



Standards of Care Manual

For Global Children's Movement

Children's Homes

Global Children's Movement

www.gcmovement.org



*Global Children's Movement was started in response to the vast needs facing children today. Children are the most exploited people group on the planet and yet Jesus said that the childlike are to be the greatest in the kingdom of God. It is our passion to provide a holistic approach in providing for, protecting, and restoring children at risk. We live too see the Kingdom of God, which is a Kingdom of Justice, invade every arena of society. **We dare to dream that love can bring a generation back to life.***

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A WORD FROM THE PRESIDENT:

Welcome to a glimpse into the heart of Global Children's Movement! We are passionate about changing the world of the child at risk. Our commitment and goal is to love a generation back to life one child at a time. We endeavor to take the broken children of the world and raise "Today's Orphans" to be "Tomorrow's Leaders". The term "Today's Orphans, Tomorrow's Leaders" is a term used by our dear friends at Hope For The Nations, and we share in the same goal to raise up the next generation of community, government, and Kingdom leaders.

This passion is fueled by the firm conviction that this is, indeed, the heartbeat of the God we love and serve: a God who designed each child for a life of dignity and destiny to be discovered within the context of loving family relationships.

WHY CHILDREN?

How can we not intervene when children are the world's most unprotected species? How can we look the other way when children represent a huge percentage of the world's population and most of them are considered to be "at risk" according to the U.N. rights of the child?

HOW CAN WE NOT CARE?

When children have become the casualties of war in battles they never began?
When greedy enterprises harness the skills of children to improve their bottom lines?
When perverted predators are able to access children for their sordid appetites?
When most of the world has allowed children to remain invisible?

THE DEBATE CONTINUES ...

Are children trash or treasure? Are they commodities to be exploited or gifts to be valued? The GCM family believes in the inherent value of each child:

We believe in the rights of the child.
We believe in the potential and destiny of each child.
We believe that intervention makes a tremendous difference in the life of a child.
We believe children are worth fighting for.
We believe in "a world fit for children".
We believe today's orphans will be tomorrow's leaders.

We cannot achieve this alone. We need the collective heart, energy and resources of each person, corporation and government. Because children are treasure, we have prepared this guide to assist you in taking care of these precious children. In so doing, our hope is that these children will one day be leaders and adults of integrity in your community and country.

Sincerely,

Jennifer Toledo, President GCM

“TODAY’S ORPHANS, TOMORROW’S LEADERS”

The Context for Residential Care

Responding from the conviction that Creator God is most concerned about the care of orphans, and that every child on earth deserves to be loved and cared for, Global Children's Movement has made the care of orphans and children at-risk its primary focus.

The international situation facing children today has never been worse, or the need for care more pressing. Of the more than 2 billion children in the world under the age of 15, 145 million (UNICEF 2009) are orphans: the need for orphan care is both immediate and enormous. While GCM is incapable of meeting this need alone, or even making a dent in it, we are capable of helping some children, of raising awareness, and of facilitating and partnering with other organizations and individuals to assist in this crisis.

The Dilemma: children need to belong

All organizations who work with children at-risk agree that orphans are vulnerable and need to be cared for, but organizations and child care experts have varying opinions on how best to do that. However, all agree that over the long term, orphans need to be cared for in a context in which they feel that they belong. Like every one of us, these children deserve the right to belong in a family and within a community.

The criticism and difficulty with traditional “residential care” situations is that children who are cared for in large institutional settings miss the essential “family” experience growing up. They also lack a family or community once they graduate from care and become legal adults. The orphaned child has been kept alive and healthy, but faces many social challenges as an adult; many are unable to integrate into their societies successfully.

So how does Global Children's Movement handle this dilemma? How do we help to care for orphans in a way that is mindful of their emotional needs as developing children? While recognizing that children are best cared for in their natal community, Global Children's Movement recognizes that some children have no opportunity for loving care. Thus, Global Children's Movement believes that the best solution for these children is in the development of small, community-based Children’s Homes and foster arrangements.

Through partnership with other non-governmental organizations (NGOs), Global Children's Movement is able to make a difference in the lives of orphaned children by *starting* the process of change. We can thereby help to:

- Change the future of children at-risk;
 - Change the lives of the children in our Homes;
 - Change society’s treatment of children at-risk;
 - Change the world by raising “Today’s Orphans” to be “Tomorrow’s Leaders”.
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This is the mandate of Global Children's Movement.

