts and individual stations are visited fairly frequently and on a regular basis by regional health directors, district officers, and district managers; others receive much less supervision.

[6] If the clinic session from 9 to 11:30 A.M., either all patients are asked to come at 9 A.M., or some proportion are asked to come at 9:00, 9:30, 10:00, etc.

Referrals and Record-keeping

Monitors noted a failure in most stations to maintain an up-dated list of approved specialty clinics for diagnosis and treatment.[7] Two stations could not find their lists at all; another one located it only after a long search. Thus, appropriate referrals are difficult or impossible to make. There was weak or non-existent follow-up of referrals to treatment facilities, in addition to failure on the part of many treatment facilities, particularly municipal hospitals, to return completed follow-up forms. This results in a lack of any real documentation as to how many children received what kinds of services, and where they received them.

The monitors selected for extensive review a random sample of patient records during each site visit. These reviews confirmed that the stations are putting the EPSDT Program into effect, but that the quality of screening provided by individual stations is uneven. Full hearing and vision screening was generally inadequate as were dental screening, and height, weight, and development assessment. Record-keeping is sloppy, obscuring the extent to which the screening procedures have been implemented. For example, in 4 stations, immunization records were incomplete. In ten out of twelve stations, vision records were less than 50% complete. No station had complete medical histories of all the children served, and in eight of the twelve stations visited, less than 50% of these records were completed.

Information about Hispanic families was particularly inadequate. The monitors noted that there were few staff available to serve the large numbers of parents who cannot speak English. Appropriate forms for non-English speaking families were not available in more than one-third of the stations visited. As a result, in some cases, no history is taken of the child; in others, other parents have to assist in the process, making privacy impossible. One must question the effectiveness of conferences with nurses and instructions from doctors in a language parents do not understand.

Staff Satisfaction

Staff members of the stations expressed satisfaction with the EPSDT Program, stating that it facilitates improved assessment of the health status of the individual child. Staff noted, however, that problems such as a shortage of laboratory technicians and supporting personnel, the frequency of missed appointments and parental unwillingness to use certain health resources as back-up services (possibly because access is difficult, service poor and often delayed) were constant.

[7]Each station is required to maintain the Bureau for Handicapped Children's list of approved centers for diagnosis and treatment of specific chronic conditions.

Parent Reactions

Rapport between parents and child-health station personnel, including the receptionist, public health assistants, nurses and physicians appears to be very good, with few exceptions. Clients are treated courteously and there is a friendly atmosphere in most stations. In one clinic, however, aides appeared to be quite indifferent to the patients.

Although most parents[8] said they were pleased with the care provided their children, about 12% of the interviewed parents had suggestions for improving their clinic. There were complaints about long waits to see physicians and other health-care staff and about the inadequacy of health-care resources for older children. Parents had a sense of continuity with the station itself and with the individual staff members at the station although they rarely telephone the station for advice, often because they do not know the name of any particular individual at the station and have no expectation of anyone's remembering them from one visit to the next.

Conclusions and Recommendations

(1) The monitors reported great unevenness of performance among the stations. Until there is staff in a central office to audit the stations on a regular basis and put needed changes into effect, there is little likelihood that improvements will be made.

(2) Although EPSDT has added to the services of child-health stations, it has contributed only a small part of what it could contribute if all the mandated screening procedures were implemented. The greatest gaps were found in vision, audiology, and dental screening, and in height, weight, and developmental assessment. It is, therefore, important that procedures be improved and that staffs of the stations be directed to implement the full program for all eligible children.

(3) More attention to record-keeping is essential to assess what procedures have been completed.

(4) Because referral and follow-up are so inadequate, monitors were unable to ascertain whether or not children were actually receiving a competent diagnosis and treatment from the back-up centers to which they were referred. Monitoring of this aspect of the program is needed.

(5) More Spanish-speaking staff, language-training of existing staff, and hiring of translators are needed.

(6) The current fiscal crisis of the City has led to cutbacks in staffs that were already inadequate for carrying out screening, counselling, and follow-up. The monitors expressed particular concern about the consequences of these cutbacks on the health care of the City's children.

(7) Consideration should be given as to whether child-health stations should be continued as preventive centers only, or whether there is not greater need for a comprehensive coverage service for both well and sick children.

[8]The children were usually accompanied by their mothers. Of a total of 80 interviews, only 6 of the adults accompanying the children were not their mothers.

10

School Attendance: Based on a Monitoring Report by the Community Council of Greater New York

Background

School for the young is what employment is for the adult—the primary environment outside of the family and the critical arena for assessing daily functioning. Attending school is the very foundation of preparation for adult life. Although attending school may not be the only way to acquire an education, it is the only way to get that education certified. For most children the likelihood of learning outside of school the basic skills necessary for adequate functioning and for securing and holding a decent job is negligible.

In 1974, the taxpayers provided the Board of Education with $2.8 billion with which to operate the largest school system in the country, a system designed to educate over one million children. While dollars do not guarantee results, the school budget is an investment in the expectation that schools will make every effort to provide the kind of educational environment that motivates children to learn. In order to learn, however,

children must be available for learning and the effort to make the largest possible number of children attend school regularly becomes the indispensable first step in the process of education. Moreover, the New York State Compulsory Education Law mandates that children be in school until age 17 or high school graduation.

The chancellor of the Board of Education reported that in 1973-74, 17.7% of public school enrollment, or approximately 195,000 children were out of school each day. Other estimates of non-attendance are much higher. These figures force us to look for the reasons why so many New York City children are not in school.

The Children's Services Monitoring Committee of the Community Council of Greater New York has attempted to uncover the reasons by studying the attendance system of the City's public schools. The Committee, composed of volunteers with experience in teaching, school policy development, and general children's services, developed and put into effect a plan for monitoring the system that included questionnaires and visits to 51 schools and 8 district offices, and extensive interviews with approximately 165 school and community district personnel in the 5 boroughs of New York City[1].

The School Attendance Program

The high school attendance program is operated by the central Board of Education. The attendance program for elementary and junior high schools was decentralized in 1970 and since that time each of the 32 community school districts has run its own attendance system. Each school-district board decides on how much of its budget to allocate to attendance staff, i.e., how many attendance teachers to hire and where to assign them, and oversees the implementation of the State Compulsory Education Law.

The procedures required by the Board of Education in compliance with the compulsory education law are as follows:

(1) The classroom teacher must take attendance in the morning and possibly in the afternoon.

(2) An aide is assigned to collect the attendance lists and to send postcards or letters to the parents of children who are absent from 1 to 4 days, informing the parents of the absence and requesting a response.

[1]Monitoring was carried out during May and June of 1975. Questionnaires were sent to all 32 Community School Districts, requesting basic information on attendance services in the district and requesting permission to visit three schools (an intermediate or junior high school and two of its feeder elementary schools) in each district. Two districts refused to provide the information requested and four refused permission for visits. Of the remaining 28, 14 were selected for visiting because they provided a range of geographic, economic, and ethnic factors, and attendance records. 38 schools were visited in these districts. In addition, two high schools in each borough (selected by the High School Division of the Central Board of Education) and three high schools selected by the Committee to broaden the sample were also visited.

Monitoring procedures consisted of direct observation and interviews during school visits, district office visits and visits to the Bureau of Attendance. Each monitor spoke to several kinds of school personnel including: principals, assistant principals, aides, attendance teachers, classroom teachers, and others. The results of the 30 completed district office questionnaires, the eight district visits, the 51 school visits and interviews with about 165 personnel were discussed by Committee members, analyzed and reviewed. This report represents a summary of their findings and reflects the work of the Committee as well as the cooperation of the officials and staff of the Community School Districts, the High School Division, the Bureau of Attendance, and the various schools visited.

(3) An aide is also required to make out an Attendance Teacher Referral Form (407) on each child absent 5 days or more without an excuse.
(4) The attendance teacher is to follow up each 407 with a call or a home visit to determine the cause of absence and then report back to the school.
(5) The attendance teacher may give counselling for the family and child to members of the pupil personnel team (for example, an educational and vocational counselor), the Bureau of Child Guidance, or outside sources of help.
(6) The assistant principal is expected to review each class rollbook (the official document that records attendance) to insure that all children are being properly counted. In addition, other staff members of the school may be involved in reporting on the child's attendance problems.

School districts and individual schools are expected to implement these procedures no matter how many or how few attendance teachers they employ, or where they are located.

The Monitors' Report

Attendance varies from district to district and school to school—and from month to month. The percentage is lowest in the high schools. Of the 13 high schools visited, attendance for January, 1974,[2] for example, ranged from 70.1% in Aviation Vocational High School to 31.2% in Benjamin Franklin High School. For the same month, reported attendance for the elementary and junior high schools visited ranged from 91.5% to 77.5%.

Of the 30 (out of 32) districts reporting on personnel satisfaction with their attendance system, 12 (40%) were satisfied and 18 (60%) were not.[3] This satisfaction with the attendance system was not a direct function of actual attendance rates. Attendance in some districts where staff were reportedly satisfied with their current system was poorer than in some where staff were dissatisfied. Neither was satisfaction directly related to the number of attendance personnel employed in the district. Districts with higher achievement rates (as measured by reading achievement levels) did, in general, have higher attendance rates.

The numbers of professional attendance staff[4] employed ranged from one supervisor and one attendance teacher in one district (where the attendance average was 86.5%) to one supervisor and 17 attendance teachers in another (where the average attendance was 87.5%). However, districts with the largest attendance staffs are not necessarily those with the highest rates of attendance. The number of 407 forms filled out monthly varied greatly from district to district, ranging from 250 to 2,391.

[2]January tends to be a month with poor attendance, especially for high schools. Elementary and junior high schools sometimes report lower attendance for other months.
[3]As reported on Community Council of Greater New York, Inc., "Questionnaire to Community School Districts on Attendance," April, 1975.
[4]As reported on the "Questionnaire to Community School Districts on Attendance," April, 1975.

Usually an elementary, intermediate or junior high school has an attendance teacher assigned on either a part-time or full-time basis, and one or more school aides assigned to attendance duties. Various other school personnel may be assigned to deal with attendance problems as needed. (These may include attendance coordinators, assistant principals, guidance personnel, etc.). Since attendance problems are often more severe on the intermediate or junior high level than in elementary schools, there are usually more people dealing with attendance issues for longer periods of time at those levels.

No matter how districts felt about their attendance programs, or how large the attendance staff, the monitors did not find even one school in which the attendance procedures were operating in the manner required by the Board of Education.

Elementary and Junior High Schools

In visits to 38 elementary, intermediate, and junior high schools, the monitors found that:

(1) The schools visited reported that absence without an excuse was an increasingly serious problem. Many schools had difficulty in carrying out even the most basic mechanical processes to encourage attendance of their students.

(a) The reviewing of rollbooks varied greatly. In some schools, rollbooks are reviewed daily or weekly as part of the regular attendance procedure. In cases where rollbook review was a separate function assigned to the assistant principal or other administrator, as required in the Board of Education procedure, review seldom was made. The consequence of not reviewing rollbooks may be that students are not counted as absent, postcards are not sent, and reports are not made out. Thus, there is no clear mechanism for identifying the absent child and for returning him to school. Most schools send postcards informing parents of their child's absence but they receive few responses. Responses to letters were reported to be higher. The few schools that regularly made telephone calls to parents rather than sending postcards or letters reported the best response.

(b) Most schools reported that time limitations of the staff precluded making out 407's for every 5-day absence as required. Some teachers stated that they chose children for referral on a selective basis—making 407's out on "potential truants" (defined as students who were experimenting with truancy and who could, in some cases, be helped by preventive efforts), "chronic truants" (completely out of school or so far into the truancy pattern that efforts by attendance personnel could not keep them in school), or those whose parents had shown concern. Others might choose those without emotional problems, or possibly the worst cases. In some schools, attendance teachers or aides exercised their own discretion in choosing children for referral. In one school, 407's were sent only as indicated by the principal.

(c) Many schools ignored truants; in others, school staff said that they dealt with truant children by arranging conferences, referring students to other sources of help, and/or developing special classes or programs. In some schools, children with attendance problems could change classes or rearrange their schedules to try to improve their school experience. In others, however, no effort was made by school administrators to fulfill the children's requests for changes.

(d) None of the schools had special programs to help children after long absences. While they are not usually held back on the basis of non-attendance alone, promotion is withheld for low achievement or low achievement combined with absence. Several staff members interviewed said that they did not believe in holding back a child because of prolonged absence, because to do so would induce peer scorn and not help the child. One school official said the school could not hold back anyone in a certain grade this year because it would be over-enrolled in that grade the next year if it did so.

(2) Almost every school visited reported a serious problem with children who were repeatedly late to school, and most intermediate and junior high schools reported many children who regularly cut classes.

(3) Some school personnel who dealt with attendance suggested that children who were "illegally" (without an acceptable excuse) out of school had complex problems that led to poor attendance or complete non-attendance. The problems most often cited were: difficulty in adjusting to school, academic failures, dissatisfaction with school programs, family responsibilities such as caring for younger siblings or interpreting for a parent who did not speak English, and lack of money for school clothing or supplies.

(4) School staffs described themselves as unable to deal effectively with the absentee problem not only because they were understaffed, but also because they had too few available social services. The school staff who said that they did not have a serious problem with non-attendance described themselves as having high parent participation, motivated students, and flexible programming and curricula.

(5) Almost every staff member interviewed felt that children stayed away from school because they placed a low priority on education and did not meet the requirements for success in school. Supervising personnel repeatedly said that parents had not given their children the proper background and training and that children neither cared about school, nor respected teachers, nor tried to make the best of the school situation. Only a few staff said that they felt that the schools were not fulfilling their responsibility to educate the children in their care. More often, the monitors heard officials express attitudes of hostility and indifference, projecting the blame for failure on the children.

High Schools

Attendance problems are even more severe in the high schools. In visits to 13 high schools the monitors found that:

(1) Like elementary and junior high schools, they did not usually follow recommended attendance procedures; each high school developed its own priorities and methods of operation.
(2) High school personnel interviewed also felt that truancy was caused by the inability of the child to fit into the school program. The school was not seen as failing in its responsibility to educate children.
(3) Lateness was such a large problem in some schools that there was a staff member assigned to coordinate late slips or passes. In some instances the school counted a number of late days toward a whole absence. Some schools did find they could cut down on lateness by beginning special classes at 8 A.M. rather than 7 A.M., or by unlocking school doors so that different ends of the school building were accessible to arriving children.
(4) As in elementary and junior high schools, school personnel reported that they did not have enough staff to deal with all the children who were absent. However, monitors found that where attendance is seen as having a high priority, staff schedules were rearranged to provide time to deal with truants. The monitors felt that if average school attendance were 46% as in the case of Benjamin Franklin High School last year, it might make sense to take staff out of the classroom and assign them to help return children to school.
(5) All 13 high schools visited used age 17 and over discharges to clear their registers of children who never show up in school. The "no shows" over 17 years of age were sent letters informing them that they would be dropped from the register even though this could be done legally only after a parent interview. Parents of students receiving such a letter from school often did not have an opportunity to come to school to discuss the discharge. In a number of situations reported, students who had not been attending school regularly were given an automatic discharge if no reply was received to a school notification letter. Monitors felt this illegal use of the age-17-and-over discharge reflected the school's attitude that truants—especially in high schools—are not the school's responsibility.

Conclusions and Recommendations

Monitors were surprised and shocked by the attitudes expressed by many school staff when talking about the children in their charge. They recommended that:
(1) A change in attitude and in the basic philosophy underlying attendance procedures is needed. Every school official should believe that *all* children belong in school and that *all* have the right to the best possible education available, at least until graduation from high school. This attitude must originate with the Board of Education and be communicated to every school staff member in every school in New York City.

(2) Financial incentives are needed to improve attendance. At present, although state aid-to-education is based on attendance, the Board of Education apportions tax-levy funds (a mixture of state and city revenues) largely on the basis of enrollment. Neither a district nor a high school has any financial reason, therefore, to reach out to non-attending children. The chancellor should set up an *ad hoc* task force composed of knowledgeable and concerned people to determine the appropriate financial incentives to improve school attendance. The task force should make its recommendations public after a study period of no more than 6 months, and the New York City Board of Education should consider them for implementation.

(3) Educational incentives to improve attendance are needed. Schools should provide flexible curricula and staff schedules to meet the diverse needs of different children, especially children who are returning to school after an extended period of absence.

Schools should provide bilingual teaching for children who have a native language other than English, and should make special provisions for children with physical or mental handicaps. Both the community school districts and the high school division should allocate some percentage of their funds to resource programs, such as learning centers or on-site alternative programs, in an effort to find both the financial and pedagogical means of breaking away from the current system of the traditional classroom setting that is failing so many children.

(4) The concept of the pupil personnel team, including all staff who serve children in a "helping" capacity, should be developed further so that each member of the team uses his or her resources most effectively. Community school districts and the division of high schools should establish staff functions as follows:

(a) Classroom teachers should be made responsible for the attendance of each child in the class. Teachers should spend some portion of their time in following up the absence of their students. Indeed, attendance results should be considered as part of a teacher's performance evaluation.

(b) Paraprofessionals—especially local community residents—should continue to perform all of the clerical duties pertaining to attendance within the schools. They should also be given another function: that of making home visits to speak to parents and children and encouraging children to return to school.

(c) The professional attendance teacher should act as an advocate for children, provide in-depth casework services as part of the pupil personnel team, and supervise the paraprofessionals in their clerical and visiting duties.

(d) School principals should have the responsibility of ensuring that children attend school. They should be held directly accountable, along with the attendance personnel, for each child's attendance. As a part of their responsibility, principals should open the schools to parents by encouraging parent participation in educational decision-making, instructing staff to include parent participation in the classroom, and instituting an active parent-outreach program.

(5) It is the chancellor's responsibility to ensure that effective attendance procedures are operating in every school. During the course of their school visits the monitors saw many effective ideas in practice and some experimental programs that are achieving results.

For instance, the Special Learning Disabilities Program in District 17 uses a special classroom and team approach to provide services for children with learning deficiencies and high absenteeism. The team approach in District 17 has been very successful because it deals with all the problems that can prevent a child from using his educational opportunities.

It is essential that efforts of this kind be recognized and that information about them be made available to the staff of other schools. The New York City Board of Education and the State Education Department should monitor attendance procedures in New York City schools, both to give recognition to the effective efforts of some schools and to provide an impetus for change to those schools that are not functioning effectively at present.

Beyond these specific recommendations on attendance, the monitors noted that the poor quality of teaching, the rigid curriculum, and the run-down physical surroundings in many schools were underlying and pervasive causes of truancy. Too often, the reality of being in school entails studying in a dilapidated building with dissatisfied teachers, boring classes, and having to face the probability of being labeled "bad" or "dumb" if you do not like what is going on. Until children know that schools are run for children, the monitors felt that non-attendance would continue to be a major problem.

11

School Meals: Based on a Monitoring Report of the Community Council of Greater New York

Lunch and Breakfast Programs

More than one million (1,100,224) children are enrolled in public elementary, junior high, and high schools in New York City (1974-75) and almost half are from families with incomes at or below federal poverty levels. Hunger and malnutrition are realities for many of these children. Even where they may not be, haphazard eating habits and inadequate knowledge about, and exposure to, nutritionally balanced meals make it increasingly important that food programs designed and established to assure adequate nutrition reach the children eligible for them in the most effective way.

Background: National School Lunch Program

The National School Lunch Program established by the National School Lunch Act of 1946, provides free, reduced-price (20¢) or full-price (50¢ in elementary and junior high schools, 55-60¢ in high schools) lunches to children in any public or non-profit private school that elects to participate in the program. Eligibility for free and reduced-price lunches is determined by family income and size. $6,260 is the maximum income for a family of four for free lunches, and the maximum for reduced-price lunches is an income of 175%[1] of the poverty level, or $9,770 for a family of four. The United States Department of Agriculture (USDA) administers the program at the federal level. At the state level, the State Department of Education, and at the local level, the Bureau of School Lunches of the Board of Education of New York City are the administrators. Federal regulations prohibit discriminatory procedures against students receiving free or reduced-price lunches.

The New York City Lunch Program is a centrally administered, mass-feeding operation, despite the fact that each community school has the right under the Decentralization Law to run its own program. In 1972, however, when the law went into effect, District 2 had to sue the Board of Education to force it to comply with the law. Today, every community school district except District 2 uses the centralized Bureau of School Lunches rather than administering its own lunch program.

Precise New York City expenditure figures are not available, but the total budget for fiscal year 1975 for the Bureau of School Lunches (which is also includes the Special Milk Program[2]) was over $110 million. Federal funds made up the major portion (69%), while state funds comprised approximately 2% ($2.2 million), and city funds 29%, or $32 million.

Background: National School Breakfast Program

Established under the Child Nutrition Act of 1966, the National School Breakfast Program is designed to provide nutritious breakfasts to school children at no cost, at a reduced price, or at full price, with eligibility determined on the same basis as that of the School Lunch Program. Any public or non-profit school (including pre-kindergarten and Head Start Programs operated in the schools) is eligible. Like the School Lunch Program, the School Breakfast Program is administered at the federal level by the USDA and at the state level by the State Department of Education. At the local level, however, it is run by the community school districts. No breakfasts are served in the high schools, though some are considering a breakfast program. Again, as in the case of the lunch program, discrimination against free or reduced-price meal recipients is prohibited.

Estimated expenditures for the School Breakfast Program in 1974-75 were about $4.5 million in New York City. Federal and state monies provide total financing for the program.

[1]Increased to 180% in Federal legislation passed in October, 1975.
[2]Under this Program, federal subsidies are available to elementary schools that serve mid-morning milk and cookies.

The Monitors' Report[3]

In March, 1975 in New York City, there were 1,292 schools and institutions serving an average of 537,359 daily meals. 90% of these meals were free; the remainder full price. Until the end of 1975, New York City had no reduced-price school meal program. It is currently being introduced in response to federal legislation that mandates it. About 57% of the children registered in elementary and junior high schools are eligible for free meals.[4] Of these, 87% participate in the School Lunch Program. If reduced-price meals were available, the monitors estimated that based on 1970 Census data, at least 250,000 additional children would be eligible for them.

