

Kinship Support Book



BUNCOMBE COUNTY
HEALTH & HUMAN SERVICES

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What can you expect the first 30 days taking care of a child in foster care? (These are tentative timelines of the type of interactions and meetings you should expect)

Foster Care, Week 1:

An invitation to a transfer of custody team meeting

A 7 day home visit from a social worker

A visitation plan for the child to see their biological parents

A shared parenting meeting to discuss the needs and routines of the child in your home

A pediatrician/medical check-up appt (required when a child enters foster care)

A first appearance court date for the biological parents

A meeting with the home school to discuss any needs or change of school due to residence

Foster Care Week 2:

A visitation with the biological parents

A phone call from the Kinship Support Specialist

A phone call from CC4C (medical case management to assist with appointment scheduling and any outstanding needs to be addressed in the medical record, can answer questions about medications and treatments)

Foster Care, Week 3:

A visitation with the biological parents

A call from the assigned Guardian ad litem

Foster Care, Week 4:

A 30 day comprehensive pediatrician/doctors visit (required for foster children)

A Child and Family Team meeting to address concerns and build a services agreement (case plan) for the bio parents.

A monthly home visit from the foster care social worker.

- ***There may be additional appointments and activities for the youth such as mental health therapy, sports, activities, sibling visits, etc.***

<https://www.buncombecounty.org/common/dss/foster/now-that-you-are-licensed.pdf>

Who is who in the Child and Family Team?

1. Kinship Care Provider/Temporary Safety Placement/Resource Parent- That's you!
2. Kinship Support Specialist – that's Linda!
3. Investigative Social Worker/ Supervisor – this is a social worker who has an active investigation open on a family.
4. Family In-Home Social Worker/Supervisor – this is a social worker who has an open family in-home or "treatment" case open with a family

5. Foster Care Social Worker/Supervisor – This is a social worker who has an open foster care case with a family after a child has been taken into custody.
6. Guardian ad litem (“GAL”) - this is a court assigned volunteer who works to represent a child’s interest in the in home or foster care case at hearings. A GAL is required to have home visits much like a social worker.
<https://www.nccourts.gov/programs/guardian-ad-litem>
7. Neutral Facilitator- a non-biased party asked to facilitate meetings to help make sure everyone has a voice and agenda items are completed.
8. Collaterals/Service Providers- these could be all kinds of folks who work with the child in your home; school, mental health, development case managers, etc.
- 9.

Acronyms - Frequently Used Words and Phrases and meetings and on paperwork

ADP- Adoption

APD – Asheville Police Department

BCSD- Buncombe County Sheriff’s Department

BCDHHS – Buncombe County Department of Health and Human Services

BIP- Batters Intervention Program

CFT – Child and Family Team

CME – Child Medical Exam

CCA – Comprehensive Clinical Assessment

CP/CM – Case Planning/Case Management

CPS – Child Protective Services

DA – District Attorney

DJJ – Department of Juvenile Justice

DOB – Date of Birth

DSS – Department of Social Services

DV – Domestic Violence

FC – Foster Care

FIH- Family In-home

GAL – Guardian Ad Litem

IEP – Individualized Education Plan

INV - Investigation

MH – Mental Health

PCP – Person Centered Plan

PPR- Permanency Planning Review

RM – Respondent Mother

RF – Respondent Father

ROI- Release of Information

SA – Substance Abuse

SW – Social Worker

SWS – Social Worker Supervisor

TFH – Therapeutic Foster Home

THP- Trial Home Placement

TSP- Temporary Safety Placement

Temporary Safety Providers in Family in-home services

Temporary Safety Provider (“TSP”) - A voluntary, temporary intervention made between a parent and a county child welfare agency during the delivery of child protective services. Temporary Safety Providers are used to address immediate safety threats to a child when a child is found unsafe in the care of their parents/caretakers during child protective services. Temporary Safety Providers must only be used when less intrusive safety interventions are not sufficient. Temporary safety providers may care for the child outside of the child’s home or provide supervision of the parent’s contact with the child in or outside of the child’s home.

What to expect as a TSP:

-The child’s child welfare social worker will need to do one home visit per calendar month in your residence to see the child, the TSPs, and any other household members, including your own children or other friends/relatives living in the home. The social worker will tour the home each month to ensure there are no safety hazards, ensure there are appropriate sleep arrangements, and help identify any unmet needs. The social worker must meet with the child privately during each visit. It is imperative to notify the social worker if there any new household members move into your home. If they are 16 or older then DSS will need to run a criminal background check.

-It is important to participate in Child & Family Team Meetings, which occur about every 90 days or during the event of an emergency. The child’s social worker will discuss and prepare you for upcoming Child & Family Team Meetings.

-Custody status: A Temporary Safety Placement is a voluntary agreement between the child’s parents and you as the TSP. The parents retain all custodial rights to their children. You will not have legal custody of the child unless granted by the courts.

-Health/well-being: Parents are expected to attend all medical, dental, or educational appointments with the children. Parents must be included in decisions around haircuts or other sensitive matters.

-Temporary Safety Providers are able to apply for child only Work First benefits, food stamps, or Medicaid. DSS can make referrals for child care vouchers to assist with child care or afterschool.

<https://www.buncombecounty.org/Governing/Depts/PublicAssistance/Default.aspx>

-TSPs can request assistance from school social workers for additional resources, such as food and clothing vouchers.

Permanent Plans in Foster Care

Permanency gives a child:

- A family intended to last a lifetime.
- A family where he or she can grow and develop physically, socially, emotionally, intellectually, and morally.
- A healthy, reliable place to live.

