



# HEARTSHARE ST. VINCENT'S SERVICES IMPLEMENTS INTENSIVE PERMANENCE SERVICES:

*A story of learning,  
healing, loving and  
commitment*



The Pinkerton Foundation



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*A story of learning, healing, loving and commitment*

A partnership between Heartshare St. Vincent's Services, Alia, Redlich Horwitz Foundation and Pinkerton Foundation



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# Partnering Organizations

HeartShare St. Vincent's Services / Alia / Redlich Horwitz Foundation / Pinkerton Foundation



**Dawn Saffayeh**  
Executive Director  
HSVS

**Amelia Franck Meyer**  
CEO  
Alia



**Debi Grebenik**  
Chief Learning Officer  
Alia

**Sarah Chiles**  
Executive Director  
Redlich Horwitz Foundation



*"Learning this model has completely reshaped my view of child welfare work. The foster care system is set up to move kids to permanency FAST. That works and makes good sense for many young people. But for youth who are older and have experienced layers of trauma and pain it takes time for them to heal and learn to trust other humans again. Now at HSVS we know how to give our youth the connection and space they need to grieve their losses, heal and trust so that new and reignited old relationships have a shot at being successful long term. And that's what our kids need – long lasting, loving relationships. Thank you to the Alia team for teaching us this model, it's changed how we will forever do our work at HSVS."*

– Dawn Saffayeh, Executive Director, HSVS

*Alia is committed to helping child welfare leaders build new ways of work that are anti-racist, trauma-informed, and prevention and permanency driven. We do no work with children and families directly; rather, we support leaders and the workforce to do work in new ways and sustain their own wellbeing in the process. We feel a strong moral and ethical obligation to youth who are living with the wounds of old ways of work; work we did before we knew better. This is why we seek others who want to learn these mindsets, cultural norms, and innovative practices. We teach, guide, and support others to do this direct work in new ways, while integrating the learnings from this healing work throughout their own practices and eventually, throughout their own lives. Anyone who engages in this work is transformed, personally and professionally. It is not to be taken lightly and it is not for the faint of heart. It will test your perseverance in every way possible, the rewards will be career and life altering in permanent ways, and your heart will burst with the love you will witness and receive as you help youth heal and sustain themselves with the love of their family.*

–Amelia Franck Meyer, CEO, Alia

*I experienced first-hand the impact that IPS created at HSVS. I saw their team embrace the concepts and let their focus be transformed. They were infused with building trust, creating healing, and finding connections. Their perseverance created unparalleled opportunities to support youth in connecting with those they loved and lost or who they identified as their permanent resource to whom they belonged. Creativity emerged as they navigated systems that weren't prioritizing youth's permanence. They prioritized relationships and in the process grew personally and professionally in ways not anticipated. As the process took root, other parts of the agency took notice and wanted to adapt their practices to include the concepts at the heart of IPS. The changes are evidenced by their increased connections and the strength of those connections. Youth stated they were able to imagine a future and they felt safe and cared for; and that is why we do this work – to support agencies in their implementation of the IPS concepts and principles.*

–Debi Grebenik, Chief Learning Officer, Alia

*"I can't thank you and the IPS team enough for all their amazing commitment to these young people. The impact of the IPS model on the staff, young people, extended families, and the agency as a whole is so evident when listening to the team talk about the meaning they have found in this approach and the connections they have forged with and for these youth. I feel emotional about the potential for IPS to really transform child welfare practice and the system."*

– Sarah Kroon Chiles, Program Officer,  
Redlich Horwitz Foundation



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### A WORD ABOUT THE FIELD:

#### Aging out of foster care alone

By law, states must demonstrate to the court that agencies have made ongoing efforts for family placement; including efforts to locate birth families. When courts determine that all other options have been explored and ruled out, a child remains under the legal custody and care of the child welfare agency until adulthood.

Simply waiting to age out of the system with no legal connection and no person who claims you is an appalling and terrifying situation for a young person.

In 2017, the leadership at HeartShare St. Vincent's Services (HSVS) decided they were no longer willing to accept this future for the youth in their care. Supported by the Redlich Horwitz and Pinkerton Foundations, and facilitated by Alia, HSVS began implementing *Intensive Permanency Services* for their youth.

And their decision changed everything: for them, for their youth, and for families.