The Vision: “Today’s orphans, Tomorrow’s leaders”

Global Children's Movement is concerned about children, specifically those children who have no one to care for them. In each country where we work, our dream and goal is to see “today’s orphans” become “tomorrow’s leaders”. To do this, we develop various methods of reaching out to children in need, including residential home-care, depending on the opportunities and needs that exist in each community. One aspect of how Global Children's Movement cares for children is in *long term care* where children grow up as a part of a family and community; they will belong to this community for the rest of their lives. The models of care that Global Children's Movement uses to accomplish this are:

- Small children’s homes where a widow or a couple with children take an additional 2-10 children into their family. This is usually an adoptive relationship.
- Foster-Family situations, where a loving family from the community is paired with a child/sibling set to nurture on a long-term basis.

In order to maintain cultural continuity in the children’s lives, house parents and staff are almost exclusively from the same cultural background as the children. All Homes are accompanied by micro-enterprises that assist in financially supporting the Home. Child sponsorships may also play a role.

By building children’s homes, developing micro-enterprises, and addressing other areas of each child’s needs Global Children's Movement provides children who have been orphaned with the basic necessities of love, healthcare, education, healthy community and eventually, self-sufficiency.



Focusing on building “Tomorrow’s Leaders”.

FOUR desired outcomes for “Tomorrow’s Leaders”:

- Followers of Jesus
- A healthy self-identity
- Well educated
- Contributors to others, community and their nation



UNDERSTANDING YOUR PART IN THE STORY

Global Children's Movement could not help “today’s orphans” if it was not for the many house parents, like you, who have opened up your home and hearts to these children. You have a tremendous opportunity before you as well as a great amount of responsibility, both ethical and legal. Global Children's Movement has a great amount of respect for the sacrifice that you and your family are making in order to invest in the lives of children at risk in your community.

All of us at Global Children's Movement have children so we understand that caring for children can be a bumpy road! It is also very demanding - physically, emotionally and spiritually. No matter what joys or stresses it brings to you and your household, it will certainly change your day-to-day routines and experiences. We want the children who are placed in your homes to live in healthy, functional families and we want your family and marriage to prosper. *Therefore, you must make sure that you take care of your own and your family's needs as well as those of the children placed with you.*

Standard	Children in care will live in stable, healthy families or children's homes. To achieve this goal, house parents will commit to care for themselves, their family and their marriage in order to provide stability and safety to everyone living in the home.
Rationale	In order to take care of others, we must take care of ourselves. If we neglect our own physical, emotional or spiritual needs, we will not be able to provide a stable, safe home environment - we will “burn out” or hurt the ones we are trying to help.

SUCCESSFUL PRACTICE

What does taking care of your personal needs mean? It means behaving in a way that is caring, nurturing and inclusive to everyone living in your home - including you! To achieve this, the house parent:

- Understands his/her own and his/her family's limits;
 - Knows what you and your family need in order to remain stable and positive;
 - Organizes relief help for themselves as well as their own family so that they can rest and reconnect with each other;
 - Takes the time to pray and take Sabbath so that they have the strength, resources and energy to do their job;
 - Takes advantage of supports that are offered (from family, friends, church, GCM, etc.);
 - Receives on-going training and mentoring so that he/she can provide support, direction and feedback to staff;
 - Requests and works with professional or community supports when necessary;
 - Shares accomplishments, satisfactions and responsibilities with other family members;
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- Works constructively and cooperatively with other staff members, as well as with the child, the child's family/community, Global Children's Movement, your church and any other involved groups.

Above and Beyond



- The house parent links with other parents/grandparents in the community to share information and support
- The house parent networks with other house parents in the region to obtain and share information and support.



GATE KEEPING

Selection Criteria

Choosing children for care wisely, selectively and with prayerful consideration is what we mean by the term “Gate keeping”. We can imagine that there are millions of children outside our “gates”, but which ones are the ones that we are best able to care for? Which ones have no better options for care? Which ones will best fit into our existing foster families? We must prayerfully consider which child Christ is asking us to care for. Jesus invested in 12 disciples. He was not overwhelmed by the numbers of people at His “gate”. We must follow His example while considering *what is best over the long term for each child (see Appendix for “Best interests of the child”)*.

GCM is committed to children who have no parents, family or safe community to provide for them. These children may have been orphaned due to AIDS, war or poverty. Around the world, these children number in the tens of millions, so how do we decide which children to take in? This can be a difficult decision due to the extent of the need and the many factors that are involved.

Standard	Children are selected for care based on carefully considered criteria.
Rationale	Children usually develop best over the long term in their own families and communities; therefore, community-based care is a “second best” option.

SUCCESSFUL PRACTICE

Over the long term, a child who is orphaned will usually develop best in his or her own culture, community and family. Therefore, if a child has caring relatives or neighbors who are willing to take them into their family, this is the best place for the child. Where there are no able family members or safe neighbors, this child is a candidate for care. The home must then consider whether the home has the resources to take the child in, and whether the child will fit in with the existing children. If the answer is yes, then this child can be taken into the home.