As of June 19[illegible] the 32 community school districts served an average of 63,838 daily breakfasts in 365 schools. Only 13% of the eligible children in New York City received free breakfasts. At least 400,000 others who now eat a free lunch are eligible for a free breakfast, but are not being served. In addition to not having a reduced-price breakfast program, New York City has no full-priced breakfast program. The monitors estimated that by not fully using these programs in 1975, New York City was deprived of approximately $25 million in federal and state funds. They placed failure to expand the program primarily on the Board of Education, which has not encouraged participation in the program by community district boards and schools.

In October, 1975, the Federal Nutrition Act was passed by Congress, overwhelmingly overriding a Presidential veto. The Act requires all schools to offer reduced-price meals to eligible students and raises the eligibility level for such meals from the present 175% of the poverty level to 180%. The Act also requires that the breakfast program be extended to "all schools where it is needed to provide adequate nutrition for children in attendance."

Even if this broader coverage were to be put into effect over night, there would remain the major deficiencies in the program identified by the monitors through a combination of direct observation and responses from administrators, service workers, and children. The specific findings of the monitors are set forth below.

[3]The monitors included volunteers with expertise in education, nutrition, research, and children's services. The monitoring plan included visits to schools, formal and informal reports on the visits, and mailed questionnaires to 8,000 lunchroom workers.

During March, 1975, the monitors visited 18 public elementary schools and 6 junior high schools in 9 community school districts. Thirteen districts had been selected for an economic, ethnic, and geographic distribution; 3 districts refused permission for visits, and a fourth finally gave permission after the time selected for the visits had ended. The monitors also visited 3 parochial schools and 3 high schools. The visits included observation of the lunchroom and cooking facilities during 14 breakfast and 30 lunch periods. During the visits, monitors talked with school principals, administrative staff, teachers, aides, lunchroom workers, and children. Representatives of District Council 37's local 372 (the Paraprofessional School Employees' Union, comprising 98% of all lunchroom workers) accompanied the monitors on their school visits.

There were 1,322 completed questionnaires returned to the monitoring committee. Although the Bureau of School Lunches objected to the questionnaire and went so far as to instruct supervisors to collect uncompleted copies of it from their workers, the union was able to override these objections. Because of the controversy surrounding the questionnaire, however, the monitors felt that some caution should be used in interpreting the information obtained from it. Workers who responded may have been hesitant to express negative opinions, and their responses may be biased by this reluctance.

[4]About 30% of the high school students are eligible. Eligibility for the total school register is 49%.

Program Administration

The monitors found that centralized food distribution is not necessarily the cheapest or most efficient way of getting food to children in school. Monitors observed during visits to schools that food purchased in bulk through the Bureau of School Lunches frequently was more expensive than it would have been at a local market. For instance, chicken bought through the Bureau was 67¢ a pound, while the price at the local market was 47¢. In addition, school officials complained that the Bureau often paid for larger portions than were ordered or could be used.

Quality of Meals

In general, the monitors were dissatisfied with both the appearance and the taste of the food served in these programs. They rated the food in only 3 of the 14 breakfast programs and 12 of the 30 lunch programs visited as "appetizing in appearance;" the food in 4 breakfast and 10 lunch programs looked good. They observed greenish hot dogs and tasted cloyingly sweet baked beans, unidentifiable mixtures of rice and meat, stale rolls, soggy vegetables and other unappetizing dishes. Most of the lunch programs, and almost all the breakfast programs offered no choice of food. Some monitors reported overly small portions for older children, although when the meal is disliked, even small portions may remain uneaten.

Menu Planning and Distribution

Schools do not distribute menus regularly or widely. Neither parents nor children know the menus in advance, nor are they consulted in menu planning even though the parents have requested it in some schools. The monitors noted that in one school on the Lower East Side, parents are involved in menu planning with the result that the school is serving appetizing and nutritious meals. No provisions are made for special dietary needs or preferences. Although lunchroom workers said they frequently knew children's preferences, such as extra peanut butter with a meal-pack or frozen meat loaf instead of sauerkraut, which the children will not eat; one extra slice of bread so children can make sandwiches, they were unable to influence menu planning to reflect them.

[5]There are now four types of food service used in school lunchrooms; (1) *Meal-pack food service.* These are frozen meals which are heated and re-constituted in large ovens. They are packaged in aluminum trays and served with one-half pint of milk, bread and a small cup of canned fruit dessert. Meal-pack has been used in elementary schools. Food quantity does not vary according to age or size of the child and very little variety of foods is offered. (2) *Convenience food service.* These are bulk frozen foods (delivered in 40 or 50 portion units), which are warmed and served on separate trays. This provides for some variation of portions and types of food. (3) *Cafeteria food service.* These are usually found in junior high or high schools and usually offer a choice of foods from a fully equipped kitchen. There is often a dietician stationed in the school who personally supervises the food served. (4) *Basic food service.* Soup and sandwich kitchens used to have food delivered to them from a central kitchen. Now they make sandwiches and heat soup or other foods on a small three-burner stove. Many basic kitchens are being replaced with meal-pack services.

Lunchroom Atmosphere

Many schools are ill-equipped to feed large numbers of children. Lunchrooms are small and lunch sometimes is served in shifts from 10A.M. to 2P.M. The monitors found many lunchrooms very crowded and in more than half of the schools visited, children eat with their coats on and books in their laps. Times for meals and times for recreation are not separated in most schools with the result that in some lunchrooms, children rush through their food or skip it entirely so that they will have an extra few minutes to play or talk. In other schools, administrators lock students in the dining room for lunch hour. This means that there is an almost constant din, as children who have finished lunch, play and talk, making the atmosphere extremely noisy and unsettled for those still eating.

There is a significant amount of waste, and several schools were described as having an insufficient number of garbage cans. Tables and floors, and the areas around the garbage cans, were often strewn with leftover food.

Separation of Free-Lunch Recipients from Other Students

There was evidence that children who receive free lunches and those who pay for lunch or bring their own were separated. Of the schools visited that served both free and paid lunches, half separated non-paying children by maintaining different waiting lines, or separate tables, and/or by the use of tickets instead of money.

Recommendations

To make a nutritious breakfast and lunch available to every school child in New York City, the monitors recommend that the following steps be taken:

(1) Both the breakfast and lunch programs should become an integral part of the schools' operations. Advisory committees composed of parents, children, lunchroom staff and community representatives should be established in schools to advise on menu planning and the operation of the programs, and to carry out continuous monitoring of the programs.
(2) The programs should be defined as part of the regular curriculum, with the addition of nutrition education to the curriculum and the participation of children in menu plannning.
(3) The New York State Legislature should guarantee full use of existing federal and state appropriations for school food programs by passing proposed legislation that would mandate a breakfast program in every school that serves lunch and the use of all three payment options for the breakfast programs as well.
(4) The Board of Education should declare expansion of the School Breakfast Program a priority for the next school year.

(5) Each community board without a decentralized food service should be helped and encouraged to make an informed choice whether to operate its own program, use a food-management company, or remain under the aegis of the Bureau of School Lunches.

(6) A major campaign should be undertaken to educate the public at large and school officials in particular about the importance of school-meal programs and their current operating deficiencies.

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Bilingual Pilot Schools[1]

Background

In June, 1974, the Community Service Society (CSS) issued a report on bilingual education in the New York City public schools.[2] After publication of the report, Judge Marvin Frankel of the Federal District Court, Southern District, signed a consent decree on a suit brought by ASPIRA of New York, Inc., et al. against the Board of Education on behalf of Puerto Rican pupils in the City's schools. The decree, issued in the summer of 1974, required the Board of Education to put into effect a bilingual program of instruction along specific guidelines. As a first step, the Board of Education was to designate pilot schools in which to begin a bilingual program in February, 1975. Experience gained in the pilot schools was to be the basis for the full implementation of the program in the fall of 1975.

In light of the decree and the continuing interest of the Community Service Society in the children involved, CSS undertook, in the spring of 1975, to monitor the bilingual program in the pilot schools.

[1] As indicated earlier, this report was not prepared especially for the State of the Child Report. "Report on Bilingual Pilot Schools in New York City" was released by Community Service Society in September 1975. We include an abstract in our monitoring reports because we wish to draw attention to the 56% among our public school children who will be automatically excluded from education without a special bilingual program.

[2] A Study of Programs for Pupils with English Language Difficulty in New York City Public Schools.

The Population Involved

Puerto Rican and other Hispanic pupils in 1974 made up about 28% of the 1,100,224 elementary, junior high, and high school population in New York City. Almost 5%[3] of all students in grades 2 through 9 in New York City are excluded each year from taking standard city-wide reading and mathematics examinations because of their inability to understand English. The overwhelming majority (over 80%) of non-English-speaking students are Puerto Rican. Although the Puerto Rican influx to the City seems to have stopped, large numbers of South Americans are migrating to New York and other large cities, adding to the volume of Spanish-speaking students.

The Bilingual Program

In February, 1975, the chancellor of the Board of Education designated 40 elementary, junior high, and high schools as pilot schools. They were to provide a complete bilingual program for all students within the school who had been identified as needing such a program. The consent decree mandated an improved method for accurately and systematically identifying and classifying children who have an "English language deficiency" and for implementing an educational program that would include the following components:

(1) The provision of "meaningful opportunity" for Hispanic children to participate in the educational program that their lack of English might otherwise foreclose."[4]

(2) The identification and placement of children in the program on the basis of valid, well-administered testing instruments.

(3) The development of English-language proficiency to enable children to "participate on an equal basis with English-speaking students."[5] When a child is able to participate effectively in the learning process in English, as determined by an assessment of his language skills, the child is no longer required to receive this program. Further participation may be considered as an educational option should the parent want a continued bilingual program for that child.[6]

(4) The provision of [illegible] bilingual curriculum materials. Books and materials must be appropriate to the curriculum, geared to the proper grade level, and relevant to the child's culture and experience. If there are no such tools available, their development is a primary objective.

(5) Integration of Spanish-speaking with English-speaking pupils and encouragement of effective interaction between these groups.

(6) Parent participation in the program to further the involvement of Spanish-speaking parents in the education of their children.

[3]Constituting from 0.5% to 14.2% of the district school population.
[4]ASPIRA vs. Board of Education, Consent Decree, entered August 29, 1974, p. 5.
[5]Community Service Society of New York, *Report on Bilingual Education, 1974*, p. 9.
[6]N.Y.C. Board of Education, Office of the Chancellor, *Special Circular No. 2, 1975-76*, July 21, 1975, p. 1.

(7) Continuous evaluation. Assessment of the results of different teaching methods and techniques for the purpose of improving the bilingual program.

According to the plan, the pilot schools were to serve as training centers for appropriate staff in other schools and to provide a borough-wide model of how such programs could be planned, developed, and operated so that other schools might learn from their experience and be prepared to put into effect their own program in September, 1975.

The Monitors' Report

The monitoring team visited 17 of the 20 designated schools in Manhattan, the Bronx, Brooklyn, and Queens. A total of 4,280 pupils participated in the bilingual program in these 17 schools, with the numbers in individual schools ranging from 90 to 675.

Selection of Schools for the Program

The monitors found that in most cases, bilingual programs had been established by the pilot schools under other auspices before their selection under the State's program. These schools had obtained funds under Title I and/or Title VII of the Federal Elementary and Secondary Education Act, as well as from State sources. Thus, of the 17 schools visited by the monitoring team, only 2 were actually beginning a bilingual program under the pilot project in February, 1975.

A representative of the Board of Education told the monitoring team that all elementary and junior high schools in each district were notified by their respective community school boards to submit proposals, regardless of the number of Hispanic pupils registered at the school. The Central Office of the Board of Education then reviewed the proposals, and the final decision on the selection of pilot schools was made by the appropriate district superintendent and the chancellor.

The monitors felt that actual criteria for selection of a school seemed to be the presence of a large proportion of Hispanic students, five or more years' prior experience with bilingual programs, and the action of the principal in volunteering his school as a pilot school. In the case of one school visited by the team, the School District Office had directed the school to take part in the pilot program.

In the case of the two schools that had not had previous experience with bilingual education, the criterion for selection seemed to be the majority of Spanish-speaking or Spanish-surname students in the schools.

[1]The "Report on Bilingual Pilot Schools in New York City" was conducted for the Community Service Society by its Committee on Education, whose own members and staff, assisted by bilingual volunteers from other agencies, participated in the monitoring of the bilingual programs in the Pilot Schools. In an orientation session for the monitoring teams, guidelines were formulated to serve as the basis for the observations. A questionnaire was also devised by CSS for use in interviews with staff of the Pilot Schools.

Funding

Some of the schools participating in the program received $35,000; others less. Schools used the money for a variety of purposes, including the expansion of existing facilities; acquisition of additional curricular materials such as books and equipment; the addition of staff for bilingual teaching, including bilingual educational assistants, paraprofessionals for small group instruction, and bilingual guidance counsellors; and in one school, the hiring of a curriculum specialist to work with bilingual teachers to develop materials in Spanish reading, Spanish-language reinforcement, Hispanic history and culture, English as a second language, and materials in Spanish for social studies, science, and mathematics.

Selection of Students

After experimenting with and discarding a testing instrument developed in the fall of 1974, the Office of Educational Evaluation of the Board of Education developed a new test, the Language Assessment Battery, (LAB) first given in May, 1975. Bilingual teachers told the monitoring team that they considered the test (given in both English and Spanish) inadequate in that, for the younger child, (kindergarten through second grade), it measures ability to recognize objects rather than ability to converse in English, and for the balance of the students (grades 3 through 12), it is administered in a group, with the result that individual abilities are difficult to judge. The monitoring team reported its belief that most students were selected for the program according to a teacher's subjective assessment of their English-language deficiency.

A major problem and source of contention has been the identification of the students who should take the test. As the result of a court ruling on a complaint made by ASPIRA, the Spanish LAB is given to all those students scoring in the bottom 20% in the English version of the test. If a student scores below 20% in the Spanish version as well, his scores in the two tests are compared, and if the Spanish score is the higher, he is eligible for the bilingual program.

Using the 20% cutoff point, the Board of Education has estimated that 101,000 students should be tested by the Spanish LAB, 89,000 in elementary and junior high school and 12,000 in high school. At the time the monitoring project took place, results of testing by the Spanish LAB were not yet published, and no information was available on the actual number of students who would be eligible for bilingual classes in September.[8]

[8]According to the Office of Bilingual Education of the Board of Education, enrollment in the bilingual education program as of February 1, 1976 was as follows:

Elementary and junior high schools:		
Receiving all aspects of the program	21,784	
Receiving some aspects of the program	18,392	40,176
High school enrollment		5,551
Total		45,727

Also eligible for the program and receiving *no part* of it were: 10,800 elementary and junior high school students and 1,500 high school students.

Curriculum

The monitors found that current program guides do little more than suggest a daily schedule of a given number of periods, or number of minutes to be devoted to English-as-a-second language or Spanish Language Arts. They observed many structural weaknesses in the curriculum, but also examples of highly imaginative uses of teaching materials in individual schools. There was a paucity of curriculum materials in Spanish for social studies, mathematics, and natural science, with the result that teachers spent considerable time developing supplementary materials, particularly in social studies. The textbooks used were often produced in Spain, Puerto Rico, or South America and were not relevant to social studies in the United States. Texts from Puerto Rico reflected a rural viewpoint that had little relation to the experience of most of the students in the City's schools, and the high school texts, particularly, were too difficult in view of the poor elementary education of most of these students. The monitoring team reported that one high school mathematics teacher had to spend much of his non-teaching time simplifying the presentation of the subject for classroom discussion, as the level of the texts was above the comprehension of most of his students. In some of the schools visited, funds from the pilot program were used to develop educational materials for the school and the entire district.

Despite the inadequacies of curricular materials, the monitors noted that most of the classes reflected careful planning and well-presented topics. The team observed examples of creative teaching, such as the planting of seeds and caring for small animals in the natural sciences class and the incorporation of Puerto Rican culture into the curriculum through studies of art, music, crafts, displays of flags, and the reading of poems and plays written by the students themselves.

With the exception of two schools that appeared to have good English instruction, English-as-a-second language (ESL) was a weak component in the pilot schools. Teachers usually relied on the repetition of English words and phrases by the class, and there was no opportunity for a student to develop conversational skills or the ability to think or conceptualize in English. Because most of the instruction was given to the class or group as a whole, there was little attempt to accommodate different levels of English-speaking ability among individual students.

The monitoring team found, on the other hand, that Spanish instruction was generally of good quality in the schools visited, particularly insofar as grammar, punctuation, reading, and comprehension were concerned. The team observed teachers who used a variety of teaching methods, including attempts to have children write stories to be used as supplementary reading.

One school in the Bronx used funds received from the pilot project to set up a Spanish-language laboratory for students with Spanish or English reading difficulties. A teacher operated the laboratory with the help of two bilingual paraprofessionals and classroom teachers, all of whom developed techniques for overcoming language deficiencies. English reading scores have improved in the school.

Staffing

The monitors found that most of the teachers involved in the program were bilingual and that Spanish was their native language. Some of the schools used English-dominant teachers who were fluent in Spanish. In all but one of the schools visited, the paraprofessionals in the program were also bilingual. The team also found bilingual professional assistants (BPA'S) working with small groups of children. The level of Spanish spoken by most of the staff was rated excellent. Most also spoke excellent English.

One Brooklyn school visited was an exception. Here, the teachers in charge of the program had limited Spanish, and there were no BPA'S or paraprofessionals. The school's administrators told the monitors that the teachers involved would have lost their jobs had they not been assigned to the program.

In most schools, a teacher trained in teaching English as a second language taught English. These schools also used student teachers and interns from local universities. The average class size was 30 students, student-teacher ratio was about 15 to 1. Most classes, however, were divided into small groups, often with paraprofessionals working with 8 or 10 students.

The monitors observed staff training in the form of after-school workshops led by bilingual teachers, weekly in-service training seminars conducted by a bilingual coordinator and master teachers, district-wide workshops held on a monthly basis, and the use of the Bilingual Education Skills Training (BEST) program at Hunter College.

Integration of Spanish-speaking students with English-speaking students

Many of the schools visited stated that they promoted integration in a number of ways including music, art, assembly exercises, lunch periods, trips, play periods, and gym. The monitors had only occasional opportunities to observe children in assembly, lunch, and gym. And while there was total segregation by ethnicity in the programs they observed, the monitors noted first-hand too few activities to judge whether the bilingual program itself promoted or hindered integration.

Student-Teacher Relations

Relations between students and teachers seemed good in most schools, with evidence of trust and mutual respect. Teachers told the monitors that the students seemed to have a better self-concept as a result of participation in the program.

Parental Involvement

Staff members of most schools visited by the monitoring team felt that they had the support of parents of pupils in the program. In about one-quarter of the schools visited, however, some parents had expressed opposition to their children's participation. These parents feared that their children would not learn English and would therefore be "held back." Parent

workshops organized by the schools have helped overcome some of these fears, and in a few schools, parents have even been involved in curriculum planning. In almost three-quarters of the schools visited, parents served as volunteers in the classrooms, and monitors noted the existence of parent advisory councils, parent workshops, class-parent meetings, and of parent participation in assemblies and field trips and other school activities.

Schedule for Student Participation in the Program

According to present state law, bilingual instruction is limited to three years, extendable to six years for some pupils on special application. The Board of Education has stated that pupils should be transferred out of the program into the regular school curriculum after they have mastered English. Many people involved in the program think that after a period of intense instruction, children should receive a program to improve their English-speaking and writing capabilities. Since the program itself is so new, it is difficult to say with much certainty just how long a student should participate.

The Extension of the Pilot Program to a System-Wide Program

As mentioned earlier there have been some problems with the development of a satisfactory test and of criteria for participation in the program which the Court has ruled should be voluntary. Moreover, in spite of the many excellent features of the pilot program, city-wide implementation might be somewhat hampered by the fact that no real model for schools originating bilingual programs has been provided, since most of the 40 schools already had ongoing bilingual education programs when they became pilot schools. Finally, the City's financial crisis has meant the laying off of many teachers and other cutbacks that tend to impede innovations of any sort.

Recommendations

To achieve the goals of the bilingual program to provide programs in which both non-English-speaking children and children who are deficient in English "can effectively participate and learn," the monitors recommended that the following steps be taken.

(1) *Selection Criteria:* Tests used to identify children needing bilingual education should measure the child's oral communication skills as well as his reading and writing ability in English and Spanish. The test should not rely on one-word responses, but should encourage conversational responses to permit more valid assessment of the child's language ability.

(2) *Curriculum Development*: The goals and objectives of the program should be stated in a clear and precise manner, and methods and techniques to achieve these goals should be suggested. Guidelines on the duration of the program are essential, taking into account the age, grade, and linguistic ability of the children for whom the program is

provided. A planned sequence of instruction to enable the pupils to acquire the skills they need as quickly as possible is imperative, as it would facilitate the implementation of new programs and minimize the high cost of duplication of planning and development efforts among the various school districts. The Board of Education's Division of Educational Planning and Support should design a curriculum guide for bilingual teachers that deals with the sequence of language skills that need to be developed in both Spanish and English for the majority of Hispanic children who may speak both languages but who are not proficient in either. The Board of Education should encourage textbook publishers to develop curriculum materials appropriate to bilingual education.

(3) *Staffing*: The Bilingual Pupil Services Program is reported to have licensed and placed 350 bilingual teachers in the past two and a half years, but the need as measured by the target population is for 3,000 teachers. The Board of Education should provide in-service training for all staff involved in the program.

(4) *Integration*: A more intensive effort should be made to provide opportunities for pupils in the Program to take part in school activities such as gym, music, art, and assembly, with English-dominant pupils to encourage the former to speak English in a non-threatening environment. Hearing and speaking English should not be limited to 45 minutes of practice drills a day.

(5) *Expansion of the Pilot Program*: The Board of Education should grant necessary resources and technical assistance to community school districts.

