

# fostering perspectives

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## Health & Well-Being in Foster Care: Healing Happens in Relationships



Delores "Dee" Hunt

After more than thirty years in child welfare, I know this: most families don't come to our attention because they stopped loving their children, but because life hit them hard—poverty, addiction, violence, mental illness, isolation—and the support they needed wasn't there. By the time a child enters care, much has already happened across generations and within systems that responded too late.

Foster care cannot only be paperwork, placements, and timelines. It must start with truth and tenderness. Children and families have often endured trauma that disrupts sleep, learning, trust, and leaves parents carrying grief, shame, and fear. Safety is essential, but not enough—foster care must also be about healing.

Healing is not a service or checklist; healing is a relationship. It begins the moment a child enters care. Children do not arrive as blank slates—they bring losses, fears, and survival strategies that once kept them safe. Our job is to meet those stories with steadiness, compassion, and a plan for healing from day one, not "once things calm down."

This is my invitation to all of us—resource parents, birth families, workers, and community partners—to see foster care as a shared calling and to say, together: "You are not alone. We will walk this road with you."

### Trauma is real—and we can answer with safety

Trauma may be a single crisis or a long chain of hurts—violence, neglect, substance use, mental illness, instability, hunger, racism, repeated loss—and many children enter care already carrying more than any child should. It touches everyone in the circle: children, parents, caregivers, relatives, and workers. A trauma-informed approach doesn't lower accountability, but shifts our question from "What's wrong with you?" to "What happened to you—and what do you need to heal?" Starting with emotional safety, a calm tone, clear expectations, and steady responses that say, "You are safe with me."

### What we can do:

- Listen more than we talk.
- Use words and body language that calm, not inflame.
- See behavior as communication: "I'm scared. I'm overwhelmed. Can I trust you?"

### Well-being is more than appointments

Children in foster care need timely medical, dental, developmental, and behavioral health care. But well-being is more than a full calendar.

Well-being means:

- **Safety** – I'm protected physically and emotionally.
- **Stability** – My routines and relationships are predictable.
- **Connection** – I belong to people, community, and culture.
- **Voice** – I am heard and included.
- **Hope** – My future is not defined by my worst days.

A child can attend every appointment and still feel unsafe inside. Healing-

centered care recognizes how trauma lives in the body and mind—and how safe, steady relationships help calm the nervous system. When a child melts down or shuts down, the goal is not to "win." The goal is to guide them back to safety and dignity.

### What we can do:

- Build simple routines—morning, after school, bedtime—that children can count on.
- Offer age-appropriate choices so they feel heard and respected.

For a child whose world has felt out of control, routine and voice are powerful medicine.

### Resource parents: healers in plain sight

Resource parents do something remarkable. You open your home to a child who is often frightened and grieving. You rearrange your routines, your space, and your heart. You provide shelter, but you also provide something just as important: someone who stays.

You are not "just" caregivers. You are partners in healing.

Healing does not always look like gratitude. Sometimes it looks like testing every limit, pushing you away, lying, hoarding food, refusing to sleep, or trying to control anything they can. These behaviors are not proof that you've failed; they are the language of survival—a child's way of asking, "Are you really safe? Will you really stay?"

### What you can do:

- Keep your home anchored in calm, consistent routines.
- Hold firm, loving boundaries without shaming.
- After hard moments, practice repair: "I was upset, but I'm still here. We're okay. Let's try again."

It's not perfection that heals; it's repair. Repair teaches a child that relationships can bend without breaking.

### One healing team: families, workers, community

Children come from families—and most children love those families, even when harm has occurred. They can miss their parents and still need protection. They can feel both anger and loyalty. Foster care should never be a competition between caregivers and parents. Children do best when adults refuse "sides" and commit to a shared purpose: **the child's healing and the family's path to stability.**

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# Health & Well-Being in Foster Care

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## What we can do:

- Speak respectfully about parents and relatives in front of children.
- Prepare children for visits and give them space to process afterward.
- When it's safe, share milestones—photos, report cards, small victories—to keep parents connected.
- Encourage birth parents to say, "I love you. I'm working my plan. You don't have to choose between me and your caregiver."

We must also care for social workers and frontline staff, who carry heavy stories and make hard decisions every day.

## What leaders and communities can do:

- Advocate for manageable caseloads and strong, supportive supervision.
- Address secondary traumatic stress openly and offer mental health support
- Recognize and celebrate good practice, not just point out problems.

When we care for the adults—parents, caregivers, workers—we make it more possible for children to heal.

## Dignity and leadership: choosing healing on purpose

Systems can unintentionally re-traumatize. A cold lobby, a rushed meeting, a harsh tone in court—these moments can deepen shame instead of building hope. We must own that truth and choose differently.

As systems and leaders, we can explain the "why" in plain, respectful language, coordinate services to reduce pressure, treat kinship caregivers as essential partners, and create spaces where resource parents, parents, and

staff can ask questions without fear.

As a director, I remind myself: Culture is not what we write in a mission statement. Culture is what people feel on their hardest day. My job is to set a healing tone from the top—insisting that healing begins when a child enters care, backing resource parents with real support, caring for my workforce, centering dignity in every policy, and staying close enough to the work that people know they are not alone.

To the youth: Nothing about your story is weird. If you have learned not to trust, it makes sense. If you have big feelings, it makes sense. To birth families: you are more than your worst moment, and change is possible. To resource parents: Thank you for saying yes when you did not have to. To our social workers and staff: I see the weight you carry, and you deserve support equal to that weight.

Health and well-being in foster care are built day by day—through safe relationships, steady routines, shared responsibility, and a community that chooses compassion and accountability at the same time. When we center healing from the moment a child enters care, we do more than improve outcomes. We build resilience. We restore hope. We strengthen families. And, in a thousand quiet ways, we remind children that they matter, they are seen, and they were never meant to walk this road alone. Let the healing begin and let it begin with me.

*Delores "Dee" Hunt is the DSS Director in Rutherford County*

# The Missing Piece: Education's Role in Health and Well-Being for Children in Care



Dr. Sarah Dyson

When we talk about health and well-being for children in care, we often focus on medical care and therapy, but we rarely talk about the role education plays. Child well-being includes social, emotional, and cognitive factors alongside behavioral functioning and physical health (Semanchin Jones et al., 2015). Schools are where all of these factors interact for 6-7 hours a day, 180 days a year. For me and many kids in care, what happened in school shaped not just grades, but our chances of thriving as adults.

## Finding Stability in School

I grew up in and out of care throughout my childhood and, for me, education was the foundation of my health and well-being. Even when everything else in my life was moving, changing, or disappearing, school was the one place I could count on. I changed elementary schools more times than I can count on both hands. In high school, I changed schools four times in four years. Through all this mobility, the buildings, the routines, the expectations, and the teachers remained familiar.

Before I entered the system, school was my home. It was the place that fed me and kept me warm. I used to wake up before the sun, walk to school, and wait on the steps for the custodians to open the doors. In those quiet mornings, I'd stand alone at the front of the room and write on the chalkboard, pretending to be the teacher. School was where I felt safe. Later, when I'd wake up in unfamiliar homes without my siblings, school was the only place that still made sense.

## Relationships that Protect

It was teachers who provided the first positive adult relationships in my life. They modeled empathy, patience, and consistency. They taught me how to navigate conflict, express myself, and build resiliency, skills I desperately needed outside the classroom. They asked if I was okay and they noticed when I wasn't. When I was struggling academically, they didn't assume I wasn't

trying. They saw that I was tired and stressed, and they adjusted.

Research on positive childhood experiences (PCEs) is starting to back up what their actions meant for me. PCEs are correlated with better adult mental and physical health even in the presence of adverse childhood events (ACEs). Several PCEs are naturally embedded within schools including: enjoying community traditions, feeling a sense of belonging in high school, feeling supported by friends, and having at least two non-parent adults who genuinely care (Bethell et al., 2019; Sege et al., 2025). Supportive relationships with teachers and mentors can increase the likelihood of graduating high school, improve mental health, and buffer the effects of trauma well into adulthood (Jenkins Keenan & Choi, 2024; Drake et al., 2025). For youth in foster care, these school-based relationships can be a critical protective factor.

If you're a resource parent, you can nurture school-based relationships through school activities, regular communication, and ensuring that those relationships are visible to the team. For workers, you can ask kids who they feel connected to and make that part of planning and advocacy.

## Schools as Hubs for Services

Schools aren't just about relationships. They're also a hub for critical services. My school social worker helped me access food, clothing, Christmas presents and a dentist when I had a cavity. The school nurse checked my temperature when I was sick and let me rest in her office when I needed a safe place. This matters even more when you consider how difficult it is for kids in care to access community-based services, even when they technically have coverage. When I needed glasses, my school stepped in. They had a program that bused students into the city and fitted them for glasses the same day. No searching for providers, no paperwork, no waiting.

Schools also provide mental health support, not just through formal roles, but through teachers, coaches, librarians, guidance counselors, and administrators who all play their part. This support is critical because kids in care experience higher rates of depression, anxiety, and post-traumatic stress (PTSD) (Drake et al., 2025). My basketball coach gave me a place to belong where I felt valued and part of a team. Guidance counselors told me I was smart enough to go

to college, to be a scientist, a lawyer, or a doctor. When I needed more formal support, the school psychologist stepped in with a diagnosis of complex PTSD, which brought much needed health and academic interventions.

As a resource parent or child welfare professional, you can ask schools about all the supports they offer: meal programs, clothing closets, school-based health or mental health services, before- and after-school activities, and special programs like vision and dental clinics.

### The Cost of Instability

All of this points to one big lesson: every placement decision is also a school assignment decision. When a child experiences a change in placement, new parents and providers lose important history and context (Mekonnen et al., 2009). The same thing happens in schools. Each school change can set students back months academically (Jenkins Keenan & Choi, 2024) and interrupt important social-emotional development. School stability affects more than just test scores, it affects special education services, accommodations, access to free and reduced meals, extracurricular participation, and transportation. It impacts whether children are able to maintain those protective relationships that support their health and well-being.