GCM will also consider children with only one parent/relative when this parent is unable to provide care, and when providing the parent with help will not make a difference (i.e. parent is dying, addicted, extremely abusive). However, if this relative becomes able to care for the child, then the child should be returned to his/her family of origin. Should the child stay in care, every effort to build relationship with the family must be made so that the child has a community that they belong to when they come of age.

What about street children? Abandoned children? Displaced children? Children who have been rescued from the sex or drug trade? The reality is that there are millions of children in this situation today due to poverty or illness. In many cases, the child has

been living on the streets for years. In this situation, every effort must be made to contact the child's community to assess the situation and to gain information about the child's background (if it is safe to do so). If the child is functioning as an orphan, he or she may be taken into a GCM home. In this case, staff must try to get any background information available from the child's community to assist the house parents in raising the child.

SUCCESSFUL PRACTICE

In order to maintain a good standard of care, house parents will ensure that there is an appropriate adult to child ratio. As well, if a home has a specific age target, house parents will follow the guidelines of the home. For example, a baby home that is for children 0-2 will not take in children over 24 months of age. For children under the age of 8 years old, the following adult to child care ratios are sensible:

0-2 years old	1 adult: 3 children
2-3 years old	1 adult: 4 children
3-8 years old	1 adult: 8 children

In a group of children, there must always be at least 2 adults in case there is an emergency and one adult needs to leave.



Intake Process and Record Keeping

House parents must plan for a child's arrival as one would plan for their own child's arrival, with care and wisdom. When we are stewards of other people's children there are added responsibilities in the area of planning and record keeping. By keeping good records, we can better understand the child's development and also provide them with a record of their time in our home. This section will guide you through this process.

Standard	Parents complete four intake forms upon the arrival of each new child and maintain six sets of records during the child's stay.
Rationale	We are stewards of other people's children. This is a moral and legal responsibility that must be undertaken with great care.

SUCCESSFUL PRACTICE

When a child first arrives in the home, there are four forms that need to be filled out. These are located in the appendix of this Guide and can be copied (Digital forms can be accessed upon request so that the form can be translated into the applicable language):

1. Plan of Care form
2. Personal Identity form
3. Personal History form
4. Medical & Dental History form

1. Plan of Care form:

This form should be filled out *before* a child arrives. On this form the house parents must consider what the long term goal is for the child: Will the child become an adopted member of the family? Or, is he/she to be a foster child who will be reintegrated into his/her community at some point in the future? Or is the goal to support a group of teenagers and children to create a child-led household? When making this decision, we must consider and plan for:

- Preserving the child's family and social relationships (if possible)
- The child's emotional and developmental needs
- The child's health needs
- The child's educational needs
- The child's community and culture
- Any other matters of significance to the child (example: remembering their birth family)

This information is to be written on the Plan of Care form. If the child is old enough to understand this plan (over 4 years old), you will sit down and explain it to them after they have settled in your home. This plan should be reviewed annually with the child and adjusted as needed (on an Annual Plan of Care form). As the child gets older, he/she will be a part of writing the plan.

Above and Beyond



- Make this a special project with the child - review the plan with him/her annually on the Annual Plan of Care form and celebrate his/her anniversary of joining the family.

2. Personal Identity form:

This form could be attached to the front of the child's file. On this form you will write down as much information as you can gather regarding the child's identity, family identity and community of origin. This folder will also contain all legal documents belonging to the child, or regarding the child.

3. Personal History form:

On this form you will write down as much of the child's story as you know, including their family history and school attendance.

4. Medical and Dental History form:

This form will include the current status of the child's health as well as any history that you are aware of. Any known trauma must be documented as well as any suspected trauma. This could be trauma due to family deaths, war or extreme poverty, as well as physical, emotional or sexual abuse.

SUCCESSFUL PRACTICE

In addition to the forms that will be filled out when the child first arrives, there are six types of on-going records that need to be maintained (The first four are included in the appendix; digital copies can be accessed upon request). These include:

1. Annual Plan of Care form
2. Medical & Dental records
3. Caregiver records
4. Critical Incident Report form
5. School records
6. Life Book

1. Annual Plan of Care form

This form is similar to the Plan of Care form. The purpose of this form is to ensure that the Home is the best place for the child, that s/he is bonding with caregivers, and that his/her needs are being planned for and cared for. The form should be filled out annually with the child present. The adult that the child is the most comfortable with should be present as well due to the importance of the questions being asked. Instead of an adult, a teenager who the child is bonded to could be present.