(6) *Program Evaluation*: It is the responsibility of the Board of Education to provide for city-wide program evaluation annually. The evaluation should be conducted by an independent agency to assure maximum objectivity in determining whether:

(a) the goals and objectives are realistic, and to what extent they are being achieved;

(b) the educational standards are maintained;

(c) the program implementation is in accord with mandates of the consent decree.

13

Budgets for Children[1]

The purpose of this chapter is to examine the financing of programs vital to children's health, education, welfare, and protection. We need to know what we have been and are currently spending for our children and to be certain where we are spending it. We need to assess our direction and determine if, in the overall scheme of city expenditures, services to children are receiving adequate support.

The reader will ask at once whether a discussion of the city's budget has real meaning in the financial crisis of 1976. As far as chances for establishing new programs, or even for continuing existing ones are concerned, the obvious answer seems to be in the negative. Indeed, New York City's budget situation will undoubtedly deteriorate over the next few years. Nevertheless, a State of the Child Report requires an analysis of investment in children in order to gain some understanding of the level of support for children's programs and their priority within the overall budget.

[1] *Much of the material presented in this chapter is based on an analysis prepared by the Citizens' Committee for Children.*

Trends in the City Expense Budget (1959-60 to 1974-75)[2]

To understand what has been happening to the budgets for children's programs, one must first study the long-term trends in the expense budget as a whole. The second step is to try to identify, through comparisons among departmental budgets, the relative position of budgets for children in the City's human services programs. A major obstacle to the latter undertaking lies in the fact that, for the most part, children are included in general caseloads; children's services are dispersed among many codes; therefore attempts to isolate funds spent on services for them are based to some degree on built-in uncertainties.

Table 1 shows revenue sources and appropriation totals in the modified expense budgets from fiscal year 1959-60 to 1974-75. As the expense budget climbed upward from just over $2 billion in 1959-60 to almost $12 billion in 1974-75 (446%), state aid increased by 643.9% and federal aid by 2,151.0%. The federal-aid increase was greatest in the second half of the 1960s, when new human service programs were being enacted (anti-poverty programs and Medicaid), the costs of which were and are shared by the federal government. In 1959-60, federal and state aid made up approximately 19% of the City's expense budget; in 1974-75, these contributions constituted 39% of the budget.

TABLE 1
N.Y.C. Modified Budget, 1959-60, 1964-65, 1969-70, 1974-75
Summary of Appropriations and Revenues
(Millions of Dollars)

	1959-60	1964-65	1969-70	1974-75	Change, 1959-60 to 1974-75 Amount	Percent
Total Budget (All Funds)	-NG-	-NG-	-NG-	13,084.8	-NA-	-NA-
Capital Budget (Incl. Special Funds)	-NG-	-NG-	-NG-	1,189.8	-NA-	-NA-
Expense Budget (less Capital, etc.)	2,178.6	3,382.5	6,722.8	11,895.0	+9,716.4	+ 446.0
Operating Expenses (less Debt Service)	1,884.2	3,013.7	6,047.2	10,384.8	+8,500.6	+ 451.2
Available Revenues	2,178.6	3,382.5	6,722.8	11,895.0	+9,716.4	+ 446.0
Real Estate Taxes	978.5	1,311.9	1,892.5	2,896.0	+1,917.5	+ 196.0
General Fund	730.4	1,232.0	2,123.7	4,100.0	+3,369.6	+ 461.3
State Aid	318.5	543.6	1,457.0	2,369.3	+2,050.8	+ 643.9
Federal Aid	100.8	203.6	1,123.0	2,269.0	+2,168.2	+2,151.0
All Other	50.4	91.4	126.6	260.7	+ 210.3	+ 417.3

Note: Details may not add to totals due to rounding. NG: Not Given. NA: Not Applicable.

Source: Citizens' Committee for Children of New York, Inc. Based on: N.Y.C. Executive Budget, Message of the Mayor, years listed. (Categories as utilized in the presentations of the Mayor's Messages, including specific components as noted for Debt Service, State Aid, etc.).

[2]The total New York City Budget is made up of the Capital Budget and the Expense Budget; the latter includes Operating Expenses and Debt Service.

In the 1970s, when the growth of the City's budget accelerated, real estate taxes did not keep step with rising costs, leaving the City with a larger budget gap every year for expenditures not supported by state and federal aid. (The City's real estate income is lower than that of most other large cities.) Successive administrations found it more and more difficult to fill this gap by general revenue and were forced to devise new and ever more expensive borrowing schemes.

The budgets for basic human services—the focus of our interest—show the greatest increases. A trend table (1959-60 to 1974-75) for the relevant departments (Table 2) shows that 9 of the 10 "human services" departments accounted for $6,743.6 million (69.4%) of the total expense budget increase of $9,716.4 million between 1959-60 and 1974-75. (The Family Court established in 1962 is not included.)

TABLE 2
N.Y.C. Modified Budget, 1959-60, 1964-65, 1969-70, 1974-75
Appropriations for Selected Services
(Millions of Dollars)

	1959-60	1964-65	1969-70	1974-75	Change 1959-60 to 1974-75 Amount	Percent
Expense Budget	2,178.6	3,382.5	6,722.8	11,895.0	+9,716.4	+ 446.0
Education	538.3	880.0	1,550.7	2,771.0	+2,232.7	+ 414.8
Higher Education	39.4	78.9	240.8	584.9	+ 545.5	+1,384.5
Health	20.7	36.9	77.4	156.5	+ 135.8	+ 656.0
Mental Health	20.3	35.2	124.8	146.0	+ 125.7	+ 619.2
Hospitals	142.7	230.7	464.6	972.8	+ 830.1	+ 581.7
Family Court	-NA-	3.0	4.7	8.2	-NA-	
Charitable Institutions	72.4	127.4	235.4	517.3	+ 444.9	+ 614.5
Youth Board (YSA)	1.3	6.9	9.3	15.5	+ 14.2	+1,092.3
Parks and Recreation	31.1	40.6	59.3	96.2	+ 65.1	+ 209.3
Welfare (DOSS)	253.8	419.5	1,525.3	2,603.4	+2,349.6	+ 925.7

NA: Not Applicable.

Source: Citizens' Committee for Children of New York, Inc. Based on: N.Y.C. Executive Budget, Message of the Mayor, years listed. (Categories as utilized in the presentations of the Mayor's Messages, including specific components as noted for Education, Health, etc.).

We made an effort to identify the increase in appropriations for some of the vital children's services from 1959-60 to 1974-75 and 1975-76 (Table 3). The figures show that up to 1974-75, children's services held their own within overall service programs, and in some cases, increased their share of the budget. Table 3, however, does not show completely the City's expenditures for children. The budget for Aid to Dependent Children, for instance, does not include the cost of Medicaid. Some budgets pertaining to child welfare are listed under other codes of the Department of Social Welfare. The budgets for Mental Health and Mental Retardation Services to children are not listed because they could not be isolated from services for the overall population. The figures for Maternal and Child Health Services are approximate, and the Family Court budget does not show funds from other sources.

Appropriations for Children's Serv. s
New York City Executive Budget, 1959-60, 1974-75, 1975-76
(Dollar Amounts in Millions)

Services to Children	1959-60	% of Total	1974-75	% of Total	1975-76	% of Total	Percentage Increase 1959-60 to 1975-76
Expense Budget	$ 2,173.1	100.0%	$ 11,097.0	100.0%	$ 11,891.7	100.0%	447.2%
Education:							
Budget	$ 536.7	24.7	2,684.0	24.2	2,645.3	22.2	392.9
Enrollment Pre-K-12	977,531		1,100,224		1,098,750		
Special Education:							
Budget	-NG-		124.2	1.1	176.5	1.5	-NA-
Classes & Schools			38,700		45,000		
Higher Education:							
Budget	$ 38.9	1.8	$ 587.2	5.3	$ 579.1	4.9	1,388.7
Full-time Enrollment	87,855		212,000		216,000		
Family Court:							
Budget	$ -NA-		8.0	.1	7.6	.1	-NA-
Petitions Disposed			51,800		50,000		
Aid to Dependent Children:							
Budget	$ -NG-		987.0	8.9	1,050.0	8.8	1,170.8
Average Monthly Recipients	245,900		521,885		650,000		
Charitable Institutions:							
(Children's Programs)	$ 39.1	1.8	177.8	1.6	202.6	1.7	418.1
Child Welfare (SSC):[1]							
Budget	$ 7.2	.3	$ 70.1	.6	$ 73.9	.6	926.4
Under Care	-NG-		29,500		31,000		
Day Care (ACD):							
Budget	$ 5.9	.3	151.1	1.4	153.3	1.3	2,498.3
Enrollment	6,100		49,500		52,000		
Youth (YB & YSA):							
Budget	$ 1.3	.1	$ 11.1	.1	$ 15.3	.1	1,076.9
Neighborhood Youth Corps:							
Budget	$ -NA-		$ 28.4	.3	$ 22.0	.2	-NA-
Maternal and Child Health:							
Budget	$ -NG-		$ 20.6	.2	$ 20.1	.2	-NA-

[1] Includes administration of foster-care program, direct adoption, foster care, shelter and other institutional programs.

NG = Not Given
NA = Not Applicable

Source: Citizens' Committee for Children of New York, Inc.

Not all increases reflect a generous policy originated by the City. The City had little or no control, for instance, over the budget for Aid to Families with Dependent Children, where rates are set by the State Legislature, and where the rise in the number of eligible beneficiaries accounts for the major part of the budget increase. With the changing New York City population, the AFDC caseload rose from 245,000 to 650,000 (165.3%) in 16 years.

As long as the foster-care population continues to swell (from 18,424 in 1960 to 28,600 in 1974), even the City's introduction of rate freezes will not lower costs, since the City is required to reimburse agencies, through its Charitable Institutions budget, on the basis of the number of children for whom they care.

The situation is different in the case of day care, where city policy has been responsible, to a large degree, for the rapid expansion of local programs. (Enrollment programs of the Agency for Child Development rose from 6,100 to almost 50,000 between 1960 and 1974.) The City acted

mainly because the need was great, and even when more generous federal financing of day care (75% federal share with the State paying 12½% and the City 12½%) became available, the City spent tax-levy funds much beyond its required share.

Generous city policy was also responsible for the large increase in the budget of the City University. The student body grew from 87,855 in 1959-60 to 216,000 in 1975, and costs increased from $39.4 to $584.9 million. Between 1970, when the open admissions program was introduced, and 1975, enrollment more than doubled.

It would thus seem fair to state that the City has shown concern for children and young adults in its spending for social and educational programs. This fact explains, at least partially, why New Yorkers pay so much more for their city government services than do residents of other metropolitan areas. New York provides and pays for many services that, in other cities, are paid for by county or state budgets, or are not provided at all. Figures released by the Congressional Budget Office show that in 1974-75 New York City employed 517.1 public employees for every 10,000 population, more than any other large city in the United States (Table 4).

TABLE 4
Per Capita Expenditures* and Public Employment per 10,000 Population. New York and Other Cities

	PER CAPITA EXPENDITURES (1972-73)		CITY EMPLOYEES PER 10,000 POPULATION (1974)	
	All Present City Functions	Standard City Functions Only**	All Present City Functions	Standard City Functions Only**
New York	$1,224	$435	517.1	[illegible]9
Boston	858	441	378.0	[illegible]9.2
Chicago	267	383	140.0	[illegible]8.4
Newark	692	449	391.1	[illegible]8.2
Los Angeles	242	408	162.2	[illegible]6.2
Philadelphia	415	395	163.8	[illegible]5.7
San Francisco	751	488	312.5	224.6
New Orleans	241	260	177.3	217.5
St. Louis	310	360	241.9	214.2
Denver	473	375	237.0	219.3
Baltimore	806	470	434.1	260.1
Detroit	357	396	194.8	202.4

*With an adjustment for the fact that New York City provides many public services that are paid for in other locations by a county or state government.

**Elementary and secondary education, highways, police, fire, sanitation, parks, general and financial administration.

Source: *The New York Times*, October 11, 1975.

Many factors combine to expand budgets for city services. In September, 1975, the consumer price index reached 169.3% on a 1967 base, sharply increasing city costs for labor and other than personnel services. There were other important reasons for the rise. A recent study[3] offers a

[3]C. Brecher. *Where Have All the Dollars Gone? Public Expenditures for Human Resource Development in New York City. 1961-71.* Praeger Publishers. New York. 1974, p. 94.

thoughtful analysis of all the factors that caused the increase in the City's public expenditures. It shows that basically it is not so much new programs established during the 1960s or increased client loads and inflation that are chiefly responsible for what it calls "the expenditure change," but rather two other factors: on the one hand, salary increases and more generous employee benefits, and on the other, "improved quality of service," the latter expressed primarily by the assignment of more people to do the same job. There is general agreement that during the last 15 years the City has made great strides in improving salaries (beyond cost of living adjustments), working conditions, and pensions of city workers, at a much greater cost, it seems now, than was understood at the time.

In 1974-75, there were 16,000 more teachers in the schools than in 1959-60, while enrollment increased by approximately 120,000 pupils. There were, in addition, school aides, paraprofessionals, and in general, more "pupil" personnel. Average class size, as shown in Chapter 4, dipped during the early 1960s and then increased slightly. Thus, most of the additional teachers were used, not as regular classroom teachers, but for special services and programs to improve teaching conditions.

It is impossible to say whether the increase in the number of teachers has brought about a better level of education for children, although reading achievement would indicate that the "output" was not improved. Nor do we know how to measure the quality of service in other programs. We must agree that, "in New York, and in the nation as a whole, public agencies have spent enormous sums to improve services without having any way to determine if the efforts have achieved the desired results."[4]

Whatever the quality of service per capita, costs kept going up:

Annual Per Capita Cost	*1959-60*	*1974-75*	*Increase*
Education	$549	$2,439	344.3%
Higher Education	442	2,769	526.5%
Day Care	967	3,052	215.6%
Public Assistance (Family of four)	781	4,010	413.4%

In spite of these large investments, the City could not keep step with the increasing children's needs, and some services fell further and further behind. To mention only one: the Citizens' Committee for Children[5] found that over 40,000 school children were listed as waiting for dental care and estimated that less than half the children in grades K through 9 are receiving any sort of public or private dental care.[6]

[4]Ibid., p. 29.
[5]*Preserving Essential Services for Children: Priorities for 1975-76*, April 22, 1975.
[6]A fact corroborated by the National Health Interview Survey for 1973-74. See Chapter 3 of this report.

In 1975, the budget expansion came to an abrupt halt, and the "turn-around" budget-cutting phase began. The 1975-76 expense budget showed a $3.3 million decrease from the previous year. This nominal decrease was the result of large mandatory increases in some programs, offset by major cuts in others. For example, Human Resources (public assistance) increased by $142.8 million, Charitable Institutions (per diem payments to voluntary hospitals, childcaring agencies) increased $69 million, and Debt Service and miscellaneous (pension costs, pay adjustments and fixed costs for certain agencies) were up $236.6 million. Education was down by $125.7 million, Health Services by $110.7 million, Police by $93.4 million, Environmental Protection by $50.2 mllion, and Fire by $35.7 million—the reductions in Education and Health accounting for almost half the total cuts (Table 5).

TABLE 5
Summary of Appropriations, 1974-75 and 1975-76
(Millions of Dollars)

				SOURCE OF FUNDS				
Agency	1974-75 (Modified)	1975-76 (Executive)	Change	Tax Levy	State	Federal	Capital and Special	Other
Education	2,771	2,645.3	−125.7	1,325.2	787.3	259.3	258.2	15.3
Human Resources	2,828	2,971.1	+142.8	802.3	742.8	1,359.8	66.2	–
Health Services	1,328	1,218.0	−110.7	452.1	278.8	332.3	76.5	78.3
Police	908	815.0	− 93.4	795.5	.5	7.2	5.7	6.2
City University	584	579.1	− 5.8	148.6	218.4	n	116.3	95.2
Charitable Institutions	517	586.3	+ 69.0	189.8	184.0	210.7	–	1.8
Environmental Protection	391	341.3	− 50.2	266.1	12.1	2.2	60.9	–
Fire	388	353.1	− 35.7	336.4	–	1	2.2	14.4
Courts	154	143.1	− 11.2	121.7	18.5	1.6	1.3	–
Municipal Services	119	130.4	+ 11.4	88.4	–	2.8	39.2	–
Transportation	111	96.0	− 15.2	36.4	–	1.5	29.2	28.9
Correction	93	82.7	− 10.6	79.8	.2	2.4	.3	–
Parks, Recreation and Culture	96.2	83.5	− 12.7	56.2	–	5.1	22.2	–
Housing and Development	81.0	75.5	− 5.5	5.8	19.2	10.8	38.2	1.5
Libraries	54.3	51.4	− 2.9	35.5	6.5	.6	8.8	–
Finance	36.9	33.6	− 3.3	29.9	–	.2	2.0	1.5
Economic Development	9.2	7.9	− 1.3	5.4	–	–	2.5	–
All other agencies	183.9	154.8	− 29.1	88.2	.7	21.6	44.0	.3
Debt Service	1,510.2	1,558.3	+ 48.1	1,426.9	–	–	104.9	26.5
Miscellaneous	916.4	1,104.9	+188.5	800.5	17.4	25.8	261.0	.2
Total Budget-All Funds	13,084.8	13,031.3	− 53.5	7,090.6	2,286.4	2,244.6	1,139.6	270.1
Less: Capital Budget & Special Funds, Pension Interest Surplus & services rendered to independent agencies, etc.	1,189.8	1,139.6	50.2					
TOTAL EXPENSE BUDGET	11,895.0	11,891.7	− 3.3					

Source: N.Y.C. Executive Budget, Message of the Mayor, p.4.

By November, 1975, additional cuts amounting to $320 million ($200.7 million in tax levy funds and approximately $120 million in state and federal matching funds) were demanded of the City by the Emergency Financial Control Board,[7] bringing the total cuts for 1975-76 to $850

[7]One of the mechanisms set up by the Governor to assure City implementation of the expenditure reduction program.

million.[8] In this round of cuts, 72% of the gross reduction was allocated to Human Services (Table 6). Some examples of the cuts on resources for serving children follow:

TABLE 6
Breakdown of November 10, 1975 Budget Cuts
Affecting Human Services

Total Tax Levy Reduction: $200.76 million Total Gross Reduction: $320.58 million		
HUMAN SERVICES*	TAX LEVY	GROSS
Education	38.73	39.21
Higher Education	4.47	8.43
Social Services	37.25	139.74
Charitable Institutions Budget	2.70	7.29
Health and Hospital Corp.	11.73	11.73
Health Services Administration	7.14	10.44
Addiction Services	1.55	1.55
H.R.A.	11.68	11.68
Family Court	.24	.08
Probation	.80	1.50
TOTAL	116.29 57%* of total tax levy reduction	231.65 72%* of total reduction

Source: Task Force on New York City Crisis, January 16, 1976.

The Board of Education:

> ...Estimated that as the result of the overall reduction it would have to cut almost 19,000 of the 79,852 full-time staff positions included in the 1974-75 budget, among them: 10,037 teachers (18% of the teaching staff); 974 (50%) of the schoolguards; 2,812 (39%) of the school aides; 772 (62%) of the paraprofessionals; and 528 (39%) of all guidance counselors.

Health Services for Children:

> ...Health Services in the schools will no longer be able to provide special examinations for children with known problems, working-paper examinations, or physician consultation with school staff. Most high school health services were eliminated.
>
> ...Three district health centers and 11 child-health stations with a registration of 13,193 children and families and 10 (out of a total of 24) eye clinics, which in FY 1975 had a total of 10,255 visits, are to be closed.
>
> ...The Bureau of Dentistry lost 79 staff positions. It is estimated that at least 20,000 school children will be added to the 40,000 who are not receiving dental care.

*The City announced that almost 40,000 positions would have to be eliminated by dismissals (65%) and attrition (35%). Actually, the number of attritions proved to be almost twice as high as expected. Moreover, a considerable number of "job closings" were vacant positions eliminated from the budget.

The Department of Mental Health and Mental Retardation Services:

> ...The Department (cut from $140.6 million in the 1974-75 expense budget) was pared down to $95.0 million, a total cut of 33%. The service hardest hit was the Bureau of Child Guidance in the Public Schools, losing one-third of its clinical staff: 102 social workers, 52 psychologists, and 37 psychiatrists. Mental health programs to the Family Court also were cut.

Health and Hospitals Corporation (HHC):

> ...HHC, in addition to closing 5 municipal hospitals, will begin to curtail ambulatory and clinic services, and will close 50 Health Centers (400,000 visits each year), 5 well-baby clinics (16,000 visits), and 5 dental clinics, to mention only those cuts that affect children most directly.[9]

Agency for Child Development:

> ...28 day-care centers were closed, and staffing in the remaining 412 centers reduced to minimum levels mandated by the State.

The Probation Department in Family Court:

> ...Staff was reduced from 327 to 238, bringing the caseloads of some officers to as many as 100 children.[10]

Estimates of deficits to be eliminated in future expense budgets range from $821 million (based on no reduction in revenue, no increase in cost) to $1.5 billion, with the actual figure probably somewhere in between. Even massive infusions of federal funds (federalization of welfare, Aid to Education) and shifting of more responsibilities to the State (Higher Education), all of which are being suggested, would not remove the need for further sharp reductions in the City's expense budget. If the present pattern of budget cutting were to continue, most human services, no matter how essential, would be crippled.

In spite of all warnings, the City was caught without program priorities and without plans for tightening or improving productivity. There is now some discussion about the City's need for a "developmental" plan in addition to the fiscal control plan that seems to claim exclusive attention of city and state officials. What happens to children and families in the City is of decisive importance. The prime task is to determine which services are essential for our children and *must*, therefore, be saved, no matter what else must be sacrificed.

[9]See Chapter 3. National Health Interview Survey for use of Hospital Clinics and Emergency Rooms.
[10]See Chapter 8.