It is the intention that the work done with the child, the family, the community, and the agencies involved will achieve permanence for the child in a timely manner. The Department is mandated to achieve permanence within 12 months, however, due to various extenuating circumstances; this is not always accomplished within that period. There are four possible permanent plan goals:

Reunification: the return of the child to the biological parents or caretaker from whom the child was removed. In most cases, reunification is the primary permanent resolution sought, and reasonable efforts to reunify the child with the parent are demonstrated and documented.

Adoption: the legal transfer of ongoing parental responsibilities for the child from his or her birth parent to adoptive parents.

Legal guardianship is a judicially created relationship between a child and adult, which is intended to be permanent and is evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision-making.

Legal custody is another permanency option for children, although legal custody does not have the same level of security as adoption or guardianship. Custody may be terminated on the basis of a change in circumstances, regardless of the fitness of the guardian. The judge can order legal custody of a child to a relative, foster parent, or other adult person deemed suitable by the court. Legal custody has most of the same advantages and disadvantages as legal guardianship. The specific rights and responsibilities of a legal custodian, however, are defined by the court order rather than being fully defined in law. The custodian must show the court order to prove their right to act in a parental role.

These options are considered and addressed from the beginning of a foster care case and are continuously evaluated for appropriateness and relevance.

FOSTER CARE AND BEYOND: KINSHIP FOSTER CARE AND GUARDIANSHIP ASSISTANCE

WHAT IS KINSHIP FOSTER CARE?

When a child/youth in North Carolina comes into foster care, whenever possible, they will be temporarily placed with a relative or kin. We refer to this type of placement as kinship foster care. In North Carolina, kin can be related to the child/youth by birth or can have demonstrated a "family-like" relationship with the child/youth, such as a close friend of the family or the child/youth's foster parent. Kinship caregivers are the preferred resource for a child/youth who must be removed from their home because this placement maintains the child/youth's connections with their families.

WHAT IS LICENSED KINSHIP FOSTER CARE?

Kinship caregivers may choose to become licensed foster parents, which qualifies them for monthly financial assistance to help care for the child/youth. Without a license, this support is not available. The licensing process includes a 30-hour training, a home study, and criminal background checks for all adults in the home. Although the licensing process takes time and there are some expenses connected with the process, a child/youth placed with a licensed kinship caregiver will qualify for monthly financial support. In addition, licensed kinship caregivers may qualify for KinGAP, so kinship caregivers who might become permanent caregivers should consider becoming licensed.

WHAT IS LEGAL GUARDIANSHIP FROM FOSTER CARE?

If reunification with birth parents or adoption are no longer options for a child/youth in foster care, legal guardianship is another way for a child/youth to find a permanent home. Guardianship is considered when the child/youth's best interests are to stay connected to their birth parents and extended family, and permanency cannot be achieved another way.

WHAT IS MY RESPONSIBILITY AS A LEGAL GUARDIAN?

Legal guardians are responsible for the day-to-day care and supervision of a child/youth placed with them. Legal guardians have the same responsibilities as a parent. Once a relative becomes the legal guardian, social services no longer has legal custody of the child/youth, and will not be involved in the family's life, unless the family reaches out to social services for support. As the legal guardian of the child/youth, some of your responsibilities will include:

- Decide where the child/youth lives and goes to school;
- Ensure the child/youth's educational, medical, dental, mental health, and social needs are being met; and
- Make decisions about the child/youth's future on the child/youth's behalf.

WHAT IS KINGAP?

The Kinship Foster Care and Guardianship Assistance Program (KinGAP) offers financial assistance and Medicaid for youth who are determined to be in a permanent family setting and unlikely to obtain permanency through reunification or adoption. Licensed kinship caregivers and licensed foster families willing to provide a permanent home for the youth in their care may be eligible for KinGAP. See basic eligibility requirements for more information.

Basic Eligibility Requirements for KinGAP:

A child/youth has been removed from his or her home and placed in the custody of a county child welfare agency (i.e. foster care)

The court has determined that reunification and adoption are not options for the child/youth.

The child/youth has been placed in the licensed home of the prospective legal guardian for a minimum of six (6) consecutive months.

The youth is at least 14 years old OR
The child is a younger sibling of a 14+ year old and is being placed in the same guardianship arrangement.

The prospective guardian has a strong commitment to permanently care for the child/youth.

A Guardianship Assistance Agreement has been signed by both the guardian and the agency prior to guardianship being awarded.

CONTACT YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES FOR MORE INFORMATION OR VISIT:

[HTTPS://WWW2.NCDHHS.GOV/INFO/OLM/MANUALS/DSS/CSM-78/MAN/SECTION%201700.PDF](https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-78/man/section%201700.pdf)

Developed in Partnership with UNC Chapel Hill School of Social Work

December 2018

How Juvenile Court Works

Buncombe County Department of Social Services and the juvenile courts are partners in serving the best interest of children who are in a family in-home case, or in custody. They focus on the need of the children – not the guilt or innocence of the parents.

When Social Services decides that children are not safe in their parents' home, the agency will petition the court for custody of children or court-ordered services through an in-home case. The agency's petition will list children as abused, neglected, or dependent.

Non-secure custody can be granted to Social Services after the petition has been filed if the court believes the children are in immediate danger. If non-secure custody is granted, children will be placed in foster care or with a relative. Parents have the right to their own attorney and a case plan outlining what needs to be done to decrease or eliminate the factors that brought the child into the Department's custody.

A First Appearance Hearing will be scheduled within 48 hours (if non-secure custody is granted). Parents, their attorney, a social worker, the agency attorney, and GAL (a volunteer who represents the child's voice in court) will be present at Day One Hearing. When a petition for neglect or abuse is filed in the court for a child, a GAL is always appointed to the child by a judge.

A GAL's (Guardian Ad Litem) role is to focus on the children's rights and needs. GALs have access to most records concerning children, including Social Services, school, hospital, and psychological records. GAL's may be trained volunteers or attorneys. The GAL program has an attorney who represents them in court.

