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Working in Partnership Across Child Welfare

North Carolina's child welfare system is composed of many different complex parts all working together with a primary focus to keep children and families safe and healthy. These intricate parts are comprised of caring birth parents, resource parents, caseworkers, Guardians ad Litem, teachers, therapists, doctors, and many more who work in partnership every day by navigating challenging circumstances.

In this issue of Fostering Perspectives, we wanted to share a variety of viewpoints and experiences related to working in partnership across the child welfare system. From young adults with lived experience, to kinship caregivers, resource parents keeping siblings connected, and the key role of shared parenting, this issue's contributors open up and share their very personal experiences. Hopefully, this issue inspires, educates, and enlightens you to consider the different paths, strategies, and positive impacts of working in partnership. We hope you find it helpful.

In this Issue

Permanency is a Community Outcome: Strengthening Partnerships for North Carolina's Children

Micah Ennis

The Department of Social Services (DSS) is legally required to provide programs and services dictated by federal and state policy. One of the primary responsibilities is to provide placement and case management when a child has been removed from their parents by the courts because of abuse, neglect, and/or dependency. DSS is tasked with establishing a permanency plan with the parents from whom the child was removed with a focus on strengthening the supports, removing the safety reasons for the child's entry into care, and coordinating care for the family members' well-being needs.

As you read the paragraph above, it is likely obvious that DSS cannot do this work effectively by itself. Achieving our federally mandated goals of safety, permanency, and well-being is the business of communities. DSS has certain specific mandates and duties, as well as providing coordination and education; however, children and families enjoy better outcomes when DSS works with families and community partners. This means talking to one another openly and sharing successes as well as worries. It means inviting one another to the table, even if it means receiving some criticism. It means a fierce openness to alternative solutions within the confines of law and policy.

Relationships are important. Investing in strong, intentional partnerships among families, public agencies, and community supports is a critical component to achieving our mutual goal. The goal is simple, even if the work is complex: children should be safe, and they should have a stable, legally permanent place to call home. Across systems—education, healthcare, courts, and community organizations—this goal is widely shared, even when expressed in different words and phrases. Achieving it requires alignment, mutual respect, and an unwavering commitment to collaboration.

DSS becomes directly involved in a child's life only when there has been a breakdown when the systems designed to support and protect that child have not held. But even then, DSS does not replace those systems. Instead, we join them, depend on them, and support and strengthen them as appropriate.

<u>The Systems Around Children Matter Most</u>

Families:

Parents, caregivers, grandparents, aunts, uncles, cousins—and those who may not be related by blood but are deeply connected—form the child's natural support system. Listening to birth families, including their wants and desires for their families and making genuine efforts to help them meet those goals are some simple ways to partner with families. Whether during home visits or Child and Family Team Meetings, when we notice and share family strengths and resiliency, as well as share honest feedback about safety concerns, we build trust with families. Asking family members for their help in understanding the situation or in finding solutions for identified problems is a bridge-building experience.

Maintaining meaningful connections between children and their families is essential whenever it can be done safely. Safety must always come first. Staying connected and achieving permanency requires creativity. No two people are alike, no two cases are alike, and rigid approaches rarely meet the complex realities families face. Effective partnerships allow for flexibility, innovation, and the exploration of options that may not fit traditional models. With the birth family comes the supportive systems already around them, such as church, extracurricular groups, civic groups, neighbors, friends, extended family, and more. Children who remain connected with their families and systems generally experience better outcomes, and when we recognize and lean into the family's valued resources, we help bolster those connections.

Foster and adoptive families are other central partners in achieving

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permanency for children. Often foster families are our first line of support if relatives/kin are unable to provide care for children who have been removed from their parents. Providing quality and timely training, support, connection to resources; being available; and sharing as much information as we can about the child and the child's needs…these are the minimum requirements for good partnerships with foster parents. Shared parenting is often a new concept to many families and can feel threatening at first. Connecting new foster parents with some of the pros in our county has been a great strategy for growing capacity for shared parenting. Our adoptive families have an obvious role in permanency, but they also often find ways to keep children connected with their birth families in safe and meaningful ways, when it is appropriate to do so. Further, early-childhood traumatic experiences are often not visible until later stages of child development, and our adoptive families are there to work through those challenges, which are sometimes severe. We offer the Resource Parent Curriculum to foster, kinship, and adoptive families because of the evidence-based and practical strategies available to families and staff who participate.

Schools:

The local school system is also a critical partner for families and DSS. Attending to the educational needs of children in a wide variety of placement types can be challenging, but we have found that our school system is invested in children's well-being alongside us. Not only do we meet some children because of the attentiveness and compassion of their teachers, but we also get help preserving some sense of normalcy for children in care. We also seek support addressing educational needs for children or youth in hospitals for behavioral health needs, experiencing multiple placements, or other unique situations. For years, we have provided educational opportunities by speaking about child abuse and neglect reporting for the school system's staff development activities and participated in training about early childhood trauma along with our school partners. We also connect with educators through numerous community groups. Every intersection is an opportunity to understand and support one another.

Courts:

The court system is also a central partner in achieving timely and meaningful permanency. Judges, attorneys, and Guardians ad Litem (GAL) each bring a distinct and essential perspective. When courts are fully engaged—committed to applying the law with fidelity, hearing all voices, and holding all parties accountable—children benefit. Parent attorneys are also key partners in this work. Too often misunderstood, they are not working to excuse harm; rather, they are working to ensure that families are treated fairly and that reunification—when safe—is pursued thoughtfully and responsibly. We all meet regularly to ask "How are we doing?" We review the aggregate data together to determine where we are performing well and what we can improve.

Health Care:

Children involved with DSS often have complex needs. Meeting those needs requires a broad network of professionals. Medical and dental care providers, therapists, counselors, and other behavioral health professionals, address physical, emotional, and developmental needs that are essential to well-being. Sometimes children come to DSS with services in place, and other times, we find that families need help understanding their children's specific needs. Stigma, family history, and a fear of the unknown are just a few reasons why families don't reach out for help and may need extra support. Health care professionals can provide facts and data to DSS workers and family members that help us all understand "why," and give us options on what we can do about it. This is also true for the unmet health needs of birth parents. Sometimes the crisis of foster care placement becomes the opportunity for recovery and healing for birth parents and their whole family. The services in this vast array are also important referrals for foster, adoptive, and kinship parents. Identifying needs and connecting with the right resources are important ways to partner with families.

A Shared Responsibility

We all want our community members to be happy and healthy. We want children to be in safe, supportive, permanent settings. Permanency is also a shared responsibility. No single agency, system, or profession can achieve it alone. We can't be precious about our processes, and we must leave our egos behind. When we share information openly and invite inquiry, we can engage families as true partners, prioritize timely permanency, and remain open to innovation. When we invest in partnerships across systems and commit to working together, we move closer to a system where every child in North Carolina can grow up safe, supported, and connected.

Micah Ennis is the Director of Social Services in Rowan County

Public and Private Agency Partnerships in Child Welfare

Emily Sorrell

Johnston County Department of Social Services has worked in partnership with Children's Home Society of North Carolina (CHS) for many years to achieve permanency and stability for children who are in the custody of our agency. Permanency for each child looks different. It may come in the form of reunification with a parent, placement with a relative, or adoption.

Child Focused Recruitment:

Our adoption team has worked alongside recruiters with Child-Focused Recruitment, a program offered through CHS to identify prospective adoptive homes for children who are legally cleared for adoption. The recruiters not only spend time reviewing the child's history, they also meet with the child to get their perspective on what they think a forever home should look like. They work with the social worker to get to know the child, identifying strengths, challenges, likes, and interests so that they can identify a family that will best meet the needs of the child. The recruiters have been able to share important information with the social worker regarding recruitment events and adoptive families who might be able to meet the child's needs. The process of Child Focused Recruitment has been very successful in identifying adoptive families for children who have specialized needs or have been waiting for a forever family.

Foster Homes:

Our Permanency Planning workers currently have children placed in foster homes licensed by CHS. One social worker shared that she has a child who was hospitalized for several weeks and required extensive follow up care. The foster family first met with the child while still in the hospital and they began regularly visiting and participating in the child's treatment and care. Since discharge from the hospital, the family has continued to ensure that the medical, developmental, and mental health needs of the child are met. The child is thriving in the home. The foster parents understand the importance of maintaining family connections and maintaining contact with the child's siblings. The foster parents have also developed a relationship with the foster parents of the child's biological sibling. They ensure that the children continue

to have a connection.

A social worker with our agency shared that she has a sibling group of three placed in a foster home licensed through CHS. When talking about the family the social worker expressed that what is clear and stands out the most is how the family creates a space for the children to feel safe, supported, and understood while allowing room for mistakes. They are able to provide an appropriate balance of structure, support, compassion, and accountability that each child requires. The family's communication style is solution-focused and open which encourages partnership and collaboration.

Another of our social worker's shared her experience working with multiple families licensed with CHS. The social worker has observed positive changes in the children's behavior and academic performance. The children appear to be happy and the family is actively engaged in their treatment, services and working to maintain sibling connections.

In summary, the ongoing partnership between Johnston County DSS and Children's Home Society of North Carolina continues to yield significant positive outcomes for children in custody. The success of Child-Focused Recruitment ensures permanency by identifying prospective adoptive families for children, including those with specialized needs. Furthermore, Children's Home Society's licensed foster homes provide stable, supportive, and compassionate environments, meeting the complex needs of children—such as extensive medical and mental health follow-up—and actively fostering crucial sibling and family connections. These collaborative efforts clearly demonstrate a shared commitment to the stability, well-being, and permanency for every child.