Part III

14

Finding Out More About The State of the Child

The data presented in this report are measures selected as most closely reflecting the aspects of life of New York City children which are of concern to us: Are children healthy? Are they learning? Are they in normal family surroundings? Are they safe wherever they are? Are they protected when in need of protection? Are they treated fairly when in trouble? The use of these data involves many assumptions: that each indicator measures some aspect of a concern and that together they measure significant components of the concerns.

None of these assumptions holds up completely. And while reorganized and improved city and state statistical systems would help for future reports, they would not provide all the answers we seek.

We were aware that in electing to begin with Census data and administrative statistics and in foregoing direct testing and measurements as well as our own data collection, we left out much. Moreover, we knew that without some information about the sense of well-being of children—the parents' perceptions and if possible children's—our picture would be one-sided and incomplete.

It seemed obvious that the knowledge obtained about the state of the child could be considerably enhanced if a reliable and feasible approach could be developed to assess parent and child attitudes and to get their reports of experience and their views of their homes, neighborhoods, and schools.

Seen from a slightly different perspective, we felt that the survey interview could be an important tool for expanding a city's knowledge of its children as well as for verifying the meaning and significance of the childhood indicators derived from administrative sources. Clearly, the most direct and effective means of determining the real situation could come from talking to parents and children themselves to get their views, apprehensions, and levels of awareness.

We did not know, however, how feasible such a survey would be, whether, for instance, very young children could be successfully interviewed, but we thought—as a first step—we should find out.

Pilot Project on the Quality of Life of Children

We therefore urged that parallel to our work, an effort be made to obtain self-reports by parents and children of their daily experiences, circumstances, and feelings. In November, 1974, the survey firm of Yankelovich, Skelly and White, Inc. was engaged to undertake a pilot project on the "quality of life of children"—as perceived by parents and children themselves.

How Children See Their Lives

Four major objectives were set for the pilot study:

(1) To develop and test specific survey sampling and interviewing procedures for use with both parents and children in a continuing quality of life monitoring system.

(2) To develop quantified subjective and self-report measures of children's life quality based on both parent and child interviews.

(3) To develop observation measures of the child's home and family living conditions, for use by survey interviewers in monitoring more objective features of the child's quality of life.

(4) To provide some preliminary indications and hypotheses on the state of children's quality of life, unmet needs, and important problems for inclusion in the prototype State of the Child Report.

A search of the available literature, describing the current state of the art of using mass survey methods with pre-adolescent children showed that:

> "...children have been the focus of attention for a number of social research efforts including government agencies, academic researchers and commercial research organizations. Nevertheless, progress has been relatively slow in developing a specialized survey methodology for use with young children. The child development field has produced excellent insights on mental and emotional processes of children, but as yet there have been only limited attempts at systematic quantification in a mass survey approach. While socialization researchers have proceeded a good deal further with their own use of survey studies of young children, there still remain important limitations in terms of design and instrumentation. The need for household interviewing is one problem area and the development of greater reliability and validity in attitude measurement is another pressing issue.

"On the other hand, although private, commercially-oriented research firms have successfully dealt with many of the technical challenges of using survey techniques on children, their experience and findings remain in the rather narrow range of subject matter relevant to market research."[1]

As a result of these explorations and in conjunction with the Foundation staff, it was concluded that while survey interviewing of children was both possible and practical, there was considerable need for additional development in this area of research methodology. It seemed necessary and feasible to conduct an actual pilot test of the adaptation of survey research methodology to the development of a set of indicators designed to enrich the current data used to monitor the quality of life of children.

A sample of 300 New York City children ages 7-10 and their mothers (or fathers) was interviewed in three successive waves (30-120-150).

Pilot Study Questionnaires[2]

The data in the pilot study were collected by means of three separate instruments. These were: (1) The Parent and Child Interviews; (2) The Interviewer's Observation Sheet; and (3) The Teacher Questionnaire.

(1) *Parent and Child Interviews*: The two interview forms contain a mixture of open-ended and structured questions designed to tap the following content areas:

Housing (e.g., general condition, problems, feelings about)

Neighborhood (e.g., feelings about safety, closeness to neighbors)

Recreation activities of the child (e.g., where, when, with whom)

School and teacher (e.g., has parent met teacher, satisfaction with attention child is getting)

Family interaction and relationships

Daily routine (e.g., getting up, going to school, chores, bed time)

Supervision (e.g., who looks after child if mother works, when the child is playing)

Relationships with authority (e.g., child's feelings about police, teachers, other adults)

Health and health care (e.g., utilization of and satisfaction with available health-care facilities)

Nutrition (e.g., problems with child's eating, being able to afford proper foods)

Knowledge and utilization of available cultural and recreational resources (e.g., child's exposure to museums, zoos, libraries)

[1]Yankelovich, Skelly and White, Inc., *Adapting Survey Research Methods for Studying the Quality of Life of Children in New York* (Interim Report).

[2]Yankelovich, Skelly and White, Inc., *Adapting Survey Research Methods for Studying the Quality of Life of Children: A Methodological Report*, February, 1976.

General life satisfactions and difficulties

Peer relationships (e.g., child's feelings about children at school, in the neighborhood)

Fears and hopes (e.g., parents' perceived dangers in the neighborhood)

Relevant personality dimensions (e.g., locus of control, self-esteem)

Standard demographic information (e.g., age, income, education, family size)

The bulk of the purely factual data was collected from the parent, whereas in the child's interview the emphasis was on the child's feelings, attitudes and experiences (e.g., how do you feel about going to school, what is a zoo, have you ever been to a zoo?)

In addition, the parent's permission was sought to conduct a brief interview with the child's teacher. The parent was asked to sign a consent form which described the areas to be covered in the interview.

2) *The Interviewer's Observation Sheet:* An observation and comment sheet was also filled out by the interviewer at the completion of each interview. For each family the interviewer was asked to rate the following on a seven point scale:

...The park and recreation facilities in the neighborhood
...The block where the family resides
...The apartment building (where appropriate)
...The family's apartment or home

In addition to the overall ratings and a general description for each area, in the final wave of interviews the interviewer responded to a series of structured items.

3) *The Teacher Questionnaire:* As part of the development of a series of techniques and instruments for surveying children and their families, it seemed important to make some effort to corroborate at least some of what the respondents were telling the interviewer. To do this, it was decided to try to get information from a third party outside of the home, but familiar with at least some of its aspects. Therefore, a one-and-a-half page, self-administered, structured questionnaire was developed and mailed to each teacher for whom interview permission had been obtained. The questionnaire had items covering the following areas:

The child's academic performance relative to other students and his or her own abilities

Completion of homework assignments

Feelings about school

Peer relationships

General evaluation of emotional adjustment and physical health

Participation in special school programs (e.g., hot meals, special tutoring)

Parent-teacher contacts either in person or through notes sent to the parent

What the Pilot Study Showed

The New York pilot study showed that it is, indeed, feasible to conduct survey-type interviews with children aged 7 to 10; that children of this age can deal with a wide range of questions in a survey situation provided that the interview is kept under 30 minutes in length, the pace is varied, and care is taken not to exceed the cognitive limitations of the child.

The principal focus of the New York survey was to develop and test methods for conducting household interviews with children and parents. Although probability sampling methods were used in selecting respondents,[3] the survey sample was not designed to be strictly representative of all New York City children. Nor is the sample large enough to permit generalizations to be made within acceptable confidence limits about the life circumstances, attitudes, and behavior of the City's child population as a whole. Nevertheless, some of the substantive findings are presented here to give a sense of what the children and parents reported about their lives in New York, and to illustrate how survey-based data can extend and illuminate available statistics on children.

Perhaps the most surprising findings to those whose picture of life in New York is one of unrelenting gloom and perpetual crisis are the positive attitudes expressed by both children and parents about their lives in the City. Ninety-three percent of the children interviewed described themselves as "very happy." When parents were asked to rate "how things are going in your child's life" on a 6-point scale, more than half chose the most positive point on the scale and less than 10% chose one of the three negative categories. The parents were less contented, but still quite positive, about how things were going in their own lives. At the same time, almost 40% of the New York City parents expressed agreement with the statement: "My children are probably my biggest source of worry."

Satisfaction with how things were going for the children did not seem to differ significantly across ethnic groups: black and Puerto Rican parents in the sample were as likely to describe their children's lives in positive terms as were non-minority parents. Life satisfaction did vary with income, however: parents with family incomes under $10,000 were more negative about the lives of both their children and themselves than were parents with higher incomes. Less than one-third of the lower-income parents picked the most positive point on the 6-point scale and another third used one of the three negative categories to describe how their children's lives were going.

[3]Census blocks in the four major boroughs of New York City (excluding Staten Island) were stratified by income and were selected in proportion to the population of each of the four boroughs, with this modification that lower income areas were oversampled in order to produce more equal numbers of black, Puerto Rican, and non-minority children. Interviewers were given a random starting point in their assigned block along with specific instructions on household selection. They were instructed to screen for households in which there was a child between the ages of 7 and 10. They were to conduct interviews with five child-parent pairs in each area. The results presented are based on 269 child-parent pairs interviewed in Waves II and III of the survey. The sample obtained was 46% white, 22% black, and 32% Puerto Rican and "other." Fifty-one percent of the sample had family incomes below $10,000 per year.

Nearly 80% of the parents in the sample rated their children's health as "very good" and more than 90% were "very satisfied" with the "kind of care your child gets when you take him/her to the doctor." The overwhelming majority of black and Puerto Rican parents, as well as non-minority parents, expressed such satisfaction with their children's health and health care. Concerns about the child's future health and safety were, however, the most frequent responses when parents were asked to name "the biggest worry or concern that you have when it comes to your children." The children themselves were divided on how they felt about "going to the doctor": almost as many expressed negative feelings as they did positive attitudes about it.

The parents were less enthusiastic about the City's public school system. More than 40% of the sample were already either sending their children to private or religious schools or would prefer to send them to such schools if they could. Almost 80% of the non-black parents felt their child "is doing as well as he or she can" in school, but more than one-third of the black parents felt their child "could be doing better." Most of the children interviewed expressed positive feelings about going to school and their teachers, although a smaller proportion of the older children did so. Black and Puerto Rican children were, if anything, more enthusiastic about school than were the other children. Eighty-five percent of the children interviewed said they were proud of their school work.

A reason commonly given for not raising children in large cities like New York is that kids growing up in the City have to learn to be wary of strangers, crime, and other urban hazards. A substantial proportion of the children interviewed in the New York pilot study do seem to be learning such fears. Thirty-five percent of the children surveyed answered "yes" to the question: "When you go outside, are you afraid someone might hurt you?" Forty percent of the kids described themselves as "scared a lot" and about 45% were "afraid of grown-ups I don't know."

Along with such fears comes a lack of freedom because city parents are reluctant to let children play outside or go places without supervision. For example, only some 35% of the parents in the survey said they allowed their children to go to school alone and about 20% of those who did, were worried about it. Less than half of the children said they were allowed to play outside without a parent or some other adult watching.

Long-Term Improvement of Social Indicators

The pilot interviews with New York City children and their parents have provided valuable material on methods and procedures for conducting surveys of the quality of life of the nation's children. They make an important contribution to the larger task of planning a national survey of children, and the development of childhood social indicators. The Foundation for Child Development is planning to conduct a national survey of children 7-11 years old, and their parents, with the goal of developing a profile of the way children live and the care they receive in the United States. Questionnaires to be used will be tested in the spring of 1976, and the survey itself (of a sample of 2,700 children nation-wide) will be undertaken in the fall.

APPENDIX TABLE 1
Total Population by Ethnic Group, N. Y. C., 1950, 1960, 1970

	1950	1960	1970	% Change 1950–1970
Total	7,891,957	7,781,984	7,894,851	+ .04%
White (Non-Puerto Rican)	6,889,766	6,052,959	5,350,260	− 22.3%
Non-White (Non-Puerto Rican)	755,885	1,116,451	1,732,748	+129.2%
Puerto Rican	246,306	612,574	811,843	+229.6%

Source: N.Y.C. Dep't. of City Planning, Population Analysis Section

Total Population by Ethnic Group, N. Y. C., 1970, 1973

	1970	1973	% Change 1970–1973
Total	7,894,862	7,717,000	− 2.3%
White (Excluding White Hispanics)	5,002,857	4,525,600	− 9.5%
Non-White (Including Non-White Hispanics)	1,846,021	1,950,200	+ 5.6%
Hispanic (White)	1,045,984	1,241,200	+18.7%

Source: Bernstein, B., Bondarin, A., *New York City's Population - 1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974, p. 6 (for 1973). Data presented for 1970 represent revised information to be included in a soon-to-be published report by Bernstein and Bondarin on the 1974 CPS.

APPENDIX TABLE 2

Total N.Y.C. Children by Ethnic Group and by Age, for Selected Years and Projected (Numbers in Thousands)

Age	1950	1960	1970	1975	1980	1985
			Total			
Total	1,919.2	2,167.2	2,234.9	2,120.3	2,046.1	2,028.0
0–2	404.5	423.0	367.4	343.5	333.8	343.6
3–5	374.0	387.4	375.8	351.3	332.8	335.3
6–8	335.7	357.5	378.6	349.1	341.2	338.3
9–11	269.0	347.3	379.6	339.0	350.1	332.0
12–14	267.0	342.7	370.4	362.7	349.2	338.6
15–17	269.0	309.3	363.1	374.7	339.0	340.2
			White (Non-Puerto Rican)			
Total	1,627.5	1,525.0	1,238.0	1,036.0	914.8	850.3
0–2	337.7	282.0	202.8	163.8	144.1	142.4
3–5	319.0	260.4	198.8	162.0	144.1	140.0
6–8	287.6	247.2	199.1	162.8	160.2	144.6
9–11	228.0	246.2	206 6	154.3	156.4	137.4
12–14	226.3	256.7	209.3	189.2	156.5	141.1
15–17	228.9	232.5	221.4	199.1	153.5	144.8
			Black			
Total	205.5	377.1	637.7	702.5	741.0	781.2
0–2	48.9	84.1	101.8	116.5	125.1	134.6
3–5	38.7	75.5	112.9	121.7	126.0	132.0
6–8	33.8	66.2	115.2	119.8	120.3	127
9–11	28.8	61.4	111.7	118.8	125.4	131.5
12–14	28.1	49.2	103.0	113.0	123.7	129.3
15–17	27.2	40.7	93.1	112.7	120.5	126.7
			Puerto Rican			
Total	86.2	265.1	359.2	381.8	390.3	396.5
0–2	17.9	56.9	62.8	58.4	64.6	66.6
3–5	16.3	51.5	64.1	67.6	62.7	63.3
6–8	14.3	44.1	64.3	66.5	60.7	66.6
9–11	12.2	39.7	61.3	65.9	68.3	63.1
12–14	12.6	36.8	58.1	60.5	69.0	68.2
15–17	12.9	36.1	48.6	62.9	65.0	68.7

Source: Berstein, B., Snider, D.A., and Meezan, W., *Foster Care Care Needs and Alternatives to Placement: A Projection for 1975-1985*, N.Y. State Board of Social Welfare, November, 1975, p.85

APPENDIX TABLE 3

Count of Foreign-Born Persons, N.Y.C., 1970

	Bronx	Brooklyn	Manhattan	Queens	Staten Island	New York City Totals
Total All Ages	229,210	456,636	307,630	416,887	26,695	1,437,058**
Under 18–Naturalized	4,996	11,405	6,024	6,933	346	29,704
Under 18–Alien	11,669	28,158	18,106	27,337	1,047	86,317

*Place of Origin

Europe	64.21%**
Americas	24.04%
Asia	7.30%
Africa	.90%
All other	.30%
Not reported	3.23%

**Amost half from these countries: Italy (14.76%), Poland (8.32%), and Russia (8.16%).

Sources: N.Y.C. Planning Commission, Office of Education and Social Services.
1970 Census: Fourth Count is a second and separate source.

APPENDIX TABLE 4
Change in Total and Child Population in N.Y.C.,
1960-1973

	New York City	Bronx	Brooklyn	Manhattan	Queens	Richmond
Total Population						
1960	7,781,984	1,424,815	2,627,319	1,698,281	1,809,578	221,991
1970	7,894,862	1,471,701	2,602,012	1,539,233	1,986,473	295,443
1973 (Estimate)*	7,717,000	-	-	-	-	-
% Change 1960-70	+1.5%	+3.3%	−1.0%	−9.4%	+9.8%	+33.1%
% Change 1970-73	−2.3%	-	-	-	-	-
Population Under 18						
1960	2,164,527	405,249	784,571	385,711	512,091	76,905
1970	2,234,819	465,369	816,149	330,797	520,276	102,228
1973 (Estimate)	2,129,000	-	-	-	-	-
% Change 1960-70	+3.2%	+14.8%	+4.0%	−14.2%	+1.6%	+32.9%
% Change 1970-73	−4.8%	-	-	-	-	-
Population Under 6						
1960	811,587	150,434	297,158	150,902	185,602	27,491
1970	743,169	161,644	272,521	109,369	166,429	33,206
1973 (Estimate)	753,000	-	-	-	-	-
% Change 1960-70	−8.4%	+7.5%	−8.3%	−27.5%	−10.3%	+20.8%
% Change 1970-73	+1.4%	-	-	-	-	-

*This represents the total N.Y.C. population including 69,000 institutionalized persons. Estimates for the under-6 and under-18 population for 1973 refer only to the non-institutionalized population.

Sources: Community Council of Greater New York, *Characteristics of the Population in New York City Health Areas: 1970*, No. 1, "Age", July, 1972, p. 4

Bernstein, B., Bondarin, A., *New York City's Population-1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974.

APPENDIX TABLE 5

Trend in Number and Rate of Live Births
1898-1974

Year	Live Births* # Reported**	Live Births* Rate per 1,000
1898-1900	119,000	35.4
1901-1905	129,000	34.1
1906-1910	144,000	32.2
1911-1915	140,581	27.8
1916-1920	136,101	24.9
1921-1925	130,462	21.1
1926-1930	125,590	18.7
1931-1935	196,179	15.0
1936-1940	102,418	13.9
1941-1945	126,495	16.7
1946-1950	158,926	20.3
1951	162,755	20.6
1952	164,165	20.8
1953	161,499	20.5
1954	164,060	20.9
1955	165,150	21.1
1956	165,553	21.1
1957	166,977	21.4
1958	167,775	21.5
1959	168,138	21.6
1960	166,300	21.4
1961	168,383	21.6
1962	165,244	21.2
1963	167,848	21.5
1964	165,695	21.2
1965	158,815	20.3
1966	153,314	19.5
1967	145,802	18.5
1968	141,920	18.0
1969	146,221	18.5
1970	149,192	18.9
1971	131,920	16.7
1972	116,958	14.8
1973	110,639	14.0
1974	110,643	14.0

*1898-1913 birth figures are estimated, as the number actually reported was undoubtedly incomplete.

**Number includes a percentage of births to non-N.Y.C. residents (currently about 6%).

Source: N.Y.C. Dep't. of Health, Bur. of Health Statistics and Analysis, Summary of Vital Statistics, 1971, Table 1, p. 2; supplementary data.

APPENDIX TABLE 6
Fertility Rates (Births* per 1,000 Women Aged 15–44) by Ethnic Group, N.Y. 1960, 1970, 1971, 1973**

	1960	1970	1971	1973
Total	101.7	87.0	77.0	64.8
White	90.8	77.3	68.7	57.8
Non-White	120.5	95.5	85.2	77.4
Puerto Rican	149.4	116.3	100.0	71.8

*Number includes a percentage of births to non-N.Y.C. residents (currently about 6%).

**Female population based on decennial census data.

Sources: New York City Council on Economic Education, *New York Fact Book on the New York Metropolitan Region*, 1974. p. 109.

N.Y.C Dep't of Health, Bureau of Health Statistics and Analysis.

APPENDIX TABLE 7
Number* of Live Births by Ethnic Group, N.Y.C., 1961–1974

Year	Live Births Total	Puerto Rican	Non-White	Other
1961	168,383	24,746	36,502	107,135
1962	165,244	24,975	37,890	102,379
1963	167,848	25,563	40,530	101,755
1964	165,695	25,081	41,481	99,133
1965	158,815	24,498	40,962	93,355
1966	153,334	23,907	39,980	89,447
1967	145,802	23,578	38,365	83,859
1968	141,920	23,641	38,403	79,876
1969	146,221	24,364	41,266	80,591
1970	149,192	24,434	44,148	80,610
1971	131,920	21,010	39,349	71,561
1972	116,958	17,138	36,229	63,591
1973	110,639	15,035	35,475	60,129
1974	110,642	14,518	36,944	59,180

*Number includes a percentage of births to non-New York City residents (currently about 6%).

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis, Summary of Vital Statistics, 1971, Table 1, p. 2; supplementary data.