For those making placement decisions, ask, “Can we keep this child at their current school? If not, what can we do to protect their connections there?” If

a move is unavoidable, we can help by making sure records and stories move, too. Share school history, IEPs, activities, what has helped the child learn, and the names of adults at the school who matter to them. Advocating for transitional planning meetings and warm hand-offs between old and new schools can soften the blow of unavoidable change.

Now, schools can’t fix everything, and even with the Every Student Succeeds Act’s (ESSA) recognition of the importance of educational stability, many children don’t experience these protections in practice. I felt those gaps, too. I still wish I’d had earlier mental health support, the ability to maintain connections with my siblings, and a place to belong beyond classroom walls, but it got me here. The girl who stood at that chalkboard is now working to make the system better for kids in care. I spend my days looking at systems and policies, but I never forget what it felt like to be the kid living inside those systems. Educational stability should be part of every conversation regarding the health and well-being of kids in care. When we protect school stability, we protect one of the strongest tools we have to help children thrive.

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## Ensuring Educational Stability 101: Key Information for Foster Parents

Imagine navigating housing instability, adjusting to new caregivers, and managing the emotional toll of reunification uncertainty—in tandem with keeping up with a new school setting, teachers, classmates, and expectations. For students residing in foster care placements, this is not an occasional challenge but a regular reality. Every child or youth can benefit from a secure and stable home environment; it helps them focus on learning, complete homework assignments, and develop daily routines. This is much harder to accomplish when life and housing stability feels unpredictable. Ensuring that the educational needs of children and youth in foster care are met is not only a moral imperative, but also a legal mandate that profoundly shapes long-term life outcomes.

### Educational Landscape

Students in foster care are more likely than their peers to experience educational challenges and may even fall behind in their academic progression. Housing instability due to frequent placement changes and multiple school moves each year can directly affect their learning. Some students enter care already behind academically due to previous trauma, inconsistent schooling, or unmet learning needs. Research consistently shows that youth in care graduate at significantly lower rates than their peers and face higher risks of course failure, chronic absenteeism, and disciplinary exclusion.

- Nationally, 69%–85% of foster care students earned a high school diploma or GED in 2024, compared to 95% of students overall.
- In the 2024–2025 school year, 60.4% of North Carolina’s foster care students graduated high school on time with their 2021–2022 original ninth-grade cohort – this reflects a five-point increase from the previous school year, and a three-point increase over the span of four years (2021–2025).

Graduation rates of students in foster care are not a result of students’ inability to learn but rather reflect the existence of systemic barriers that must be addressed by educators, child welfare practitioners, and foster parents to intentionally support the unmet academic and socio-emotional needs of students placed in the foster care system.

### Federal Laws

On December 10, 2015, US Congress signed into law the Every Student Succeeds Act (ESSA), reauthorizing the Elementary and Secondary Education Act (ESEA) of 1965 and establishing distinct provisions for children and youth in foster care under Title I, Part A (Title I). These provisions complemented

the requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) and further promote the purpose of Title I – to ensure that all children receive a high-quality education and to close achievement gaps between student groups. Together these laws strengthen opportunities for education and child welfare agencies to jointly determine the most effective practices to remove enrollment barriers and promote school stability and success for students.

This joint decision making ensures that students in foster care can access a well-rounded education and have an opportunity to achieve academic success at the same level as their peers. The ESSA provisions promote educational stability for students by keeping those entering the foster care system—or those changing foster placements—enrolled in their school of origin, unless it is determined to be in their best interest to change schools. Additionally, if it’s not in a student’s best interest to remain in their school of origin, the student should be enrolled in a new school without delay. This kind of stability means that students can stay engaged in their coursework, keep important relationships intact, and build towards high school graduation and future college or career opportunities.

The ESSA includes specific provisions to maintain educational stability and support the unique needs of students in foster care:

- **Best Interest Determinations (BIDs)** – students may continue attending their school of origin throughout their time in foster care, unless a BID indicates otherwise. BIDs must consider the educational setting and proximity to the school during placement, along with factors like student and parent preferences, school attachment, permanency goal, and other relevant academic and socio-emotional factors.
- **School of Origin Transportation** – students may receive transportation to their school of origin when necessary, and schools are encouraged to continue this support through the end of the school year after a student exits foster care. School districts must work with child welfare agencies to develop and implement clear written procedures outlining how transportation will be provided, arranged, and funded to keep students in their schools of origin throughout their time in foster care.
- **Immediate Enrollment** – students must be enrolled immediately in the



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school determined to be in their best interest. The 2024 Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care defines “immediate” to mean as soon as practicable – typically within three business days.

- **Dispute Resolution** – students must remain in their school of origin while disputes are being resolved. If you have questions about the dispute resolution process, please visit the North Carolina Foster Care Education Program Website to access the state directory for local education POCs.
- **Academic Success** – students may belong to multiple subgroups and must have access to cross-program supports such as special education, English Learner services, CTE, juvenile justice, homeless education, and other relevant programs. School districts must revise policies to eliminate barriers for students in foster care – especially in attendance, discipline, and earning credits toward graduation.

### What Every Foster Parent Should Know

#### 1. Center The Voice of Your Child or Youth

Children and youth in foster care consistently express that they want to feel heard, supported, and believed in. They have often described school as the space where they felt the most normal and valued. Foster parents should incorporate their student’s perspectives into decision-making, and when appropriate, involve them in the BID process. Sharing their strengths and resilience shifts the narrative away from deficits, highlighting student’s courage, adaptability, and determination to their educational journey.

#### 2. Understand the BID Process for School Stability

ESSA emphasizes strong collaboration between child welfare and education agencies to support educational stability for students in foster care. It’s important for foster parents to know that schools are often unaware of a child’s custody status and cannot begin ESSA-required steps until the child welfare agency (CWA) notifies the school district’s point of contact (POC) to initiate the BID process (see the flowchart below).

#### 3. Learn Your Student’s Rights and Leverage Available School Supports

- **Title I:** Students in foster care are eligible to receive Title I services on the same basis as other students who attend a Title I school, they are

also categorically eligible for free meals. Schools districts offering public preschool education must adhere to the Title I educational stability provisions; a child in foster care must remain in their preschool of origin unless it is not in their best interest.

- **Additional Supports:** Students are eligible for fee waivers (i.e., ACT/SAT testing, AP exam fees/fee reductions, college applications, etc.), tutoring, credit recovery programs, individualized learning plans, and access to rigorous coursework to help students catch up and thrive academically. Schools must also ensure that special education and related services follow the student through transitions.

#### 4. Participate in Cross-System Communication

Regular communication among CWA caseworkers, school-based POCs, foster parents, and service providers ensures that student’s needs are quickly identified and addressed. Open communication, data sharing agreements, and timely notifications can help schools respond without delay.

#### Why Foster Parent Support Matters

Children and youth succeed when they feel connected. When they have a stable, supportive home environment this has a profound impact and students are more likely to stay on track academically, graduate high school, pursue postsecondary education, and develop the confidence to navigate adulthood. Education is one of the strongest predictors of long-term success, influencing employment, health, housing stability, and overall well-being. Meeting students educational needs is not simply a legal obligation – it’s an opportunity to change trajectories and open doors.

#### Conclusion

Students in foster care deserve an educational experience that affirms their potential, respects their resilience, and provides the stability they need to thrive. By working together across systems, we can ensure that every young person, regardless of their circumstances, has the opportunity to succeed in school and beyond.

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## Update from Foster Family Alliance NC

As we settle into the holiday season and look ahead to a new year, I hope this time has brought calm, rest, and moments of joy for you and those you love. I’m writing today to share important information about upcoming changes to insurance coverage that will affect many children, youth, and young adults across our community.

Beginning December 1, 2025, eligible individuals who are enrolled in Medicaid and are—or have been—served by the child welfare system will transition to the Children and Families Specialty Plan (CFSP) under Healthy Blue Care Together.

Transitions like these can understandably bring uncertainty. Many families have built trusted relationships with their current doctors and care teams, and navigating a new system can feel overwhelming. With this shift, some things may change: Which providers are in-network, how to access certain behavioral health or specialized services, or where long-term supports will be delivered.

These concerns are real, and families deserve transparency and reassurance.

The good news is that the Children and Families Specialty Plan was created with a specific goal: To offer more coordinated, integrated care for those touched by the child welfare system. CFSP is designed to ensure continuity of services across physical health, behavioral health, pharmacy needs, and long-term supports—even when placements or circumstances change. In short, the aim is to make the system work with families, not against them.

For anyone with questions about how these changes may affect your coverage, services, or providers, Healthy Blue Care Together has multiple ways to get support:

Healthy Blue Care Together – Key Information & Resources  
Website: [healthybluenc.com/children-families-specialty-plan](https://healthybluenc.com/children-families-specialty-plan)  
Member Services: 833-777-3611 (TTY 711)  
Behavioral Health Crisis Line (24/7): 833-597-3985

I want to acknowledge that change can be stressful—especially when it involves something as important as the health and well-being of our children. But I also believe that this transition offers a real opportunity for better support, greater stability, and a more responsive system of care.

If you have concerns or questions, please don’t hesitate to reach out to the numbers listed above. And in addition to contacting Healthy Blue Care Together, feel free to share your concerns with us as well. We are committed to lifting your voices to the proper channels so families are heard every step of the way.

Wishing you peace and strength in the months ahead.



Scan the QR Code to learn more about HB612 and links to find your legislator.



Scan the QR Code to visit the Foster Family Alliance NC Website



# Reducing the Mental Health Stigma



Larron Lee  
MS, LCMHCS

In this article, I want to talk with you about something many of us know is important but sometimes hesitate to lean into—helping the children in our care push past stigma and truly engage in mental health services.