Emily Sorrell is a Social Worker III from Johnston County

The Power of Keeping Siblings Connected in Foster Care

When children enter foster care, they experience profound loss and uncertainty. The trauma of being removed from their home is often intensified when they are also separated from their siblings. Research consistently shows that siblings benefit emotionally, socially, and developmentally from remaining together whenever possible. Sibling relationships are often the longest-lasting relationships in a person's life, extending far beyond childhood into adulthood. For children facing instability, siblings can provide familiarity, comfort, identity, and unconditional support.

Unfortunately, keeping sibling groups together in foster care is not always easy. Geographic barriers can make visitation difficult when siblings are placed apart. Even more commonly, there is a shortage of foster homes able to accommodate larger sibling groups, particularly when children have significant medical or behavioral needs. In some situations, professionals may determine that separation is clinically appropriate, especially when sibling conflict exists or when an older child has assumed an unhealthy parenting role with younger siblings.

Yet in Graham County, two extraordinary foster families have demonstrated what is possible when commitment, compassion, and family values come together.

Dale and Dianne Wiggins

Darlene and Clark Lovingood

Dale and Dianne Wiggins and Clark and Darlene Lovingood serve as licensed foster parents with Davidson Family Services. Dianne and Darlene are sisters who live within walking distance of one another, creating a unique opportunity to support sibling connections in foster care.

Their journey began when the Wiggins family was contacted about the placement of a child who had two younger brothers. Recognizing the importance of keeping the siblings closely connected, Dianne immediately reached out to her sister Darlene, who was able to welcome the younger boys into her home. One of the brothers had severe disabilities, adding additional complexity to placement needs.

Kathy Dills, MA Ed.

The sisters understand the importance of sibling bonds deeply because they themselves are part of a family of ten children. Growing up, they witnessed their parents frequently opening their home to children in need of safety and care. That spirit of compassion became part of their legacy.

Today, both families continue that legacy together.

More recently, the Wiggins family accepted placement of another medically fragile child who was part of a sibling group of three. Shortly afterward, the Lovingood family welcomed the child's two younger siblings after the children had experienced multiple disrupted placements. One of the younger siblings also has significant medical needs. The two boys share a progressive medical diagnosis and receive treatment at Levine Children's Hospital in Charlotte. To support one another, the sisters coordinate appointments on the same days, traveling together and sharing caregiving responsibilities. This partnership not only benefits the foster parents but provides the children with comfort, stability, and continuity.

What makes these placements especially meaningful is that the sibling groups can remain actively involved in each other's daily lives. The children attend school and church together, spend afternoons playing in each other's yards, and share ordinary childhood experiences that are so often lost in foster care. The families eat together, enjoy community outings, visit Dollywood, and even vacation together in places like Myrtle Beach and Florida.

In every way possible, these families have transformed separate foster homes into one extended family.

Their story is a powerful reminder that foster care is about more than providing shelter. It is about preserving relationships, nurturing identity, and creating lifelong connections. Through their dedication, the Wiggins and Lovingood families have shown that siblings can remain not only brothers and sisters, but also friends for life.

Sibling groups raising sibling groups — a beautiful example of how love, family, and community can change the trajectory of a child's life forever.

Kathy Dills, MA Ed, QP is a Licensing Specialist with Davidson Family Services

Partnering with Families

Not many people know how to respond when I tell them I work in child welfare. I often get the routine, "I don't know how you do it," or "It takes a special kind of person to do what you do." While I never contest either statement, it does spark a lot of thought, and I often say, "I just do it." The reality is, I couldn't do it without the people and the partnership of others. As a Permanency Planning Social Worker, I could not achieve permanency for the children I work with without meaningful partnerships.

In social work, there are very important partnerships between the social worker and the removal caregiver, and between the social worker and the placement resource provider. When it comes to removal caregivers, they

know the child(ren) the best. I have yet to encounter a situation where this was not true. Admittedly, it may not always be easy to believe or comfortable to accept, but nonetheless, it is true. As social workers, we cannot allow our opinions or judgments to interfere with this understanding or the practice of working with the removal caregiver. We must check our bias often.

Noah Worley

In addition to the necessary partnership with removal caregivers, we must also embrace and balance a partnership with the placement resource provider. Ironically, I have said and often think, "I could never do what they do," when it comes to being a placement resource provider. A 3:00 AM phone call, the demand to be the most vulnerable, the impossible request to create normalcy, love temporarily, to attach with the likelihood of ultimate detachment, and to do it all with a smile; that is the reality of their role. I have learned that after a short time, I often have two team members who know the child(ren) better than I do: the removal caregiver and the placement resource provider. Social workers cannot adequately provide services to their clients without a partnership with the placement resource provider.

A good partnership with a placement resource provider begins with the first impression, with the first home visit, and the first Child and Family Team Meeting (CFTM). It begins with initial contact and should grow from that experience. As a social worker, it is important to evaluate and understand what the child welfare system expects of someone who agrees to serve as a placement resource provider. We must also ensure that we maintain a shared responsibility for the child(ren) with them.

While I recognize that no two people approach social work the same way, there are some similar paths we can take to strengthen our partnerships. Begin by creating a team mindset. A genuine team approach means two things: firstly, that everyone at the table—and that is where it begins, by having everyone at the table—has a seat of equal height. This includes the social worker, a supervisor, the GAL, the removal caregiver, the support people that the family chooses, the placement resource provider, anyone else who is truly important to be at that table, and most importantly, the child, if it is appropriate for them to contribute. Secondly, it means relinquishing the control that we as professionals in a position of authority often cling to so passionately. It is far too easy and convenient to wield the authority given to us as professionals in this field, and I can say unequivocally that when it is abused, no person benefits. When we approach our work from a team perspective, we relinquish that sense of infallible authority and welcome opportunity. We accept that input from the other people at the table is significant in the decision-making for the permanency planning case.

One thing remains true in the current state of the child welfare system: Social workers are tasked with an incredible responsibility. Our dedication and passion to help the most vulnerable in society are often overshadowed by unmanageable paperwork, antiquated policies and standards, and a system that is often detached from the work. Nonetheless, social workers must manage all demands while ensuring the child(ren) remain the primary focus. Once again, the statement is made "I don't know how you do it. I say, we do know how. We do an incredible job, but we don't do it alone.

In child welfare, there is work to be done, but social workers must start where they are and do what they can. We cannot directly influence the law or policy, but we can start making big changes in our work, and that begins with partnerships. Here are some ways to do that:

- Rethink CFT meetings: a CFTM or PPR every 90 days is simply not enough. Social Workers have high responsibilities, and there is too much happening in our clients' lives. Hold a CFTM every month, and in the third month, combine your CFTM and PPR into a single meeting. If you use this approach, you meet policy requirements and follow best practices while staying up to date on your cases.

- Increase your communication: create a group text chain or a chain email and use it often. Include the appropriate people, but certainly the removal caregiver and the placement resource provider. Request a brief update after visitations, appointments, and other events. When everyone receives the same information at the same time, it reduces confusion and the Social Worker's responsibility to bridge the gap.

- Encourage Shared Parenting: it should be a topic at every CFTM and every other opportunity. When quality shared parenting is happening, it improves partnership across the board. Placement resource providers often feel left out of information sharing and decision-making. Shared parenting is an opportunity for the removal caregiver to take responsibility for the case and for the placement resource provider to be included.

- Crucial Conversations: Often, in our work we have to have challenging, complex, and often uncomfortable conversations. The reality is that they are necessary, and it's time to start getting confident. When you have crucial conversations constructively, you address the concerns and ensure all partners are aligned.

We do not do this work alone; when we build partnerships with those alongside us, especially our placement resource parent, we achieve timely permanence, achieve better outcomes, and reduce stress.

Noah Worley is a Foster Care Lead Worker III and B.I.D./Educational Coordinator with the Yancey County Department of Social Services

Understanding NC Medicaid 1915(i) Services for Foster, Adoptive, and Kinship Families

If a child in your home is struggling with behavioral, emotional, developmental, or mental health challenges, North Carolina's 1915(i) program may be able to help. This Medicaid program provides extra support and services to help children and families succeed at home, in school, and in their communities.

The first step is determining whether your child qualifies. Children who have NC Medicaid and significant mental health, developmental, or behavioral needs may be eligible. A care manager, healthcare provider, or family member can request an assessment to see if the child qualifies for services.

During the assessment, a trained professional will talk with you and your child about daily challenges, strengths, and support needs. They will look at how your child's needs affect their life at home, school, and in the community. This information helps determine whether 1915(i) services would be beneficial.

If your child is approved, you will work with a care manager to create a plan that focuses on your family's goals and needs. Together, you will identify services and supports that can help your child be successful and help your family feel supported.

Gail Osborne

Services available through 1915(i) may include help with daily living skills, behavioral support, respite care for caregivers, support during major life transitions, and assistance with building independence and community connections. These services are designed to strengthen families and help children remain safely and successfully in their homes and communities.

For foster, adoptive, and kinship families, 1915(i) can be especially valuable. It may provide additional support for children who have experienced trauma,

help stabilize placements, give caregivers a break through respite services, and connect families with resources that promote long-term success. The goal is to ensure that children and families receive the support they need before challenges become crises.

If you think your child may benefit from 1915(i) services, talk with your child's care manager or social worker about starting the assessment process.