Pre-Trial – This meeting is held before a court hearing and may include the social worker, the birth parent's attorney, foster parent, relative caregiver, Guardian Ad Litem (GAL) and an Agency lawyer. Concerns about the case are discussed before the court hearing.

Court hearings / Reviews – A number of court hearings occur during the life of a case. The first hearing is held within seven days after a judge approves a non-secure custody order. This order is issued when a child is in immediate danger and needs to be removed from the home for protection.

At the Seven-Day Hearing or Non-Secure Hearing a judge decides whether a child returns home or remains in Agency custody.

The next hearing is the Adjudication Hearing where the judge hears from the birth parent, Agency, and GAL and then determines if the children have been abused or neglected.

A Dispositional Hearing also takes place either at the time of the adjudicatory hearing or at another date. At the dispositional hearing the judge decides what is going to happen to a family in terms of the decision that was made at the adjudication. The parents are ordered to follow the Case Plan and the Agency is ordered to assure that appropriate reviews are provided.

Adjudication, dispositional, and review hearings all occur with family in-home cases involved in the court process.

The Permanency Planning Hearing (PPH) / Review Hearing (FOSTER CARE ONLY) is held within the first 12 months of a case. The hearing goal is to develop and achieve a safe, permanent home for children within a reasonable period of time. These review hearings are held within 60 days of a child's entry into care, again within 90 days of the first review and then every six months thereafter. At these hearings, the judge reviews reports from BCHHS, the GAL's office, and the parent's attorneys in order to gauge parents' progress toward reunification with their children and if the goal is reasonably achievable within the next six months.

Confidentiality

Kinship providers shall in no way violate within the community the confidential nature of the child's situation or the circumstances of his/her birth parents.

When is it appropriate to share confidential information? Before you reveal any type of personal or confidential information about a child in care or his or her family, you should ask yourself three questions:

1. Does this other person need to know this information?
2. Is it in the best interest of the child in care or other person to have this information?
3. Does the law permit the other person to have this information, or is there a specific professional relationship that obliges that person to preserve the confidentiality of the information.

If the answer to each of these questions is "yes" you are probably safe in disclosing the information. If the answer is "no" you probably shouldn't. Follow these three standards:

- The "Need to Know" Standard: You should never reveal information just to satisfy someone's curiosity. Share only enough information to serve your purpose.
- The "Best Interest" Standard: To decide whether it's in the best interest of the child in care for the other person to have the confidential information, you need to weigh the child's and the family's privacy interests against other interests, such as the safety and therapy needs of the child and others.
- The "Legal Privilege" Standard: Generally speaking, you should not reveal confidential information unless a statute specifically authorizes the other person to obtain the information, or unless the other person has a professional relationship that creates a specific legal obligation to preserve the confidentiality of that information. The following professionals have a specific obligation to preserve the confidentiality about your child in care: other foster, adoptive, kinship parents in your support group, physicians who are providing medical care for the child, and social workers and mental health therapists who are providing services for the child.

Training link:

<https://www.buncombecounty.org/common/dss/foster/Maintaining-Confidentiality.pdf>

Shared Parenting

When the decision is made to place children out of the home and into foster care, it is essential that kinship parents develop a partnership with birth parents as facilitated by the social worker. As outlined in the Shared Parenting philosophy, a meeting between the birth parents and kinship parents shall occur within a week of placement so as to ensure that the partnership has a strong beginning and is supported by the agency.

It is the agency's expectation and state mandate that all resource parents begin engaging with birth parents early around such issues as the child's likes and dislikes, any special needs the child might have that the department had not been aware of upon initial placement, or any other special information that only the birth parent might know. Birth parents, are, after all, the experts on their own children. Discussing things such as favorite toys, foods, and sleep behaviors helps the family remain connected to the routine childcare. When possible and in accordance with court orders and case plans, inviting birth parents to attend meetings with teachers and health care providers helps establish a continuum of care between the parents and the child.

Shared Parenting represents an active alliance among important people in a child's life – birth parents, kinship parents, and agency workers. It keeps the family of origin actively involved in their role as parents of their child and cultivates a nurturing relationship between the birth parents and the kinship parents. Kinship parents can become mentors for the birth family in regard to appropriate parenting.

Shared Parenting Meetings

- The investigative/assessment social worker should facilitate a meeting between the birth parents and kinship parents within two weeks of placement to ensure that the partnership has a strong beginning and is supported by the agency.
- The child's social worker should prepare the birth family for what they can expect from this meeting.
- These meetings should be limited to the birth parents/or caretakers, a support person for the birth parents, kinship parents for the child, Kinship Support Social Worker, and the child's Social Worker.
- It must be very clear that this meeting is NOT to rehash family history or assign blame.
- The initial meeting will be held at DSS. The location of the meeting is open to change during the course of the case. Factors to be considered are safety-related issues, and comfort level of the birth family, resource family, and child.
- The meetings will be facilitated by the child's Social Worker having a clear agenda.
- Subsequent meeting agendas will begin with any questions each parent may have for the other, update on the child, and the suggested use of "Life Books" to guide the remainder of the meeting.

The Benefits of Shared Parenting By encouraging birth and foster parents to share decisions and work together as a team, shared parenting:

- Maintains the birth parent/child relationship.
- Improves the birth parents' self-esteem.
- Helps kinship parents form a realistic picture of birth parents' strengths and needs.
- Gives birth and kinship parents more information about the child.

- Allows the kinship parents to model appropriate behavior and parenting techniques.
- Helps birth parents develop an understanding of the child's needs.
- Facilitates eventual reunification.
- Promotes ongoing support for the family after the child returns home.