Before we dive in, humor me for a moment and think about a few questions. What comes to mind when you hear the phrase “mental health treatment?” How do you take care of your own mental health? And are there any barriers that make it hard for you to prioritize it? My hope is that by pausing to look inward first, you’ll be better equipped to understand, empathize

with, and support the young people who depend on you.

I’ll be honest—years ago, after a traumatic experience, I found myself wrestling with these same questions. And despite being a mental health professional, despite believing strongly in the value of support, I realized I had drifted far from taking care of my own emotional well-being. Like many of us, I had poured so much into everyone else that I didn’t notice I was running on empty. It happens quietly, slowly, and often without our permission.

What I’ve learned (and continue to learn at 40+ years old) is that when we know better, we tend to do better. So, let’s level-set together. Mental health is something we all have, and it exists on a spectrum. It influences how we show up emotionally, mentally, and behaviorally. Things like confidence, healthy relationships, coping skills, and resiliency aren’t random—they often reflect the state of our mental health. And just like our homes, cars, and bodies need regular care, so does our emotional and psychological well-being. None of us were designed to handle everything alone, and sometimes we really do need support from a legit professional—not Google, not TikTok, not “pushing through,” but actual support.

Now, let’s talk about the children and teens in North Carolina. In 2020, more than one in ten kids aged 3 to 17 were diagnosed with depression or anxiety. In 2021, one in five high school students seriously considered suicide. For kids ages 10–14, suicide is currently one of the leading causes of death. And while research on foster and kinship youth in NC is still limited, national data often shows that up to 80% of children in care have significant mental health needs.

With numbers like that, you’d think everyone would be rushing to get help—but that’s not always the case. Some families struggle to find time or don’t know where to start (side note: I’m hopeful that accessing care will become easier with the CFSP launching in NC). Others (like some of our children in need of ABA) have limited access to services in their area. Some children (and adults) carry deep distrust of systems or providers. And then there’s stigma—the big one. Stigma sticks around because people misunderstand mental health and fear judgment. We tell ourselves things like, “Nobody will understand,” “I should be able to handle this,” or “I don’t want to burden anyone.” Many of us grew up hearing messages about being strong, pushing through, or keeping things to ourselves. And let’s be real—historically, many communities, regardless of race or socioeconomic status, including foster/kinship circles, learned survival by not talking about what hurt. But silence doesn’t heal; it isolates. Mental health stigma convinces us that needing help equals weakness—and none of us want to be seen that way.

So how do we help the children in our care move beyond that? How do

we support them in engaging with services that could genuinely change their lives?

It starts with us—and with conversation, education, and normalizing mental health as part of everyday wellness.

One message I often share with the parents and caregivers I work with is this: You are a change agent. Whether you see it or not, you carry tremendous influence. I like to use the thermostat vs. thermometer analogy. A thermometer can only tell you the temperature. A thermostat, on the other hand, actually changes the climate. Most caregivers I meet want to be thermostats—people who help shift the emotional climate for their children.

So in that spirit, here are a few practical things you can do to support your child’s engagement:

Talk openly about mental health. Share why you believe support is important. If comfortable, offer an age-appropriate example from your own life. Modeling reduces fear.

Help them unpack any misconceptions. Remind them it’s okay not to be okay—and it’s okay to need help.

Explore options together. Attend intake sessions, ask questions, and advocate for what your child needs.

Meet the provider beforehand. Sometimes a simple introduction eases anxiety for both you and your child.

Use positive reinforcement. For younger kids, a small reward system can go a long way. For older youth, genuine acknowledgment and encouragement speak volumes.

Now, I also know some of you have tried all of this and still feel stuck because your child wants nothing to do with treatment. If that’s you, you’re not alone. In those situations, it may help to lean on the voices your child respects—family members, mentors, coaches, church leaders, musicians, athletes, content creators, or other trusted figures. Many of today’s influencers are speaking openly about mental health in powerful ways. Introduce their stories. Let your child hear someone they admire say, “Getting help saved me,” or “Therapy changed my life.”

Also consider reaching out to Healthy Blue and your local DSS to ask about programs that promote social-emotional wellness. These group settings reduce stigma naturally because kids realize they’re not the only ones navigating challenges.

At the end of the day, we can lead children to the resources, but we can’t force them to engage. Their willingness is a key part of the process. Accepting that can feel tough, especially when you clearly see how much they could benefit (or when participation is court-ordered). But acceptance doesn’t mean giving up—it means staying committed without carrying the weight alone. It means staying curious, asking what’s really going on beneath the resistance, and choosing compassion over frustration or rejection.

Remember, your role matters in your child’s active engagement in mental health services, regardless of any barriers that may stand in their way. Prioritize your own mental well-being by taking care of yourself, setting boundaries, and engaging in activities that bring you purpose and peace. You can’t pour from an empty cup—trust me, I’ve tried. And above all, please remember this: you are not alone. Stay the course!

*Larron Lee, MS, LCMHCS is a Mental Health Professional with Lee Consulting Group of NC, PLLC*

# The Importance of Sibling Connections

Connection is a deep bond that most can recognize and understand, no matter how different our cultures and belief systems are. For many children growing up, their longest and often strongest relationships are those with their siblings. To place a value on sibling connections is to admit that you really don't comprehend how pivotal it is in a child's life. So instead of telling you about its importance, I will share my story and let you decide what it means to you.

When I was 9, I remembered a very emotional time for my family. My mother was diagnosed with stage 4 cancer, and there were difficult decisions made. I remember one day coming home from school and witnessing how our living room transformed from a family living space to a mini triage center after my mother was released from the hospital. There was nothing the doctors could do except to encourage our family to make her comfortable. During this time, I often questioned what life itself is if we can be born and live long enough to see people we love the most die. My existential dread made my breathing labored, but my brother calmed me. He was close enough to hear, grabbed my hand, and explained that it would be ok because he was there with me.

Months later, that changed. I was 10 when I found my brother's unconscious body. He was rushed to the hospital, and we were told he had almost overdosed on our mother's morphine, and DSS was called. The emergency social worker prevented any family from seeing him. I felt anger and confusion. "Why can't I see my brother?" "What gives them the right to keep us away?" So many thoughts, but all were motivated by how powerless I felt.

Now that he was in care, court dates, social worker visits, and CFT meetings occurred, but all that mattered to me was seeing him. Throughout the whole process, there wasn't a priority for us to meet. When I did it, it was because of the visitation agreement he had with our dad, which wasn't ideal. Whenever my dad fell out of line with his case plan, the penalty was not seeing his child, which meant I couldn't see him. This was the reality of being the sibling who was left behind.

Months after being in care and after the passing of our mother, my brother would also be in the hospital. Since birth, he had a very severe case of sickle cell that prevented him from certain physical activities, foods, and medications. But after having a stroke, he was rushed to the hospital, and our family was notified.

During his whole time in care, visits between us were never prioritized, but it wasn't until he was on his deathbed that I could see him for as long as the hospital visiting hours were. As a child, seeing him walking normally, then being in bed with severe scarring due to a surgical procedure to save as much of his brain as possible, had me at my breaking point. To cope, I needed to be as far away from the room as possible, but I was seen as inconsiderate because I didn't mourn like others. He eventually was taken off life support, and his spirit rejoined our mothers.

In the aftermath of his passing, no keepsakes were given, but there was a conversation. The only explanation given was that he had complications with

his sickle cell that were not correctly taken care of, and that's why my brother didn't get the chance to see his 18th birthday. This experience did contribute to why I didn't go into care for so long because I knew life at home was toxic, but I had to choose between a prison and a neglectful system. I chose the familiar trauma.

Many don't realize that when youth are in an emotionally volatile spot, severing family connections can lead to intervention from DSS at a later time. It's very sinister to separate siblings and family from positive ties because you are unconsciously teaching people to normalize isolation. Isolation is not just physical, but it's emotional and mental too. As a person who eventually entered the system, I saw firsthand how alienating the system makes foster youth feel. Being surrounded by professionals and caretakers in the most vulnerable position, you need family the most, but when they are not there, you can feel small, insignificant, and alone even within a room filled with people who say they know best for you. Family is a lifeline when you are in a sea of decisions and life's challenges. When you aren't supporting sibling connections, you are cutting the thread, and that young person will be washed away. The massive current pulls them away, and the raging waves will push them further out to sea.

I am older now, and the pain from this trauma is a burden I still feel. With time, it has grown lighter, but no amount of condolences can mend that connection. I was in college studying Business Administration and Finance when I met my business law professor and realized he was the judge who presided over my brother's case. He remembered him and our family. I had to be the one to tell him of his passing, and realized that this experience cut deeper than what others tried to convince me.

Let my story be a cautionary tale that prevents more harm. Encourage siblings, whether or not they are in care, to maintain a relationship with their sibling in foster care. If you are a caregiver, engage with the birth family to allow for more normalcy. If you are a clinical professional and a social worker, avoid utilizing visitation as a reward and be intentional about siblings' bonding. If you are a legal advocate or counsel, speak to the youth and voice their wishes for sibling connection in and out of the courtroom. This is a system issue, and it takes all of us to change and make sure families don't pay the ultimate price. It is crucial to nurture bonds now because their lives didn't begin when DSS received a phone call to investigate, and they won't end even when the final draft of the case notes is written. Intentionality matters, and so does your support in making sure siblings maintain connections.

*Lanitta Berry is a Child Welfare and Business Administration Consultant with lived experience in the foster care system*



Lanitta Berry

## Healthy Relationships for Teens and Adolescents



Ceara Corry

Adolescence is a time of rapid physical and emotional growth. It is often marked by identity formation, increased independence, and interest in intimate relationships. Teens explore who they are in relation to others. Both youth and caregivers can feel anxious or uncertain during this new life stage and its associated risks. Adolescents may worry about rejection and managing strong emotions, like jealousy, or about setting personal boundaries. Parents may struggle to decide how much independence to allow or may worry about social media and online dating.