Gaile Osborne is the Executive Director of the Foster Family Alliance of North Carolina

Kinship Support Program

Natashia Mendoza

Kinship caregivers—including relatives and fictive kin—are vital because they provide children with care in a familiar, trusted environment. This continuity reduces placement-related trauma, supports identity and belonging, and is associated with greater placement stability.

Buncombe County uses its Kinship Support Program to provide kinship caregivers with the assistance and resources they need to safely care for children and maintain stable placements. We can begin supporting caregivers at the earliest point of involvement with our agency, during the investigation phase. Our agency also has a Family Finding Social Worker contacts potential caregivers to identify and engage relatives and fictive kin in a child's case. The Kinship Support Program is available to cases in Family In-Home services as well as Permanency Planning/Foster Care.

Through the Kinship Support Program, the first category of assistance we provide is practical resources that help meet basic household needs. We offer material support that reduces financial strain, including clothing, hygiene, diapering items, and school supplies. We also provide transportation assistance through gas vouchers to support travel to and from visitation, appointments, and school. In addition, we partner with local nonprofit organizations and churches to help offset costs for children's enrichment needs, including birthday gifts and celebration supplies, sports fees, and extracurricular school activities. When needed, our program can also provide referrals to community benefits and other local assistance (e.g., food and utility support). These resources are especially important for caregivers who assume care on short notice and may not have had time to plan financially.

Another key area of support is caregiver education and training. Providing kinship caregivers with clear information about the child welfare system and case process helps set expectations, promotes timely compliance with court and agency requirements, and reduces avoidable placement disruptions. Skill-based training equips caregivers to respond to trauma-related behaviors, strengthens child safety and supervision, and helps caregivers support children's emotional and developmental needs. When appropriate, we connect caregivers to kinship-specific licensing training (Caring for Our Own, CFOO) and provide guidance throughout the licensing process. Licensing can increase the level of financial support available to relative caregivers beyond the kinship stipend and may also create a pathway for fictive kin to access financial assistance when a kinship stipend is not available. Overall, education and training increase caregiver confidence and capacity, which supports placement stability.

Kinship caregivers hold a distinctive role within the child welfare system. Unlike traditional foster parents, they often have deep personal histories, complex family dynamics, and longstanding emotional connections with the children in their care and the child's parents. These relationships can bring both strengths and challenges, as caregivers may be navigating divided loyalties, boundary-setting, and frequent communication while also meeting safety expectations and court requirements. As a result, kinship caregivers often benefit from consistent, relationship-based support to sustain placements and maintain stability for children.

Emotional support helps caregivers manage stress, navigate complex family dynamics, and sustain stable kinship placements. The Kinship Support Specialist role allows focus on caregivers' individual needs and engages in supportive, therapeutic conversations as they adjust to their caregiving role. The Kinship Support Program also provides ongoing check-ins, connects caregivers to local support groups and peer networks, and offers a monthly caregiver newsletter with timely updates, resources, and upcoming events—helping reduce caregiver burnout and support placement stability.

Overall, the Kinship Support Program promotes safe, stable kinship placements by strengthening caregiver capacity and reducing barriers that can compromise continuity of care. By supporting caregivers throughout a child's involvement with our agency, the Kinship Support Program helps children remain connected to family and their community while advancing timely permanency and long-term well-being.

Natashia Mendoza is a Kinship Support Specialist with the Buncombe County Department of Social Services. For more information email Natashia at natashia.mendoza@buncombenc.gov or call her at (828) 424-8500.

It Takes a Village. It Also Takes Partnerships.

Amiya Dowd

Labor Day weekend was an annual holiday time in my family, and we took it seriously. In grade school, I recall telling all my friends about this big party I was going to have at home and how it would last all weekend. My cousins and family members coming from all over, Maryland, New York, and pockets of North Carolina. I mean the whole "shabang." The surviving offspring of Dorothy and Roy Foxx, who raised 18 children in total, came back home to Highfalls, North Carolina, to prepare for this three-day extravaganza. As the weekend continued, the hot country air carried smells of good food, laughter, and love. This was our annual Foxx Family Reunion.

In my transition into adulthood, I'm grounded on the principles I was given through my community, both kin and non-kin, leaving me to question what my womanhood would look like if I was deprived of these community-instilled values. In my work of substitute care reform and advocacy, I couldn't help but apply the same question in context: how do young people who've experienced care, like myself, identify within their communities? When young people enter care, who is their community, and how can partnerships step in to bridge those gaps?

When a child experiences substitute care, the government is ultimately their parent, responsible for guiding them through some of the most foundational years of their lives, leaving child welfare partnerships to serve as the cool aunties and cousins, always providing a helping hand and even a shoulder to lean on. After exiting the substitute care system and now transitioning into adulthood, I've come to realize that child welfare partnership programs have the potential to bridge the broken family gap and reform the experience of "foster" care.

SaySo Inc., a youth-led nonprofit based in North Carolina and part of the Children's Home Society of NC, was the first partnership to inspire my growth into adulthood after exiting care. One of the many ways this program promotes youth-led advocacy work and reform is by putting youth who have been in substitute care, lived experts, at the table with the policy makers, senators, legislators, and stakeholders. These tangible moments ignite a transformative mindset for youth who've experienced care, becoming active rather than reactive to these systemic barriers. I had a sense of belonging in a space I felt

was working against me. Being on Capitol Hill and inside legislative buildings as a former foster youth made me realize that the sky is the limit. One of the most impactful experiences is SaySo Saturday, where NCDHHS comes to speak to the young people about what's going on in the division, collaborates with the youth, and provides young people with helpful resources like NC Reach.

Foster Family Alliance of North Carolina (FFA-NC) and Family Focused Treatment Association (FFTA) are both additional partnerships that have catalyzed my transition into adulthood through professional development in workshops and event facilitation, as well as federal public policy institution advocacy. Events held through these community partnerships carry a sense of acceptance, understanding, and belonging to their audience of young people. FFA and FFTA work closely with SaySo, which allowed me to build long-term relationships with these partners.

Child welfare partners like SaySo, NCReach, FFA-NC, FFTA, and NC LINKS have enhanced my community-based values and inspired me to dig deeper within myself when I felt empty, pushing me to build resilience in my transition into adulthood and to develop the lifestyle I want to build. My story proves that it takes more than a village to support a child who has experienced care. It takes a communal partnership of both kin and non-kin.

Amiya Dowd has over four years of advocacy and leadership experience. She has served as a SaySo Regional Assistant (SRA), a member of the Young Adult Leadership Council, and later as its co-chair. She has been a Governor's Page twice, attended the Public Policy Institute in Washington, D.C., and has gained strong skills in hands-on workshop facilitation. Currently studying psychology, criminal justice, and political science at the University of North Carolina at Charlotte, she is also a proud Captain of the UNC Charlotte Marching Band Color Guard. Passionate about uplifting youth and supporting mental health, Amiya uses her story to inspire, empower, and advocate for her community.

Healthcare for Children and Youth in Foster Care

Children and youth in foster care enter custody with many challenges for child welfare social workers, healthcare providers, and caregivers to understand their overall health and well-being needs. Most children enter foster care due to allegations of neglect and may have been unable to access or attend necessary healthcare, dental, developmental, and/or behavioral health care prior to being placed in foster care. As a result, a complete understanding of their healthcare needs may not have been available during the CPS assessment. A smaller percentage of children and youth enter foster care due to allegations of physical or sexual abuse which may include ongoing medical evaluations and treatment, some of which may not be identified at the time of placement as the medical evaluations are ongoing. A growing percent of children and youth entering custody due to dependency includes children and youth whose caregivers are unable to meet the child/youth's mental health needs for differing reasons.

Molly Berkoff, MD, MPH

Recommended Healthcare Visit Schedule for Children and Youth in Foster Care

Given the complex well-being needs of children and youth in foster care, the American Academy of Pediatrics recognizes them as a population with special healthcare needs. As such, children and youth in foster care are recommended to be seen early, often and comprehensively.

Best practice includes children and youth receiving healthcare in a trauma-informed medical home, a primary care practice that is structured to provide enhanced surveillance to ensure both identification of well-being needs and access to care meeting those needs. Children and youth in foster care follow an enhanced frequency of visits as compared to children and youth not in foster care.

North Carolina DHHS, Child Welfare section recognizes the importance of this structure and has adopted some of the American Academy of Pediatrics requirements into policy. In North Carolina, children and youth newly entering foster care are to be seen at the following frequency:

- An immediate healthcare visit within 7 days of entering care. Best practice is as early as possible and for children with complex and/or chronic healthcare needs, within 24 hours by a provider knowledgeable of the child/youth's health. The purpose of this visit is to both ensure an assessment of any healthcare needs requiring immediate medical attention as well as an assessment for any infections or other conditions that could be contagious and/or require treatment. Known and existing medications can be refilled and education to the new caregiver regarding the child/youth's healthcare needs can occur. Updates to the understanding of the child/youth's healthcare needs for the child welfare permanency placement social worker should occur. Communication regarding any healthcare forms needing completing for placement should occur at this visit. This is critical to ensure the child/youth is placed in a home/facility that can meet their needs. Updates to needed immunizations can occur. To ensure clarity in understanding the child/youth's healthcare needs, both the permanency placement social worker as well as the current caregiver should attend this visit.
- A comprehensive visit within 30 days. Even if the child has had a recent well-child visit, the 30-day visit should occur. The child is most often going to have a new caregiver who will benefit from education regarding the child's health and any necessary treatment. The permanency placement social worker may need clarification regarding new concerns for well-being and any recommended treatment. At this visit, the medical provider will follow-up on any referrals, needed immunizations and/or treatment issues identified at the 7-day/initial visit. If this visit occurred in a different location, it is the permanency placement worker's responsibility to secure those records and provide them to the new medical home. Additionally, the medical home should be informed of the child's healthcare case manager so that all supports for the child/youth are aware; this individual will assist with identifying in-network supports and reduce barriers to care. A more detailed review of systems will occur at this visit to include a detailed understanding of the child's current level of functioning. Reviewing behavioral health history to include sleep habits, appetite, interactions with adults and peers as well as toileting will occur. Specific screenings will be tailored to the age of the child, such as understanding developmental and/or educational abilities as well as adolescent health, if appropriate.