Training Link:

<https://www.buncombecounty.org/common/dss/foster/shared-parenting.pdf>

Social Media and Children in Care

Can I post pictures of my child in care on social media? Yes, however, children in foster care should not be photographed for newspaper articles, Facebook or any other social media outlet, or a publication where the foster child may be identified by naming the child or stating this is a foster child. Profile and timeline pictures should not include pictures of foster children, due to privacy settings. It is important to never reveal personal information about your foster child on the internet as you risk jeopardizing his/her identity, safety, and right to privacy.

Please be mindful of your own account privacy settings. In today's age of technology and connectedness, accessing anyone's personal information is as easy as a click of a couple of buttons. Be diligent in preventing access to information that you would not be willing to voluntarily share. Additionally, licensed foster parents are indeed under a microscope – be mindful of any photos, posts or information that could be perceived as less than complementary.

Car Seats/Vehicle Passenger Restraints

Per SafeKids Worldwide, road injuries are the leading cause of unintentional deaths to children in the United States. Correctly used child safety seats can reduce the risk of death by as much as 71 percent.

Applicable Laws and Guidelines:

G.S. 20-137.1 requires:

(a) every driver transporting one or more passengers of less than 16 years of age shall have such passengers properly secured in a child passenger restraint system or seat belt which meets federal standards applicable at the time of its manufacture.

(b) A child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

The type of child safety seat needed depends on the child's age and weight. The American Academy of Pediatrics also recommends:

- All infants and toddlers should ride in a rear-facing car safety seat (CSS) until they are 2 years of age or until they reach the highest weight or height allowed by the manufacturer of their CSS.

- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their CSS, should use a forward-facing CSS with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their CSS.
- All children whose weight or height is above the forward-facing limit for their CSS should use a belt-positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
- When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection.
- All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

Please note that all children aged 8 years old, or up to 80 pounds, must be transported in the back seats of cars. If there are more children than the back seat allows restraints/car seats for, then more than 1 car should be used.

<https://www.safekids.org/state-law-tracker/child-passenger-safety-and-seat-belt-laws/nc>

Vital Documents

The list of vital documents attached below are important to have handy as you are caring for the child in your home. Copies of these documents may be obtained from your child's primary social worker. Many of these documents may be needed to seek treatment for a child at the hospital or in enrolling the child in programs such as an afterschool or daycare.

-birth certificate

-social security card

-Medicaid card

-School Individual Education Plan

-treat and transport letter (granting you permission to seek medical care and transport a child)

Medical/Dental/Mental Health Providers

Category	Provider	Phone	Website/ Additional Info
Medical	ASHEVILLE MEDICINE AND PEDIATRICS	(828) 651- 0121	https://www.ashevillemedpeds.com/?utm_source=gmb_auth
Medical	ABC PEDIATRICS OF ASHEVILLE	(828) 277- 3000	https://www.abcasheville.com/
Medical	ASHEVILLE CHILDRENS MEDICAL	(828) 258- 0969	https://www.ashevillechildrens.com/
Medical	ASHEVILLE PEDIATRIC ASSOCIATES	(828) 254- 5326	https://www.ashevillepediatrics.com/
Medical	BLUE SKY PEDIATRICS ASHEVILLE	(828) 687- 8709	https://www.blueskypediatrics.com/
Medical	NORTH BUNCOMBE FAMILY MEDICINE	(828) 645- 8525	https://northbuncombefamilymedicine.com/
Medical	WEAVERVILLE FAMILY MEDICAL	(828) 645- 3066	https://missionhealth.org/services-treatments/primary-care/
Medical	TRILLIUM FAMILY MEDICINE	(828) 575- 2700	https://www.trilliumfamilymedicine.com/
Medical	MOUNTAIN AREA PEDIATRICS	(828) 254- 4337	https://mountainareapeds.com/
Medical	MOUNTAIN AREA HEALTH EDUCATION CENTER	(828) 257- 4740	https://mahec.net/
Dental	Keating Dental	828-252- 3851	http://keatingdentalnc.com/
Dental	Smile Starters	828-350- 1076	https://www.smilestarterdental.com/
Dental	WESTERN NC COMMUNITY HEALTH SERVICES INC	828-285- 0622	https://nhchc.org/western-north-carolina-community-health-services-2/
Dental	CHRISTOPHER RYAN REBOL	828-253- 5878	https://www.reboldental.com/
Dental	BART MARTIN DDS	828-255- 6200	https://www.bartmartindentistry.com/

Dental	LESLIE WESSINGER DDS PA	828-216-9531	
Dental	WILLOUGHBY, WENDY DDS	828-255-0936	https://chestnutfamilydentistry.com///bafdentistry.com/
Mental	MOBILE CRISIS	828-225-2800	https://rhahealthservices.org/mobile-crisis-management/ The Mobile Crisis Team serves children and adults directly in their homes, schools or community when mental health, substance abuse or developmental disability-related emergencies occur.
Mental	Access Family Services, Inc	828-670-7723	www.accessfamilyservices.com Currently specializes in treating children and adolescents with behavioral disorders, trauma, anxiety, grief and loss issues and depression
Mental	All Souls Counseling Center	828-259-3369	www.allsouls counseling.org Individual, couple, family, and group therapy and medication management. Charges based on a sliding scale based on the ability to pay.
Mental	Blue Ridge Treks	828-707-5751	www.blueridgetreks.com An adventure-based therapy program designed to enhance physical and psychological health and wellness in the Blue Ridge Mountains surrounding Asheville. Owned and operated by two professional therapists.
Mental	National Alliance on Mental Illness (NAMI)	828-505-7353	www.namiwnc.org NAMI's advocacy provides a unique voice for people who live with mental illness and their families in state and federal public and private-sector policies that facilitate research, end discrimination, reduce barriers to successful life in the community and promote timely, comprehensive and effective mental health services and supports.
Mental	Berard Auditory Integration Training Systems, Inc	828-683-6900	www.aithelps.com Offers therapy, hypnosis an auditory integration training for children who have autism, ADD, ADHD, LD, dyslexia and other sensory issues and diagnoses.
Mental	Blue Ridge Community Health Services	828-692-4289 or 828-883-5550	www.brchs.com/healthcare-services/behavioral-health Offer a complete range of behavioral health services, including care for depression, anxiety, panic disorders, anger, abuse, family violence, parenting concerns, and eating disorders. Offers services for children, adults and families.
Mental	Carolina Pediatric Therapy	828-670-8056	https://www.carolinapeds.com/carolina-pediatric-therapy-child-therapy-kids-pediatrics Team of licensed speech-language pathologists, occupational therapists, physical therapists, early