For youth in foster care, these feelings can be even stronger. They may face

extra challenges like past trauma, frequent moves, and new relationships in unfamiliar places. They often must adapt quickly to very different rules or expectations between biological families and foster placements. Foster parents may wonder how strict to be in a temporary setting or feel unsure about balancing safety with independence. These overlapping challenges mean caregivers and social workers must learn how to support healthy relationship development in ways that feel safe, empowering, and suitable for each age. They are often key to preventing Teen Dating Violence.

Teen Dating Violence (TDV) is a form of intimate partner violence (IPV) that includes physical, sexual, or psychological abuse, harassment, or stalking of an adolescent by a former or past romantic partner. Alarmingly, 36% of youth in out-of-home placements report experiencing Intimate Partner Violence (IPV) in the last 12 months—three times the national rate of 12%.

Experiencing violence in adolescence increases the risk of continued victimization into adulthood, resulting in longer-term consequences, including limited educational or vocational opportunities, financial instability, adverse mental, physical, and sexual health, injury, and death. Children who experience or witness abuse often internalize abusive relationship models and may struggle with effective conflict management, which can have adverse impacts on interpersonal relationships throughout their lifespan.

The foster care system's foundational goal is to provide safe, nurturing environments for children to heal and grow until they can be reunited with their family of origin or another permanency option. This goal is not limited to providing food and shelter, but also entails supporting the emotional, relational, and social development of youth.

Rather than employing fear-based messaging or focusing solely on risks, caregivers and social workers are uniquely positioned to serve as protective factors by modeling healthy connections, facilitating supportive dialogue, and offering culturally responsive and trauma-informed support and services. Much like budgeting, cooking, or interviewing, relationship skills are an important part of preparing for the transition into adulthood. When framed this way, caregivers and professionals can introduce practical, positive strategies that reduce the likelihood of foster youth experiencing IPV and promote youth autonomy and confidence.

A common pitfall in discussing healthy relationships is focusing on the absence of undesirable traits or behaviors and neglecting to discuss admirable qualities. The Centers for Disease Control (CDC)'s definition of healthy relationships as ones that "...are free from violence, respectful, autonomous, and include shared decision-making" offers a helpful alternative by highlighting positive relationship traits.

Caregivers and professionals can use this as a starting point in teaching adolescents how to evaluate their relationships. Do they feel safe from physical, emotional, or sexual violence? Is there mutual honor and respect based on each partner seeing the other as an equal? Is independence valued or seen as a threat? Are decisions made fairly, in consideration of each person's thoughts, feelings, and opinions? How are disagreements managed? Are boundaries openly discussed and honored? These and similar questions encourage reflection and demonstrate care without passing judgment or criticizing.

Discussions about relationships, particularly with middle and late-stage adolescents, will likely involve conversations about sex and sexuality. Research has shown that youth who receive comprehensive sexuality education have improved health outcomes, including a lower risk of experiencing sexual

violence.

Comprehensive sex education includes medically accurate, culturally responsive information about anatomy and biological processes, contraception, including abstinence, barrier methods, and prescription methods, consent, communication skills, sexual behavior, sexual identity, and sexual health. While school systems provide comprehensive sex education, youth repeatedly report a desire for parents to be the primary source of information on sex and sexuality. Parent-child sex communication has been linked to delayed initiation of sexual activity, higher rates of safer sex practices, and better understanding of sexual values, including consent, further demonstrating the value of open communication about these topics.

Foster parents have the opportunity to model healthy relationship dynamics, including effective communication, respectful conflict management, and emotional regulation. Witnessing positive interactions between adults and between adults and children can help rewrite internalized narratives about relationships.

Although this can feel challenging, particularly in congregate settings where heavier restrictions are often imposed to maintain safety, setting age-appropriate expectations for privacy and independence builds a trusting environment where teens can safely explore their identities and curiosities—a vital developmental task of adolescence.

Social workers and other professionals may remain assigned to youth throughout multiple placement changes, making them among the few consistent adults in an adolescent's life. Regular visits with foster youth that include intentional discussion about their dating experiences or questions can reveal areas where further support is needed.

Adolescence is a critical period for developing identity, interpersonal skills, and independence. Foster youth face additional unique challenges during this phase, making guidance from caregivers and professionals especially important. Caregivers and social workers can promote protective factors by modeling healthy connections and teaching practical skills for relational development. Discussions should center on not only avoiding harm but also on cultivating mutual respect, trust, and open communication. This intentional support contributes to positive long-term health and relationship outcomes throughout the lifespan, honoring the central goal of the child welfare system.

*Ceara Corry is a Licensed Clinical Social Worker currently supervising a team of family therapists. Ceara has a background in sexual and reproductive health, including roles as a sex educator and sex therapist.*

## Traditional Foster Care and Kinship Care: Our Journey

My wife and I began our journey to become foster parents in September 2015 with the intent of helping families and providing love and safety to children in our community. We have a biological daughter named Josie who is currently attending college to become a nurse and lives at home. Below, I will explain how by being traditional foster parents, and then becoming kinship caregivers, we learned the differences between foster care and kinship care, and the impact they had on our family and community.

We began our foster care journey after I completed a course in Human Services, had several failed attempts to grow our family, and a desire to help others. We completed a TIPS-MAPP class in Buncombe County and planned to build a new home to accommodate more children. This started the chain of the universe laughing at "our plan" when two days after being officially licensed in March of 2016 we agreed to a weekend respite for a very premature baby. The next day there was a call for a longer-term placement of an 11-month-old who would spend the next 20 months filling our home and hearts. Several months after this child reunified with their family, and after a period of needed grieving, we agreed to the placement of a newborn baby that we would adopt 19 months later.

The process of fostering was the most amazing and most difficult thing we had ever done, and we had not lived easy lives. We used our resources and

compassion to encourage the biological parents in an effort for them to learn how to love and care for themselves so they could love and care for their children. That process was very draining, and we spent a lot of time worrying about what would happen with the family. After we adopted, our agency social worker recommended we take a break to focus on our newly adopted child. We gladly accepted the suggestion and terminated our foster care license. Four years on the roller coaster ride of foster care had changed us as human beings and parents.

Life was looking up, and we were enjoying seeing a birth certificate with our names as parents, even as we navigated parenting during a national pandemic. Our little boy was filling our days as we helped him grow as a person and we continued to grow as adoptive parents. That's when life threw a curveball at us.

I learned in November 2020 that a family member had moved back to town from Ohio, pregnant, homeless, and with lots of medical and mental health concerns. On December 30, 2020, a baby was born in need, and we contacted our local DSS agency to see if we could provide care while his parents healed. On January 19, 2021, we brought home what would become our third child. A sad reality about foster and kinship care is that if biological parents cannot get the help they need this process repeats itself. This led to us welcoming baby 4 and baby 5.

## Writing Contest

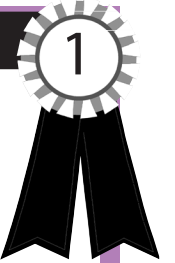


In the most recent Fostering Perspectives writing contest we gave young people in foster care the following prompt: **“Advocating for yourself means telling others what you need to be safe and happy. Tell us about a time you advocated for yourself and who helped you.”** Here’s what they had to say.

### Treasure Age 17

What I wish that all resource parents and social workers knew about being in care isn't just about having a roof over your head or food on your plate. It's carrying the weight of loss, confusion, and constantly adjusting to new people, rules, and homes that don't feel like yours. You blame yourself, wondering if you were too much or not enough. Getting dropped off at a stranger's house doesn't feel like safety. It feels like being passed along, like you don't belong anywhere. Even kindness feels unfamiliar, and trusting it feels dangerous. Like in *Demon Copperhead*, survival becomes a way of life. You smile when you're hurting, laugh when you're breaking, act like you're fine because being vulnerable hasn't always been safe. You cry in your room at night, feeling alone in a crowd. At school, the label follows you. Kids joke about foster care, and you laugh even though it hurts. It feels like you're walking around with a sign that says "foster kid," and no matter what you do, it's the first thing people see. You hear that you're strong and people are proud of you, but that doesn't erase the ache of wishing your real parents said it. Still, you keep going. You hope. You dream. We don't need pity or to be fixed. We need to be seen not as broken but as people learning to rebuild. We are more than what we've been through. We are still becoming. And that is something to be proud of.

TREASURE RECEIVED \$100 FOR TAKING TOP PRIZE IN THE WRITING CONTEST.



### Bently Age 14

As a teenage boy that has been adopted while being a foster kid I wished parents and social workers understood the importance of stability, trust, and understanding. I would want them to prioritize my education, which is very well done, support my development of independence, and help me plan for my future. By embracing these principles, resource parents and social workers can create a supportive and nurturing environment that empowers us youth to overcome adversity, build resilience, and achieve their full potential. This requires a commitment to ongoing learning, collaboration, and a genuine desire to understand the unique experiences we endure as vulnerable young people. Navigating the foster care system is a complex and often tumultuous experience for all young people. For a teenage boy in care, the journey is fraught with unique challenges including the loss of family, the instability of placement changes, and the struggle to maintain a sense of identity and belonging. Resource parents and social workers play pivotal roles in shaping the experiences of these youth, and a deeper understanding of their needs and perspectives is crucial for fostering positive outcomes. Moreover, to sum it up, there are crucial roles that resource parents and social workers need to understand they play and the right care and education must be provided to every child and their needs should be provided for.

BENTLY RECEIVED \$50 FOR TAKING SECOND PRIZE.



### Evan Age 16

That when we move around a lot it makes it harder on us. When this happens we cant create bonds with people. Which makes it hander to share our story with people because we dont know if we can trust them. This is very true if therapist are changed because we cant express ourselves because we arent able to trust them. A lot of us have problems in the classroom because we aren't told or helped because teachers don't understand. We dont have ADHD we have trauma there's a differance. The schools don't understand trauma so to them we are trouble kids.