Additional enhanced visit types supported by the American Academy of Pediatrics include the following. The caregiver, permanency placement social worker and healthcare provider will also be expected to adhere to any general as well as chronic disease specific guidelines.

- A follow-up health visit 60-90 days after entry to care. This will be to ensure understanding of any new issues because of the adjustment to what may be an unfamiliar environment as well as access to enrollment in school, daycare, or other activities. Any barriers to accessing services will be identified and discussed.
- A healthcare visit with a change in placement. The purpose of this visit is to ensure the new caregiver's understanding of the child/youth's healthcare needs and access to essential items for care. Any past medical records should be provided by the permanency placement social worker for the new medical home.

Expected healthcare screenings

Upon entry to foster care, there are standard laboratory and healthcare screenings, similar to other preventive healthcare visits. These include specific developmental, mental health, behavioral health screenings as well as laboratory evaluations.

A caregiver who has recently begun caring for a young child may not have enough time with the child to understand their developmental or behavioral

healthcare needs. Ensuring adherence to the recommended frequency of visits greatly assists with improved understanding of any concerns. Pediatric medical providers will use structured and validated screening tools at healthcare visits, to ensure understanding of any needed referrals for ongoing assessment and intervention. For developmental screenings, the pediatric medical provider will be looking for concerns in speech and language, gross and fine motor as well as social concerns and Autism. For school aged children, understanding any specific learning concerns will occur as upwards of 45% of children and adolescents in foster care are reported to have educational challenges resulting in need for support.

Adolescent health screening will follow the same structure for adolescents not in foster care, including honoring adolescent confidentiality rules in North Carolina. It will be expected that the pediatric medical provider will spend time with the adolescent outside the presence of the caregiver.

Who can consent for care for children and youth in foster care?

The discussion for consent is beyond this scope of this review. However, excellent resources are available here: https://www.sog.unc.edu/blogs/civil-side/medical-appointments-consents-and-children-dss-custody. It is important to recognize that foster parents or placement providers cannot consent to medical care.

How do Principles of Partnership impact medical care in foster care?

Shared parenting is a core belief in foster care as out-of-home placements are most often intended to be a short-term solution and reunification most often is the primary goal. To strengthen the understanding of a child/youth's healthcare needs, the family of origin should be included in updates regarding diagnoses and healthcare needs unless there are restrictions due to safety concerns or court orders. The permanency placement social worker should assist in coordinating the best communication strategy.

Dr. Molly Berkoff is a Professor of Pediatrics at the UNC School of Medicine and the Child Medical Evaluation Program Medical Director

Working Together to Strengthen Child Welfare for Native Children and Families in Robeson County

What is the Indian Child Welfare Act: ICWA (Indian Child Welfare Act) is a federal law passed in 1978 to protect the best interests of Indian children and promote the stability of Indian tribes and families. It sets specific requirements for child welfare cases involving an Indian child—such as timely notice to the child's tribe, the tribe's right to participate in court, higher legal standards for certain removals, and preferences for placement with family, tribal members, or other Indian families when a child cannot safely remain at home.

At Robeson County DSS, our mission is to keep children safe, strengthen families, and support permanency and well-being. We also recognize that when Native children and families are involved in the child welfare system, there are additional legal requirements and, just as importantly, additional opportunities to partner in ways that honor family, culture, and community. From a county perspective, we are committed to building strong, consistent practices that support compliance and collaboration—especially as we work alongside the Tribe and the courts to improve outcomes for children.

What we are doing now

- **Strengthening identification and documentation:** We are reinforcing early and ongoing inquiry about whether a child is Native/eligible for tribal membership so we can take appropriate steps as soon as possible and document our efforts clearly.
- **Improving coordination and timely communication:** We are standardizing how our staff share case information and collaborate with partners so that notice, family finding, and planning happen early—before critical decisions are made.
- **Building staff capacity:** We are prioritizing training and coaching for social workers, supervisors, and legal partners on best practices for Native child welfare cases, including culturally responsive engagement and courtroom preparation.
- **Reviewing policies and practice tools:** We are updating internal guidance (checklists, templates, supervisory reviews) to promote consistent practice across units and reduce delays.
- **Focusing on family-centered placement and services:** We are strengthening our approach to kinship engagement and culturally appropriate services to support children remaining connected to family and community whenever safely possible.
-

We know that strong outcomes are driven by relationships. Robeson County DSS is working to strengthen communication and trust with the Tribe's child welfare leadership and staff by engaging early, sharing information consistently, and inviting feedback on how our county processes can better support children and families. Our goal is not only to meet requirements, but to build a dependable partnership that reflects shared responsibility for child safety, family well-being and cultural connection.

Tina Barnes-Dawson

One of the most practical ways we are working to improve coordination is through our county Court Collaborative, where partners meet to address system barriers, align expectations, and improve how cases move toward positive outcomes. From the county's perspective, it is essential that the Tribe have a consistent voice at that table and that is why we extended a formal request to the Lumbee Tribe to become a standing member of the Court Collaborative so that we can enhance our regular communication and ensure that court practice decisions reflect Tribal input from the beginning—not after key decisions have already occurred.

In addition to these system-level improvements, Robeson County and the Lumbee Tribe are working together on several ongoing efforts to strengthen safety, stability, and cultural connection for children and families. Together, we are focused on increasing the number of placements relatives and expanding the pool of licensed Lumbee foster homes; advocating for increasing available housing resources, including beginning conversations about supportive housing options; and deepening our shared understanding of the reasons children are most likely to enter care so we can build out more effective preventive services. We are also tightening practice to ensure all required notifications are transmitted by certified letter, identifying and addressing any unmet heritage needs for children, and looking for practical opportunities to encourage more Indigenous community members to become foster parents and/or serve as Guardian ad Litem (GAL) volunteers. Finally, we are working to ensure that existing community supports—such as Boys & Girls Club programming and scholarship opportunities—are prioritized for children in care whenever eligible.

We are committed to continuous improvement—listening, learning, and adjusting our practice so that Native children and families experience a system that is respectful, timely, and responsive. We appreciate the work that is currently happening in our county and look forward to strengthening our partnership with the Tribe through ongoing communication and shared problem-solving.

Tina Barnes-Dawson is the Child Welfare Director of Robeson County Department of Social Services

By and for Young People in Foster Care

Kids' Pages

Vol. 30, No. 1• June 2026

Writing Contest

In the most recent Fostering Perspectives writing contest we gave young people in foster care the following prompt: **"What are different ways you keep healthy? You can talk about your physical health, mental health, or both!"** Here's what they had to say.

Emery Age 17

Staying healthy, for me, isn't just about my body. it's about surviving and learning how to feel safe in myself. There were times when my world didn't feel steady, when everything changed too fast, and I had to learn how to carry emotions that felt too heavy for someone my age. Because of that, taking care of my mental health became just as important as breathing. I've learned to sit with my feelings instead of running from them, to turn to music and writing when I can't find the words out loud. Physically, I try to take care of myself in simple ways going on walks, getting fresh air, letting my body release what my mind holds in. Even small routines help me feel grounded. To me, health is about healing, not perfection. It's about learning that I deserve care, even on my hardest days. It's choosing to keep going, even when it feels easier to shut down. Being healthy means rebuilding myself slowly, quietly, but with strength I didn't know I had. Thank you for your time and consideration.

Emery received $100 for taking top prize in the writing contest.

Kendra Age 15

To stay healthy while navigating the foster care system, I focus on intentional steps to protect both my body and my mind. Because life can feel unpredictable, these habits give me a sense of stability and personal strength. For my physical health, I prioritize moving my body and eating the right things. I make an effort to drink lots of water and eat balanced meals which helps me get through a day at school. Exercise is a good way to release tension whether just walking or just staying active is great for you. I also prioritize sleep, knowing that a rested brain handles school and social stress much better. For my mental health, I work hard to rise above the pain of bullying. I use drawing as an escape; when I pick up a pencil, I can transform my frustrations into something beautiful. This creative way along with other hobbies helps me realize that a bully's words are not my truth. I am learning to set boundaries and I reach out to trusted adults when things feel heavy. By focusing on my art and personal growth, I am building the life I deserve.

Kendra Received $50 for taking second prize.

Tyrell Age 18

I try to keep myself healthy in different ways that fit my life. First, my faith in Christianity helps me stay strong mentally and emotionally. I pray, read my Bible, and trust God to guide me through challenges, which gives me peace and motivation to take care of myself. Basketball is a big part of how I stay physically healthy. I practice often, run drills, and play games that keep me active and build my endurance. It also teaches me discipline and teamwork, which helps me stay focused in school and life. My family also plays an important role in my health. They support me, encourage me, and make sure I eat well and rest enough. Spending time with them keeps me happy and reminds me I'm not alone. Traveling is another way I stay healthy. It helps me relax, explore new places, and take a break from stress. Seeing different environments and cultures makes me feel refreshed and inspired.