APPENDIX TABLE 8
Number and Rate of
Live Births, by Health
District, N.Y.C., 1973

Geographical Unit	Live Births	
	Total	Rate
NEW YORK CITY	110,639	14.0
Non-residents	6,637	
Residence unknown	386	
New York City residents	103,616	13.1
Manhattan	16,830	10.9
Central Harlem	2,373	13.0
East Harlem	1,959	12.5
Kips Bay-Yorkville	1,478	6.5
Lower East Side	3,154	12.7
Lower West Side	2,017	8.0
Riverside	2,456	11.2
Washington Heights	3,393	13.7
Bronx	21,377	14.5
Fordham-Riverdale	2,615	10.8
Morrisania	4,573	17.5
Mott Haven	3,564	16.7
Pelham Bay	2,200	10.7
Tremont	5,088	19.6
Westchester	3,337	11.5
Brooklyn	39,094	15.0
Bay Ridge	3,273	12.0
Bedford	4,955	18.0
Brownsville	5,832	18.3
Bushwick	4,171	18.1
Flatbush	5,889	12.0
Fort Greene	3,478	17.5
Gravesend	3,194	10.1
Red Hook-Gowanus	2,036	14.4
Sunset Park	2,947	16.0
Wmsbrg.-Greenpoint	3,319	18.9
Queens	21,941	11.0
Astoria-L.I. City	2,975	11.9
Corona	3,587	14.0
Flushing	4,132	8.6
Jamaica East	4,119	12.0
Jamaica West	4,251	11.8
Maspeth-Forest Hills	2,877	9.8
Richmond	4,374	14.8

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

APPENDIX TABLE 3

Child Population as Percent of Total Population and Median Family Income, by School District, N.Y.C., 1970

Borough	District	% Under 18	Median Family Income
N. Y. C. Total		28.4	$ 9,682
Manhattan	1	29.0	$ 6,500
	2	13.9	12,519
	3	20.3	9,502
	4	39.4	5,765
	5	29.8	6,619
	6	22.9	8,732
Bronx	7	41.0	5,836
	8	35	8,655
	9	33.0	7,265
	10	24.2	10,348
	11	24.3	11,036
	12	40.9	5,980
Brooklyn	13	32.3	7,077
	14	38.5	7,020
	15	30.9	8,721
	16	42.5	6,097
	17	29.9	8,405
	18	27.8	11,038
	19	40.9	7,675
	20	25.5	10,566
	21	24.4	10,488
	22	24.6	12,111
	23	47.7	5,790
	32	41.0	6,690
Queens	24	23.6	11,212
	25	26.4	12,927
	26	26.7	14,319
	27	29.8	11,406
	28	24.0	11,970
	29	31.5	12,222
	30	23.7	10,510
Staten Island	31	34.6	$12,315

Source: N.Y.C. Planning Commission, Dep't. of City Planning, *Community School District Profiles; Socio-Economic Characteristics*, July, 1974.

APPENDIX TABLE 10
Distribution of Population by Age
in Poverty Areas by Borough, N.Y.C., 1970

	Total Population		Population Residing in Poverty Areas*		Poverty Area Population as Percentage of Total
	Number	Percent	Number	Percent	
New York City					
Total population	7,894,862	100.0	3,163,006	100.0	40.1
Under 18 years	2,234,819	28.3	1,096,183	34.6	49.1
18 years and over....	5,660,043	71.7	2,066,823	65.3	36.5
Bronx					
Total population	1,471,701	100.0	564,581	100.0	38.4
Under 18 years	465,369	31.6	239,528	42.4	51.5
18 years and over....	1,006,332	68.4	325,053	57.6	32.3
Brooklyn					
Total population	2,602,012	100.0	1,342,605	100.0	51.6
Under 18 years	816,149	31.4	507,350	37.8	62.2
18 years and over....	1,785,863	68.6	835,255	62.2	46.8
Manhattan					
Total population	1,539,233	100.0	975,432	100.0	63.4
Under 18 years	330,797	21.5	253,076	25.9	76.5
18 years and over....	1,208,436	78.5	722,356	74.1	59.8
Queens					
Total population	1,986,473	100.0	240,132	100.0	12.1
Under 18 years	520,276	26.2	82,236	34.2	15.8
18 years and over....	1,466,197	73.8	157,896	65.8	10.8
Staten Island					
Total population	295,443	100.0	40,256	100.0	13.6
Under 18 years	102,228	34.6	13,993	34.8	13.7
18 years and over....	193,215	65.4	26,263	65.2	13.6

*There are 26 such areas.

Source: Community Council of Greater New York, *Characteristics of the Population in New York City Health Areas: 1970*, No. 1 "Age," July, 1972, p. 20

APPENDIX TABLE 11
Percent Changes in Enrollment by School District
(PS + IS including Pre-K and 9th Grade in IS)

Borough	From 1970–71 to 1974–75 District	% Change	
	Total Change - New York City		− 7.9%
Manhattan	1	−16.3%	
	2	+ .4	
	3	−14.5	
	4	−24.2	
	5	−22.2	
	6	− 6.4	
	Total Change - Manhattan		−14.1
Bronx	7	−17.9	
	8	−11.9	
	9	+ 6.3	
	10	+12.4	
	11	− 2.3	
	12	−24.3	
	Total Change - Bronx		− 6.9
Brooklyn	13	−15.3	
	14	−13.0	
	15	− 5.0	
	16	−19.4	
	17	+16.7	
	18	− 7.3	
	19	− 9.6	
	20	− 5.3	
	21	−11.5	
	22	− 9.2	
	23	−27.7	
	32	− 6.0	
	Total Change - Brooklyn		−10.6
Queens	24	+10.4	
	25	− 4.6	
	26	−15.5	
	27	− 2.4	
	28	−12.8	
	29	+ .8	
	30	− 1.2	
	Total Change - Queens		− 3.6
Staten Island	31	+ 9.7	
	Total Change - Staten Island		+ 9.7

Source: N.Y.C. Planning Commission, Dep't. of City Planning, Office of Education and Social Services.

APPENDIX TABLE 12

Families with Own* Children under 18 Years, by Type of Head, N.Y.C., 1960 vs. 1970

	Total Families with Own Children		Both Parents		Mother Only		Father Only	
	#	%	#	%	#	%	#	%
1960	1,004,418	100.0	884,243	88.0	105,161	10.5	15,014	1.5
1970	983,502	100.0	774,496	78.8	190,124	19.3	18,882	1.9
% Change from 1960 to 1970	−2.1%		−12.4%		+80.8%		+25.8%	

*Census statistics on "own children" are limited to the family head's single (never married) children under 18 years old.

Source: Community Council of Greater New York, *Families Headed by Women in New York City*, January, 1975, Appendix Table 1, p. 23.

APPENDIX TABLE 13

Number and Percentage of Related Children under 18 Living in Families* by Relationship to Family Head and by Presence of Parent/Parents; and Ethnic Group in N.Y.C., 1973 (Numbers in Thousands)

	Total		White**		Non-White		Hispanic	
	Number	%	Number	%	Number	%	Number	%
In Families	2,113	100.0%	897	100.0%	721	100.0%	495	100.0%
Relationship to Family Head:								
Child of Family Head	2,028	96.0	882	98.3	680	94.3	466	94.1
Grandchild of Family Head	35	1.6	8	0.9	21	2.9	6	1.2
Other Relative of Family Head	50	2.4	7	0.8	20	2.8	23	4.6
Presence of Parent/Parents:								
Living with both parents	1,467	69.4	768	85.6	369	51.2	330	66.7
Living with mother only	573	27.1	116	12.9	308	42.7	149	30.1
Living with father only	32	1.5	6	0.7	24	3.3	2	0.4
Living with neither parent	41	1.9	7	0.8	20	2.8	14	2.8

*The approximately 16,000 N.Y.C. children under 18 not living in families in 1973 are not included.
**Excluding Hispanic

Source: Bernstein, B., Bondarin, A., *New York City's Population–1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974, Table 4, 4A, B, C, pp. 26–29.

APPENDIX TABLE 14

Trends in AFDC, AFDC-U* and HR, December 31, 1961 to June 30, 1975**

	AFDC			AFDC-U*			Home Relief***			Total Children
	Caseload	Children	Persons	Caseload	Children	Persons	Caseload	Children	Persons	
December 1961	51,205	158,233	212,846	3,845	15,636	22,936	16,231	22,295	42,729	196,164
December 1962	54,706	170,473	228,314	3,826	15,491	22,822	17,194	22,960	44,390	208,924
December 1963	62,886	194,385	260,579	5,768	22,517	33,769	22,230	23,508	50,557	240,410
December 1964	72,724	227,650	298,896	6,792	26,215	39,591	29,650	27,414	63,422	276,179
December 1965	84,699	276,837	345,234	7,471	28,576	43,299	33,861	29,893	70,627	315,306
December 1966	103,525	306,917	413,852	7,724	28,981	44,186	43,016	38,896	91,048	374,794
December 1967	135,549	385,425	525,288	10,688	36,619	57,583	64,492	51,489	128,116	473,533
December 1968	175,374	479,682	660,598	11,840	38,950	62,232	85,394	63,734	166,659	582,366
December 1969	194,670	530,723	728,193	7,384	26,683	41,126	72,226	66,281	153,444	623,687
December 1970	224,212	591,322	818,093	8,861	28,567	45,580	74,072	65,414	155,066	685,303
December 1971	241,314	623,504	876,199	5,740	17,806	28,991	72,631	69,183	159,633	710,493
December 1972	248,519	626,652	883,796	3,637	10,569	17,667	73,003	65,351	154,905	702,572
December 1973	243,866	600,289	813,397	2,821	8,172	13,650	55,304	46,425	112,432	654,886
December 1974	242,660	597,802	838,457	1,773	5,251	8,718	64,782	43,778	122,421	646,831
June 1975	247,878	596,030	841,647	1,592	4,524	7,640	79,980	48,803	143,840	649,347

*Provides assistance to 2-parent families with at least one minor child where father works less than 100 hours per month and is not receiving or eligible for Unemployment Insurance. It was established in May 1961.

**All cases receiving at least one payment during the month.

***Includes veterans on home relief.

Source: N.Y.C. Human Resources Administration, Division of Statistics, Monthly Statistical Reports.

APPENDIX TABLE 15

Changes in Budget Costs For a Four-person Family at Three Levels of Living, New York–Northeastern New Jersey, Spring 1967–Autumn 1974

Component	Cost			Change			
	Spring 1967	Autumn 1973 [1]	Autumn 1974 [1]	Spring 1967–Autumn 1974		Autumn 1973–Autumn 1974	
				Amount	Percent	Amount	Percent
Lower level							
Total budget	$ 6,021	$ 8,661	$ 9,852	$ 3,831	63.6	$1,191	13.8
Total family consumption	4,919	6,925	7,749	2,830	57.5	824	11.9
Food	1,758	2,689	3,087	1,329	75.6	398	14.8
Housing	1,238	1,697	1,832	594	48.0	135	8.0
Transportation	370	482	539	169	45.7	57	11.8
Clothing and personal care	732	898	997	265	36.2	99	11.0
Medical care	510	720	814	304	59.6	94	13.1
Other family consumption	311	439	481	170	54.7	42	9.6
Personal income tax	503	811	1,074	571	113.5	263	32.4
All other [2]	599	925	1,028	429	71.6	103	11.1
Intermediate level							
Total budget	$ 9,977	$14,448	$16,648	$ 6,671	66.9	$2,200	15.2
Total family consumption	7,857	11,019	12,381	4,524	57.6	1,362	12.4
Food	2,330	3,624	4,099	1,769	75.9	475	13.1
Housing	2,637	3,625	4,072	1,435	54.4	447	12.3 [3]
Transportation	771	957	1,085	314	40.7	128	13.4
Clothing and personal care	1,024	1,278	1,418	394	38.5	140	11.0
Medical care	512	722	816	304	59.4	94	13.0
Other family consumption	583	813	891	308	52.8	78	9.6
Personal income tax	1,300	2,120	2,757	1,457	112.1	637	30.0
All other [2]	820	1,309	1,510	690	84.1	201	15.4
Higher level							
Total budget	$14,868	$21,999	$25,470	$10,602	71.3	$3,471	15.8
Total family consumption	11,091	15,622	17,516	6,425	57.9	1,894	12.1
Food	2,845	4,611	5,176	2,331	81.9	565	12.3
Housing	4,052	5,599	6,293	2,241	55.3	694	12.4 [3]
Transportation	1,122	1,430	1,632	510	45.5	202	14.1
Clothing and personal care	1,509	1,888	2,094	585	38.8	206	10.9
Medical care	531	753	851	320	60.3	98	13.0
Other family consumption	1,032	1,341	1,470	438	42.4	129	9.6
Personal income tax	2,598	4,590	5,918	3,320	127.8	1,328	28.9
All other [2]	1,179	1,787	2,036	857	72.7	249	13.9

[1] Derived by applying changes reported in area Consumer Price Index for appropriate classes of goods and services to preceding estimates.

[2] Including gifts and contributions, personal life insurance, occupational expenses, and social security and disability payments.

[3] Reflects changes in purchase prices from 1967 to 1968; and changes in rents, property taxes, insurance, fuel and utilities, and repairs and maintenance from 1973 to 1974.

Note: The family consists of an employed husband, age 38, a wife not employed outside the home, an 8-year old girl and a 13-year old boy.

Source: U.S. Dep't. of Labor, Bureau of Labor Statistics, Middle Atlantic Region, *News*, May, 1975, p. 11.

APPENDIX TABLE 16

Families with Two Children (under 18) at Various Income Levels in 1972 by Ethnic Group, N.Y.C. March, 1973 (Numbers in Thousands)

Income	Total		White		Non-White		Hispanic	
	#	%	#	%	#	%	#	%
Under $4,000	51	14.6	9	4.8	17	19.1	25	33.8
$ 4,000-$ 7,999	83	23.7	24	12.9	33	37.1	26	35.1
$ 8,000-$ 9,999	39	11.1	19	10.2	10	11.2	10	13.5
$10,000-$14,999	94	26.9	69	36.9	16	18.0	9	12.2
$15,000-$24,999	60	17.1	46	24.6	11	12.4	3	4.1
$25,000-$49,999	20	5.7	17	9.1	2	2.2	1	1.4
$50,000 & Over	3	.9	3	1.6	-	-	-	-
Total	350	100.0	187	100.0	89	100.0	74	100.0
Median Income	$10,084		$12,708		$6,950		$6,333	

Source: Bernstein, B., Bondarin, A., *New York City's Population – 1973: Socio-Economic Characteristics from the Current Population Survey*, Center for New York City Affairs, New School for Social Research, November, 1974. Table 14, 14A, B, C, pp. 57-60.

APPENDIX TABLE 17

Out-of-Wedlock Births by Ethnic Group, N.Y.C. 1955 - 1973

Year	Out-of-Wedlock Births				Percent of Total Live Births			
	Total	White	Non-White	Puerto Rican	Total	White	Non-White	Puerto Rican
1955	10,328	1,907	6,396	2,025	6.3	1.6	23.6	11.0
1956	11,160	1,987	6,985	2,188	6.7	1.7	24.0	11.2
1957	11,454	1,956	7,306	2,192	6.9	1.7	24.0	10.7
1958	12,885	2,189	8,153	2,543	7.7	1.9	25.1	11.6
1959	13,380	2,347	8,431	2,602	8.0	2.1	25.0	11.4
1960	13,901	2,363	8,725	2,813	8.4	2.2	25.5	11.7
1961	15,723	2,866	9,746	3,111	9.3	2.7	26.7	12.6
1962	16,412	2,880	10,408	3,124	9.9	2.8	27.5	12.5
1963	18,436	3,319	11,809	3,308	11.0	3.3	29.1	12.9
1964	20,223	3,885	12,653	3,685	12.2	3.9	30.5	14.7
1965	20,980	4,008	13,192	3,780	13.2	4.3	32.2	15.4
1966	22,714	4,253	14,102	4,359	14.8	4.8	35.3	18.2
1967	24,336	4,454	14,708	5,174	16.7	5.3	38.3	21.9
1968	26,262	4,798	15,441	6,023	18.5	6.0	40.2	25.5
1969	29,325	5,165	17,005	7,155	20.1	6.4	41.2	29.4
1970	31,903	5,585	18,604	7,714	21.4	6.9	42.1	31.6
1971	28,099	4,573	16,481	7,045	21.3	6.4	41.9	33.5
1972	27,619	5,278	16,117	6,224	23.6	8.3	44.5	36.3
1973	28,292	5,857	16,553	5,882	25.6	9.7	46.7	39.1
1974	29,209	5,901	17,405	5,903	26.4	10.0	47.1	40.7

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

APPENDIX TABLE 18

Out-of-Wedlock Births by Age of Mother and Ethnic Group

N.Y.C., 1974

	Out-of-Wedlock Live Births							
	Total		White		Non-White		Puerto Rican	
	Number	%	Number	%	Number	%	Number	%
Under 15	340	1.2	79	1.3	225	1.3	36	0.6
15-17	4,652	15.9	1,114	18.9	2,958	17.0	580	9.8
18-19	5,144	17.6	1,125	19.1	3,270	18.8	749	12.7
20-24	9,787	33.5	1,887	32.0	5,875	33.8	2,025	34.3
25-29	5,295	18.1	859	15.2	2,965	17.0	1,431	24.3
30-34	2,679	9.2	498	8.4	1,437	8.2	744	12.6
35-39	1,057	3.6	228	3.9	557	3.2	272	4.6
40-44	228	0.8	64	1.1	106	0.6	58	1.0
45+	20	0.1	5	0.1	9	0.1	6	0.1
Not Stated	7	-	2	-	3	-	2	-
Total	29,209	100.0	5,901	100.0	17,405	100.0	5,903	100.0

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

APPENDIX TABLE 19

Expected Age at Death, By Sex and Race,* N.Y.C.
1901, 1910, 1930, 1950, 1960, 1970 and
United States, 1970.

Age	New York City									United States	
	1901	1910	1930	1950		1960		1970		1970	
Male	Total	Total	Total	White	Non-White	White	Non-White	White	Non-White	White	Non-White
0	40.6	45.3	55.8	66.1	59.3	67.3	60.8	67.1	61.5	68.0	61.3
5	53.5	56.3	61.2	68.4	63.0	69.3	64.2	68.7	63.9	69.6	63.9
10	54.9	57.4	61.9	68.6	63.3	69.5	64.5	68.9	64.0	69.8	64.0
15	55.5	57.9	62.3	68.7	63.5	69.6	64.6	69.0	64.2	69.9	64.2
Female											
0	44.9	49.5	60.0	71.2	64.2	73.1	67.6	74.8	71.2	75.6	69.4
5	56.9	59.9	64.7	73.0	67.6	74.8	70.6	76.2	73.5	77.0	71.7
10	58.2	60.9	65.2	73.2	67.8	74.9	70.8	76.4	73.6	77.1	71.8
15	58.8	61.5	65.5	73.3	68.0	75.0	70.9	76.5	73.7	77.2	72.0

*Data by race available since 1950.

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis, *Summaries of Vital Statistics*, 1970, 1971.

APPENDIX TABLE 20
Infant Mortality Rates (per 1,000 Live Births)
N.Y.C. and U.S.,
1936–1974

Year	New York City	U.S.
1936–1940	39.8	51.5
1941–1945	30.3	40.8
1946–1950	26.0	31.7
1951–1955	24.3	27.5
1956–1960	25.7	26.4
1961–1965	26.2	25.1
1966–1970	23.6	21.7
1971–1974	20.1	18.0

Infant Mortality Rates (per 1,000 Live Births)
by Ethnic Group, N.Y.C.,
1961–1974

Year	Total	White	Non-White	Puerto Rican
1961	25.6	19.7	39.7	30.3
1962	27.3	21.1	43.3	28.2
1963	25.8	19.9	39.2	28.2
1964	26 8	20.1	41.0	29.6
1965	25.7	19.4	39.4	26.7
1966	24.9	19.0	38.2	24.7
1967	23.9	18.2	36.2	24.3
1968	23.1	17.8	33.1	25.0
1969	24.4	19.8	34.0	23.0
1970	21.6	17.9	29.9	19.3
1971	20.9	17.6	27.4	19.7
1972	19.8	17.0	25.4	18.3
1973	19.9	17.7	23.9	19.5
1974	19.7	*	*	*

*Not available

Sources: N.Y.C. Dep't. of Health, Bureau of Health Statistics & Analysis.

New York Times, "New Fight Mapped on Birth Hazards," July 22, 1975.

White House Conference on Children and Youth, *Profiles of Children*, Washington, 1970.

APPENDIX TABLE 21
Percent Low-Weight Births, U.S. and N.Y.C. By Ethnic Group,
and Number Low-Weight Births, N.Y.C.,
1955–1974

	Percent					
	U.S.	New York City				Total Number
	Total	Total	White	Non-White	Puerto Rican	N.Y.C.
1955	7.6	9.0	7.4	14.6	11.3	14,945
1956	7.5	8.7	7.3	14.0	9.7	14,446
1957	7.6	9.0	7.3	14.8	10.1	15,056
1958	7.7	9.1	7.2	15.1	10.3	15,329
1959	7.7	9.4	7.3	15.3	10.6	15,745
1960	7.7	9.3	7.1	15.5	10.4	15,544
1961	7.8	9.6	7.3	15.5	10.7	16,085
1962	8.0	9.7	7.5	15.1	10.2	15,979
1963	8.2	9.9	7.5	15.8	10.5	16,692
1964	8.2	10.1	7.3	16.0	11.3	16,747
1965	8.3	10.1	7.6	15.7	10.6	16,108
1966	8.3	10.4	7.9	15.9	10.9	15,995
1967	8.2	10.1	7.5	15.6	10.6	14,763
1968	8.2	10.0	7.6	14.6	10.5	14,153
1969	8.1	9.9	7.4	14.7	10.2	14,531
1970	7.9	9.7	7.2	13.9	10.1	14,449
1971	7.7	9.2	6.9	13.3	9.7	12,190
1972	7.7	9.3	7.1	13.3	9.4	10,921
1973	7.6	9.2	7.0	13.0	9.1	10,185
1974		9.1	6.7	12.9	9.0	10,085

Sources: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

U.S. Dep't. of Health, Education, and Welfare, Supplement to Vital Statistics.

U.S. Dep't. of Health, Education and Welfare, *Trends in Low Birth-Weight Ratios, United States and Each State, 1959–1968*; June, 1973.

U.S. Dep't. of Health, Education and Welfare, Nat'l. Center for Health Statistics.

APPENDIX TABLE 22
Infant Mortality Rate* by Legitimacy and
Ethnic Group, N.Y.C., 1973

	In-Wedlock	Out-of-Wedlock	Total	Ratio Out-of-Wedlock to In-Wedlock
White	13.0	27.0	17.7	2.1:1
Non-White	16.9	29.4	23.9	1.7:1
Puerto Rican	18.4	21.3	19.5	1.2:1
Total	14.5	27.2	19.9	1.9:1

*Per 1,000 live births

Source: N.Y.C. Dep't. of Health, Bureau of Health Statistics and Analysis.