## FROM AMELIA FRANCK MEYER

*“Those of us who have worked for a long while in child welfare know one thing for sure, the system is not producing the desired results; too many of our youth end up moving from caregiver to caregiver, home to home, and eventually aging out of care disconnected—often homeless or hopeless.*

*These youth have families from whom they have been disconnected, and they have powerful needs for belonging and connection. However, for too many youth, we have so greatly diminished their capacity to connect through multiple caregiver disruptions that permanency in a family can become only primal longing and not a reality. While we build a new way of work together that keeps children safely with their families, not from their families, something must be done to help youth currently living with the wounds of family separation.*

*Through a decade-long partnership with the University of Minnesota’s Center for Advanced Studies in Child Welfare, we tested and tried ways to help youth heal from their relational trauma and restore their capacity to reconnect with family, preferably their own. By using various approaches in new ways, and building some of our own, we developed Intensive Permanency Services. This model helped us get 84% of youth with whom we worked directly throughout Minnesota and Wisconsin to legal permanence. It was time to share this learning with others.*

## INTRODUCTION

### What is IPS (Intensive Permanence Services)?

*IPS is an innovation award-winning service designed to reestablish permanent familial connections to those youth who have been disconnected from family through placement(s) in out-of-home care.*

*“Love heals so we, ‘Do what love would do,’ which is to say we love these youth like they were our own, and we help them heal, connect, and belong, which is all any one of us really needs.”*

*– Norma Forde, HSVS IPS Supervisor*

In 2006, a small, dedicated team of foster care staff began to develop a way of connecting with youth who experienced profound losses and who reportedly had, “no one.” Led then by Amelia Franck Meyer, now founder and CEO of Alia, this team was fueled by the belief that everyone has family or loved ones *somewhere*. They spent years developing an approach that paired intense family finding with deep trauma healing; this became IPS.

All youth who participated in the early IPS program showed increases in the quality and quantity of their connections, as measured by the Youth Connections Scale (YCS). Created in partnership with the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota YCS scores demonstrated youth experienced growth and healing in their capacity to connect with others, and relief from the guilt and shame they felt over lost relationships. They often felt that it was their fault that caregivers did not maintain connections throughout their multiple placements.

Amelia and her team saw a new lightness and sense of hope develop in the youth as they began to believe in their worthiness and capability of belonging with a permanent family. After achieving record-high permanency outcomes going from 38% to 84% piloting their approach in jurisdictions throughout Wisconsin and Minnesota, Amelia and her team were ready to teach and share this award-winning approach with other agencies.

INTENSIVE PERMANENCE SERVICES

PHASE 1  
0-9 MONTHS



TRUSTING



*Building Trust*



*Exhaustive Searching*

PHASE 2  
6-18 MONTHS



HEALING



*Healing Trauma*

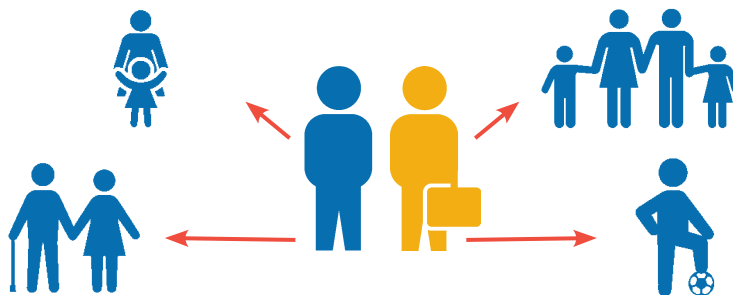


*Connecting to lost loved ones*

PHASE 3  
12-18 MONTHS



CONNECTING

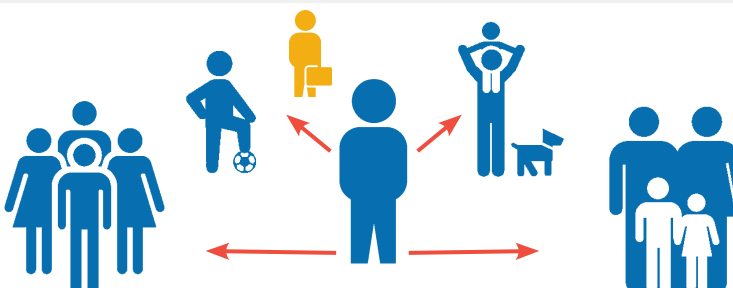


*Connecting & Healing Relational Trauma*

PHASE 4  
12-24 MONTHS  
& ONGOING



SUPPORTING



*Supporting & Integrating Healthy Relationships*

## The partnership: HSVS + Redlich Horwitz Foundation + Alia

The Redlich Horwitz Foundation is deeply committed to supporting innovative and permanency-driven service providers and government agencies in NYC to ensure that every child exits the foster care system into a permanent, loving family.

Sarah Chiles, Executive Director of the Redlich Horwitz Foundation, and Amelia Franck Meyer first met in 2014. Sarah recognized an organizational alignment of values and vision as she listened to Amelia speak about her work in permanency and healing with youth. In 2015, the Redlich Horwitz Foundation funded a project to bring IPS to youth in New York City – youth with the deepest wounds and greatest need for trauma healing.

Next, Sarah and Amelia set out to find a local partner to begin IPS. After visiting multiple organizations, it was clear that Dawn Saffayeh and her team at the Brooklyn-based nonprofit, HSVS, a contracted service provider for the Administration for Children's Services (ACS) in New York City, were the ones best positioned to bring their idea to life.