Tyrell received $25 for taking third prize.

Adrian Age 11

One way I stay healthy is that I exercise and play sports. I drink a lot of water. I eat a normal amount of food. I try to even out and balance my diet- enough carbs, proteins and fiber. I have good AM/PM routines. For mental health, I draw, I talk to friends, I listen to music and I do organizing if I feel like I'm hot-headed and want to clear it. I have drumsticks, and I like to bash them around! I've also done meditation. I get 8-9 hours of sleep every day- or I try to, at least!

Ace Age 16

I've had a lot of history with my mental health and i think that parents and people in general should take it seriously like you never know what someone is going through and i'm there like when you go to school and you think everyone is judging and sometime the mental hospitals don't help the staff don't know how to help sometimes they can be mean and even not care just imagine being locked up with 30 girls you know when you feel alone like no one can't help so you go to the bathroom and cut and you leave scars on yourself people call you weird no one is weird everyone is different people trying to fix you because you are you.

Tattianna Age 18

Some ways that I keep myself healthy physically would probably be dancing because I love to dance (even though I'm not that good at it), walking down my dirt road and back multiple times because I love being in nature and I love how peaceful it is, another one would have to be taking a shower and having good hygiene, that's very important to me. I don't like not being clean, I hate the feeling of being dirty and sweaty. One more thing I do is sleep, sleeping helps me relax (even though I never can sleep well no matter what I take to help me sleep). Some things that I do for my mental health would be listening to music. Music is a big part of my life and I love it. Music calms me down and helps me relax even when I'm stressed or upset. Singing helps too. I love singing and my friends say I sing really well but sometimes I don't believe them. Cuddling with my dog and cats help me, they are like my emotional support animals because they always know when I'm sad or not feeling well, because they will come over to me and either sit next to me, lay on me like my cat Boo does, or just sit in front of me and let me pet them. Venting to my friends and boyfriend help my mental health too because I get stuff off my chest that feels like it's weighing me down and it feels good to just let out all that pent up stress, anger, sadness, ect. That's what helps my health physically and mentally!

All other submission authors received $20 for contributing to this issue

GAL Partnering with the Child Welfare System: What Resource Parents Should Know

Melissa Love

The North Carolina Guardian ad Litem (GAL) Program collaborates with child welfare stakeholders at the State and local levels. The N.C. GAL Program is the State agency that advocates in district court proceeding for the best interests of juveniles who are named in petitions as having been abused, neglected, and/or dependent. It does this through the appointment of a GAL attorney advocate, a GAL volunteer advocate, and GAL staff. Among the Program's duties are conducting an independent investigation, informing the court about the needs of the juvenile and the circumstances surrounding the child, protecting the juvenile's legal rights, and protecting and promoting the child's best interests. To perform these and other important duties, the N.C. GAL Program will balance the need to partner with individuals and agencies with the imperative to remain independent.

One of the chief duties of the Program is to conduct an independent investigation of the circumstances surrounding the child and the needs of the juvenile and identifying resources to meet those needs. Collaboration and partnership are key principles that guide the Program's work. While these principles may seem at odds with the Program's duties to provide independent legal representation and best interests advocacy, they are not. These principles recognize that many individuals and agencies play positive, significant roles in the child's life and in the child's overall wellbeing.

In each case, the collaboration begins for the Program when it is appointed upon the filing of a juvenile petition. While the county department of social services (DSS) agency is typically the first agency that the N.C. GAL Program works with, it is only the beginning. At the beginning of the case, the DSS case workers have information about the services that were provided to the family up to that point and contact information for the child, the child's parents, and other people who have a close relationship with the child and their family. Throughout the life of a case, the DSS case workers maintain a wealth of information about the child, the child's parents, and service providers who support the child and family. As the GAL contacts those agencies and individuals, the GAL will communicate with the DSS caseworker about the success of services, gaps in services, and met and unmet needs of the child and family.

In each case, the GAL team works with the child's parents, immediate family, extended family, and nonrelative kin to identify things like the parents' wishes for their child, the child's needs, and resources within the family and the community to assist the child. GALs work with these individuals throughout the case.

GALs are trained to consider all aspects of the child's life when investigating and making recommendations to the court. Many individuals and agencies provide services and supports for children and families involved in child welfare proceedings. GALs work with educators, mental health professionals, medical professionals, and others who provide services and support for the child and family. These groups have critical information about the child's needs and wellbeing.

Where a child is placed might be the single most important factor in a child's life, because the child's placement impacts every aspect of the child's life, like the child's connection with their parents, siblings, extended family, school, and their community. Because of this, it is essential for the GAL to communicate effectively with the child's placement provider who may be the child's parent, relative, foster parent, nonrelative kin, federally or State-recognized tribe, or the individuals who supervise and support the child in a congregate care setting. Resource parents, like the other placement providers, have critical first-hand information and insights. Resource parents have a unique perspective about the child and family, especially when they are practicing shared parenting. Resource parents, like the other placement providers, have the right to be heard at permanency planning hearings even when they are not parties in the case.

Reggie O'Rourke

The GAL Program also collaborates with agencies and individuals who encounter the Program's child clients in other systems and court-related processes. The N.C. GAL team works with educators, school counselors, and agencies and individuals that help young people navigate the State's education system. While all children need support in their educational or school setting, children involved in child welfare proceedings need additional support when placement changes cause disruptions and barriers to education. This reality underscores the importance of the Program's work and collaborations in this area. When N.C. GAL child clients are involved in the juvenile justice system, N.C. GAL team members communicate with juvenile court counselors, attorneys, law enforcement agencies, and other court personnel who are involved in delinquency and undisciplined courts.

North Carolina is fortunate to have many specialty courts that provide specialized support and services for its participants like youth, adult, and family treatment courts and Safe Babies Courts. North Carolina currently has 35 adult treatment courts, 14 family treatment courts, and 3 youth treatment courts and there are 7 Safe Babies Court sites. The N.C. GAL Program collaborates with these courts at both the State and local levels to protect and promote the best interests and wellbeing of N.C. GAL child clients.

A lesser-known responsibility of the N.C. GAL Program is the duty to facilitate the settlement of disputed issues when it is appropriate. Whether it is during a meeting convened by DSS, a meeting regarding the child's education, or elsewhere, the GAL will collaborate to resolve disputed issues. N.C. GAL attorney advocates collaborate with the other parties' attorneys to facilitate the resolution of disputed issues. While the court process can be adversarial, the attorneys often work together to resolve disputed issues.

After the court order for each hearing is finalized, the Juvenile Code requires the GAL team to make follow-up investigations to ensure that the court's orders are being executed properly. To fulfill this duty, the N.C. GAL team will collaborate with child welfare stakeholders throughout the case.

The N.C. GAL Program also collaborates with child welfare stakeholders on State and local committees like child fatality task forces, multi-disciplinary teams, Court Improvement Program committees, and permanency collaboratives. While the N.C. GAL Program provides independent legal representation and best interests advocacy for its child clients, collaboration and partnership are integral aspects of the N.C. GAL Program's work.

Reggie O'Rourke is an attorney with the North Carolina Guardian ad Litem Program and Melissa Love is a North Carolina Guardian ad Litem District Administrator

Shared Parenting as Partnership

When I first became a foster parent in 2019, I didn't have the intention of taking on long-term placements. I got licensed strictly to be a support to other foster families by providing respite care. That all changed when a 1-year-old, who I had provided respite for, needed a new foster home. Little did I know that saying "yes" to him would change my life and my family forever.

I hadn't paid very much attention in my training classes to the part where we learned about maintaining relationships with biological families through shared parenting, because I had no intention of having to do that since I'd just be doing respite for short stints of time. But then the day came for me to meet my son's mom.

I wasn't sure what to think or what to do or what to say. I remember anxiously waiting in my car for the visit to end so that I could go inside and meet her. I'll be honest and say I walked in those doors pridefully. I was the capable one and she was the incapable. It feels terrible to write, but it's the ugly truth of what I felt that day.

But then I saw her. She was a person, just like me. A tall woman with a unique voice, a bunch of tattoos, and an obvious love for her babies. I don't even remember the words that I spoke that day, but I will remember meeting her for the rest of my life. Meeting her face to face gave me the eyes to see her as a person in need of support and grace and encouragement and unconditional love.

My whole perspective changed that day, and my mission as a foster mom moved from "How can I best love these babies that have been placed in my home?" to "How can I love these babies and pursue their parents to ensure that they know they are loved, too?"

Megan Henderson

Over the past seven years of knowing each other, we've had lots of ups and downs. I will never lie and say it's been this flawlessly beautiful relationship, and their mom wouldn't either. There have been hurt feelings, complicated dynamics, stepping on toes, and lots of discomfort from both sides. But I will say that both she and I have done the work personally to put our kids and their needs and desires first.

I will always choose to honor and respect her as my kids' mom. She gave them life and has biological connections to them that I will never have. She gave them their smiles, their tenacious personalities, and some of their funny quirks. She can answer questions for them that I will never be able to answer. The good, the hard, and the complicated ones. And I fully and wholeheartedly believe that she one of these most important pieces in the puzzle that is their identity.

Shared parenting has humbled me and allowed me to witness something I never expected: when we love and care for and pursue our kids' parents, their lives might be transformed… and in turn, ours might be too.