			childhood interventionists, and behavioral health therapist dedicated to providing excellent services for children and teens.
Mental	Catholic Social Services of the Diocese of Charlotte in Asheville	828-255-0146	www.ccdoc.org/services/childreneyouth/counseling Offer individual, family, premarital, marital, and group counseling in both English and Spanish. Services are offered on a sliding scale for payment.
Mental	Family Preservation Services	828-225-3100	www.pathways.com Provides community support for mental health as well as individual and family therapy
Mental	Heart Songs Four Seasons Hospice	828-233-0334	www.fourseasonsfl.org/what-weoffer/bereavement-services/heart-songs-programfor-children/ Provides help for children in surviving loss and grief. HEART SONGS is a children's grief support program developed by Four Seasons.
Mental	Grandparents Guide		https://www.helpguide.org/articles/parenting-family/grandparents-raising-grandchildren.htm Grandparents raising grandchildren help guide. Grandparents face many challenges when tasked with taking care of their grandchildren. This online guide gives lots of helpful tips and validates the emotions associated with kinship care.
Mental	Dr. Crumbley video series		https://www.kinconnector.org/copy-2-of-training-2 Dr. Crumbley is a global go-to expert in Kinship care. Dr. Crumbley's videos touch on the emotional stages that kinship caregiver's face. These videos are helpful for kinship providers and professionals.

Basic Needs Resources

Category	Agency	Phone	Website/ Address	Other Info
Food	United Way 2-1-1	2-1-1	http://mealsites.ashevilenc.gov/	Comprehensive food bank listing
Food	MANNA food hotline	1-800-820-1109	https://www.foodpantries.org/ci/nc-asheville	Call 9am-4pm Open Monday -Friday www.mannafoodbank.org
Food	Calvary Episcopal Church	(828) 684-6266	2840 Hendersonville Road Fletcher, North Carolina 28732	Services provided include free food, groceries, meals, and more. Open limited hours, and groceries are only distributed at certain times.
Food/Clothing	Foster Seventh Day Adventist Church Community Services - Food Pantry/Clothing Closet	(828) 274-2014 Ext. 316	375 Hendersonville Road Asheville, NC 28803	Both clothing and free food is offered to the low income, needy, children, and others in the community. Can be work clothes, or items for school aged children as well. Tuesday 8:30am – 10am
Food	Victory Fellowship Worship Center	(828) 243-3088	450 Aiken Road Asheville, North Carolina 28804	Call for vegetables, breads, boxed foods, and other commodities. Friday 11am – 1pm
Food	Salvation Army	(828) 253-4723	204 Haywood Street Asheville, NC 28801	The social service organization has: Food Pantry, Clothing Closet, Rent help, energy assistance, and referrals for other support. There are also holiday assistance programs including: free Thanksgiving turkeys, Christmas and Easter meals, and toys for kids in Buncombe County.
Food/Meals	The Downtown Welcome Table- Haywood St Congregation	(828) 575-2477	297 Haywood St Asheville, North Carolina 28801 www.Haywoodstreet.org	There are four meal seatings each Wednesday for lunch at 10am -12:00pm. Breakfast Sunday from 8:30 to 10:30am.
Food/ Clothing	Swannanoa Valley Christian Ministry	(828) 669-9404	101 N. Ridgeway Ave. Black Mountain, North Carolina 28711	They support the Black Mountain area. Free food, clothes, Thanksgiving turkeys, Christmas meals and more are offered. *Will need to fill out an application.
Food/ Meals	Go-kitchen Ready (Green Opportunities)	(828) 398-4158	133 Livingston Street Asheville, NC 28801	A daily meal is served. They also provide food and free meals at Christmas as well as Thanksgiving.
Food	Loving Food Resources	(828) 255-9282	123 Kenilworth Rd Asheville, NC 28801 https://lovingfood.org/	LFR is a food pantry that provides food, health, and personal care items to <u>people in WNC who are living with HIV/AIDS or who are in home hospice care with any diagnosis.</u>
Food	Fletcher Food Pantry (Calvary	(828) 684-6266	2840 Hendersonville Rd. Fletcher, NC – 28732	Hours: Saturday 8:30am - 11:00am