## Launching IPS at HSVS with help from The Pinkerton Foundation

With additional support from The Pinkerton Foundation in the Spring of 2016, the partnering agencies began the process of knowledge-sharing, culture-changing, trust-building, and heart-opening that this tremendous project would require.

This was no ordinary project and varied in important ways from how IPS was accomplished in Minnesota and Wisconsin. Alia had never worked alongside a partnering funder, never in a large city, and never with youth as old as the HeartShare youth. The intense levels of trauma and loss experienced by these youth added to the complexity and challenge.

The process of selecting which youth would participate was gut wrenching. Everyone at the table understood that given their resources and capacity only a small percentage of the young people would receive IPS services.

By starting the healing and connecting process so close to adulthood, after years of compounded loss and trauma, staff knew those who were not selected would likely age out and become further statistical evidence of a failed system. Through tears, HeartShare caseworkers advocated for youth they cared deeply about, pleading with the selection team to enroll each one.

The team most certainly did not select the 'easiest' youth; rather, they selected those whose stories seemed most urgent. Among the youth selected were those who spent time on Rikers Island, who spent more than half of their lives living in group care, who were suffering with significant addiction, or who came from other countries. They all had experienced long and intense trauma histories and were neglected or forgotten by many.



**Norma Forde**  
*HSV S Senior Director  
and IPS Supervisor*

## We Didn't Give Up on Him

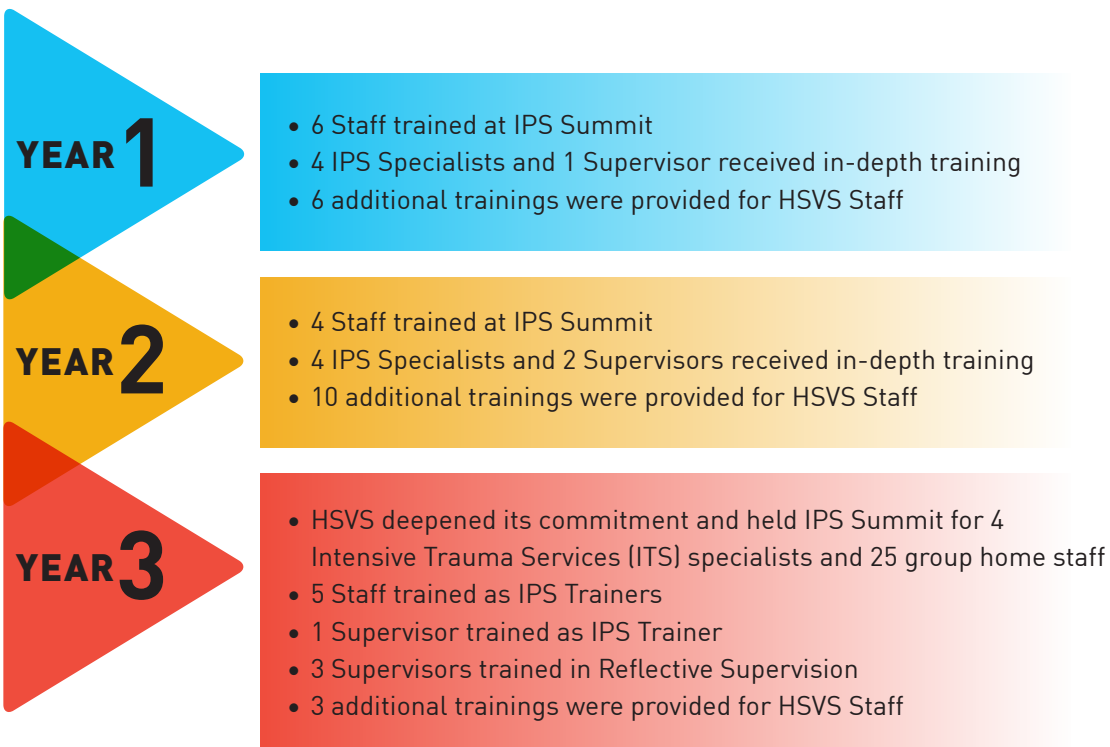
One youth who came to HSVS from a disaster-stricken country experienced multiple traumas and a string of failed placements. Although the courts approved his APPLA status (meaning his plan was to age out of foster care), Norma Forde, HSVS Senior Director and IPS Supervisor, refused to accept this saying, "No! We're finding a home for him."

Months later, the young man was considering 3 university scholarships offered to him and was adopted in June 2019 after "graduating" from the IPS program and deepening his connections. "I knew it would make a difference for him," Norma said, and it did!

The youth stated, "I knew this was my last home out of 9 homes – it felt right, you protected me."

## IPS Project Scope

Four HSVS staff were chosen from internal candidates. Eighteen youth were chosen and caseloads were determined. Alia visited in person for consultation and training; coaching the staff who were working through the IPS process with youth. Alia also offered frequent virtual case consultations.