Megan Henderson is a single foster and adoptive parent to 6 children and is licensed with Thompson Child and Family Services

Message from SaySo

The mission of SaySo (Strong Able Youth Speaking Out) is to transform the substitute care system by educating communities, advocating for meaningful change, and uplifting youth who are currently or have previously been in substitute care. As a statewide, youth-led advocacy organization in North Carolina, SaySo includes 30 local chapters across the state, each creating spaces where young people can connect, grow, and lead.

A SaySo local chapter is a community-based, youth-driven group that supports young people ages 14–26 with lived experience in foster care, kinship care, group homes, mental health placements, and juvenile justice placements. These chapters provide safe and supportive environments where youth can build lasting connections, receive peer mentorship, strengthen leadership skills, and learn how to advocate for themselves and others. More importantly, local chapters help young people navigate challenges, gain stability, and feel empowered to use their voices to influence systems that directly impact their lives.

For example, the SaySo 336 Forsyth local chapter is dedicated to helping youth and young adults turn their personal experiences into collective power. Through educational resources, life skills training, workshops, and community engagement, members are equipped with the tools they need to successfully transition into adulthood and independent living. Our chapter focuses on four key pillars: closing educational gaps, promoting permanency, expanding employment opportunities, and teaching advocacy skills.

One of our biggest priorities right now is building a strong employer pipeline for young adults ages 17–26. Studies show that youth aging out of foster care often face barriers to stable employment including lower wages, inconsistent work opportunities, and limited workforce experience. SaySo 336 is actively working to close that gap. Through partnerships with local organizations and professionals, youth gain valuable job readiness and soft skills such as communication, professionalism, teamwork, time management, and problem-solving. At the same time, we work to educate employers about

the strengths, resilience, and potential of the young people we serve. Some of our community partners include Crosby Scholars, The Dream Foundation, Restorative Justice, and representatives from the North Carolina Society for Human Resource Management.

Over the past two quarters, SaySo 336 has welcomed 28 new members who actively participate in chapter meetings, workshops, and community events. We currently serve eight group homes throughout Forsyth County and continue to build meaningful partnerships that strengthen support for youth across the community. Our newly formed youth board plays an important role in planning monthly chapter meetings and identifying policies that directly impact young people in care.

During a recent discussion about the Fostering Connections to Success and Increasing Adoptions Act of 2008, which promotes sibling connections and placement stability, a 16-year-old member shared that she had never heard of the policy before and was excited to learn she had rights related to maintaining contact with her siblings while living in a group home. Moments like this highlight why education and advocacy matter so deeply within our chapter.

Beyond advocacy, SaySo 336 also prioritizes practical life skills that prepare youth for independence and long-term success. Recently, members participated in a cooking class where they learned how to prepare meals and practice essential kitchen skills. One graduating senior shared, "These skills learned in the cooking class will help me when I move out of my group home." Stories like this remind us that our work extends far beyond meetings and workshops — it's about helping youth feel confident, supported, and ready for their future.

Through peer support, leadership opportunities, advocacy, and strong community partnerships, SaySo 336 continues to create a space where youth and young adults feel heard, valued, empowered, and inspired to succeed.

If you are interested in starting a SaySo local chapter in your community, please contact SaySo North Carolina. Our vision is to bring a SaySo local chapter to all 100 counties across North Carolina.

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

SaySo

How Research and Foster Care are Working Together to Improve Outcomes

A few years ago, I joined a Teams call with a large group of scholars to discuss what kinds of research on foster care the state should fund. Experts shared lots of important ideas, especially focused on what researchers could accomplish by linking big datasets on foster care with data on education, health, and contact with the criminal legal system.

But no one was talking about what I thought (as a licensed foster parent in Orange County) was the elephant in the room: between 2020 and 2022, North Carolina had lost about one in four of its licensed foster homes. Before the pandemic, many counties needed more foster homes; by 2022, many counties were in a state of crisis. If the state was going to fund research on foster care, I thought, shouldn't we be focusing at least in part on the post-pandemic foster home shortage?

When my wife and I began fostering in 2017, it seemed like our county's foster families were doing an okay job keeping up with the need for placements. My MAPP class was large and lively. When I got my first placement call, the social worker left a voicemail encouraging me to call back fast, because she was reaching out to several families, and the child was likely to be placed quickly.

During the pandemic, however, my county lost dozens of licensed homes. In the years that followed, instead of easygoing voicemails, we often got urgent-sounding mass emails. Our social workers were doing everything they could to find good placements in our county—while juggling the work of recruiting, training, and licensing new foster parents—but in the wake of COVID, the need for placements was outpacing the number of available homes.

Unfortunately, the statewide foster home shortage was easy for researchers and lawmakers to miss. If you weren't on the front lines in the years after the pandemic began—working in or with county DSS agencies—you could be forgiven for not immediately recognizing the crisis of foster parent recruitment, retention, and utilization. I just so happened to be both a foster parent and a university-based researcher (I'm a political scientist at Duke), but not everyone in research and policymaking has a front-row seat for the changing realities of post-pandemic foster care—and that can lead those of us on the research side to sometimes miss the things that matter most.

Dr. Nicholas Carnes

On some level, we all understand that. If you're reading this newsletter, you're probably familiar with Shared Parenting, the framework that sees everyone in a child's life—parents, families, social workers, GALs, resource parents, teachers, doctors, and others—as part of a cooperative community, each brining unique resources and perspectives to a collective effort to ensure the best possible outcomes for the children. In this view, it's only when everyone has a seat at the table that we're able to see the big picture and do our best for kids in care.

The same can be said about research on the child welfare system. No matter how much researchers care, no matter how hard they work, they won't do as much good if they work in a silo, cut off from the day-to-day realities of agency staff and leadership, GALs, lawmakers, resource parents, families, and children in care. We do our best work in conversation with everyone involved in child welfare.

Thankfully, North Carolina has programs designed to do exactly that. NCDHHS and the Foster Family Alliance of North Carolina partner each year to send out surveys of children in care and foster and resource parents (watch your email each spring for the Resource Parent Needs Assessment). The NC Collaboratory

(a program created by the General Assembly that funds partnerships between government agencies and outside researchers) recently sponsored a series of studies that each involve a university-based research team partnering with the director of a county DSS agency to carry out research that could benefit the foster care system in that county. The Collaboratory described it as "a first-of-its-kind effort to embed local agencies as co-designers of research projects that directly impact practice and policy." It's inspiring to see the people who teach Shared Parenting practicing Shared Research, too, bringing together every possible stakeholder and resource to try to achieve the best outcomes they can.

My modest attempt at Shared Research is an ongoing study funded by the NC Collaboratory (with my co-PI Carolyn Barnes at the University of Chicago School of Social Work and Research Assistant Jackson Streit) that tries to understand why North Carolina lost so many foster homes during the pandemic, what county agencies are doing to recruit and train new foster homes, what challenges they face, and what kinds of supports they need from county and state governments. In the spirit of Shared Research, the project consists of hour-long interviews with licensing social workers and other county DSS staff who recruit and retain foster parents, and the questions we ask were developed in collaboration with leaders in NC DHHS and partners in the General Assembly.

What we're hearing puts the post-pandemic foster home crisis in sharp relief. Many county agencies are still facing critical shortages of licensed foster homes. Without enough homes, social workers spend more time and energy searching for placements, which leaves less time for training and licensing, which in turn means that the shortage of foster homes lasts longer. This vicious cycle too often leaves children and agency staff sleeping in DSS offices or hotel rooms, or traveling out of county for faraway placements—which in turn amplify the trauma that children experience and the secondary trauma and burnout our agency staff endure. To make matters worse, "behaviors" among children seem to be on the rise post-pandemic, and foster parents seem to be more selective and less resilient ("picky" or "wimpy" might be less diplomatic ways to put it). North Carolina doesn't just have a post-pandemic recruitment and retention challenge, it has a foster home utilization problem, too.

Of course, our conversations with social workers have naturally surfaced lots of great solutions. Counties can provide more funding for agency staff positions, agencies can participate in communities of practice to share ideas, the state can better compensate fictive kinship care (by people close to child who are not blood relatives), and DHHS can create a "common app" that would allow county agencies to more quickly find placements in private foster agencies when needed. We have options here!

But researchers and policymakers won't understand how vitally important those proposals are unless they hear directly from the people who know. We need Shared Parenting for our kids, and Shared Research for our foster care system.

Dr. Nicholas Carnes is a licensed foster and adoptive parent, foster care researcher, and Professor of Political Science at Sociology at Duke University

BUILDING STRONG PARTNERSHIPS: How Social Workers and Resource Parents Can Collaborate with Mental Health Providers

James A. Wachsmuth, Ph.D.

Children and adolescents in foster care often carry complex emotional, behavioral, and developmental needs shaped by trauma, insecure attachment, instability, and loss. Supporting their healing and long-term well-being requires more than isolated efforts. It calls for intentional, coordinated collaboration among social workers, resource parents, and mental health providers. When these people function as a unified team, they can create stability, deepen understanding, and significantly improve outcomes for children in care.

The Importance of a Collaborative Approach

Each member of the child's "team" brings a unique and essential perspective. Social workers serve as coordinators and advocates, navigating systems, ensuring safety, and maintaining compliance with legal and child welfare requirements. Resource parents provide daily care, structure, and emotional support, often forming the most consistent relationship in the child's life. Mental health providers contribute clinical expertise, offering assessment, diagnosis, and therapeutic intervention. When these roles operate in silos, critical information can be missed, strategies may conflict, and children can receive mixed messages. A collaborative approach allows for shared goals, consistent responses, and a more complete understanding of the child's needs. This alignment among members fosters a sense of safety and predictability which are key factors in healing from trauma.