	Episcopal Church)		www.FletcherCalvary.org	Food provided according to household size and selected by the clients with the help of a volunteer. Clients use shopping carts and volunteers escort to vehicles and help load items. In addition to packaged foods, they also provide fresh produce, eggs, milk, and bread, as well as frozen meat.
Food/Nutrition Education	YMCA	(828) 775-7081	https://ymcawnc.org/nutrition-outreach	Mobile Food Markets visit dozens of locations each month, pairing free healthy food with tasty recipes, practical cooking demonstrations, and valuable nutrition information that's easy to understand. Spanish-speaking community staff are also on hand to connect attendees with local resources. Distributions are FREE and open to the public, no questions asked.
Legal Assistance	Pisgah Legal Services	(800) 489-6144	62 Charlotte Street Asheville, NC 28801	Provides low-income families in Buncombe County with free legal aid to stop evictions and homelessness. Housing discriminations, disputes over rent, and other civil matters can be handled by attorneys.
Shelter/Rental Assistance info	United Way	828-255-0696	50 S. French Broad Ave. Asheville, North Carolina 28801	Works with local charities, non-profits, and other aid organizations. They can refer people to emergency shelter, financial assistance, low-income housing, and rent help.
Rent/ Utility	Hominy Valley Crisis Ministry, part of the Asheville-Buncombe Community Christian Ministry (ABCCM)	(828) 670-1221	155 Candler School Road Candler, North Carolina 28715	Call for eviction prevention, rent help, deposits, and programs for bills such as electric and medical.
Rent/Utility	Eblen Charities	(828) 255-3066	50 Westgate Parkway Asheville, NC 28806	The charity may have access to government grants for rental help or security deposits for rehousing. Other aid includes shelters, transitional housing, and loans for emergency rental needs.
Rent/Utility/Various help	North Buncombe Samaritan Ministry, Asheville-	(828) 259-5303	403 Weaverville Highway Asheville, NC 28804	Social service programs are available. Learn about and apply for financial help for rent and bills, food, clothing, and much more.

	Buncombe Community Christian Ministry (ABCCM)			
Emergency assistance	Community Action Opportunities	877-989-2495	25 Gaston Street Asheville, NC 28801	Emergency assistance, Head Start Child Care, Life Works Program, and Weatherization
Clothing Items	The Giving Tree of WNC (through Foster Family Alliance of North Carolina)	Email Info@thengivingtree.org	225 East Chestnut St. Asheville, NC 28801 www.thengivingtree.org	Request forms available online. Call to schedule a pick-up or “shopping” time.
Baby Needs	BEAR Closet – Abernathy UMC	(828) 254-2612 Press 1	1418 Patton Avenue Asheville, NC 28806	The <i>B.E.A.R. Closet</i> provides equipment and supplies that cover critical needs of infants and young children and their families, either distributed at no charge or loaned to the families. Clothing up to 5T. Client pick-up is Wednesday.
Baby Needs	St. Paul’s UMC BEAR Closet	(828) 252-6512 Email Stpualsumc1@gmail.com	223 Hillside Street Asheville, NC 28801	The <i>B.E.A.R. Closet</i> provides equipment and supplies that cover critical needs of infants and young children and their families, either distributed at no charge or loaned to the families. Sizes up to 5T. Able to provide diapers and wipes. Pickup and orders on Thursday from 9am – 11am.
Baby Needs	BEAR Closet at Snow Hill UMC	(828) 670-1884	84 Snow Hill Church Rd Candler, NC 28715	The <i>B.E.A.R. Closet</i> provides equipment and supplies that cover critical needs of infants and young children and their families, either distributed at no charge or loaned to the families. Tuesdays from 1pm – 5pm (if first visit, please arrive before 4pm). No appointment needed.
Baby Needs	Children & Family Resource Center	(828) 698-0674	851 Case Street Hendersonville, NC 28792 www.childrenandfamily.org	Provides parent education, support and resources Full Tum, Dry Bum: Formula & Diaper Assistance
Baby Needs	Sharing House	(828) 884-2866	164 Duckworth Ave, Brevard, NC 28712	Sharing House is a source of compassion and crisis assistance for our low-income (up to 200% above

				poverty line) neighbors in Transylvania County
Baby Needs	Catholic Charities	(828) 255-0146	50 Orange Street Asheville, NC	Offers bilingual counseling, refugee assistance, food bank/food boxes, clothing items, and more.
Car Seats	Safe Kids Western NC	828-418-0525	www.safekids.org/coalition/safe-kids-western-north-carolina 520 Biltmore Ave Suite B. Asheville, NC 28803	Can assist with free or reduced priced car seats for infants and children.
Vehicle Repairs/Vehicle Assistance	Working Wheels	(828) 633-6888	www.workingwheelswnc.org	All applicants must have a vehicle with a valid license plate, be employed or enrolled in school, and have the ability to pay up to \$100 for the repair. Applicants will pay 10% of the total cost of their repairs, and repairs will not exceed \$1000. So the maximum out-of-pocket expense for the participant is \$100.
Vehicle Repair	200% Car Repair Program (through Work First Family Assistance)	(828)250-5500 Press 5 (Ask for Work First Assistance Worker)		Help employed clients repair vehicles for up to \$600 as long as the vehicle is registered to the client, and they are actively working. Eligibility is determined and then client obtains estimate for repair. If approved, provided with a voucher to get the vehicle repaired.

Prudent Parenting (*applicable to kinship parents supporting children in foster care*)

Navigating Reasonable and Prudent Parenting

<https://fosteringperspectives.org/fpv20n1/Strom.htm>

by Teresa Strom

For years, many young people in foster care have been prevented from participating in everyday activities essential for their development and for a successful transition to adulthood. Because of real and perceived legal and policy constraints, many have missed out on the chance to engage in simple, commonplace activities such as going to a friend's house, taking a school trip, working a job after school, joining a club, dating, attending the prom, and learning to drive (Pokempner, et al., 2015).

To address this problem, recent federal and state laws have introduced the "reasonable and prudent parent standard." This standard, which went into effect in North Carolina on October 1, is something foster parents, group homes, and child welfare professionals should understand well.

The Standard

Earlier this year, in response to federal legislation (Public Law 113-183), North Carolina passed Senate Bill 423, also known as the "Foster Care Family Act."

According to this law, foster parents and group homes must use the reasonable and prudent parent standard when deciding whether children and youth in foster care can participate in normal childhood activities. This standard is really no different than the standard most parents use when making decisions about children's activities.