APPENDIX TABLE 23
Child Death Rates per 1,000 Population
N.Y.C., 1909-1971

	AGE		
	0-4	5-9	10-14
1909, 1910, 1911			
Male	50.2	4.2	2.4
Female	43.2	3.9	2.3
1919-1920*			
Male	32.4	3.8	2.4
Female	26.5	3.1	2.2
1929, 1930, 1931			
Male	19.4	2.5	1.7
Female	15.4	2.0	1.3
1939, 1940, 1941			
Male	11.3	1.0	0.9
Female	8.8	0.8	0.7
1949, 1950, 1951			
Male	7.6	0.6	0.6
Female	6.0	0.5	0.4
1959, 1960, 1961			
Male	8.2	0.7	0.5
Female	6.4	0.5	0.3
1969, 1970, 1971			
Male	6.6	0.6	0.5
Female	5.3	0.4	0.3

*As Census date is the midpoint of the period presented, only two years are used for 1919-20 calculation, the Census having been made on 1/1/20.

Source: N.Y.C. Dep't. of Health, *Summary of Vital Statistics, 1971*.

APPENDIX TABLE 24

Trends in Number of Cases of Selected Reportable Diseases, 1931-1973

	Polio	Scarlet Fever	Whooping Cough	Chicken pox	Measles
1931	4,138	11,900	8,643	9,113	26,519
1932	143	21,093	7,126	8,862	10,354
1933	831	8,262	6,009	11,966	36,216
1934	73	8,820	8,764	12,177	5,015
1935	2,054	14,602	8,703	10,866	28,490
1936	34	11,417	4,461	8,324	36,549
1937	243	10,058	4,653	12,723	12,091
1938	43	8,419	12,232	11,112	34,604
1939	184	6,121	5,821	9,103	3,653
1940	67	13,569	5,775	13,046	10,496
1941	404	7,206	7,811	9,773	79,646
1942	88	7,009	9,240	10,978	2,261
1943	361	9,484	3,678	9,290	23,627
1944	1,890	8,509	2,810	8,441	26,048
1945	547	8,347	4,992	7,905	1,870
1946	716	8,009	2,135	6,586	22,408
1947	224	3,583	3,224	11,921	7,915
1948	703	2,420	1,591	10,214	28,960
1949	2,246	2,230	4,129	12,866	5,467
1950	1,064	1,652	1,791	7,973	21,990
1951	555	2,144	1,606	11,849	9,644
1952	821	3,548	1,379	8,912	34,614
1953	677	1,595	2,733	12,942	5,117
1954	844	2,143	1,777	8,775	41,037
1955	806	1,834	1,136	10,486	9,712
1956	149	2,357	1,113	11,433	21,616
1957	57	1,657	1,326	7,287	10,226
1958	100	1,944	655	8,403	28,272
1959	170	2,043	1,322	7,731	5,215
1960	92	2,622	415	8,042	25,523
1961	2	2,820	249	6,190	4,796
1962	7	1,259	307	7,913	29,631
1963	1	1,287	212	6,683	7,406
1964	2	1,052	304	6,183	15,435
1965	0	792	194	7,423	4,127
1966	0	799	206	4,172	8,381
1967	1	731	179	5,897	529
1968	1	732	122	4,267	2,445
1969	0	891	149	3,640	5,033
1970	0	513	163	4,978	1,154
1971	0	614	55	3,815	3,819
1972	1	445	79	5,603	447
1973	-	708	77	4,496	965

Source: N.Y.C. Department of Health, Bureau of Health Statistics and Analysis, *Summary of Vital Statistics*, 1971.

APPENDIX TABLE 25
Reported Cases of Selected Communicable Diseases, by Age Group, N.Y.C., 1973

Disease	Total Under 14	Under 1	1-4	5-9	10-14
Mumps	4,340	40	1,458	2,464	378
Chicken Pox	3,886	195	1,515	1,771	405
Measles	879	139	500	189	51
Scarlet Fever	662	5	208	386	63
Gonorrhea	396	22	24	65	285
Amebiasis	337	2	40	166	129
Bacillary Dysentery	337	27	146	125	39
Salmonellosis	302	125	115	54	8
Rubella	292	55	86	56	95
Tuberculosis-all forms	128	-	58	48	22
Hepatitis: Infectious	105	2	18	46	39
Bacterial Meningitis	105	50	38	11	6
Whooping Cough	71	34	25	3	9
Aseptic Meningitis	53	15	13	16	9
Meningococcal Meningitis	24	9	11	2	2
Primary, Secondary syphillis	19	-	-	5	14
Encephalitis	14	2	5	4	3
Schistosomiasis	8	-	2	1	5

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 26
Number of Restricted Activity and Bed Disability Days, for Persons under 17, by Sex, N.Y.C., 1969-70 vs. 1973-74

YEAR	Restricted Activity Days	Restricted Activity Days Per Person Per Year	Bed Disability Days	Bed Disability Days Per Person Per Year
1969-70				
Total	25,558,975	12.0	11,611,442	5.4
M	11,571,554	10.7	4,564,604	4.2
F	13,987,421	13.3	7,046,838	6.7
1973-74				
Total	17,494,595	9.1	10,960,789	5.7
M	9,488,575	9.6	5,606,581	5.7
F	8,006,020	8.5	5,354,208	5.7
U.S. 1973-74	677,990,000	10.7	295,359,000	4.7

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 27

Number of Restricted Activity and Bed Disability Days per Person per Year, by Sex, for Persons under 17, by Age and Income, N.Y.C., 1973-74

	Days Per Person Per Year			
	Restricted Activity	Bed Disability	Restricted Activity	Bed Disability
	< 12	Age	12-16	
Total	9.8	6.6	7.4	3.6
M	10.8	7.2	7.0	2.4
F	8.8	6.0	7.8	4.9
	< $6,000	Income	> $6,000	
Total	13.1	9.1	7.4	4.3
M	15.1	9.4	7.8	4.3
F	11.2	8.8	7.0	4.3

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 28

Number of Acute Conditions per 100 Persons per Year, by Sex, for Persons under 17, by Age and Income, N.Y.C., 1973-74

	No. Per 100 Persons Per Year		
	< 12	Age	12-16
Total	205.9		96.7
M	226.5		115.0
F	184.3		77.9
	< $6,000	Income	> $6,000
Total	217.1		155.6
M	267.3		165.4
F	168.3		145.0

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 29

Acute Conditions, Number and Percent by Type of Condition, for Persons under 17, by Sex, N.Y.C., 1973-74

	No.	%
All Acute Conditions		
Total	3,317,260	100.0
M	1,889,702	57.0
F	1,427,558	43.0
Infective & Parasitic		
Total	534,004	16.1
M	408,573	21.6
F	125,431	8.8
Respiratory-Upper		
Total	1,473,539	44.4
M	766,072	40.5
F	707,467	49.6
Respiratory-Other		
Total	455,175	13.7
M	233,908	12.4
F	221,267	15.5
Other		
Total	854,542	25.8
M	481,149	25.5
F	373,393	26.2

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics. Health Interview Survey. Unpublished data.

APPENDIX TABLE 30

Number of Persons Injured per 100 Persons per Year, by Class of Accident, by Sex, for Persons under 17, by Age and Income, N.Y.C., 1973-74

	No. of Persons Injured Per 100 Per Year		
	Total	Home	Other
Total	18.1	10.3	7.8
M	21.9	11.1	10.9
F	14.1	9.5	4.6
	Age		
	< 12		12-16
Total	15.3		24.3
M	16.4		34.2
F	14.2		14.1
	Income		
	< $6,000		> $6,000
Total	30.9		12.4
M	45.0		12.7
F	15.6		12.0

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data..

APPENDIX TABLE 31

Doctor and Dental Visits for Persons under 17, by Sex, N.Y.C., 1969-70 vs. 1973-74

	Visits Per Person Per Year		% Persons With One or More Visits Within Year	
	Doctor	Dental	Doctor	Dental
1969-70				
Total	3.7	1.6	80.0	51.9
M	3.8	1.7	80.8	53.2
F	3.6	1.5	79.4	50.7
1973-74				
Total	4.0	1.8	81.6	52.4
M	4.4	1.9	82.6	54.9
F	3.6	1.7	80.6	52.9

Source: U.S. Dep't. of Health, Education and Welfare. National Center for Health Statistics. Health Interview Survey. Unpublished data.

APPENDIX TABLE 32

Number of Doctor and Dental Visits per Person per Year, by Sex, for Persons under 17, by Age and Income, N.Y.C., 1973-74

	Visits Per Person Per Year			
	Doctor	Dental	Doctor	Dental
	< 12	Age	12-16	
Total	4.5	1.6	3.0	2.1
M	5.3	1.8	2.6	2.0
F	3.8	1.4	3.4	2.2
	< $6,000	Income	≥ $6,000	
Total	5.2	1.5	3.7	2.0
M	6.7	1.3	3.7	2.2
F	3.8	1.3	3.6	1.7

Source: U.S. Dep't. of Health. Education and Welfare, National Center for Health Statistics. Health Interview Survey. Unpublished data.

APPENDIX TABLE 33

Doctor and Dental Visits: Percent with One or More Visits within Year by Sex, for Persons under 17 and by Age and Income, N.Y.C., 1973-74

	% of Persons with Visits within Year			
	Doctor	Dental	Coctor	Dental
	< 12	Age	12-16	
Total	85.8	45.6	72.6	67.3
M	87.0	47.1	73.0	62.5
F	84.3	44.1	72.1	72.1
	< $6,000	Income	≥ $6,000	
Total	84.1	49.0	81.4	55.3
M	85.7	45.0	81.7	56.4
F	82.6	52.9	81.2	54.0

Source: U.S. Dep't. of Health, Education and Welfare. National Center for Health Statistics. Health Interview Survey. Unpublished data.

APPENDIX TABLE 34

Doctor Visits: Percent by Place of Visit, for Persons under 17, by Income, N.Y.C., 1973-74

Income	Office	Hospital	Telephone	Home	Other
<$6,000	40.8%	44.5%	4.0%	2.1%	8.5%
>$6,000	56.0	23.3	7.6	5.3	7.9

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 35

Doctor Visits: Percent by Place of Visit, for Persons under 17, N.Y.C., 1969-70 vs. 1973-74

	1969-70	1973-74
Office	44.5%	50.4%
Hospital	23.6	31.9
Telephone	12.3	5.8
Home	6.9	3.8
Other	12.7	8.1

Source: U.S. Dep't. of Health, Education and Welfare, National Center for Health Statistics, Health Interview Survey. Unpublished data.

APPENDIX TABLE 36

Number of Children Enrolled in School, Public and Non-Public, N.Y.C., 1966 - 1975

Year	Public	Non-Public
1966-67	1,084,818	-*
1967-68	1,109,664	-*
1968-69	1,121,922	-*
1969-70	1,123,165	419,628
1970-71	1,141,075	407,215
1971-72	1,146,460	395,382
1972-73	1,128,996	378,956
1973-74	1,106,861	358,687
1974-75	1,100,228	340,931

*Not available

Sources: N.Y.C. Planning Commission, Office of Education and Social Services (from N.Y.C. Board of Education - Ethnic Census).

N.Y.S. Education Department, Information Center on Education

APPENDIX TABLE 37

Pupil Reading Achievement in N.Y.C., by School District, April, 1974

District	Register*	Pupil Achievement by Levels – Below Grade				
		At or Above	0–1 yr.	1–2 yrs.	2 yrs.+	N.E.**
1	16,295	18.6	17.2	21.9	36.8	5.5
2	21,554	36.8	17.3	16.6	23.6	5.7
3	19,122	22.8	19.4	20.3	29.4	8.1
4	16,479	15.3	19.4	23.2	35.4	6.7
5	19,786	22.4	21.1	23.0	31.7	1.8
6	18,050	24.1	17.6	18.6	25.5	14.2
7	26,028	17.9	18.3	20.6	33.7	9.5
8	31,217	26.5	20.9	20.0	27.7	4.9
9	37,013	21.5	21.4	23.0	28.2	5.9
10	29,304	33.5	17.4	18.0	25.1	6.0
11	26,758	43.1	21.6	17.0	17.0	1.3
12	29,737	19.8	21.6	21.7	29.2	7.7
13	22,337	22.9	22.2	22.6	29.4	2.9
14	26,654	20.6	18.5	20.8	32.9	6.2
15	25,122	24.6	20.8	20.2	29.7	4.7
16	18,259	29.0	22.6	21.3	25.3	1.8
17	26,142	28.3	22.7	21.1	24.0	3.9
18	20,182	44.1	16.5	15.2	22.2	2.0
19	29,677	22.1	20.9	22.5	29.6	4.9
20	26,406	40.9	18.6	16.2	19.0	5.3
21	26,080	44.7	19.8	16.2	17.2	2.1
22	7,290	57.5	18.5	12.5	10.5	1.0
23	20,053	17.4	22.0	25.7	31.6	3.3
32	21,235	18.0	20.0	20.4	29.7	11.3
24	24,418	41.5	19.4	15.9	16.8	6.4
25	25,349	59.6	18.6	11.7	7.8	2.3
26	18,259	62.7	16.6	11.2	9.0	0.5
27	29,280	41.1	21.8	18.4	17.0	1.7
28	25,450	43.2	19.7	15.7	18.9	2.5
29	26,206	41.0	21.2	18.2	17.9	1.7
30	23,550	50.4	21.3	16.4	15.7	6.2
31	39,928	54.5	20.3	13.5	10.9	0.8
City	792,220	33.8	20.0	18.6	23.1	4.5

*Number enrolled not number tested.

**Non-English speaking (not tested)

Source. N.Y.C. Board of Education, Office of Education Evaluation, *Pupil Reading Achievement in New York City: A Report of the April, 1974 Reading Test Survey, Grades 2-9, N.Y.C. Public Schools.* Table 4, p. 7.

APPENDIX TABLE 38

Reading Achievement in 1974 for Students in Selected Elementary and Junior High Schools, N. Y. C.

		Percent				
	# Registered*	At or Above Grade Level	Below Grade 0–1 yr.	1–2 yrs.	2+ yrs.	N.E.**
Elementary School A	580	6.6%	15.7%	27.3%	50.4%	0.0%
B	682	5.8	11.2	26.2	28.5	28.3
C	1,451	9.8	25.0	27.4	18.2	19.6
D	675	81.4	11.4	3.5	3.7	0.0
E	1,185	74.2	10.7	4.2	0.5	10.4
F	1,26[illegible]	76.2	17.3	5.8	0.7	0.0
Junior High School G	644	5.5	4.1	11.1	69.4	9.9
H	1,325	5.3	6.1	11.6	63.9	13.1
I	[illegible]03	65.9	10.4	9.3	14.3	0.1
J	1[illegible]7	73.9	9.0	8.6	7.9	0.6
K	2,00[illegible]	53.2	12.7	13.2	10.9	0.0

*Number enrolled not number tested

**Non-English speaking [illegible]ot tested)

Source: N.Y.C. Board of Education, Office of Educational Evaluation, *Pupil Reading Achievement in New York City: A Report of the April, 1974 Reading Test Survey, Grades 2-9, N.Y.C. Public Schools.*

APPENDIX TABLE [illegible]

Number of Students Tested, and Proportion below Grade in Reading in Ten of the Largest United States Cities

City	No. of Pupils Tested	Proportion Below Grade in Reading
A	120,518	61%
H	Not Available	61%
New York	574,010	66%
D	220,000	67%
B	37,000	67%
G	31,372	67%
I	16,766	69%
C	68,560	70%
F	47,847	73%
E	15,002	74%

Source: N.Y.C. Board of Education, Office of Educational Evaluation, *Pupil Reading Achievement in New York City: A Report of the April, 1974 Reading Test Survey, Grades 2-9, N.Y.C. Public Schools* Table 1, p.2

APPENDIX TABLE 40

Number and Annual Percentage Change of Students Enrolled in N.Y.C. Public Schools, by Level, 1966-67 to 1973-74

	Number Enrolled							
School Level	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Early Childhood	92,236	91,146	91,213	91,070	89,395	85,050	78,745	72,354
Elementary	489,609	498,563	501,578	502,391	508,324	508,621	493,603	478,281
Jr. High & Intermediate	208,835	217,838	224,157	224,554	228,226	225,090	223,627	222,018
High School	263,849	270,760	274,359	273,342	283,449	294,678	301,161	302,566
	Percent Change							
School Level	1966/67-1967/68	1967/68-1968/69	1968/69-1969/70	1969/70-1970/71	1970/71-1971/72	1971/72-1972/73	1972/73-1973/74	
Early Childhood	−1.2%	+0.1%	−0.2%	−1.8%	−4.9%	−7.4%	−8.1%	
Elementary	+1.8	+0.6	+0.2	+1.2	+0.1	−3.0	−3.1	
Jr. High & Intermediate	+4.3	+2.9	+0.2	+1.6	−1.4	−0.6	−0.7	
High School	+2.6	+1.3	−0.4	+3.7	+4.0	+2.2	+0.5	

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators January, 1975.

APPENDIX TABLE 41

Number of Children Enrolled in Special Schools and Classes*, N.Y.C., 1966-76

Year	Number
1966-67	24,169
1967-68	24,203
1968-69	24,216
1969-70	25,112
1970-71	25,904
1971-72	26,910
1972-73	28,378
1973-74	29,763
1974-75	39,447**
1975-76	46,336***

*Special schools and classes include classes for: Emotionally Disturbed, CRMD-Children with Retarded Mental Development, Multiple Handicapped, Neurologically Impaired, Visually Impaired, Hospital ("400") Schools, Schools for Socially Maladjusted (SMED), including Day Schools and Schools for Institutional Settings, Occupational Training Centers, Schools for the Deaf, School for Language and Hearing Impaired Children, Schools for Pregnant Girls

**4/75 Register

***Projected

Sources: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

N.Y.C. Board of Education, Division of Special Education and Pupil Personnel Services.

APPENDIX TABLE 42
Trend in Ethnic Composition of Children Enrolled in Public and Non-Public Schools in N.Y.C., 1968-69 to 1974-75*

	Public Schools (%)					
	Black	American Indian	Oriental	Puerto Rican	Spanish Surname	Other
1968-69	32.2	0.0	1.3	21.5	2.6	42.3
1969-70	33.6	0.0	1.4	22.2	3.0	39.8
1970-71	34.4	0.0	1.5	22.8	3.4	37.8
1971-72	35.1	0.0	1.7	23.2	3.7	36.4
1972-73	36.0	0.0	1.8	23.0	3.9	35.2
1973-74	36.6	0.0	2.0	23.1	3.9	34.3
1974-75	36.6	0.1	2.1	23.0	4.9	33.2

	Non-Public Schools (%)			
	Black	Spanish	American Indian & Oriental	Other
1969-70	7.3	10.7	0.7	81.3
1970-71	7.9	11.4	0.7	80.0
1971-72	8.3	11.9	0.8	79.0
1972-73	9.1	12.4	0.9	77.6
1973-74	9.5	12.7	1.0	76.8
1974-75	10.0	13.3	1.2	75.5

*Information for Non-Public Schools Available only from 1969-70 on.

Sources: N.Y.C. Planning Commission, Office of Education and Social Services (from N.Y.C. Board of Education - Ethnic Census).

N.Y.S. Education Department. Information Center on Education.

APPENDIX TABLE 43
Enrollment by Ethnic Group in N.Y.C. Public Schools by Borough, 1974-75

	Number Enrolled	% Black	% Puerto Rican	% Other
Total New York City	1,100,224	36.6	28.0	35.4
Manhattan	173,435	39.8	41.5	18.8
Bronx	228,061	37.8	44.2	18.0
Brooklyn	390,965	42.0	25.6	32.4
Queens	249,941	31.3	12.8	56.0
Staten Island	57,812	9.5	5.2	85.3

Source: N.Y.C. Dep't. of City Planning, Office of Education and Social Services.

APPENDIX TABLE 44

Number and Percentage of Children Eligible for Free Lunch and on Welfare in N.Y.C. Public Schools, 1966–1974

	1967–68	1968–69	1969–70	1970–71	1971–72	1972–73	1973–74
Students eligible for free lunch	276,843	311,772	333,538	489,830	521,521	589,715	534,006
as percent of enrollment	25.0	27.8	29.8	44.0	45.5	52.4	48.3
Children aged 5–17 on welfare rolls	264,195			375,355	456,303	441,577	413,147*
as percent of enrollment	23.8			32.9	39.8	39.2	37.4

*between ages 6 and 17

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

APPENDIX TABLE 45

Percent of All Children Eligible for Free Meals in N.Y.C. Elementary and Junior High Schools, by School District, 1974–75, Ranked According to % of White Enrollment

School District	% White Enrollment (Ranked)	% All Children Eligible for Free meals
16	0.3	87.0
23	0.7	78.0
5	0.8	76.0
7	1.2	79.0
4	1.5	81.0
12	2.0	75.0
9	3.2	70.0
13	3.4	78.0
17	6.7	67.0
19	8.8	76.0
32	9.6	69.0
14	10.4	77.0
1	12.4	79.0
6	13.9	67.0
3	14.2	75.0
8	17.9	74.0
29	22.3	49.0
15	28.0	67.0
10	34.8	53.0
28	36.7	45.0
11	42.0	41.0
18	43.7	42.0
2	53.6	64.0
27	54.7	46.0
30	56.5	45.0
24	62.6	37.0
21	68.0	38.0
20	72.9	36.0
22	75.6	23.0
25	76.1	19.0
26	77.4	16.0
31	85.1	27.0

Source: N.Y.C. Dep't. of City Planning, Office of Education and Social Services.

APPENDIX TABLE 46
N.Y.C. Public School Teachers:
Trend in Ethnic Composition, 1968–69 to 1973–74;
and Profile of Educational Experience and Degree Status,
1973–74

Ethnic Composition:	Ethnic Composition					
	1968–69	1969–70	1970–71	1971–72	1972–73	1973–74
Black	7.8%	7.8%	7.4%	7.8%	8.8%	8.9%
Puerto Rican	0.9	1.0	1.2	1.4	2.1	2.5
Other	91.3	91.2	91.4	90.8	89.1	88.6

	Profile of Educational Experience and Degree Status 1973-74										
	Years of Experience					Less Than	Bach. +			Masters +	Doctor-	Average
	1–5	6–10	11–15	16–20	20+	Bach.	Bach.	30 Hrs.	Masters	30 Hrs.	ate	Age
Teacher Profile	30.8%	31.4%	17.1%	10.8%	9.9%	2.5%	23.8%	22.3%	23.7%	27.0%	0.7%	35

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

APPENDIX TABLE 47
Public School Teacher Benefits and Working Conditions in New York and 10 Other Cities.