The HSVS IPS team (IPS Specialists and supervisors) were eager learners and came to understand this healing process deep in their bones. They experienced the magic that happens when you stick by another human, build trust, help them heal, and connect them with those they've loved and lost, or to whom they are related.

## HOW IPS WORKS

### The approach

Intensive Permanence Services works by having a single, highly trained specialist guide the youth through a proven process to heal from the trauma they have experienced. Trauma disrupts the ability to feel safe and to connect. Normal, healthy brains diminish their capacity to connect, especially following disruption(s) from caregiver(s). IPS uses a unique combination of approaches that help to heal relational trauma through a lens of grief and loss, which helps youth restore their capacity to connect. Then, through a youth-driven, *exhaustive* search of a youth's entire network of kin and fictive kin, potential permanent connections are identified and cultivated. The result is supportive, stable connections, which enhance both physical and psychological safety and belonging. This leads to heightened wellbeing and more positive outcomes of hope and permanency for the youth.

### Finding family on its own is not enough

Youth in out-of-home care lose the ability to trust and connect because of the number of caregivers who weren't able to be there for them in the way they needed. These youth were not given the nurturing and care they needed, often at key stages of development. When the attachment cycle is repeatedly broken, as a protective measure, youth diminish their ability to connect. The grief work, done as a part of IPS, helps youth understand what happened to them that causes their brain to stay in survival mode. Their fight, flight, or freeze instincts are constantly activated. When we allow youth to heal from their losses and understand that these reactions are normal, pain-based responses to their grief and trauma, they can re-learn positive ways to cope. Then, it is possible to begin to develop healthy, trusting relationships. The restoration of the ability to connect is key before reconnecting youth to positive adult connections and is a critical step that is often missed, rushed, or skipped.







## The 4 Stages of IPS: Trusting, Healing, Connecting, and Supporting

Each youth is unique, and the amount of time spent in each stage is determined by the youth. In general, to complete all stages, it takes between 18-24 months. Because youth have experienced multiple instances of broken relationships and broken trust, it is the first phase, **Trusting**, that takes the longest. With a specialist-to-youth ratio of 1:8, IPS Specialists are afforded the time required to build trusting relationships, which can take 10-12 months before a youth is able to move into Healing.

During **Healing**, the youth processes past losses and traumas, and reconnects with their sense of self, their body, identity, and their history. In a parallel but separate youth-determined process, the IPS Specialist searches for people the youth has loved and lost, or to whom they are related.

In the third phase, **Connecting**, the IPS Specialist reconnects the youth with important others to increase their network of support. Also in the connecting phase, facilitated by IPS Specialists, the process of healing and forgiving between family members/caregivers and youth begins. Finally, family members and caregivers are supported as they build their understanding of pain-based behaviors and the best ways to help youth continue to heal.

In the final phase, **Supporting**, the IPS Specialist helps the youth navigate the ups-and-downs of human relationships. Youth learn how to rely on other caring adults while also practicing ways to manage their trauma histories.

## The role of youth voice in IPS

Often youth in the “system” were given little, if any, control in their lives. They typically were put into placement and services without their consent and were often penalized for not “complying.” In the IPS program, youth have their autonomy restored, which helps build trust. The youth are allowed to “hire” and “fire” their Specialists. Specialists guide the process, but youth set the pace. Youth set their own goals and are given the opportunity to run their own meetings, ask difficult questions of their teams, and identify persons to whom they want to be reconnected. At times the youth may respond with a resounding ‘no’ to the invitation to engage in IPS work. The IPS Specialist “unpacks the no” to determine what emotion might be behind this response. As the Specialist works with the youth, the process is more about curiosity than judgment and allows the youth an opportunity to understand what might be fueling their reluctance.

Further, an IPS Specialist never shares information about the youth to other workers without the youth’s permission. Being in control of their story is an uncommon experience for youth in care and offering them the respect in ownership of their own narrative is crucial.

## IPS Specialists don’t give up

An IPS Specialist acknowledges the youth’s grief and loss as they move toward a plan for permanency. The Specialist moves at the youth’s pace. Even when the youth says they are done; they may be done for the moment, without being ready to quit the process entirely. The Specialist accommodates the youth’s schedule and meets when and where the youth wants to meet. Additionally, wherever the youth go, the specialist goes there, too. If the youth moves placement or geographic locations, the specialist visits the youth in whatever location they are residing.



**67%**  
of youth found or  
made significant  
advancements  
toward  
permanence  
during the project  
timeframe!

## YOUTH OUTCOMES



4

*Living with Family/  
Adopted*



3

*in KinGap  
Placements*



2

*Adoption of the Heart  
(living with  
self-identified "family")*



1

*Permanency Pact  
with a permanent  
resource*



2

*Step-down from  
Group Home to  
Foster Care*

### Other Results

- 2** Older youth were **reconnected** with family but opted to live independently
- 1** Youth was **unable to live with permanent family** due to systemic barriers
- 1** Youth was **deemed to be an inappropriate referral** due to low cognitive functioning
- 1** Youth **passed away** while in in-patient treatment
- 1** Youth **re-engaged in IPS** after dropping out following an adoption that did not last

While the ultimate goal is for youth to be placed with family members, some systemic barriers may exist for this to occur. Three youth were placed in KinGap which is a family member or family-like member known to the youth. For some youth, they were able to create new connections with family members even though the family member(s) were not viable placement options due to a variety of reasons. Permanency pacts were utilized to demonstrate the importance of the familial connections.