The standard states that foster parents and group homes must consider the health, safety, and best interests of each child and youth, as well as their needs and situation, when deciding whether they can do things such as playing school sports or going on an overnight field trip.

The law explicitly states that children and youth in foster care are to be allowed to participate in extracurricular, enrichment, cultural, and social activities as long as those activities are appropriate to the child's age, development, and maturity level. The child's cognitive, emotional, physical, and behavioral capacities must also be taken into consideration to identify suitable activities for them.

The Standard in Action

What does the reasonable and prudent parent standard look like when it is applied in the day-to-day activities of children and their caregivers? Although the standard sounds straightforward, there is no black and white answer to this question. Following the standard means carefully applying it to each individual child and youth in foster care.

The scenarios below illustrate what it is like for a parent to apply the reasonable and prudent parent standard. These scenarios aren't black and white, but they do depict the critical, careful, sensible thinking the standard requires.

Two Illustrations of Applying the Standard

Adam

You've been a foster parent for eight years. Adam is an 11-year-old in foster care. He's lived with you for 13 months. When Adam first came to you, the agency didn't know much about him. His grandmother, who was his primary caretaker, had died. His father is unknown. Due to her substance abuse, his mother has had little contact with Adam over the years.

Adam appeared to have some issues with authority, often appeared angry, and did not like school. His only activity aside from school and going to church with you has been weekly therapy. You have worked to provide structure for Adam and he has not had any serious behavior issues in the home for the last 8 months.

Adam's Opportunity, Your Decision

Adam recently made honor roll and the school is planning a special overnight field trip for everyone on honor roll to see a professional baseball game. Adam has come home excited about the field trip and asks you for permission to go. You want to be sure to correctly apply the reasonable and prudent parenting standard as you make this decision, so you do the following.

You consult NC's [Reasonable and Prudent Parent Activities Guide](#). It tells you that a foster parent can provide approval for a school field trip lasting less than 72 hours without notifying the child's social worker.

Next, you consult [Applying the Standard](#). Participating in this extracurricular activity is reasonable and age-appropriate for Adam and would promote both his social development and his self-confidence. It would also help him feel like all the other children at school who earned the trip. You know several parents who are planning to go on the field trip, including a neighbor who knows Adam. His participation in this trip would not contradict a court order or safety plan. You are not aware of any other issues or concerns that should prevent Adam from participating in the field trip.

Based on all this, you tell Adam he can attend the overnight field trip and you sign the permission slip.

Lukas

You've been a foster parent for three years. Lukas, a 15-year-old, has been with you for three months. This is his second placement. He came into foster care through delinquency court for shoplifting. He also has a history of exposing himself to girls, although this has not happened since he has been in your home.

Lukas is the youngest of four boys. His mother passed away years ago and his father says he can no longer manage Lukas' behaviors. Two of Lukas' brothers are incarcerated; Lukas doesn't know where his other brother is.

Lukas follows the rules of your house. He is not involved in any extracurricular activities and has struggled to make friends at school. He also seems lonely.

Lukas' Opportunity, Your Decision

Lukas comes home saying he has been invited to hang out at a male classmate's house to play video

games next Friday night. You want to be sure to correctly apply the reasonable and prudent parenting standard as you make a decision about this, so you do the following.

You consult NC's [Reasonable and Prudent Parent Activities Guide](#). It tells you that a foster parent can provide approval for normal childhood social activities outside the foster parent's direct supervision without notifying the child's social worker.

Next, you consult [Applying the Standard](#). You believe Lukas has been doing well overall. This activity would be good for Lukas' self-esteem and confidence. It doesn't interfere with his schedule.

You don't know Lukas' classmate's family, so you call them. You learn that in addition to their son, there are also two daughters in the home. You conclude the call but don't commit, saying you still need to discuss the plans. You're concerned about Lukas being around the girls in the classmate's home with less supervision and worry that might trigger Lukas to expose himself.

Based on the circumstances, you decide to ask Lukas to invite his classmate over to your house instead, so that he can still benefit from this activity.

It is important to realize that the reasonable and prudent parent standard must be applied individually to each child and youth, based on the totality of their situation. The standard and the passage of the Family Foster Care Act do not mean that every foster child or youth can automatically participate in anything. It means that foster parents and social workers must use all the tools at their disposal--including shared parenting, child and family team meetings, and monthly visits--to ensure they have a good grasp of the child's strengths, needs, and skills. They must also engage the birth family (if their whereabouts are known) so they can express their desires for their children.

Conclusion

The emphasis on normalcy that comes with the reasonable and prudent parent standard is the right thing for children and youth in foster care. When they are grown they should be able to recall their childhood friends, the field trips they went on, and the other childhood experiences so many of us take for granted. It's up to us to find balance in addressing the needs that bring children and youth into foster care while still allowing them to grow up with normal childhood memories.

Teresa Strom is the Child Welfare Services Local Support Team Leader for the NC Division of Social Services.

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Applying the Reasonable and Prudent Parent Standard

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my social worker and/or the child's social worker?

8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g., running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minute changes to the plan, and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
- 20.
21. When in doubt, refer to number 7.

Training link:

<https://www.buncombecounty.org/common/dss/foster/Reasonable-and-Prudent-Parent-Standard.pdf>

Why should you get licensed as a kinship parent?

Only kinship parents who have children placed in foster care in their homes are eligible for the licensing process.

By becoming licensed different supports are opened up to your family. These supports include; a social worker assigned just to your family for you to be able to ask questions and gain clarity with processes, you will have an advocate for *you* at meetings, and you will be eligible to receive a monetary stipend monthly to assist in the care of the foster child in your home.

A Licensing Social Worker will be assigned to guide you through the initial licensing process and is essentially “your family’s social worker.” The licensing social worker will continuously monitor your family home for compliance with the State Standards and Procedures for Licensure. As it is an expectation for foster parents to work in partnership with all agency staff, the licensing social worker will also address any partnership or any other concerns that may arise so as to ensure that Kinship parents are working in compliance with agency expectations and State standards.