EVAN RECEIVED \$25 FOR TAKING THIRD PRIZE.



### Hayleigh Age 13

What I would like for foster parents and social workers to know about being in care is that it is sometimes fun and sometimes disappointing. The disappointing parts are having to move from place to place even at 5 am., unexpectedly-like being woken up and told to pack and to leave. I miss my queen bed and my TV, my purses and my own bathroom. Now I have to share everything with my brothers who are annoying at times. Every once in a while, we get to have fun. Sometimes we go to a water park and a pool. Other times we go to the Kaleidium and going to a craft camp was very fun! I also got my own bicycle and get to ride to places on the foster care campus by myself. Next week we get to go to Dollywood! So, these are the things I'd like foster parents and social workers to know.

### Jasmine Age 14

I wish my social worker knew how hard it is to be in care. Going away from your parents and loved ones is very upsetting. I had a lot of built up anger that I took out on my social worker. I have been in care since 2019. When you have to go to a special home where you don't know anyone. It is so hard when you have to leave your siblings. For anyone who is in care or going through a hard time, keep your head held high.

### Kolten Age 17

People work at DSS for a number of reasons, maybe they had a bad home life growing up or are just inclined to help people. DSS is the most promising organization to me, I've grown up in DSS and i've met so many nice people and the opposite just as much. From my experience of being in a group home for so long these people become your family especially if you didn't really have a family growing up and a lot of DSS workers don't understand the bond between the "house parent" and the kids, I've learned more from those men than my father taught me (which arguably isn't much) that means a lot to a kid who never had someone to teach them to shave, fish, drive and just being a good person and teaching good examples that a lot of kids didn't have growing up, I'm not saying all these men are good but not all men are bad.

ALL OTHER SUBMISSION AUTHORS RECEIVED \$20 FOR CONTRIBUTING TO THIS ISSUE

We decided to renew our foster license and that allowed us to apply for more benefits as all three of the younger children showed signs of disability from an early age including autism, fetal fentanyl syndrome, developmental delays, speech, vision and hearing problems, and cerebral palsy.

There were many similarities between providing traditional foster care and kinship care including working towards reunification, monthly home visits, therapy appointments, the need for family self-care, court dates, support groups, extra-curricular activities, doctor appointments, dentist appointments, and of course, making time to have fun. We did notice some differences as kinship caregivers though. We had less assistance until we were licensed, more family drama, and more stigma. Kinship also provides the ability for children to hear about and know their family of origin, which in my experience can be a struggle for children adopted by non-family members.

Our family is very eclectic. We have been foster and kinship caregivers, we are same sex parents, finalized a biracial adoption, have youth with special needs and disabilities, and have experienced physical, sexual, and substance misuse in our own personal lives. We want others to know that it is possible and there is a village out there willing to help, and because of our life experiences



we are less judgmental but also know that if you don't put your recovery as a priority and have encouragement in the process, you can't climb up from rock bottom. We feel blessed even though we hear "you are a blessing, I don't know how you do it." It is really us blessed by humility, education, and the love of the children who don't know how to do this either and we all learn every day, and our love grows.

Some common myths that this experience has debunked for us is that most foster parents do this for the monthly stipend, which by the way is not enough to cover all the child's needs. If you do this correctly you will spend your own money on each child's daily needs, vacations, extra-curricular activities, cars, phones, game systems, insurance, and more. Another myth is that social workers just want to take children or are only doing the job for

the money. Trust me, the amount of sleep lost worrying about these children can't be bought or paid for. I hear a lot about the system being "broken" and my heart breaks every time a child is hurt. I think the reality is that nothing is ever perfect, and I truly believe most of the foster/kinship parents and social workers I know and work with want the very best for each child and family making difficult decisions every day.

*Ashley Jones is a foster, adoptive, and kinship caregiver in Buncombe County, NC*

## Safe Infant Sleep: A Shared Responsibility in Foster Care



Megan Canady

### Helping every baby sleep safely to prevent suffocation and reduce the risk of SIDS

Caregivers do so much to keep infants safe. They buckle them in car seats, keep medication out of reach, install baby gates, and supervise bath time just to name a few, but did you know that infants are at highest risk of dying while they are sleeping? Infants dying in an unsafe sleep environment is the leading cause of death for North Carolina infants two to 12 months of age. Consistently and diligently practicing safe

sleep is one of the most powerful ways resource parents and professionals can protect infants and ensure their safety.

#### Safe sleep recommendations

Below are four key recommendations from the American Academy of Pediatrics (AAP) to prevent sleep-related accidental suffocation and strangulation and to reduce the risk of SIDS (sudden infant death syndrome).

#### Babies sleep safest:

- **On their back:** Always place infants on their backs for sleep—both naps and nighttime. Once a baby can roll over independently, it's okay for them to find their own sleeping position but always start them on their back.
- **In a flat and firm crib, bassinet, or pack-n-play:** Not an inclined seat or mattress, adult bed, couch, or soft sided sleeper.
- **With nothing but baby:** In their own separate sleep space without another person, pillow, blankets, bumper pads, or toys. Sleeping with another person or with these items in a sleep space can pose serious suffocation and strangulation hazards, even for short naps.
- **Tobacco free and with a sober and alert caregiver:** Free from smoke and exposure and with a caregiver who is not consuming alcohol, using cannabis, opiates, or illegal substances..

#### Addressing bed sharing

The leading factor associated with infant sleep-related deaths in North Carolina is when an infant is sleeping on a shared sleep space with another person. The AAP states that sleeping with a baby on a shared space is never recommended because it greatly increases the risk of death.

#### It's extra important not to bed share with a baby if:

- The caretaker has been drinking alcohol, used marijuana or illicit drugs, or taken any medicines that make them less alert.
- The baby is younger than 4 months, was born at a low birth weight, or was born prematurely.

#### Share your room, not your bed with baby

This means keeping baby's sleep area in the same room (but not in the same bed) where the caregiver sleeps for at least the first 6 months. Place baby's sleep space in the caregiver's bedroom, close to their bed.

#### We all play a role

These deaths are largely preventable, but it requires everyone to do their part to ensure safe sleep is consistently practiced. Practicing safe sleep can be challenging, so it is critical that caregivers and professionals keep the dialogue going and work together to reduce risk and increase protective factors to provide a safe sleep every nap and at night.

#### Safe Sleep NC: Free resources and support

Safe Sleep NC has a number of free resources to help support your safe sleep efforts scan the QR code to access:

- Free online training for professionals
- Handouts and videos for families and caregivers
- Social media toolkit



Email Megan Canady at [megancanady@med.unc.edu](mailto:megancanady@med.unc.edu) for more information.

*Megan Canady is a Research Associate with the UNC Chapel Hill Collaborative for Maternal and Infant Health*

# Maintaining Your Health as a Resource Parent



Tonia Deese

As resource parents, the work you do to support children and youth in care is incredibly important: You stand in the gap when parents are unable to provide care for their children, you provide a safe and nurturing environment, and you ensure their medical, mental health, and educational needs are met. One of the most important things you do is support children and youth as they recover from trauma. As you all know, the rates of trauma for children and youth in care are incredibly high:

- 90% have experienced at least one type of trauma
- 70.4% have experienced two types
- Nearly half have experienced four or more traumatic events.

Unfortunately, the impact of these traumas are often “accumulative and chronic” over the lifespan, impacting children and youth cognition, learning, memory, and behavior.

The nurturing, structure, and consistency you provide in your home provides psychological safety, helps to rebuild a secure attachment, and helps children regulate their emotions—all are key to recovering from trauma.

At the same time, the work you do can take a toll on your own mental health and well-being. As resource parents, you have a higher risk of experiencing primary trauma, secondary trauma, and burnout. As a result, the yearly turnover rate of foster parents is 30 to 50%. The purpose of this article is to provide practical strategies for maintaining your well-being and longevity as a resource parent.

The first step to self-care is taking inventory of how you are doing. The box below outlines warning signs that we aren’t as “okay” as we think we are.

If you are experiencing several of these indicators, *it is your body’s way of telling you to slow down and practice self-care* to protect your mental health and well-being. There are several categories of self-care activities recommended below: primary strategies, secondary strategies, and trauma-informed practices.

**Primary Strategies** are those that we all need to utilize on a regular basis. These are foundational to our mental health.

- Pay attention to basic physical needs such as: Getting adequate sleep (at least 6 hours per day), drinking water, and eating healthy meals (comfort meals high in sugar, carbohydrates and caffeine can have a negative effect on your mood)
- Get active by exercising, taking the stairs, or parking farther away from your office. Gentle movement reduces inflammation in the body, helps us release stress, and provides “feel good” neurochemicals (dopamine, serotonin, etc.) which improve our mood.
- Create and protect “down time.” Busyness is detrimental to our mental health. Our mind and our bodies need time to recover from the stressors of each day. If your schedule is packed and you don’t have time for an hour a day to relax, try microbreaks (small breaks of 90 seconds to 5 minutes) instead. Several microbreaks throughout the day greatly increases our ability to bounce back from stress.

**Mental Health Strategies** are those that create and maintain our resilience, or ability to navigate life’s challenges well.

- Utilize your support network, which can include formal and informal resources that can provide concrete help or emotional support in times of need.
- Utilize services that are available to you as resource parents, such as agency support groups, counseling, and respite. These tools provide a

powerful buffer from the effects of trauma, help you cope with stress, and increase your effectiveness and longevity as a resource parent.

- Protect time for the things that are important to you, to ensure balance in your life.
- Engage in your interests and hobbies. When we do things we enjoy when we are stressed, we turn hobbies and interests into highly effective coping mechanisms.
- Practice self-compassion. If you are your worst critic, or if you constantly wonder if you have done enough to help a child, it is important to give yourself grace. Being a resource parent is tough, and you are doing the best that you can.
- Set boundaries. Boundaries honor and protect your bandwidth, or physical and emotional capacity to do things. Be honest with yourself about your limits. Listen to your body and your heart when they tell you they need a break. As you set these boundaries, know that you may experience false guilt as you do so (i.e. you may feel guilty but haven’t done anything wrong).