For the purpose of the project, for a few youth, stepping down from a multiple-year placement in a group home to a foster home is considered to be a positive outcome; especially when youth were able to identify the foster family with whom they wanted to live. Two other youth identified adults (e.g. for one youth-a paraprofessional in his school) with whom they wanted to live.

## BY THE NUMBERS

18

Youth served in IPS

28

Median months in  
IPS program

6

**IPS Trainers**  
(4 IPS Specialists + 2  
Supervisors-trained to  
be trainers)

2

IPS Supervisors

4

IPS Specialists



### Unexpected Outcomes

The initial goal of Alia's work with HSVS was to develop local Subject Matter Experts in delivering and training Intensive Permanence Services. As this process progressed something unexpected began to happen. As the IPS team interacted with other staff members, especially through weekly 15-minute case planning calls with the larger team (a vital part of IPS) small changes began to emerge. Individuals began to change how they talked and behaved. They began to see youth behaviors as

expressions of pain referred to as "pain-based behaviors" and started asking new questions like, "How can we get this youth to permanence?" or "Does this case plan promote trusting and healing?" Staff also shifted their language to alleviate value-laden terms and focus on words that build connection without shaming or blaming. The focus of staffing meetings shifted to: "What would it take to keep this youth safely at home?" and "What would be good enough for your own children?"



As this shift in thinking and language began to spread, the culture at HSVS began to shift along with it. Leaders made a commitment to ensuring the principles of safety, healing, and permanence were integrated throughout the agency. They provided training and resources that promote healing and connection to all group home staff. New trainings for resource parents were provided, focusing on the importance of permanence and the need to build connections for youth. This heightened awareness in various individuals and departments began to align the focus on building permanence for all youth across the entire organization.

## The youth experience

### Reaching out to family

Maintaining our lifelong connections is key to safety and wellbeing, and a fundamental part of IPS. Once the IPS Specialist began to build trust with youth, they were able to begin reaching out to family members which resulted in increased contact, healing, forgiveness, and individual growth.

*Every youth* in the HSVS IPS program reconnected with their loved ones in brave ways, such as:

- Initiating contact with mom for the first time in over five years.
- Rebuilding relationships with siblings without being reactive or angry.
- Reconnecting with a former foster mother who the youth identified as a permanency connection.
- Reaching out to a great aunt to build this relationship, which included reconnecting with his siblings in the process.
- Connecting with a birth mother, sharing addiction struggles with her, and asking her for support in recovery.

### Growth and healing

Pain-based behaviors decrease throughout the Trusting and Healing phases. As youth feel more safe, old, maladaptive coping strategies begin to phase out. When youth experience a sense of relief from the constant need to protect themselves, emotional growth occurs.

- Violent and criminal activity decreased dramatically during the Trusting and Healing phases.

- Youth began to *use their voices* to ask for what and who they wanted and needed; allowing them to build their desired network of connections.
- Painting, gardening, and other creative activities helped release fear and anger for some youth, instilling a sense of calm and the ability to share with others about their healing.
- One youth who ran away frequently in the past never once went AWOL during IPS. Just continuing to show up is a clear signal of engagement, openness, and healing.
- Other observed changes included: Enrolling in college, earning GEDs, getting jobs, graduating high school, wanting to go to therapy, and accessing community resources were other indicators of how youth were healing.

### Challenges to the IPS process

Healing from years of deep, generational, complex family trauma is demanding work. There is often difficult relationship repair work to do with loved ones. Anger, resentment, time, culture, and distance can be significant barriers. Sometimes these barriers cannot be overcome with specific individuals, in which case the youth is supported to grieve the loss and pursue other familial connections.

- Long-lost family members sometimes reject the youth; uninterested in building connections.
- Family members who pass away, struggle with substance use, are advanced in age, experience episodic homelessness, or face health challenges make connections difficult, and placements impossible.
- Missing records and birth family information was a barrier to finding family for one youth who had been adopted.
- After seeing peers fail in independent living situations, one youth made the difficult choice to step down to a foster home.
- Family trauma is sometimes so deeply embedded that as youth begin to behave differently they are rejected. The youth's *new way of being* simply creates too much discomfort for loved ones who have not yet pursued their own healing process.