Training Calendar link:

<https://www.buncombecounty.org/Governing/Depts/Dss/foster/community-calendar.aspx>

Basic Info to know before you get started

- You must complete 30 hours of pre-service training - offered for FREE in our six week training which consists of both classroom and independent work
- You must be at least 21 years old and have a high school diploma, GED or demonstrate the ability to read and write
- You must be financially stable

- You must be physically, mentally and emotionally able to care for a child
- You and adult household members 18 years old and up must agree to and pass a criminal background check
- You and adult household members 18 years old and up must not be a perpetrator of abuse or neglect of a child
- You and adult household members 18 years old and up must provide excellent references
- Your home must pass environmental and fire inspections and be safe for children

<https://www.buncombecounty.org/governing/depts/dss/Foster/getting-started.aspx>

Positive Discipline and some tips

Positive discipline teaches children in a non-rejecting way to be responsible for their own actions by:

- Emphasizing what the child does right.
- Enjoying and treasuring the positive things about the child.
- Not letting conflicts in some areas ruin relationships.
- Not threatening to end the relationship because of bad behavior.
- Having a good understanding of yourself.
- Being aware of things or times that make you less patient or over reactive.
- Teaching the child that the world is mostly positive, not negative and helping them perceive the positive.

<p><u>EMPHASIZE</u></p> <ul style="list-style-type: none"> • Simple, concrete, firm rules with logical consequences and regular routines. • Base your expectations on the child's developmental level, not their chronological age. • Do not personalize problems. Use a neutral, matter of fact, low key, calm approach when following through on consequences for misbehavior. • Emphasize choices. Keep the conflict between the child and the rule, not between you and the child. Make it clear that the child chooses his or her own actions, which leads to particular consequences. • Maintain good eye contact and close proximity when talking to the child, making requests, or giving instructions to the child. • Use humor. Keep things light. • Be patient. Change takes time. Relapses are to be expected. 	<p><u>AVOID</u></p> <ul style="list-style-type: none"> • Moralizing, lecturing, criticizing, guilt trips, impatience, rage, yelling and physical punishment. • The child may have no moral base on which to build. The child may not be developmentally ready to handle a lot of explanations. • Power struggles play into the child's game of anger and negative self-image. • Physical punishment should never be tolerated because it gives the child the wrong message. Abused children set themselves up for failure and abuse. They feel they deserve to be treated poorly. • Abused children may have trouble with cause and effect thinking. They need informative feedback and a clear understanding of what is expected. They are sensitive to rejection and need the reassurance of safety, stability, and predictability.
<p>Effective Discipline:</p> <p>Setting limits and understandable rules for the child. The parents limit and redirect undesirable acts. These limits preserve self-respect of both persons. Restrictions are applied without violence or excessive anger. Feelings are accepted.</p> <p>The child receives a clear definition of acceptable and unacceptable conduct. Both the child and parent feel more secure because they know the limits of permissible action.</p> <p>Limits are stated so that the child knows what constitutes unacceptable behavior and what substitute will be accepted. Parents relate discipline to the behavior, not the person. Discipline maintains child's self-esteem and teaches responsibility.</p> <p>Discipline, whether restriction, deprivation or restitution is reasonable and fair, and its primary purpose is to impress upon the child the impact of undesirable behavior and the importance of desired behavior. (Child may participate in the determination of most effective punishment.)</p> <p>The need to permanently repress undesirable behavior is less important than helping redirect behavior.</p> <p>The child learns acceptable behavior.</p>	<p>Ineffective Punishment:</p> <p>The punishment is frequently arbitrary, repressive, humiliating and brutal. Whether verbal, physical or restrictive, the degree of the parent's rage, desire to permanently repress the child's behavior, or need for revenge, and determines the extent of the punishment.</p> <p>Thus, the punishment is primarily an expression of anger and satisfaction from exercising power. The punishment has all the elements of wanting to win. Administered at a time when the child is least able to listen and in words that are most likely to arouse resistance and make him feel no good.</p> <p>Thus, the child reacts to the guilt, humiliation and anger by one means or another, without gaining knowledge of acceptable behavior and increased self-discipline.</p> <p>The type of punishment develops dependency and fear, causing loss of self-esteem.</p> <p>The child learns to avoid further punishment by whatever means is expedient.</p>

For more tips / techniques for working with children who have experienced trauma, talk with your social worker about attending a trauma specific training such as RPC (Resource Parent Curriculum) or ARC (Attachment, Regulation Competency). Also, do not hesitate to consult the child's foster care social worker, mental health provider or child and family team for any behavioral or discipline concerns or issues.

Communication with Children

- Offer encouragement and support to the children.
- Allow children to express feelings such as anxiety, fear and anger before and after visits.
- Be supportive and encourage open communication of feelings; discuss negative feelings and let the children know it is normal to have those feelings.
- Inform birth parents or social worker of any behavioral changes and what to expect during visits with children.
- Spend extra time with children after visits.
- Provide extra love, support and reassurance after visits.
- Talk to the social worker about any concerns surrounding the visit such as noticed changes in behavior before and after the visit.
- Encourage the children to write a letter or send a card to birth parents.
- Discuss disappointments about the visit, if they occur.

Other Parenting Resource links:

Adverse Childhood Experiences (ACEs)

<https://www.cdc.gov/violenceprevention/aces/index.html>

Triple P Parenting

<https://www.triplep-parenting.com/nc-en/about-triple-p/positive-parenting-program/>

On Demand Training for resource and foster parents:

<https://www.cface.org/servicecenter/professionaltraining/childwelfaretraining/ondemand/>