	New York	Los Angeles	Philadelphia	Chicago	Detroit	Houston	Rochester	Buffalo	Yonkers	Albany	Syracuse
Basis of Data	1974-75	74-75	Current	74-75	74-75	Current	74-75	Current	74-75	Current	Current
Salary Range	$9,700-20,350	9,670-18,460	8,900-21,200	10,400-20,996	9,371-20,100	9,300-16,500	9,275-20,498	9,586-20,161	10,230-21,450	10,135-19,109	9,047-19,223
Median Salary	$17,350	15,347	15,200	15,969	16,312[a]	11,500[b]	14,440	13,810	15,410	13,750	13,126
Years to reach maximum	7½-8	15	11	15	11	9	25	25	15	25	31
Cost of Living[c] (Base 100)	116	98	103	103	109	90	Not Available	107	Not Available	Not Available	Not Available
Working Day–Average	6 hrs-20 mins	6-45	6-59	6-45	6-45	7-30	6-35	6-45	7-15	6-40	7-0
Preparation Periods (weekly)	Title I / Non-T-1										
Elementary	5 / 2	0	5	6	3-5	5	5	5	2½	Not Specified	Not Specified
Jr-Sr. High	8 / 5	5	6	5+	10	5	[illegible]	5	5	Not Specified	5
Length of School Year	185	177	190	179	180	190	182	185	180	182	181
Paid sick and personal days/year	10	10	13	13	15	13	12	15	15	25	17
Class Size–Average contracted maximum	33	Not Specified	33	30	34	25	33	30	30	Not Specified	25
Union Welfare Fund Contribution by Board	$320		$380				-	100	235	-	-
Health Insurance											
% contributed by Board	100	55	55	100	70	50	100	100	100	100	100
% contributed by Teachers	0	45	45	0	30	50	0	0	0	0	0
Sabbaticals (1 yr)											
% of salary	70	50	50	[d]	50	50	60	50	75	80	50
After how many years	14	7	10	6	5	3	5	7	7	7	7
% of sab. last year	2.2	2.5	0.1	0.7	0	0	0	1[b]	0.3	0.1	0.2
Pensions (yearly)											
Ph.D., age 60, 35 years	$13,125	11,954	13,109	12,822	9,422	11,116	10,487	10,146	10,258	8,936	9,846
M.A., age 60, 25 years	$10,822	8,388	6,960	8,047	6,355	6,889	7,683	7,194	7,130	6,541	6,810
M.A., age 55, 10 years	$ 3,200	2,138	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,303	1,332	1,304	1,379	1,303
% paid by Board	100[e]	37.5	50	67	50	0	100	100	100	100	100
% paid by Teacher	0	62.5	50	33	50	100	0	0	0	0	0

a. Arithmetical average. Median is probably somewhat lower. b. Approximate c. Source U.S. Department of Labor, Bureau of Labor Statistics. "Autumn 1974 Urban Family Budgets and Cooperative Indexes For Selected Urban Areas," April 1975.
d. Salary minus cost of substitute e. For most teachers.
Source: *School administrations in each city*

Source. *The New York Times*, September 3, 1975.

APPENDIX TABLE 48
N.Y.C. Public Schools
Percent of Attendance, by Level,
School Years 1965-66 to 1973-74

Level	1965-66	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Elementary	88.9%	88.4%	84.2	70.7	86.8	87.4	87.8	87.7	86.5
Junior High-Intermediate	88.0	87.4	81.9	67.2	83.2	83.9	83.8	84.1	83.2
Academic High	81.0	80.6	75.1	58.5	73.3	74.2	72.7	73.5	72.6
Vocational High	83.7	85.6	79.1	61.4	79.4	80.3	78.6	79.0	78.6
City Wide	87.0	86.5	81.7	67.2	83.0	83.7	83.4	83.4	82.3

Source: Chancellor Anker's testimony before the Senate Subcommittee on Investigating Juvenile Delinquency, 4/16/75

Attendance-City-Wide, % of Enrollment	85.4%	83.4%	79.4%	81.7%	82.1%	81.3%	81.4%	81.6%

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators, January, 1975.

APPENDIX TABLE 49
Number of Suspensions from N.Y.C. Public Schools, by School Level and Type of Suspension, 1969-70 vs. 1974-75

	1969-70	1974-75	% Change
Total Number*	14,351	23,921	+66.7
Principal	13,242	22,714	+71.5
Superintendent	1,109	1,203	+ 8.5
Elementary/J. H. S.			
Total Number	13,010	19,232	+47.8
Principal	12,079	18,471	+52.9
Superintendent	931	761	−18.3
High School			
Total Number	1,341	4,689	+249.7
Principal	1,163	4,243	+264.8
Superintendent	178	446	+150.6

*Total suspensions for the intervening years 1970-71 through 1973-74 were 15,674, 17,888, 18,090, and 19,691.

Source: N.Y.C. Board of Education, Bureau of Attendance, as cited by Queens Lay Advocate Service, High School Project.

APPENDIX TABLE 50
Vandalism Replacement Costs,
N.Y.C. Public Schools,
1973-74

	Panes of Glass		Unlawful Entry		Fires		
	Number	Cost*	Number	Cost	Number	Cost	Total
1973:							
Manhattan	(30,019)	$ 300,190	(520)	$ 246,925	(50)	$110,179	$ 657,294
Bronx	(52,121)	521,210	(948)	489,668	(71)	246,755	1,257,633
Brooklyn	(69,599)	695,990	(964)	472,236	(95)	79,941	1,248,167
Queens	(35,579)	355,790	(352)	168,701	(14)	10,797	535,288
Richmond	(7,889)	78,890	(82)	34,424	(1)	400	113,714
Total	(195,207)	$1,952,070	(2,866)	$1,411,954	(231)	$448,072	
Grand Total - 1973							$3,812,096
1974:							
Manhattan	(26,718)	$ 267,180	(442)	$ 250,998	(47)	$ 35,541	$ 553,719
Bronx	(52,330)	523,300	(806)	468,409	(241	42,715	1,034,424
Brooklyn	(73,767)	737,670	(1,202)	726,525	(84)	152,280	1,616,475
Queens	(41,534)	415,340	(423)	231,731	(15)	53,980	700,551
Richmond	(9,690)	96,900	(132)	57,468	(2)	33,377	187,745
Total	(204,039)	$2,040,390	(3,005)	$1,734,631	(172)	$317,893	
Grand Total - 1974							$4,092,914

*Cost estimated at $10. per pane of glass

Note: The above costs do not include minor items that are difficult to account for such as defacing desks, walls, etc., breaking furniture or fixtures, and many other small items.

Source: N.Y.C. Board of Education, Division of School Buildings, Office of Plant Operation and Maintenance.

APPENDIX TABLE 51
Trend in Number of High School Dropouts
and Ethnic Composition by Grade,
N.Y.C., 1966-67 to 1973-74

	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Dropouts	29,030	28,445	31,845	32,609	30,289	31,164	31,780	34,178
H.S. Ethnic Composition by Grade: Puerto Rican and Black								
10	40.8	43.6	46.5	48.1	51.4	52.9	55.3	56.5
11	35.2	36.5	39.3	41.2	43.5	46.0	47.8	48.8
12	28.0	29.0	30.7	34.1	35.2	37.6	40.8	43.0

Source: N.Y.C. Office of the Mayor, Bureau of the Budget, "State of the Schools Indicators," January, 1975.

APPENDIX TABLE 52
Distribution of N.Y.C. High School Graduates,
1968–69 to 1973–74

Year	Graduates	Entering Postsecondary						Employ- ment	Military Serv.	Other
		In N.Y.S.			Outside N.Y.S.					
		4-yr.	2-yr.	Other	4-yr.	2-yr.	Other			
1973–74										
Public & Non-Public	70,641	46.0	21.2	3.2	7.5	0.5	0.4	16.2	0.9	4.0
Public	51,354	44.6	24.2	2.0	5.6	0.6	0.3	17.3	1.1	4.3
Non-Public	19,287	49.8	13.4	6.2	12.4	0.4	0.8	13.2	0.5	3.3
1972–73										
Public & Non-Public	69,864	45.9	22.3	3.5	7.7	0.6	0.4	15.2	0.9	3.5
Public	49,596	44.4	25.1	2.4	5.9	0.7	0.4	15.8	1.1	4.2
Non-Public	20,268	49.0	13.5	6.1	12.2	0.4	0.4	13.7	0.4	1.7
1971–72										
Public & Non-Public	70,440	43.9	23.2	3.5	8.4	0.7	0.5	14.6	0.8	4.3
Public	49,419	41.8	26.5	2.5	6.8	0.8	0.5	14.8	1.1	5.4
Non-Public	21,021	48.7	15.6	5.8	12.4	0.5	0.5	14.4	0.4	1.7
1970–71										
Public & Non Public	69,850	44.3	22.2	3.7	8.3	0.9	0.5	15.4	1.2	3.6
Public	48,208	42.2	25.1	2.7	6.6	0.9	0.5	16.2	1.5	4.3
Non-Public	21,642	48.9	15.7	6.0	11.9	0.7	0.4	13.8	0.5	1.9
1969–70										
Public & Non-Public	71,743	44.0	21.3	3.7	8.1	0.6	0.4	18.0	1.7	2.3
Public	49,400	42.6	23.3	3.0	6.3	0.6	0.5	18.7	2.2	2.8
Non-Public	22,343	47.1	16.9	5.1	11.9	0.7	0.2	16.4	0.5	1.2
1968–69										
Public & Non-Public	69,584	37.5	15.8	4.9	9.9	1.1	0.6	23.4	2.4	4.4
Public	48,111	34.5	16.4	4.8	9.1	1.3	0.7	25.4	3.0	4.8
Non-Public	21,473	44.2	14.3	5.1	11.8	0.8	0.3	19.1	0.9	3.5

Source: N.Y.S. Education Department, Information Center on Education, *Distribution of High School Graduates and College-Going Rate, N.Y.S.*

APPENDIX TABLE 53
N.Y.C. High School Graduates
Entering Senior and Community Colleges
of CUNY, 1970–1974

Year	Senior	Community	Total
1970	16,939	10,542	27,481
1971	16,711	13,372	30,083
1972	17,478	12,998	30,476
1973	17,161	12,805	29,966
1974	17,463	13,073	30,536

Source: City University of New York, Information Services.

APPENDIX TABLE 54

N.Y.C. Children in Foster Care by Age,
December, 1960 - December, 1974

	December 1960		December 1965		December 1970		December 1973		December 1974	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	18,424	100.0	22,021	100.0	25,934	100.0	28,265	100.0	28,600	100.0
Under 2	1,685	9.1	2,819	12.8	3,235	12.5	2,011	7.1	1,899	66.6
3-5	3,996	21.7	4,294	19.5	5,126	19.8	4,958	17.5	4,616	16.1
6-11	7,158	38.9	8,313	37.8	9,235	35.6	9,848	34.9	10,064	35.2
12 and over	5,585	30.3	6,595	29.9	8,338	32.2	11,448	40.5	12,021	42.0

Source: N.Y.C. Dep't. of Social Services, Bureau of Child Welfare

APPENDIX TABLE 55

N.Y.C. Children in Foster Care by Ethnic Group
December 1960 - December 1974

	December 1960		December 1965		December 1970		December 1973		December 1974	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	18,424	100.0	22,021	100.0	25,934	100.0	28,265	100.0	28,600	100.0
White	7,660	41.6	6,998	31.8	6,624	25.5	6,076	21.5	5,916	20.7
Black	7,087	38.5	10,013	45.5	13,094	50.5	14,940	52.9	15,463	54.1
Puerto Rican	3,677	19.9	5,010	22.7	6,216	24.0	7,249	25.6	7,221	25.2

Source: N.Y.C. Dep't. of Social Services, Bureau of Child Welfare.

APPENDIX TABLE 56

N.Y.C. Children in Foster Care by Religion,
December, 1960 - December, 1974

	December 1960		December 1965		December 1970		December 1973		December 1974	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	18,424	100.0	22,021	100.0	25,934	100.0	28,265	100.0	28,600	100.0
Catholic	10,314	56.0	11,584	52.6	13,508	52.1	14,195	50.2	14,219	49.7
Protestant	6,886	37.4	9,100	41.3	11,188	43.1	12,923	45.7	13,246	46.3
Jewish	1,224	6.6	1,337	6.1	1,238	4.8	1,147	4.1	1,135	4.0

Source: N.Y.C. Dep't. of Social Services, Bureau of Child Welfare.

APPENDIX TABLE 57

Percentage of N.Y.C. Children under 18 in Foster Care by Ethnic Group, 1950-1974

	% Total N.Y.C. Children In Foster Care	% White (Non-Hispanic) Children In Foster Care	% Black & Other Children In Foster Care	% Hispanic Children In Foster Care
1950	.77	*	*	*
1960	.85	.50	1.88	1.38
1965	1.00	.51	1.97	1.51
1970	1.16	.54	2.05	1.73
1973	1.22	.67	2.02	1.47
1974	1.35	*	*	*

*Not available.

Source: Bernstein, B.; Snider, D. A; Meezan, W. *A Preliminary Report. Foster Care Needs and Alternatives to Placement.* New York State Board of Social Welfare, June, 1975.

APPENDIX TABLE 58

Characteristics of Children in Foster Care, N.Y. State, and N.Y.C., December 31, 1974

	New York State	New York City
Total Number of Children	48,649	28,574
	%	
Born out-of-wedlock	45.4	54.6
Full or half-orphan	8.1	7.2
Both parents living	43.7	34.7
Married	(15.2)	(11.4)
Divorced, separated, annulled, deserted	(28.0)	(22.6)
One or both in hospital	(0.5)	(0.7)
Unknown	2.8	3.5
Total	100	100.0%

Source: N.Y. State Dep't. of Social Services, Office of Research.

APPENDIX TABLE 59

Reasons for Placement of Children in Foster Care

(N = 26989)

Parent Reasons:	No.	%*
Death	1539	5.7
Mentally Defective	1159	4.3
Physically Ill	1329	4.9
Alcoholic	2025	7.5
Drug Addicted	2288	8.5
Arrested/Detained	410	1.5
In Prison (Convicted)	438	1.6
Other Confinement	6[illegible]	2.4
Surrendered Child	85[illegible]	3.2
Intends to Surrender Chi[illegible]	842	3.1
Abandoned Child	3134	11.6
Abused Child	1244	4.6
Neglected Child	3812	14.1
Unable to Cope	7[illegible]72	27.7
Unable to Cope-Only Reason Given	2304	8.5
Inadequate Housing	1982	7.3
Inadequate Finances	1216	4.5
Mentally Ill	3122	11.6
Family Emergency	1352	5.0
Parental Conflict	2310	8.6
Sibling Conflict	472	1.7
Parent-Child Conflict	2797	10.4
Child Reasons:		
Foundling	298	1.1
School Behavior	3172	11.8
Home Behavior	3606	13.4
Community Behavior	1383	5.1
Physical Problem	498	1.8
Mental Problem	1178	4.4
Unmarried Pregnancy	426	1.6
Other	1098	4.1
Unknown	141	0.5
None	51	0.2
Not Reported	655	2.4

Categories with no cases are omitted from the table.

*Percentages add to more than 100.0 because more than one reason for placement may exist.

Source: Child Welfare Information Services, Inc., *System Level Reports*, May 31, 1975.

APPENDIX TABLE 60
Form of Care of N.Y.C. Children
in Foster Care at Public Charge
1960, 1970, 1973 and 1974

Form of Care:	December 1960		December 1970		December 1973		December 1974	
	#	%	#	%	#	%	#	
Institution	8,014)*	43.5)*	7,210	27.8	7,321	25.9	7,341	
Group Home	)	)	934	3.6	1,865	6.6	2,356	8
Boarding Home	10,410	56.5	17,790	68.6	19,079	67.5	18,903	66.1
Total	18,424	100.0	25,934	100.0	28,265	100.0	28,600	100.0

*Separate figures for institutional and group home placement are not available for this year.

Source: McMurray, G.L., *Crisis in Children's Services: Action Proposal for the 1970's*, Community Council of Greater New York, March 1974.

APPENDIX TABLE 61
N.Y.C. Children under 16 in State Developmental Centers,
by Age and Severity of Retardation,
December 31, 1974

Age:	Under 5	5-9	10-12	13-15	Total Under 16
		All Facilities			
Severity					
Normal/Borderline	0	3	9	7	19
Mild	0	4	7	17	28
Moderate	0	21	27	50	98
Severe	4	99	161	157	421
Profound	2	189	245	254	690
Unspecified	5	26	20	10	61
Total	11	342	469	495	1,317
		Selected Facilities			
Willowbrook	4	245	320	255	824
Wassaic	0	3	12	58	73
Letchworth	0	2	3	19	24
Total	4	250	335	332	921

Source: N.Y. State Dept. of Mental Hygiene, Office of Statistics and Clinical Information Services.

APPENDIX TABLE 62
Length of Stay of N.Y.C. Children
under Age 16 in State Psychiatric Centers,
1971-1975

	Fiscal Year				
	1971	1972	1973	1974	1975
Median Length of Stay (in days) of Admissions under 16	152	131	135	126	104

Source: N.Y. State Dep't. of Mental Hygiene, Office of Statistics and Clinical Information Services

APPENDIX TABLE 63

Mean Age at Entry by Year Entered Care of Children in Foster Care

Year Entered Care:	No.	Per-cent	Mean* age
1975	1,711	6.4	8.8
1974	3,859	14.3	9.0
1973	3,392	12.6	8.7
1972	2,784	10.3	
1971	2,547	9.5	
1970	1,985	7.4	
1969	1,599	5.9	
1968	1,221	4.5	
1967	1,189	4.4	
1966	1,127	4.2	
1965	954	3.5	
1964	940	3.5	
1963	710	2.6	
1962	702	2.6	
1961	550	2.0	
1960	521	1.9	
1959	429	1.6	
1958	302	1.1	
1957	215	0.8	
1956	120	0.4	
1955	68	0.3	
1954	14	0.1	
1953	5	0.0	
Total	26,944	100.0	6.5
Mean Years in Care = 5.39 Standard Deviation = 4.71			

Categories with no cases are omitted from the table.

*Mean Age is not shown for years prior to 1973.

Source: Child Welfare Information Services, Inc., *System Level Reports*, May 31, 1975.

APPENDIX TABLE 64

Family and Child Reasons for Placement by Child's Current Age and Years in Care,
(Number of Children – 26,119)

Years in Care:	Under 2 Years				2 to 5 Years			6 to 9 Years		10 to 21 Years
Age:	Under 2 Years	2 to 5 Years	6 to 9 Years	10 to 21 Years	2 to 5 Years	6 to 9 Years	10 to 21 Years	6 to 9 Years	10 to 21 Years	10 to 21 Years
	%	%	%	%	%	%	%	%	%	%
Reason for Placement:										
Family Reasons:										
Death	0.2	1.9	5.6	7.4	1.1	5.1	12.0	1.5	7.8	4.8
Mentally Defective	3.0	4.3	3.6	1.8	4.6	5.0	3.4	5.3	5.4	6.2
Physically Ill	2.7	5.2	4.9	4.9	2.2	5.4	6.2	3.5	7.3	5.1
Alcoholic	2.6	5.4	8.7	7.4	3.3	7.8	10.6	4.1	12.3	7.3
Drug Addicted	13.0	7.7	6.4	2.4	20.1	17.1	6.3	10.3	7.4	5.1
Arrested/Detained	1.3	1.9	1.6	0.7	2.1	2.2	0.8	1.4	1.3	2.3
In Prison (Convicted)	0.6	1.0	1.1	1.0	1.3	2.1	1.4	1.4	2.3	2.6
Other Confinement	1.7	1.2	1.5	0.6	2.2	1.5	1.7	3.0	3.1	4.9
Surrendered Child	2.1	1.0	1.2	1.3	3.4	1.4	2.4	10.0	2.2	5.6
Intends to Surrender Child	9.6	1.0	0.2	0.3	4.4	0.4	0.3	11.3	0.6	6.7
Abandoned Child	8.9	11.1	9.3	4.2	13.3	16.4	9.9	13.1	14.3	15.5
Abused Child	2.8	9.1	8.5	4.4	5.0	7.4	5.7	3.3	4.1	1.8
Neglected Child	12.5	20.6	19.9	11.0	11.1	20.1	16.1	6.9	17.8	12.1
Unable to Cope	15.6	18.1	26.9	34.3	25.9	31.2	32.9	26.4	32.8	23.4
Unable to Cope-Only RNS*	11.0	11.0	9.9	4.4	12.4	7.9	5.2	12.7	8.1	10.5
Inadequate Housing	12.1	12.3	10.4	5.7	10.2	9.9	7.5	5.5	5.3	5.0
Inadequate Finances	7.8	4.6	3.3	2.5	7.6	5.2	2.9	6.9	3.7	5.0
Mentally Ill	8.5	8.5	9.7	5.6	9.9	11.4	11.3	12.7	16.7	16.8
Family Emergency	4.9	5.8	6.8	4.6	4.0	5.5	5.7	3.9	6.4	4.3
Parental Conflict	4.1	5.5	7.6	11.6	7.0	9.4	10.9	4.9	10.9	7.5
Sibling Conflict	0.3	0.2	1.6	6.4	0.2	0.4	3.6	0.1	1.1	0.2
Parent-Child Conflict	1.3	2.7	7.6	37.1	3.2	2.3	20.0	1.8	5.7	2.1
Child Reasons:										
Foundling	0.8	0.7	0.7	0.4	0.9	0.6	0.4	1.5	1.4	2.6
School Behavior	0.2	0.1	9.7	41.2	0.1	1.6	26.5	0.5	7.2	2.7
Home Behavior	0.3	1.5	13.0	45.4	0.5	3.8	28.3	1.1	9.1	3.1
Community Behavior	0.1	0.1	3.8	20.1	0.1	0.5	10.9	0.2	2.4	1.1
Physical Problem	3.3	3.1	2.0	1.3	2.7	2.5	1.8	1.7	1.2	1.4
Mental Problem	0.6	0.4	3.7	10.1	1.4	2.5	9.6	1.2	3.9	2.2
Unmarried Pregnancy	3.3	0.4	0.2	2.9	1.6	0.8	0.3	3.3	0.9	2.1
Other	10.8	7.4	4.8	2.5	5.7	3.4	2.3	4.1	3.1	4.7
Unknown	0.8	0.7	1.0	0.4	0.6	0.3	0.2	0.8	0.4	0.5
None	0.6	0.4	0.2	0.1	0.2	0.1	0.1	0.3	0.1	0.1
Not Reported	2.1	2.9	1.3	1.4	0.5	0.8	0.6	0.1	0.7	0.7
Total*										
Number of Cases	1,195	1,346	1,228	3,384	2,525	2,367	4,458	1,895	2,814	4,907

Percentages add to more than 100.0 because more than one reason for placement may exist.