## WHAT CHANGED AT HSVS

- **Language shifted.** Rather than identifying youth as defiant, oppositional, or manipulative, staff began to describe youth responses in terms of pain-based behaviors with an emphasis on trying to understand the need *behind* the behaviors.
- **Staff self-awareness and self-regulation became a priority.** Staff at HSVS began to look at how their own presentation affected youth's ability to trust and move to healing with the goal of permanence.
- **Focus shifted to a holistic view of working with families.** The IPS process increased the focus on working with the whole family system which includes foster parents, adoptive parents, birth parents, extended family, and KinGap (identified family or family-like) options. A great deal of time and energy was spent cultivating these relationships, building trust, and developing *their* understanding of what the youth need and helping *them* to respond in a way that promotes healing.
- **Consistently engaging family became standard practice.** At the beginning of the work, many relatives said there was no way the youth could come live with them due to past behaviors or their history with the youth. As the youth entered into the Healing Phase and the IPS Specialists worked with family members to help them heal too, they were able to re-engage with the youth, and some even became permanent placements. An early "no" is not a forever "no."
- **Quality supervision with staff became more of a priority.** A key element to shifting mindsets and practice at HSVS was the importance placed on supervision. Supervisors provided consistent guidance, adhering to model fidelity and supporting the IPS Specialists' own wellbeing.
- **Intentional focus was placed on individual and team wellbeing.** Significant emphasis was placed on team-building and wellbeing. It became apparent IPS would only be successful when the whole team both trusted in this new way of work and shared a common goal of healing and permanence as the desired outcome for youth. Trust within the teams was enhanced by weekly calls which is part of the IPS model fidelity. Additional training and resources for team building, IPS model fidelity, and healing for youth helped build the collective toolbox for all team members.

## WHAT WE LEARNED

- **The earlier the intervention, the better.** When all staff who interact with youth share an understanding of the importance of permanence and healing, decisions are made with a focus on those outcomes. This understanding also elevates the importance of preventing placement and family finding early in the process. When staff see the traumatic impact of removal of children from their families, they commit to finding family or family-like connections rather than placing children in foster care. Prioritizing a process that highlights exhaustive family finding will help shift toward healing for youth and build early opportunities for permanent connections; thus decreasing trauma's impact.
- **Youth WILL exhibit pain-based behaviors.** Youth behaviors can be difficult for adults to understand and manage. Even with the most caring adults, youth will "do" their pain. For example, when youth feel they are at risk of moving to another unfamiliar foster or group home, they will act out or engage in numbing behaviors (e.g. substance use). Or, youth may regress in other ways when they sense their lives are in upheaval or transition. Staff turnover is a highly activating event for youth.
  - » **RECOMMENDATION: Offer hiring and retention incentives and secure a 24-month upfront commitment, when possible.** Relationships are THE healing currency. If Specialists aren't able or incentivized to stay, they become yet another severed relationship for youth, which results in the opposite of what IPS is trying to accomplish.
- **When a step-down transition is needed, youth need time to get to know their birth, transition foster, KinGap, or adoptive families.** It is extremely important to be strategic in connecting youth with families, and to be mindful that rushing these transitions will often backfire. A connecting period is vital in developing an early bond to give the youth a chance to get to know family members before moving in with them. There is tremendous value in youth and identified families meeting and staying in contact for a connecting period before transitioning the youth.



» **RECOMMENDATION: Broaden the definition of permanence for older youth.** Youth need connections that focus on permanence so they experience a sense of belonging. The permanence does not always need to include physical custody, rather, it is the relational connections that allow youth to grow, bond, and heal. These bonds are less likely to grow and develop in group care. Ideally, there will be family members or other identified people with whom the youth wants to live. However, for older youth, living at home may not be possible or desirable. For reasons of life-long security, inheritance rights, medical rights, etc., legal permanency is still important, no matter the age.

- **It is imperative to focus on the youth pace, not ours.**

The IPS team saw the negative results when the system moved too fast. For example, one youth was placed in a foster home without enough time to meet the new foster mother beforehand. Within a couple of months, he disrupted from this home. HSVS IPS staff believe the disruption was a result of not honoring the youth's voice and pace in the transition.

- **Alignment among team members (internal and external) is vital.** Permanency plans between IPS Specialists and other internal team members did not always align. To help shift the mindset of other team members, IPS Specialists asked them to consider what would be good enough for their own children. *"What would it take for this youth to live safely with family?"* They also reviewed their decision-making through the lens of wondering if the decisions promoted trust, healing and permanence.

» **RECOMMENDATION: Focus on a mindset shift for all related systems, sharing info on IPS, preventing barriers in collaboration.** The best outcomes occur when all the people involved in each youth's case understand and support IPS. When case managers and other staff join in trainings to understand how IPS works, they are able to align their practices with the IPS process and achieve better permanency outcomes. Resource parents, too, benefit from understanding their role in helping youth heal and achieve permanence. By emphasizing collaboration, knowledge sharing, and alignment of agency practices, teams can work together to increase positive outcomes.