What Can Be Accomplished Through Partnership

Consistent Trauma-Informed Care: Children in care often respond best to predictable environments and caregivers who understand trauma responses. When social workers, resource parents, and therapists share a trauma-informed framework, they can respond to behaviors with empathy rather than punishment. For example, a therapist may help reframe a child's defiance as a stress response, while the resource parent implements calming strategies at home, and the social worker ensures that support is in place across settings.

Improved Outcomes for the Child: Collaboration allows for coordinated behavior plans and therapeutic goals. If a child is working on emotional regulation in therapy, resource parents can reinforce those skills in daily routines. Social workers can monitor progress and advocate for additional resources if needed. This consistency accelerates skill-building and reduces confusion for the child.

Placement Stability: Placement disruptions often occur when caregivers feel unsupported or overwhelmed. Regular communication with mental health providers can equip resource parents with tools and reassurance. Social workers who facilitate these connections help reduce caregiver burnout and increase placement stability - an outcome strongly linked to better mental health for children.

Enhanced Advocacy and Service Access: Social workers play a key role in securing appropriate services, but they rely on accurate, timely information from both caregivers and clinicians. An effective partnership ensures that assessments, treatment recommendations, and observations from the home environment inform decision-making. This leads to more targeted interventions and resource usage.

Holistic Understanding of the Child: No single provider sees the whole picture. Therapists may observe patterns in session, while resource parents witness day-to-day functioning, and social workers track broader system interactions. Bringing these perspectives together creates a more complete understanding of the child's strengths, triggers, and needs.

Practical Recommendations for Resource Parents

Prioritize Open Communication: Maintain regular contact with both the social worker and mental health provider. Share observations about behavior, mood, sleep, and triggers. Even small details can be clinically meaningful.

Engage in the Treatment Process: Attend therapy sessions, family meetings,

or case consultations. Ask questions about strategies being used and how to implement them at home. This reinforces consistency and helps bridge therapy with daily life.

Adopt a Trauma-Informed Mindset: Understand that challenging behaviors are often rooted in past experiences. Seek training opportunities on trauma-informed care, attachment, and regulation strategies. This perspective reduces frustration and improves your ability to respond effectively.

Document and Share Progress: Keep brief notes on what strategies work and which ones don't. Sharing this information helps the team adjust interventions and celebrate progress.

Advocate for the Child: You are a key voice in the child's care. If something isn't working, speak up constructively. Collaboration thrives when all members feel heard and respected.

Practical Recommendations for Social Workers

Facilitate Clear Communication Channels: Set expectations for how and when team members will communicate. Regular check-ins (e.g., meetings, calls, etc.) help prevent misalignment.

Encourage Resource Parents' Participation in Treatment: Whenever appropriate, ensure that resource parents are invited to participate in therapy, planning and updates. Their involvement strengthens outcomes and reduces misunderstandings.

Bridge any Gaps in Understanding Clinical Information: Mental health recommendations can sometimes feel abstract or confusing. Ensure caregivers understand how to implement strategies in everyday situations.

Advocate for Appropriate Services and Resources: Use information from both resource parents and clinicians to push for necessary supports, such as specialized therapy, respite care, or school-based services.

Provide Emotional Support to Caregivers: Resource parenting can be demanding. Acknowledge challenges, validate concerns, and connect caregivers with support networks or training opportunities.

Shared Strategies for Effective Collaboration

Establish Common Goals: All parties should seek alignment on a small set of clear, measurable goals for the child. This ensures that everyone is working toward the same outcomes and reduces conflicting approaches.

Use Regular Team Meetings: Scheduled meetings provide space to review progress, address concerns, and adjust plans. Even brief, consistent check-ins can make a significant difference.

Respect Roles and Expertise: Collaboration works best when each team member's role is valued. Social workers bring system knowledge and passion, resource parents offer lived caregiving experience, and clinicians contribute therapeutic expertise. Mutual respect strengthens trust and communication.

Focus on Strengths, Not Just Challenges: While addressing needs is essential, recognizing a child's strengths builds hope and resilience. Sharing positive observations among the team reinforces progress and motivation.

Meet Challenges Head-On: Collaboration is not without obstacles. Time constraints, high caseloads, and system barriers can limit communication. Differences in perspective may also lead to tension. Addressing these challenges requires intentional effort: setting clear expectations, using structured communication tools, and approaching disagreements with curiosity rather than defensiveness.

Conclusion

When social workers, resource parents, and mental health providers work in true partnership, they create a powerful support system for children in care. This collaboration fosters consistency, strengthens relationships, and promotes healing in ways that no single role can achieve alone. Ultimately, the impact of this partnership extends far beyond immediate outcomes. It helps children develop trust, build emotional resilience, and experience the stability they need to thrive. In a system often marked by complexity and change, strong collaboration stands as one of the most reliable pathways to lasting, positive impact.

James A. Wachsmuth, Ph.D., LCMHC works for Catawba County and has over thirty years of experience as a therapist, including providing therapy for children and families in the substitute care system.

A Foster Parent and a Teacher

As a foster parent, I can provide children a chance at the life they deserve. As we know, children in foster care have experienced severe trauma.

As a teacher in a public school in NC, I work with children from low-income households. Children who come to school to eat breakfast and lunch. It might be one of their only times to eat. Some of these children depend on their teacher to give them the true and genuine affection that they may be longing for. Everyone desires to be loved and to have someone love them. Children want to know they are cared for at home and at school. If they are not receiving the care they need at home, then they may find ways to receive it any way they can.

Theresa Taylor

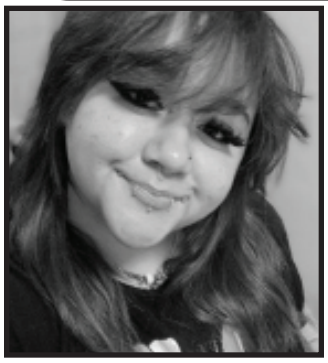
As a foster parent and a teacher, sometimes people ask me: How can foster parents and teachers work together? As a Pre-K teacher with two foster children currently placed in my home, I believe teachers can be foster parents' biggest support. I say this because the school system has numerous programs and services they can provide to the child if needed. Assistance like 504s, extended time for tests, IEP's with adaptive learning environments, inclusive learning, speech, and physical and occupational therapy just to name a few.

The teacher and foster parent should establish a strong and working rapport so everyone feels comfortable to reach out and ask for help. I hear some foster parents are afraid to ask the school what to do for their foster child because they always hear the negatives. Coming from a teacher, I want to tell you to always advocate for your child. There is help out there and the school can assist you. If they cannot help you, they will find someone who can.

Theresa Taylor is a licensed foster parent with the Children's Home Society of North Carolina and public school teacher.

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)



Adriana (age 16)

Adriana describes herself as funny, energetic, and bubbly, but she also has a thoughtful, analytical side. She loves expressing herself through art and creativity, and you will often find Adriana drawing, painting, or working on a new artistic project. Art is a very important part of her life and a meaningful way for her to share her ideas and emotions. When Adriana's not creating, she enjoys scrolling social media, window shopping, or helping friends with their makeup. She has a talent for makeup and enjoys helping others feel confident and look their best. She also appreciates getting outdoors and enjoys hiking, where she can relax and take in nature.

Brooke (age 14) & Daniel (age 10)

Brooke is a compassionate teen girl who is looking for her forever home along with her younger brother. Brooke has a love for board games like Uno and also an interest in playing volleyball. She is a creative soul who finds joy in crocheting, drawing, and various arts and crafts. She would like to go to college and pursue interior design as she has big dreams and wants to be successful!

Daniel is a smart, handsome, caring, compassionate 9-and-a-half-year-old boy who desires to be adopted along with his older sister. Daniel has great relationships with adults, peers, and animals. He enjoys playing video games and running around outside to get his energy out. Daniel maintains good grades and would like to become a police officer or go into the military one day.

These siblings are in need of loving, patient and caring parents who will support them as they grow. Brooke and Daniel do well in environments where they receive assurance and praise.

Noah (age 12)

Noah is a smart, helpful and loving pre-teen in need of an adoptive home. He has a playful personality and loves to laugh and tell jokes. He is an amazing athlete and has been on several sports teams where he has excelled. Noah's favorite sport is basketball, and he is also a good football player. Being well rounded, he also likes art and expresses himself through drawing. Noah's hobbies include playing video games, cooking, playing with Beyblades and going to church. Noah enjoys being on the go and would love a family who is fun, active and loving. He will need a family who is patient, open-minded and consistent with their expectations and consequences.