Be intentional about considering whether you have the capacity to take on another placement if you are grieving a loss or have experienced a major traumatic event in the last few months.

**Trauma Informed Strategies** are those strategies that are needed after a major event occurs (placement disruption, death of a child, physical assault, etc.).

- Debrief, or verbally process the details of what occurred with someone you trust (another resource parent, placement agency, etc.).
- Traumatic stress, or the physical and emotions reactions to a traumatic event, can cause a host of symptoms in your life (release of adrenaline and cortisol, hypervigilance, nightmares, flashbacks, hypoarousal, etc.). Engage in somatic, or body-based practices, to help the mind and body recover. Here are a few to consider:

**Deep breathing**, inhale deeply through your nose, exhale slowly through your mouth. Your exhale should be slightly longer than your inhale. Aim for at least 90 seconds of deep breathing as a powerful relaxation tool.

**Grounding**, this strategy shifts the mind from something overwhelming or overstimulating by hyper focusing on something in the present. One of the most popular grounding strategies utilizes the five senses by paying attention to subtle things you can see, hear, taste, touch and smell around you.

**Gentle movement and stretching** are key to releasing muscle tension in the body (walking, elliptical, swimming, stretching, Pilates, etc.). Do these a few times a week.

**Walk and Talk**, take a 15-to-20-minute walk with a friend, talk about what is troubling you, and drink water during or after your walk. This strategy helps to move stress from the body while processing difficult emotions.

**Body Scan or Muscle Relaxation**, our bodies tense up when under stress—especially when we have traumatic stress. Get alone, in a quiet area, and scan your body from head to toe. If you notice tightness in any area of your body, gently squeeze these muscles, hold them tightly for 5 to 10 seconds, then relax them, one muscle group at a time. Common “hot spots” that we hold stress in are our face, jaw, neck, shoulders, upper and lower back.

Remember, self-care is necessary to ensuring we have the capacity to do hard things well. We challenge you to take a few moments, on a regular basis, to care for you. Your mental health and well-being are important too!

*Tonia Deese is a Licensed Clinical Social Worker and the owner of Full Circle Wellness, PLLC, a mental health practice in Charlotte, NC.*

# Health and Well-Being in Care: Why Holistic Support Matters for Foster Youth

My favorite question asked to me when I was young was, “What do you want to be when you grow up?” The longer I experience the world the more I realize, I want to be healthy. This isn’t just a want, it’s a need.

Health and well-being extend far beyond doctor’s appointments. For youth who’ve experienced foster care, becoming healthy requires support across every part of their lives. The word healthy is mainly associated with physical health, but health should also be measured in terms of mental and social. Each of these are key components to a youth experiencing care and their overall well-being and these components are only as strong as their weakest point. When we discuss “health” for young people who have experienced foster care, we are really talking about the interconnected systems that shape their ability to thrive, even when trauma may come to light. In order to implement a healthy support system for these young people we must familiarize ourselves with holistic health. This is a great approach to simultaneously address the physical, mental, and social well-being of an individual.

For many young people in foster care, trauma is a part of their story. Experiences such as abuse, neglect, sudden separation or years of instability can deeply affect social, emotional, and physical health. A study was released in 2020 by researchers in Hong Kong measuring how housing instability effects an individual’s holistic health. They found that people facing housing issues are far more unhealthy and more likely to be unstable in the future. This study was completed on individuals 18 years of age and older. Many young people experience trauma far younger than 18 with minimal wrap around support. Unresolved trauma can change the way the brain processes emotions, and it can also affect the body leading to sleep challenges, weakened immune functioning, chronic stress responses, and difficulty regulating. When a young person feels unsafe or unsupported emotionally, it becomes much harder for them to stay well physically. This is why holistic care is not optional, it is essential.

Although essential, the systems designed to support youth in care often focus on one piece of the puzzle at a time. Youth might receive physical health services without access to consistent therapy, or they might receive mental health services without the supportive relationships needed to feel secure. Holistic health means recognizing that these areas are inseparable. A young person cannot meaningfully heal mentally if they feel unsafe where they sleep. They cannot develop emotional stability without supportive adults they trust. And they cannot maintain physical health if their mental health needs are ignored. Each piece affects the others, shaping the overall experience of well-being. These challenges grow even more complex once youth age out of foster

care. Many lose access to regular healthcare, therapy, and the adults who once helped them make decisions or navigate difficult situations. Without stable housing, consistent meals, or access to medical care, physical health can decline quickly.

Unresolved trauma can intensify when young adults suddenly find themselves navigating the world alone. The stress of meeting basic needs like finding a job, securing transportation, or managing finances often leaves little room for focusing on wellness. For too many, health becomes a low priority simply because survival comes first. Holistic support must address these realities. This means ensuring youth have access to mental health services, trauma-informed care, and physical health resources. It also means building the life skills and community connections that make well-being sustainable. Teaching youth how to cook nutritious meals, manage stress, budget for healthcare, advocate for their needs, and build supportive relationships contributes directly to long-term health. Equally important is giving young people voice and choice in their care.

Health and well-being in care is not one service or one solution, it’s a network of supports that surround a young person with consistency, compassion, and opportunity. When we care for the whole person, we give foster youth the foundation they need to grow into healthy, confident adults and when we extend that holistic support beyond aging out, we show them that their well-being matters long after the system steps back.

*Alonya “Rocky” Jones is an Assistant with Strong Able Youth Speaking Out (SaySo), part of the Children’s Home Society of NC*



Alonya “Rocky” Jones

Upcoming SaySo Events  
SaySo Saturday - March 7th 2026 - Raleigh, NC  
SaySo Summit - May 16th 2026 - Charlotte

For more information about these events and SaySo scan the QR Code

The SaySo logo features the text "SaySo" in a large, bold font, with "strong able youth speaking out" in smaller text below it, all set against a silhouette of the state of North Carolina. To the right of the logo is a square QR code.

# Strengthening Families Through Interdisciplinary Parent Representation: A Legal Defense Social Work Perspective

The North Carolina Office of the Parent Defender (OPD) is a statewide public defender office that provides and promotes high quality legal representation for parents with an abuse, neglect, or dependency (A/N/D) court case. In 2022, OPD launched the Interdisciplinary Parent Representation Program (IPRP), in partnership with NC’s Court Improvement Program to bring this model of parent representation to North Carolina. The IPR Program currently services parents and their A/N/D attorneys in Cleveland, Buncombe, New Hanover, Mecklenburg, Wake, and Lincoln County’s

The IPRP model of parent representation takes a holistic approach to the way parents navigate their child welfare cases. Too many North Carolina parents have navigated their abuse, neglect, and/or dependency cases while facing one of the most overwhelming moments of their lives. Parents are expected to understand complex court processes, respond to allegations, meet service requirements, and maintain connections with their children. Many times, this

is being asked of them all while they continue to cope with poverty, trauma, abuse, stigma, and systemic barriers. Many times, parents navigate this unknown system without meaningful support beyond their legal counsel.

## What Is the IPR Program?

The IPR Program pairs trained social workers with parent attorneys and their legal teams. The social workers role is to support the attorney’s defense strategy while also working directly with the parents to reduce barriers to reunification, provide quality advocacy that parents deserve, support parental compliance with case plans, and increase the likelihood that children return



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to a safe home. Unlike agency social workers or the guardians ad litem, IPRP social workers do not duplicate agency work, investigate families, or provide recommendations to the court. Instead, IPRP social workers support parents from the lens of a trauma-informed, culturally responsive, family-centered practice. This style of holistic representation creates a more balanced process for parents whose dignity and rights deserve protection.

The focus of the IPR program is to ensure parents understand their case; access needed services and have a voice in every decision that affects their family. At its core, the IPRP recognizes that when parents receive continuous support and high-quality representation, children benefit through stronger permanency outcomes, fewer placement disruptions, and more humane engagement with the system intended to protect them.

#### **In practice, IPRP social workers primarily:**

- Help parents navigate referrals for mental health treatment, substance use services, housing supports, or parenting programs.
- Coach parents through court expectations and build confidence as they engage with providers and DSS.
- Support communication between attorneys and parents who may feel intimidated, confused, or distrustful due to prior trauma or past system involvement.
- Gather strengths-based information that helps attorneys tell a full, accurate story of the family's progress.
- Advocate alongside parents in team meetings or case-planning sessions.
- Help parents maintain healthy, meaningful contact with their children during periods of separation.

#### **Leading the Charge of Legal Defense Social Work in North Carolina**

Before joining the IPR Program, my career was rooted in child welfare social work. I spent years working with families experiencing poverty, crisis, mental health challenges, and generational trauma. I saw firsthand the resilience of parents who loved their children deeply despite incredible hardship. I also witnessed how the court system, though intended to protect children, can overwhelm parents who need support rather than judgment.

As a legal defense social worker and the program manager for the IPRP, I have the opportunity to integrate everything I learned in traditional child welfare practice with a new mission: creating a program aimed at supporting parents so they can stabilize, strengthen, and reunify with their children. This role requires a deep understanding of both the child welfare system and the structural inequities that often lead families into it. It also requires relationship-building skills, empathy, patience, and a commitment to honoring parents' voices.

Unlike traditional agency social work, legal defense social work centers advocacy for parental rights and ensuring parents have the tools and information they need to succeed. The success of the case is led by the desires of the parent. This means that while reunification between parent and child is the most desired outcome, if a parent expresses their desire for custody, guardianship, or adoption of their child be granted to a kinship provider or non-relative foster family, our program will support the parent in their decision and count it as a success. By posturing our advocacy from this position, our program is able to ensure its alignment with the social work values of self-determination, dignity and worth of the person, and the belief that parents are more than the words written about them in juvenile petitions and families can heal when given meaningful support.