*Unable to cope is only reason given.

Source: Child Welfare Information Services, Inc., *System Level Reports*, May 31, 1975

APPENDIX TABLE 65

Percent of Children in Foster Care for whom Discharge Objective is Adoption, by Child's Age and Number of Years in Care, N.Y.C., May 31, 1975

Age	Years in Care			
	Under 2	2–5	6–9	10–21
Under 2	17.8%			
2–5	8.7%	46.6%		
6–9	4.4%	31.6%	59.9%	
10–21	1.6%	6.6%	18.5%	21.4%

Source: Child Welfare Information Services, Inc., *System Level Reports*, May 31, 1975.

APPENDIX TABLE 66

Adoption Status by Ethnicity of Children in Foster Care N.Y.C., May 31, 1975 (N = 24,839)

	Ethnicity						Total	
	Puerto Rican		Black		White			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adoption is Planned	1,038	14.9	3,240	24.8	907	18.8	5,185	20.9
Plan is Indeterminate	718	10.3	1,015	7.8	451	9.4	2,184	8.8
Adoption is Not Planned	5,212	74.8	8,803	67.4	3,455	71.8	17,470	70.3
Total	6,968	100.0	13,058	100.0	4,813	100.0	24,839	100.0

Source: Child Welfare Information Services, Inc. *System Level Reports*, May 31, 1975

APPENDIX TABLE 67

Adoptive Discharges from Foster Care, N.Y.C., by Age at Discharge, 1969 vs. 1973 and by Race, 1969 vs. 1974.

By Age

Discharge Age	1969 Total Adoptions Percent	1973 Adoptions Total Percent	1973 Adoptions Regular Percent	1973 Adoptions With Subsidy Percent
Under 2 years	63.6%	27.1%	40.3%	3.9%
2–4 years	30.4	33.7	35.4	30.5
5–7 years	4.3	20.6	12.8	34.1
8–11 years	1.4	10.7	5.2	20.4
12–13 years	0.1	4.6	3.1	7.5
14 and over	0.2	3.3	3.2	3.6
Total	100.0%	100.0%	100.0%	100.0%
Number of Children	1,980	847	539	308
Median Discharge Age	1.6 years	4.1 years	2.8 years	6.3 years

By Race

Race	1969	1974		
White	86.6%	51.5%	64.2%	33.6%
Black	12.1	43.2	28.6	63.9
Other	1.3	5.2	7.0	2.5
Unknown	-	0.1	0.2	-
Total	100.0%	100.0%	100.0%	100.0%
Number of Children	1,980	951	558	393

Source: N.Y. State Dep't. of Social Services, Bureau of Research.

APPENDIX TABLE 68
Arrests for Major Crimes of under 16-year Olds, N.Y.C.,
1960-1974

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974
Violent Crimes:															
Murder & Manslaughter	19	23	33	26	30	51	26	20	27	31	19	42	73	94	77
Rape	99	91	122	92	131	140	135	125	77	94	99	117	152	181	254
Robbery	925	920	1,110	1,291	1,279	1,434	1,538	2,072	2,486	2,826	3,013	3,417	4,382	4,459	4,765
Aggravated Assault	830	975	1,186	1,094	1,304	1,238	3,103	2,973	2,164	1,777	1,584	1,528	1,938	1,380	1,797
Total Violent Crimes	1,873	2,009	2,451	2,503	2,744	2,863	4,802	5,190	4,754	4,728	4,715	5,104	6,545	6,114	6,893
Property Crimes:															
Burglary-Breaking & Entering	2,381	2,182	2,401	2,633	2,903	3,055	2,768	2,729	2,884	2,813	2,970	3,029	3,703	4,684	6,038
Larceny-Except Motor Vehicle	1,542	1,440	1,561	1,623	1,841	1,708	1,621	1,612	1,828	1,712	1,479	1,323	1,495	1,752	2,298
Auto Theft	877	936	995	1,154	1,330	1,093	1,103	1,148	1,289	1,107	895	975	1,375	1,861	1,589
Total Property Crimes	4,800	4,558	4,957	5,410	6,074	5,856	5,492	5,489	6,001	5,632	5,344	5,327	6,573	8,297	9,925
Total Crimes Violent & Property	6,673	6,567	7,408	7,913	8,818	8,719	10,294	10,679	10,755	10,360	10,059	10,431	13,118	14,411	16,818

Source: N.Y.C. Police Dep't., Crime Analysis Section

APPENDIX TABLE 69
Arrests for Violent and Property Crimes, N.Y.C.
Total and Percent under 16 Years, and Rates, 1960, 1970, 1974

	1960	1970	1974
Arrests for Violent Crimes:			
Under 16	1,873	4,715	6,893
Total – All Ages	13,847	27,472	43,831
% of Total – Under 16	13.51%	17.16%	15.73%
Population Under 16	1,025,014	1,131,265	N/A
Rate per Thousand	1.83	4.17	
Arrests for Property Crimes:			
Under 16	4,800	5,344	9,925
Total – All Ages	19,710	32,782	42,768
% of Total – Under 16	24.35%	16.30%	23.21%
Population Under 16	1,025,014	1,131,265	N/A
Rate per Thousand	4.68	4.72	
Arrests for Violent & Property Crimes:			
Under 16	6,673	10,059	16,818
Total – All Ages	33,557	60,254	86,599
% of Total – Under 16	19.89%	16.69%	19.42%
Population Under 16	1,025,014	1,131,265	N/A
Rate per Thousand	6.51	8.89	

Source: N.Y.C. Police Dep't., Crime Analysis Section.

APPENDIX TABLE 70

Arrests (under Age 16) for Violent Crimes, 1974

(by Type of Crime, Sex and Borough)

	ARRESTS											
	Murder Non-Negligent Manslaughter		Forcible Rape		Robbery		Aggravated Assault*		Total		Total Rate Per 1,000 Population 7-15 (1970)	
	M	F	M	F	M	F	M	F	M	F	M	F
New York City	73	4	245	9	4,323	442	975	337	5,616	792	9.8	1.4
Manhattan	24	-	60	4	835	71	152	49	1,071	124	12.5	1.5
Bronx	21	1	57	2	1,177	101	292	87	1,547	191	13.2	1.7
Brooklyn	21	3	90	3	1,575	157	336	120	2,022	283	9.6	1.4
Queens	7	-	30	-	682	104	172	73	891	177	6.6	1.3
Richmond	-	-	8	-	54	9	23	8	85	17	3.1	.7

*Does not include simple assault (misdemeanors)

Sources: N.Y.C. Police Dep't., Crime Analysis Section.
N.Y.C. Dep't. of City Planning, Office of Education and Social Services.

APPENDIX TABLE 71

Trend in Recorded Child Abuse Cases in Central Registry, N.Y.C., 1964-1974

1964-5	274					
1966	416					
1967	706					
1968	956					
1969	1,823					
1970	2,594					
1971	2,591					
1972	2,710					
1973	3,134					
1974	3,086					
	Under 1	1-4	5-9	Over 10	No Age Information Available	Total
By Age 1974	693	817	761	767	48	3,086

Source: N.Y.C. Bureau of Child Welfare, Central Registry Reports.

APPENDIX TABLE 72

Cases of Suspected Child Abuse or Maltreatment Reported by Category of Abuse, N.Y. State and N.Y.C., 1974

County	Total		Abuse		Maltreatment	
	Reports	Children	Reports	Children	Reports	Children
New York State	29,912	59,636	5,295	7,569	24,617	52,637
Percent	100.0	100.0	17.7	12.7	82.3	87.3
New York City	11,836	21,854	2,686	3,668	9,150	18,186
Percent	100.0	100.0	22.7	16.8	77.3	83.2
Upstate	18,076	37,782	2,609	3,901	15,467	33,881
Percent	100.0	100.0	14.4	10.3	85.6	89.7

Source: 1974 Annual Report for the Provision of Child Protective Services in New York State

APPENDIX TABLE 73

Disposition of Child Protective Proceedings
Involving Child Abuse, July 1, 1973 to June 30, 1974

Disposition	Total
Withdrawn	113
Dismissed	68
Judgment suspended	4
Released to parent or other person	33
Released to parent or other person under supervision	31
Probation	33
Order of Protection	25
Other	9
Placement with relative	34
Placement with non-relative	3
Removed from home and placed with DOSS	45
Placed with private institution or agency	2
Other	7
Total	407

Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administrative Board.

APPENDIX TABLE 74

Trend in Number of Juvenile Delinquency Petitions
and Adjudications, 1964–1974, N.Y.C.

	Petitions Pending Start of Judicial Year*	New Petitions Filed During Year	Petitions Disposed of During Year			Petitions Pending end of Judicial Year*
			Withdrawn or Dismissed	Other Disposition	Total*	
7/1/63–6/30–64	902	7,157	2,823	3,898	6,721	1,338
7/1/64–6/30/65	1,336	7,678	2,740	4,567	7,307	1,707
7/1/65–6/30/66	1,695	6,863	2,812	3,707	6,519	2,039
7/1/66–6/30/67	1,275	7,720	3,165	4,298	7,463	1,532
7/1/67–6/30/68	1,986	8,147	3,406	4,240	7,646	2,487
7/1/68–6/30/69	2,500	8,937	4,118	3,756	7,874	3,563
7/1/69–6/30/70	2,396	7,814	4,131	2,855	6,986	3,224
7/1/70–6/30/71	3,259	6,751	3,912	1,979	5,891	4,119
7/1/71–6/30/72	3,600	6,748	3,624	1,946	5,570	4,778
7/1/72–6/30/73	4,787	7,614	3,466	1,599	5,065	7,336
7/1/73–6/30/74	7,256	8,567	4,188	1,867	6,055	9,768

*For statistical purposes only, the reporting procedure permits each family court to drop from its pending figures undisposed cases which are three or more years old. Due to such adjustments, the figures shown as pending on July 1 vary from those appearing as pending on the previous June 30.

Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administrative Board.

APPENDIX TABLE 75
Summary Chart based on 1974 Data of PINS Cases
by Type of Problem by Sex and by Age,
January 1, 1974 to December 31, 1974

Reasons \ Age	7–10		11–15		Over 16		Unknown		Total		%	
	M	F	M	F	M	F	M	F	M	F	M	F
Homicide			1						1		0.03	
Arson	2		1				1		4		0.10	
Rape	1		1	2					2	2	0.05	0.04
Other Sex Crimes			3	2					3	2	0.08	0.04
Narcotic Violations	1		21	9		4		2	22	15	0.56	0.32
Robbery	1		37	4					38	4	0.97	0.09
Burglary			16	1					16	1	0.41	0.02
Assault	5		47	23		1		1	52	25	1.33	0.54
Auto Theft			5	1					5	1	0.13	0.02
Unauthorized Auto			10	1	1				11	1	0.28	0.02
Larceny-Not Auto			17	5					17	5	0.43	0.11
Dangerous Weapon			19	3			1		20	3	0.51	0.06
Malicious Mischief	3		15	4		1			18	5	0.46	0.11
Unlawful Entry			1						1		0.03	
Burglary Tools			1						1		0.03	
Gambling			1						1		0.03	
Receiving Stolen Property			19	3					19	3	0.49	0.06
Disorderly Conduct	2		32	16				1	34	17	0.87	0.36
Runaway from Home	28	6	645	1299	5	172	1	2	679	1479	17.36	31.73
Habitual Truancy	38	4	1015	951	6	47			1059	1002	27.08	21.50
Refusing to Obey	45	3	779	793	4	53			828	849	21.17	18.21
Sexual Misconduct	1		18	118		16			19	134	0.49	2.87
Staying out late	21	1	470	457	1	30			492	488	12.58	10.47
Bad Companions	11	1	288	402	3	25			300	428	7.67	9.18
Vile Language	3		82	73		3		1	85	77	2.17	1.65
Intoxication			37	51				1	37	52	0.95	1.12
Glue Sniffing			11	1					11	1	0.28	0.02
Other Offenses	11	2	118	62	2	2	5	1	136	67	3.48	1.44
Totals									3911	4661		

Source: Office of Court Administration. Unpublished data.

APPENDIX TABLE 76
Juveniie Delinquency
Disposition of Cases, by Sex, N.Y.C.,
1965–66 through 1973–74

Year	Total	Not Adjudicated	Adjudicated		% Adjudicated	% Placed of Those Adj.	% of Those Placed with Total
			Not Placed	Placed			
1965–66:							
Boys	5,868	3,060	2,104	704	48%	25%	12%
Girls	629	409	169	51	35%	23%	8%
Total	6,497	3,469	2,273	755	47%	25%	12%
1966–67:							
Boys	6,120	3,276	2,200	644	46%	23%	11%
Girls	659	414	210	35	37%	14%	5%
Total	6,779	3,690	2,410	679	46%	22%	10%
1967–68:							
Boys	6,498	3,489	2,418	591	46%	20%	9%
Girls	671	426	205	40	37%	16%	6%
Total	7,169	3,915	2,623	631	45%	19%	9%
1968–69:							
Boys	6,544	4,079	2,037	428	38%	17%	7%
Girls	767	562	179	26	27%	13%	3%
Total	7,311	4,641	2,216	454	37%	17%	6%
1969–70:							
Boys	5,881	4,108	1,438	335	30%	19%	6%
Girls	665	520	128	17	22%	12%	3%
Total	6,546	4,628	1,566	352	29%	18%	5%
1970–71:							
Boys	5,065	3,703	1,092	270	27%	20%	5%
Girls	706	558	122	26	21%	18%	4%
Total	5,771	4,261	1,214	296	19%	20%	5%
1971–72							
Boys	4,743	3,455	1,043	245	27%	19%	5%
Girls	644	524	109	11	19%	9%	2%
Total	5,387	3,979	1,152	256	26%	18%	5%
1972–73							
Boys	4,374	3,308	856	210	24%	20%	5%
Girls	578	470	99	9	19%	8%	2%
Total	4,952	3,778	955	219	23%	19%	4%
1973–74							Administrative
Boys	5,455	4,182	986	287	23%	23%	5%
Girls	600	502	85	13	16%	13%	2%
Total	6,055	4,684	1,071	300	23%	22%	5%

Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administration Board.

APPENDIX TABLE 77

Persons in Need of Supervision:
Disposition of Cases, by Sex, N.Y.C.
1963-64 through 1973-74

Year	Total	Not Adjudicated	Adjudicated		% Adjudicated	% Placed of Those Adj.	% of Those Placed of Total
			Not Placed	Placed			
1963-64:							
Boys	1,719	455	964	300	74%	24%	17%
Girls	1,592	392	883	317	75%	26%	20%
Total	3,311	847	1,847	617	74%	25%	19%
1964-65:							
Boys	1,961	455	1,094	412	77%	27%	21%
Girls	1,833	480	1,019	334	74%	25%	18%
Total	3,794	935	2,113	746	75%	26%	20%
1965-66:							
Boys	1,968	569	1,045	354	71%	25%	18%
Girls	1,881	556	1,004	321	70%	24%	17%
Total	3,849	1,125	2,049	675	71%	25%	18%
1966-67:							
Boys	2,241	597	1,219	425	73%	26%	19%
Girls	2,050	613	1,124	313	70%	22%	15%
Total	4,291	1,210	2,343	738	72%	24%	17%
1967-68:							
Boys	2,343	619	1,344	380	74%	22%	16%
Girls	2,326	733	1,282	311	69%	20%	13%
Total	4,669	1,352	2,626	691	71%	21%	15%
1968-69:							
Boys	2,471	753	1,388	330	70%	19%	13%
Girls	2,265	895	1,132	238	60%	17%	10%
Total	4,736	1,648	2,520	568	65%	18%	12%
1969-70:							
Boys	2,526	803	1,395	328	68%	19%	13%
Girls	2,458	994	1,193	271	60%	19%	11%
Total	4,984	1,797	2,588	599	64%	19%	12%
1970-71:							
Boys	2,320	917	1,078	325	60%	23%	14%
Girls	2,533	1,327	899	307	48%	25%	12%
Total	4,853	2,244	1,977	632	54%	24%	13%
1971-72:							
Boys	1,936	861	813	262	56%	24%	14%
Girls	2,343	1,439	710	194	39%	21%	8%
Total	4,279	2,300	1,523	456	46%	23%	11%
1972-73:							
Boys	1,325	708	435	182	47%	29%	14%
Girls	1,438	931	360	147	35%	29%	10%
Total	2,763	1,639	795	329	44%	27%	12%
1973-74:							
Boys	1,589	968	421	200	39%	32%	13%
Girls	1,612	1,119	321	172	30%	35%	11%
Total	3,201	2,087	742	372	35%	33%	12%

Source: N.Y. State Judicial Conference and the Office of Court Administration, Annual Reports of the Administrative Board.

APPENDIX TABLE 78

Probation without Placement—PINS and Juvenile Delinquents, 1965-66 to 1973-74

	ADJUDICATED PINS					ADJUDICATED JUVENILE DELINQUENTS				
	Probation without Placement					Probation without Placement				
	Total	Boys	% of Total	Girls	% of Total	Total	Boys	% of Total	Girls	% of Total
1965-66	2,724	857	31.4	835	30.7	3,028	1,502	49.6	129	4.3
1966-67	3,081	998	32.4	927	30.1	3,089	1,438	46.6	151	4.9
1967-68	3,317	1,151	34.7	1,053	31.7	3,254	1,591	48.9	145	4.5
1968-69	3,088	1,224	39.6	969	31.4	2,670	1,293	48.4	121	4.5
1969-70	3,187	1,225	38.4	1,026	32.2	1,918	965	50.3	90	4.7
1970-71	2,609	916	35.1	768	29.4	1,510	775	51.3	90	6.0
1971-72	1,979	682	34.5	603	30.5	1,408	693	49.2	79	5.6
1972-73	1,124	381	33.9	302	26.9	1,174	569	48.5	70	6.0
1973-74	1,114	355	31.9	269	24.1	1,371	614	44.8	53	3.9

Source: N.Y. State Judicial Conference and the Office of Court Administration. Annual Reports of the Administrative Board.

APPENDIX TABLE 79

Population of Training Schools (Title III) as of July 31, 1971 and July 31, 1975

	Population 7/31/71	Population 7/31/75	Capacity 7/31/75
Goshen	83	87	100
Highland	154	109	120
Industry	355	216	200
Otisville	352	**	**
Overbrook*	58	*	*
South Kortright*	48	*	*
Tryon	86	141	120
Warwick	283	131	160
Amenia	17	**	**
Brookwood	49	33	60
Hudson	201	79	100
South Lansing*	51	*	*
Brentwood		3	20
	1697	799	880

*Changed to Title II

**No longer a DFY facility

Source: N.Y. State Division for Youth: Research, Program Evaluation and Planning, October 1, 1975.

APPENDIX TABLE 80
N.Y. State Division for Youth
Population in Title II and Title III Facilities,
by Ethnicity and Sex, July 31, 1975

ALL FACILITIES	Title II	Title III		
		JD	PINS	TOTAL
TOTAL POPULATION	895	437	357	794
Ethnic Group:				
White	369	197	190	387
Black	391	222	152	374
Spanish Surname	117	16	15	31
Other	18	2	-	2
Sex:				
Male	702	437	187	624
Female	193	-	170	170

Source: N.Y. State Division for Youth: Research, Program Evaluation and Planning, *Monthly Population Reports*.

APPENDIX TABLE 81
PINS and Juvenile Delinquents in
Foster Care as of December 31, 1974

Characteristics	New York City		Rest of State	
	PINS	Juvenile Delinquents	PINS	Juvenile Delinquents
Number	1,014	165	1,065	387
Percent	86.0%	14.0%	73.3%	26.7%
Median Age	15.6 (yrs.)	15.7 (yrs.)	15.5 (yrs.)	15.4 (yrs.)
Median Time in Care	1.34 (yrs.)	0.88 (yrs.)	1.00 (yrs.)	0.84 (yrs.)
Ethnic Group:				
White	48.6%	46.7%	78.8%	73.1%
Non-White	51.4	53.3	21.2	26.9
Religion:				
Protestant	28.0%	35.7%	40.4%	40.3%
Roman Catholic	32.4	35.2	31.1	31.5
Other	8.7	8.5	10.4	10.4
None	30.9	20.6	18.1	17.8
Sex:				
Male	65.7%	96.4%	55.6%	94.3%
Female	34.3	3.6	44.4	5.7
Type of Care:				
Institution	69.7%	73.9%	60.8%	68.3%
Group Home	11.1	7.3	5.1	4.1
Boarding Home	3.2	1.8	29.3	25.3
Other	16.0	17.0	4.8	2.3

Source: New York State Dep't. of Social Services, Bureau of Research.