» **RECOMMENDATION: Work with public agency to broaden risk tolerance.** Licensing and state rules may prevent step-downs as some KinGap family placements may not meet the criteria for licensing. Policy shifts to alleviate this could benefit many youth. Additionally, there are incentives that pay for youth in the system to attend college, but only if they remain in out of home placement. This incentive for pursuing higher education is actually a disincentive for youth to agree to permanent placements. This policy should be re-evaluated to determine how to undo the unintended ramifications this created.



Yoab Anderson

- **It is vital IPS Specialists gain the trust of family members.** Family members tend to be guarded and suspicious of the IPS Specialists initially. Caregivers may be reluctant to trust someone they view as part of the child welfare agency with which they've experienced contentious and punitive interactions. Some family members may not understand the different roles within the system and will need time and consistency before trusting the Specialist.
- **Older youth struggle with the idea of custodial permanence.** Youth who resided in group homes for multiple years and were exposed to their peers receiving housing and given a chance to start their lives independently, found the idea of custodial permanence challenging and undesirable. These youth may feel that living with family as a step backwards on their journey to independence. It is important to help youth understand the difference between legal permanence and physical custody or placement.
- **Some youth view permanence as a financial hardship on their family compared to foster care.** Several older youth did not want to live with family members due to the lack of financial support they would receive. Some youth believed it was their responsibility to take care of their family and felt they could accomplish this by being in foster care so their family wouldn't need to support them financially. Youth expressed a desire to "get their own start" with the optimistic idea they would be the one to help their families.
- **Securing housing in NYC is a desirable outcome for older youth.** Affordable housing in New York City was limited and difficult to obtain. Therefore, many older youth viewed subsidized independent living housing as a way to expedite the process of finding somewhere to live. Youth viewed this option as more desirable than reunification with their families as they saw it as a more stable option.
- **Family housing is a significant barrier.** The instability of family housing was a significant barrier for many. Several families expressed a desire for their youth to come live with them; however, they lived in a one or two-bedroom home with four or five people and simply couldn't accommodate one more person. Other parents desired to reunite with their youth but were in the process of eviction or living in a homeless shelter.
  - » **RECOMMENDATION: Housing is a barrier.** It is recommended that housing needs be investigated early in the process and that housing subsidies or other housing options be explored to support families.

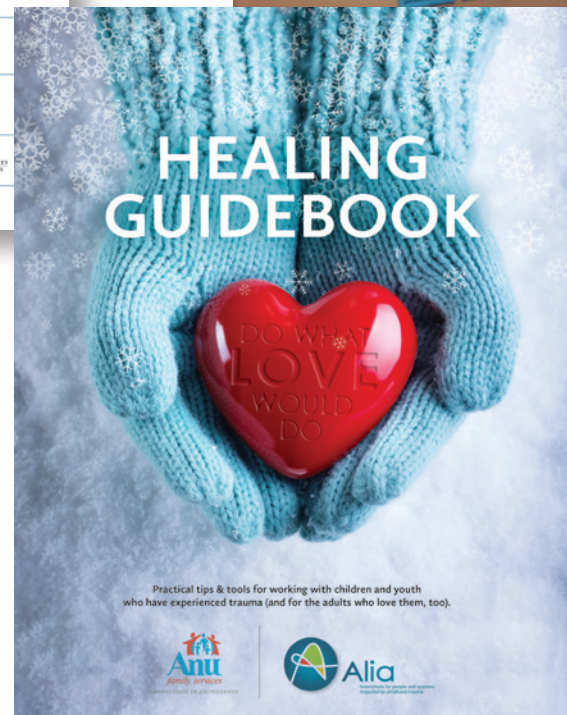
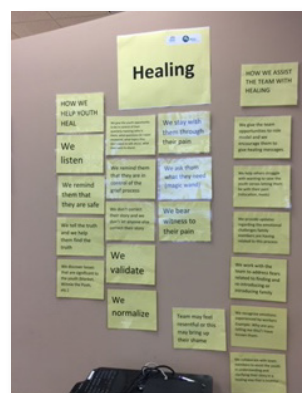
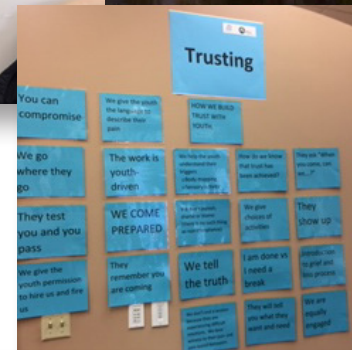
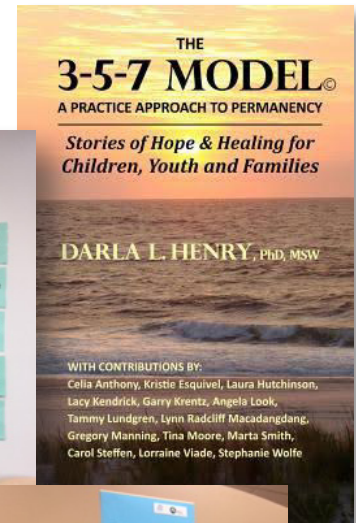
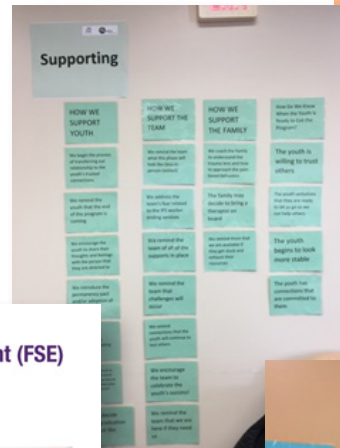
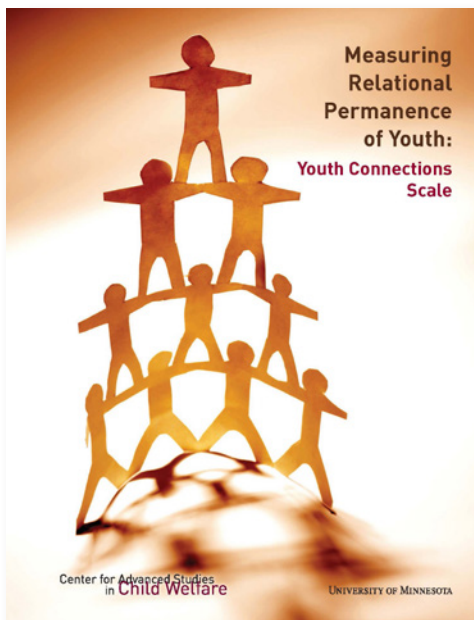
**Significant cultural differences make finding permanence exponentially more challenging for some youth.** Cultural expectations and norms vary widely among youth and their families. Along with language barriers, this created an additional challenge toward permanence. For example, a grandmother from another country was reluctant to be a permanent living resource explaining that in her culture an 18-year old is expected to be independent, not living with family. Another family refused to accept their son who identified as homosexual, stating it was against their cultural beliefs, and there was also a mother whose religious beliefs would only allow her son to live with her if he went to her church. Additionally, there were challenges with some family members who, based on their culture, felt corporal punishment was an acceptable form of discipline.