#### **Why the IPRP Matters for Child Welfare Practitioners**

For child welfare social workers, kinship providers, foster parents, and

GAL advocates, programs like the IPRP may be unfamiliar, but our impact is significant for everyone involved in a case, not just the parent.

#### **1. The IPRP strengthens engagement.**

Parents who feel informed and supported are more likely to attend visits, follow through with services, and communicate openly with DSS. This reduces frustration and improves collaboration across the entire team.

#### **2. The IPRP improves service matching and reduces delays.**

Because IPRP social workers help parents access services efficiently, courts receive clearer updates and can move toward permanency more quickly, whether through reunification or other options.

#### **3. The IPRP promotes stability for children in foster or kinship placements.**

When parents make progress, visitation becomes more consistent and positive. Caregivers see clearer timelines, reduced uncertainty, and fewer crisis-driven disruptions to the case.

#### **4. The IPRP reduces adversarial tension.**

The support of a parent from the IPRP does not mean undermining child safety. Instead, IPRP social workers helps ensure that interventions are fair, proportional, and trauma-informed. Many DSS workers and GALs have expressed that when parents understand expectations and have someone helping them navigate the process, communication improves for everyone.

#### **Supporting Reunification Through a Stronger System**

Reunification remains the preferred permanency outcome when it can be achieved safely. The IPR Program helps make that goal more realistic. Parents who receive individualized support are better able to overcome barriers that previously felt like unsolvable problems like, transportation issues, lack of stable housing, difficulty accessing appointments, untreated mental health needs, or simply feeling defeated by a system they do not understand.

When a parent succeeds, a child returns home, which is the outcome most children hope for. Even when reunification is not possible, the presence of an IPRP social worker ensures parents are treated with respect, supported through transitions, and able to build healthier long term connections with not only their children, but kinship providers and non-relative foster families.

#### **A Shared Mission**

Every professional in the child welfare system, DSS workers, kinship caregivers, foster parents, GAL advocates, attorneys, and now IPRP social workers, plays a role in supporting family stability. The responsibilities may be different, but the goals are aligned: safety for children, healing for families, and relationships built on respect and understanding.

I'd like to think that the IPR Program is one part of a larger shift toward a more compassionate, collaborative, and family-centered child welfare system. For parents who feel unheard, unsupported, or misunderstood, the IPRP offers hope. For children longing to be reunited with the most important people in their lives, the IPRP offers possibility. And for the system as a whole, the IPRP offers a path toward more equitable outcomes.

*Sharice J. Zachary is the Interdisciplinary Parent Representation Program Manager with the NC Office of the Parent Defender and has managed the program since its inception in 2022. She has over 8 years of experience working with children and families navigating the child welfare system and has lived experience as a former foster youth.*

# Meeting the Needs of Youth with Intellectual and Developmental Disabilities in Foster Care

Youth in North Carolina's foster care system often face challenges beyond trauma and separation. Many also have undiagnosed or unmet intellectual and developmental disability (I/DD) needs that shape their learning, behavior, and long-term outcomes. I/DD includes conditions such as intellectual disability, autism, Down syndrome, and other developmental differences that appear before adulthood and impact daily functioning. National data shows youth in foster care are two to five times more likely to have I/DD than their peers, highlighting the urgency of early identification and coordinated supports.

## Recognizing I/DD in Foster Care

Developmental differences can be difficult to identify when trauma, school disruptions, and inconsistent healthcare mask symptoms. Watching for common "red flags" helps caregivers connect children to needed evaluations. Indicators may include delayed speech, coordination problems, difficulty with self-care, limited social interaction, distress with transitions, or behaviors that appear defiant but actually reflect communication or processing challenges.

For youth with incomplete records, caregivers can focus on current functioning—how the child handles routines, frustration, and problem-solving. Teachers, therapists, and former caregivers can offer valuable information. If concerns emerge, updated developmental or psychological assessments can clarify needs. Local Management Entities/Managed Care Organizations (LME/MCOs) also assist with locating past evaluations.

The CDC's Learn the Signs. Act Early. materials ([cdc.gov/ncbddd/actearly](https://www.cdc.gov/ncbddd/actearly)) provide helpful milestone checklists for children from birth to age five and support both foster parents and social workers in monitoring development.

## Why Timely Assessment Matters

When children enter foster care, early health screenings may prioritize physical and mental health, leaving developmental evaluations for later. This can delay access to services that make a significant difference. Pediatricians can begin with developmental screenings and refer for further evaluation when milestones or communication raise concerns. Children under three are evaluated through the local CDSA; children three and older can be assessed through the public school system for an IEP or 504 Plan.

LME/MCOs coordinate diagnostic evaluations, determine eligibility for I/DD services, and connect caregivers to specialized providers. Important advocacy questions include:

- Has a developmental or psychological screen been completed?
- Is an IEP evaluation underway?
- Has the LME/MCO reviewed eligibility for I/DD services?

## Accessing Medicaid, 1915(i), and Innovations Supports

Understanding Medicaid pathways is essential. The Innovations Waiver provides intensive, long-term I/DD supports, but the waitlist is extremely long—often 10 or more years. Many children qualify but will not receive services immediately. Caseworkers should confirm whether a child is enrolled,

on the waitlist, or needs a referral.

To bridge this gap, North Carolina expanded 1915(i) Medicaid services, which do not require a limited slot. Children who meet functional eligibility can access caregiver coaching, skill-building, and community-based supports. For many youth in foster care, 1915(i) offers the fastest route to meaningful help.

## Key questions include:

- Is the child on the Innovations waitlist?
- Has the LME/MCO screened for 1915(i)?
- What services can begin right away?

## The New Children & Families Specialty Plan

On December 1, 2025, North Carolina launched the Children & Families Specialty Plan (CFSP)—a single statewide Medicaid plan designed specifically for children and youth in foster care, former foster youth up to age 26, and certain adoptive families. The plan integrates physical health, behavioral health, I/DD services, care coordination, and long-term supports under one umbrella. For youth with I/DD, the CFSP aims to reduce gaps in services when placements change, streamline assessments, and ensure better coordination among providers, DSS agencies, and caregivers.

## Strengthening Stability and Connection

Youth with I/DD benefit from clear routines, visual supports, predictable transitions, and patient, steady caregiving. Foster families can also lean on the Family Support Network of NC (FSN-NC) for peer mentors and support groups. Social workers can call FSN for information, referral support, and service system navigation.

When caregivers, DSS professionals, LME/MCOs, and Medicaid systems work together—using CDC tools, pursuing both Innovations and 1915(i), and preparing for the new CFSP—youth with I/DD in foster care are far more likely to receive the stable, coordinated supports they need to grow and thrive.

To learn more about the Family Support Network scan the QR code.



*Julie Williams-Swiggett is the Program Coordinator for the Family Support Network of North Carolina.*



Julie Williams-Swiggett,  
M.Ed.



# Help us find families for these children and youth

For more information on these children or adoption in general, contact the NC Kids Adoption and Foster Care Network (tel: 877-625-4371; email: nc.kids@dhhs.nc.gov; web: <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/adoption-and-foster-care>)

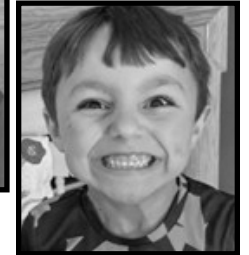


## Ardith (age 15)

Smart, respectful, and a true social butterfly, Ardith easily makes connections with others and enjoys being part of a community. Whether she's chatting with friends, participating in school activities, or diving into a good book, she brings warmth, curiosity, and enthusiasm to everything she does. Ardith is passionate about band; both listening to band music and playing it. As a dedicated flute player in her school's band, Ardith takes pride in her musical involvement. Like many teens considering adoption, Ardith has mixed emotions, but at her core, she hopes to find a family who will love, accept, and stand by her. She longs for a home where she feels secure, valued, and understood. A family that shows up, especially for her extracurricular activities, will mean the world to her.

## Kingston (age 10) & Princeton (age 9)

Kingston and Princeton are adorable brothers looking for their forever home! Kingston is a 4th grader who loves to go outside and play sports. His favorite outings are trips to the mountains to go fishing and play in the creek. He also enjoys Pokémon and playing video games. Princeton is a 3rd grader who enjoys Legos, fishing and being outdoors. He has a bubbly personality and is really funny and smart. He enjoys visiting the cabins in the mountains and playing in the creek. Kingston and Princeton need a family who will commit to keeping them together. Their forever family needs to be loving, patient and kind. The boys will do best in a structured environment with clear rules and boundaries. Kingston and Princeton thrive when caregivers utilize positive reinforcement and praise them to help boost their self-esteem. They enjoy being active and exploring the outdoors and would love a family who enjoys those types of activities as well. Any family would be lucky to welcome these boys into their home!

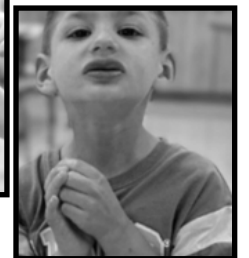


## Noah (age 9)

Meet Noah! He is a bright, kind-hearted kid whose warm personality and playful spirit makes him a joy to be around. He has a deep love for animated shows like Paw Patrol and Sonic the Hedgehog, which spark his imagination and bring him joy. Noah needs a family that is loving, supportive and has the proper skills to manage his care. His family will need a strong support system to provide respite when needed as he needs to be supervised at all times. His adoptive family will need to be strong advocates to make sure his needs are met in all areas and have a flexible schedule so that all therapies and appointments are attended. He deserves the love of a family to care for him long term as he continues to grow and develop.