Christian (age 12)

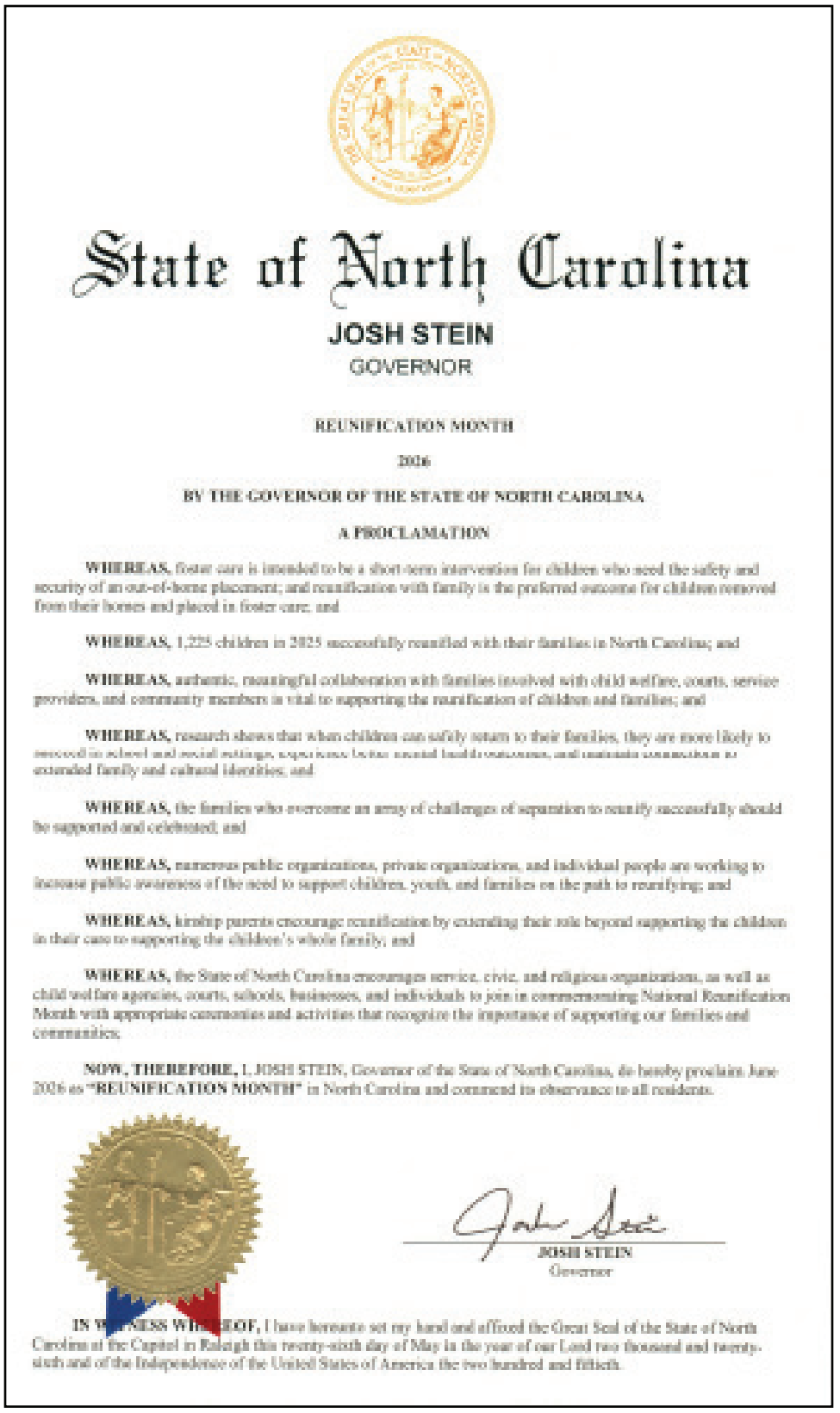
Christian is a creative and curious young person who shines brightest when he's expressing himself through art. He enjoys using his imagination to bring ideas to life and feels proud when he can share his artwork with others. When he's not drawing or painting, Christian loves playing video games and listening to music; two of his favorite ways to relax and have fun. He also enjoys getting out and exploring new places, whether that means visiting a park, discovering a new restaurant, or simply taking a drive to see something different. His sense of adventure and enthusiasm for trying new things make him a wonderful companion for outings and shared experiences.

Kolt (age 9)

Kolt is a sweet and lovable little boy who needs a forever family. One of his favorite ways to express his love for others is through giving hugs. He loves to spend time playing outside and having fun in the water. His favorite pastime is enjoying a nice warm day at the beach splashing around in the water. One of his favorite activities is playing with Legos and building things. Kolt is in need of stability and permanence from a nurturing and loving family. He will do best with a family that can provide a lot of support, patience, care and attention. Kolt needs a family with a flexible schedule and the ability to advocate for his needs in all settings.

Kaydee (age 16)

Kaydee brings energy into a room the moment she walks in. Playful, curious, and always ready to try something new. Whether she's laughing with others or focused on a project, her personality shines through in everything she does. Dance is one of Kaydee's biggest passions. She lights up when she's moving and would love the chance to join a class or be part of a team. Outside of dance, Kaydee enjoys scrapbooking, drawing, and exploring all kinds of creative outlets. She takes pride in making things with her hands. She also enjoys getting out and having fun, especially visiting the zoo or spending a day at an amusement park.



State of North Carolina

JOSH STEIN
GOVERNOR

REUNIFICATION MONTH

2026

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

WHEREAS, foster care is intended to be a short-term intervention for children who need the safety and security of an out-of-home placement; and reunification with family is the preferred outcome for children removed from their homes and placed in foster care; and

WHEREAS, 1,225 children in 2025 successfully reunified with their families in North Carolina; and

WHEREAS, authentic, meaningful collaboration with families involved with child welfare, courts, service providers, and community members is vital to supporting the reunification of children and families; and

WHEREAS, research shows that when children can safely return to their families, they are more likely to succeed in school and social settings, experience better mental health outcomes, and maintain connection to extended family and cultural identities; and

WHEREAS, the families who overcome an array of challenges of separation to reunify successfully should be supported and celebrated; and

WHEREAS, numerous public organizations, private organizations, and individual people are working to increase public awareness of the need to support children, youth, and families on the path to reunifying; and

WHEREAS, kinship parents encourage reunification by extending their role beyond supporting the children in their care to supporting the children's whole family; and

WHEREAS, the State of North Carolina encourages service, civic, and religious organizations, as well as child welfare agencies, courts, schools, businesses, and individuals to join in commemorating National Reunification Month with appropriate ceremonies and activities that recognize the importance of supporting our families and communities;

NOW, THEREFORE, I, JOSH STEIN, Governor of the State of North Carolina, do hereby proclaim June 2026 as **"REUNIFICATION MONTH"** in North Carolina and commend its observance to all residents.

JOSH STEIN
Governor

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this twenty-sixth day of May in the year of our Lord two thousand and twenty-six and of the Independence of the United States of America the two hundred and fiftieth.

Governor Josh Stein has proclaimed June as both Reunification Month and Fatherhood Awareness Month, underscoring the importance of supporting families and promoting safe and timely reunification. North Carolina Department of Health and Human Services Division of Social Services (NCDHHS DSS) deeply appreciates the Governor's commitment to the well-being of children, youth, and families, and the recognition of the vital role caregivers and fathers play in long-term stability.

To learn more about this month's proclamations and get resources for both Reunification Month and Fatherhood Awareness Month, use the QR Codes below:

The Children's Bureau (CB) recognizes and promotes Reunification Month. Children's Bureau released a bulletin on 6/5/24 that provides publications, resources, and outreach htools on CB's website:

The American Bar Association (ABA) recognizes National Family Unification Month. ABAprovides resources including, but not limited to, outreach materials, webinars, social mediatoolkits, inspirational stories through Reflections, and a community engagement page:

The National Responsible Fatherhood Clearinghouse (NRFC) is an Office of Family Assistance funded national resource for fathers, practitioners, programs/Federal grantees, states, and the public-at-large who are serving or interested in supporting strong fathers and families. The NRFC website provides several resources, webinars, and literature available for review:

fostering perspectives

June 2026

Sponsors: NC Division of Social Services, SaySo, and the Family and Children's Resource Program, part of the UNC School of Social Work.

Contact Us: Fostering Perspectives, c/o Jonathan Rockoff, Family & Children's Resource Program, 100 Europa Drive, Chapel Hill, NC 27517.

Email: jrockoff@email.unc.edu

Advisory Board: NC Permanency Design Team

Newsletter Staff: Jonathan Rockoff (Editor), Ashton Williams, Matt Tarpley, and Southey Blanton

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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Online: www.fosteringperspectives.org

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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 is something you have achieved with your foster parent, adoptive parent, or kinship caregiver? How did you achieve it together?(Responses should be 200 words or less.)

Deadline: September 1, 2026

E-mail submissions to jrockoff@email.unc.edu or mail them to: Fostering Perspectives, Family & Children's Resource Program, 100 Europa Drive, Chapel Hill, NC 27517. 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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To be notified by email when new issues appear online, us this QR Code:

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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 v30 n1

1. What are the four systems Micah identifies that can work together to support families?
2. What are two examples of how Dale, Dianne, Darlene, and Clark keep siblings connected?
3. How does Noah recommend that child welfare professionals strengthen partnerships?
4. What are the 1915(i) services that Gaile describes in her article?
5. What is one key support Natashia identifies that her county provides for kinship caregivers?
6. What are two of the services Amiya said helped her successfully transition into adulthood?
7. According to Dr. Berkoff, how do Principles of Partnership impact medical care in foster care?
8. In Tina's article she describes the purpose of ICWA. How does she describe it?
9. What are two of the challenges Dr. Carnes identifies as facing child welfare in NC based on his research?
10. What are two of the goals Dr. Wachsmuth identifies can be achieved with a collaborative approach?

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National Reunification Month is observed each June to recognize the importance of safely reuniting children in foster care with their families whenever possible. It celebrates the hard work of parents, children, foster families, and child welfare professionals who work together to strengthen families and create stable, supportive homes. The month also highlights the value of providing families with the resources and support they need to remain safely together and thrive.