## SUMMARY AND NEXT STEPS

Due to the progress leaders at HSVS noticed, they determined they wanted to expand the scope of IPS work. They knew that every youth deserved the option of finding permanence. With that belief driving their work, they initiated IPS in their group homes while at the same time creating a process of volunteer staff becoming Trauma Champions. The Trauma Champions were chosen to learn more about trauma and take their learning into the healing homes. The goal was to infuse all staff with tools that increased trusting and healing relationships with the youth in the group homes with the goal of building relational permanence. Some of the relationships resulted in placements.

Going forward, HSVS is continuing to identify and implement strategies that build trauma competencies into the staff's interactions with youth. Additional work needs to focus on case planners, resource parents and workers to build their understanding of IPS and how to promote healing strategies that lead to permanence.



## REFLECTIONS FROM THE IPS DIRECTOR

Senior Director Norma Forde is leading the IPS program at HSVS and shared a story of one youth who didn't want to come to the agency and no-showed for appointments for a whole year. The IPS Specialist just kept showing up and through her commitment proved she was a different kind of person for that youth. "There is no script, there is no time frame around it. We just have to be present with our kids until things are good," says Norma.

Norma understands a traditional case planner position doesn't have time to dedicate to the type of engagement it takes to do IPS. The staff changed. They aren't traditional case workers. They see themselves as changemakers with a sense of deep responsibility and accountability to the youth. They see the IPS relationship as different from other workers; the kids are counting on them, and their commitment, compassion, grace, patience, and listening is only a support to the youth's process. They are simply walking alongside them.

One HSVS youth wondered what happened to one of her previous foster parents. She wanted to live there instead of with the foster parent identified in her case plan. The IPS Specialist located that trusted foster parent, and the youth's care team is now moving forward with a new plan because it was the youth's request. "It wouldn't have worked out in that other home. What we did was we LISTENED to her," says Norma.

Because IPS Specialists never gave up on their youth, even in the most discouraging circumstances, the Redlich Horwitz/HSVSV/Alia/Pinkerton partnership made it possible for youth to trust, connect, grieve, heal, and make lifelong connections to adults,

The partnership between Redlich Horwitz, HSVSV, Pinkerton, and Alia enabled and expected IPS Specialists to do whatever it takes; to never give up on their youth even in the most discouraging circumstances.

After 34 years in the field, Norma wasn't expecting to learn anything new in child welfare but says this about IPS work: "I sleep and dream and live this."

*"It's all about the youth... and it's about damn time it is about them."*

— Norma Forde, HSVSV Senior Director/IPS Supervisor

## Special Thanks to the HSVSV IPS Team:

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Jonathan Hubert, IPS Supervisor

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The Pinkerton Foundation

Would you like more information about IPS, or are you looking to bring IPS to your agency?

Please contact Alia - We look forward to supporting your journey.

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