## Cori (age 7) & Raylan (age 6)

This delightful sibling pair shares a special bond that's full of laughter, imagination, and adventure. Cori is a bright and joyful young girl with a big imagination and a heart full of kindness. She loves to play with her dolls, squishmallows, and toy animals - often hosting fun tea parties for them! When the weather is nice, you'll find her outside jumping on the trampoline, riding her bicycle, or soaking up the sunshine. Her younger brother, Raylan, is a cheerful, energetic boy. He loves playing with his toy cars and animal figurines and can often be found watching his favorite cartoons or exploring the outdoors. He's a smart little boy who loves one-on-one time and thrives when he feels connected and understood. Cori and Raylan look forward to finding a forever family who is supportive, understanding, and nurturing. They will flourish in a home that provides stability, encouragement, and the chance to grow together in a loving home.

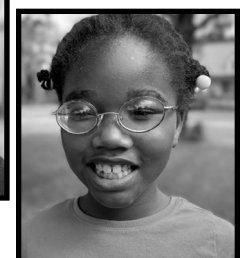


## Jahmel (age 10)

Jahmel is a bright, sociable, and engaging child. He loves to be active and is happiest when he's outside playing basketball or spending time with neighborhood friends. Jahmel has shared that he dreams of becoming a police officer one day because he wants to help others and make his community a better place. His caring nature, leadership skills, and friendly personality make that goal seem very achievable. Jahmel would thrive in a two-parent family who can provide structure, consistent routines, and clear expectations. He does best when he knows what to expect and feels supported by adults who are patient, encouraging, and have a great sense of humor. He hopes to be part of a family that has other children, so he can enjoy being a brother and share in family activities together.

## Ivoryiona (age 13) & Ivey-Shae (age 9)

Ivoryiona is a friendly and helpful teen who enjoys being active. She participates in school clubs and is excited to try out for the track and field team next year. She also loves playing soccer and spending time outside. When she's relaxing, Ivoryiona enjoys watching cartoons, reading, singing, and playing board games. She's known for her kind heart and her ability to connect easily with others. Ivey-Shae is a bright and loving nine-year-old who looks up to her big sister. Her favorite subject in school is reading, and she's always eager to learn something new. Ivey-Shae also plays soccer and enjoys coloring, watching cartoons, and riding her hoverboard. Those who know Ivey-Shae describe her as sweet, affectionate, and smart. These sisters share a strong bond and hope to remain together in a forever family that values their connection. They will thrive in a home that is supportive, patient, and encouraging, with caregivers who help nurture their talents and allow them to stay active in extracurricular activities.

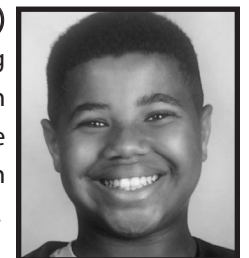


## Ziona (age 13)

Meet Ziona! She's a beautiful girl who enjoys gymnastics, dance and youth activities at church. Ziona is a girly girl and her current favorite color is pink. Ziona can come across as being very quiet, but she needs time to adjust to new environments and people. During her down time, she likes to play board, electronic games and watch Disney shows. Her favorite outing in the community is going to the beach. Ziona needs a loving family who will provide her with a structured and nurturing environment. Ziona thrives on routine and it will be important for her forever family to make that a priority. She will do best as an only child or as the youngest child in the home. Ziona will need a family who understands trauma and how that impacts development.

## Clayton (age 12)

If you're looking for a pre-teen with a great sense of humor, a curious mind, and a heart full of potential, meet Clayton! This active and social young man loves being outdoors, whether he's riding his bike around the neighborhood or shooting hoops with friends. He's happiest when he's moving, exploring, and spending time with others. When he's not outside, you might find him on his tablet or playing video games. Clayton is known for his sense of humor and leadership. He's often the one who brings people together, encourages others, and takes the lead in group activities. He's excited about adoption and the idea of having a forever family, though he admits he feels a little nervous too. He would love a family that includes a dad and a pet, and one that provides structure, routine, and positive encouragement.



# Navigating Mental Health Systems and Services for Resource Families

A “silver lining” in a post-pandemic world has been a wide acceptance that health and wellness include mental health services and supports. Services and are now more accepted and available than ever. For resource parents, as you start to explore accessing services, it can be overwhelming and confusing.

The first thing to remember is these services are typically paid for either out of pocket or by insurance. For children who receive special needs adoption assistance or are in DSS Custody, a new Medicaid Plan, called a Children and Families Specialty Plan, began on December 1, 2025. This plan is operated by Health Blue and is called Healthy Blue Care Together. You can check with your local DSS to see if you and your children are eligible.

The plan includes physical health and pharmacy access. Your Medicaid ID card will likely have the assigned plan on the card. The plan’s information is in detail in the member handbook .

There are also nine additional Medicaid Plans for NC you can learn about. These are called Standard Plans or Tailored Plans. All the Medicaid plan types will have an assigned Primary Care Physician (PCP) identified.

Services for your child(ren) range from outpatient services, to therapy or medication management, to more intensive services such as Intensive In-Home Services or residential services. For the type of service to be approved or authorized, the child must meet “medical necessity,” which is the criteria for the service.

There are also crisis services available for children and families. There is Mobile Outreach Response and Engagement Services (MORES) who responds to a caregivers call within 45 minutes to an hour. The response includes a mental health professional and a Family Peer Specialist. In addition to an immediate response to a crisis call from a caregiver, they can support your family and child for up to eight additional weeks while other services are accessed and the situation is stabilized. his service is widely provided in North Carolina regardless of covered insurance plan.

Behavioral Health Urgent Care (BHUC) is also a crisis service in some locations where you can walk in and receive a crisis assessment and an aftercare plan which may include medications. BHUC is an alternative to a hospital emergency department, similar to that of a physical health urgent care. Your insurance will point you to the service providers they support for the type of services recommended.

To make services accessible and available, North Carolina offers Peer Support for Teens through a program called Somethings. A Certified Peer Specialist Mentor is assigned to work directly with your teen. They have experience working with a variety of common issues teens face, such as substance use, depression, stress, and anxiety. This is a free service and is provided through talking or texting at flexible times via the confidential Somethings app.

You may have commercial insurance which is typically available through your workplace. These plans also provide many of the supports outlined above, but to be clear on services offered, speak with a representative or view the member handbook provided to you.

You can use the NC Medicaid Managed Care mobile app or call toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com) to learn more about your choices, including the EBCI Tribal Option or NC Medicaid Direct. These resources can further explain the types of services and supports available.

*Kate Peterson is an Organizational Strategist with FFA-NC. She has over 30 years of behavioral health and child welfare experience in North Carolina, including ten years at Alliance Health.*



Kate Peterson

[For More Information on Children and Families Specialty Plans](#)



[To View the NC Medicaid CFSP Handbook](#)



[Information about additional NC Medicaid Plans](#)



[Learn about Peer Support for Teens from NC DHHS](#)



## fostering perspectives

February 2026

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Mission: Fostering Perspectives exists to promote the professional development of North Carolina’s child welfare professionals and foster and adoptive parents and kinship caregivers and to provide a forum where the people involved in the child welfare system in our state can exchange ideas.

Disclaimer: The opinions and beliefs expressed herein are not necessarily those of the NC Division of Social Services or the UNC School of Social Work.

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References: See the online version of this issue for references cited in this issue.

# Writing Contest

First Prize: \$100 • Second Prize: \$50 • Third Prize: \$25

Please send us a response to the following question:



WHAT ARE DIFFERENT WAYS YOU KEEP HEALTHY? YOU CAN TALK ABOUT YOUR PHYSICAL HEALTH, MENTAL HEALTH, OR BOTH!(RESPONSES SHOULD BE 200 WORDS OR LESS.)

DEADLINE: August 15, 2026

E-mail submissions to [jrockoff@email.unc.edu](mailto:jrockoff@email.unc.edu) or mail them to: Fostering Perspectives, Family & Children's Resource Program, 325 Pittsboro Street, CB# 3550, Chapel Hill, NC 27516. Include your name, age, address, and phone number. In addition to receiving the awards listed above, winners will have their work published in the next issue. Runners-up may also have their work published, for which they will also receive an award.

Seeking Other Writing Submissions

Submissions can be on any theme. There is no deadline for non-contest submissions: submit your work at any time.

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## Get in-service training credit for reading this newsletter!

Enjoy Fostering Perspectives and earn credit toward your relicensure. Just write down the answers to the questions below and present them to your licensing social worker. If your answers are satisfactory, you'll receive 30 minutes of training credit. If you have questions about this method of gaining in-service training credit, ask your worker.

### In-Service Quiz, FP v29 n2

1. What are three strategies Delores "Dee" Hunt recommends to improve the health and well-being of children and youth in care?
2. What are three ways that Dr. Sarah Dyson shares schools can provide stability for children and youth in care?
3. What is the "BID" process that Dr. Yatisha Blythe describes and how does it help children and youth in care?
4. What are three strategies Larron Lee recommends for engaging with children and youth in care?
5. In her article, Cerea Corry describes "TDV." What is TDV and what impact might it have on youth?
6. What are three tips Tonia Deese recommends for maintaining your health and well-being as a resource parent?
7. What are four key recommendations Megan Canady makes about Safe Sleep?
8. How does Alonya "Rocky" Jones describe what holistic support must address?
9. Julie Williams-Swiggett shared that children and youth experiencing foster care are how much more likely to have intellectual and developmental disabilities than their peers?
10. Who does Kate Peterson recommend you speak to when determining if your placement is eligible for the new Children and Families Specialty Plan?

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Early childhood home visiting and parenting education (HVPE) programs strengthen the relationship between parents and children, increase parenting skills and build confidence. These programs — which can be offered either in the home or at a community center, Family Resource Center or Smart Start — build a system of support for families and ensure children are ready to learn, improve child health and keep children safe. HVPE programs are delivered by experienced child-health professionals and nurses and are intended to support parents and caregivers and promote healthy development and strengthen family relationships. Providing access to home visiting and parenting education to all North Carolina families would extend these benefits across the state. That's why we need #FamilySupportNC.