2. Medical and Dental records:

The child's Medical and Dental records will include annual height and weight data, records of serious illness or injury, chronic health concerns, doctor's visits, dental records, vision and hearing checks and vaccination records. Dietary information (i.e. allergies) should also be recorded.

3. Caregiver records:

As the child lives with you over the years, you need to record significant events that happen in their lives. Record these events on the Caregiver record as they happen. These events could include:

- Visits with natural family
- Unusual behavior or behavioral changes
- Positive achievements by the child
- Changes in the child's circumstances or routines
- Any incident or development that might put the child at risk of harm
- Unauthorized absences by the child from your home

4. Critical Incident Report form:

This form is for reporting any important incident that happens to the child, whether it is an accident resulting in serious injury, suspected abuse, or known abuse. Reporting procedures on the form MUST be followed. Any suspected or reported sexual abuse, or any allegation of sexual abuse, must be reported to GCM USA.

5. School records:

Keep a file that includes important school information, report cards, achievement awards or ribbons and records of any meetings with the school.

6. The Life Book:

A Life Book is an informal record of the people and events in the child's life while they are in your care. Life Books give children a sense of personal history and continuity; having children write a personal life history in the Life Book can be very useful in helping children to process trauma. Every child who is likely to remain in care for more than six months can have a Life Book. It is jointly maintained by the child and the primary adult in the child's life. You will usually look after the book. These are some items that might be included in a child's Life Book:

- Photographs
 - Names, addresses and pictures of the GCM family
 - Report cards, certificates of achievement, badges and ribbons
 - Letters from friends and relatives
 - Souvenirs from trips, sporting events and so forth
 - School projects
 - Words that God has spoken to the child in prayer
 - Hopes and dreams that the child has
-

When a child leaves the home, the Life Book is given to them. The Life Book can take the form of a folder, large blank book or even a shoe box – whatever system works the best for the child and staff.

Confidentiality and disclosure of information:

GCM house parents and GCM staff may only disclose a child’s personal information in two situations. First, it is acceptable to disclose information when the disclosure is necessary to ensure the safety or well-being of the child. Second, any personal information may be given by GCM to the *house parents* when the information relates to a child in their care.

Confidentiality, privacy of information, and the keeping and safeguarding of records are very important matters.



Fostering Family Connections

The natural family includes the child's parents or guardians at the time they came into care. It also includes brothers, sisters and significant extended family members. The natural family is extremely important to the child. Regardless of how children come to be in care, most want to return home. You must demonstrate a positive and respectful attitude toward a child's family, while helping the child to be realistic about its capacity and its strengths and weaknesses.

Standard	House parents treat the child's family with respect and do what they can to nurture connection with the child's community.
Rationale	Visits help children to maintain contact with their community and to see their family realistically. Visits also give children the sense of belonging to a community in the world.

SUCCESSFUL PRACTICE

Whether your relationship with a particular family is positive or difficult, it is important for you to be sensitive to the children's changing emotional states, to their feelings toward family relationships and to the ongoing nature of their relationships with family and kin.

One of the best ways for children to maintain contact with their families is through home visits. Without contact, children may develop, or hang on to, exaggerated ideas about their families, whether positive or negative. Visits also reassure children that their families are still a part of their lives, and help them adjust to having two families now.

Above and Beyond



- Regular efforts are made to take the child to visit his/her village. These are supervised visits.
- Family is made to feel welcome to visit while making it clear that the Home cannot provide handouts.



UNDERSTANDING EARLY CHILDHOOD DEVELOPMENT

The Normal Stages of Child Development

Children around the world grow and develop in predictable ways regardless of culture or social status. If we understand how healthy children develop, we will be able to parent more effectively, and we will notice more quickly when development is delayed or abnormal. We will then be able to seek help for the child as necessary.

Standard	House parents understand the basic pattern of normal infant and child development and use parenting practices that are appropriate to each child's stage of development.
Rationale	By using development-based parenting practices we are able to work <i>with</i> the child to get parenting outcomes that build relationship rather than destroy it. If we ignore the child's developmental needs and simply try to modify their behavior to suit what we want, we may achieve temporary behavior solutions at best, but at the cost of healthy development.

SUCCESSFUL PRACTICE

House parents read and understand Standards of Care Manual. Parents understand the importance of healthy bonding between the child and his/her primary adult caregiver and select one or two adults in the home to be the primary caregiver(s) for each child. Children know who their primary caregiver is; only this adult assumes the role of a parental figure in their life right from the start. This is to ensure that a healthy attachment is formed between the child and the primary caregiver from the outset. Each adult caregiver should have no more than 6 children to whom they are "parents".

Above and Beyond



- Parents attend parenting training provided by Global Children's Movement and/or local community groups/NGO's.
- Parents read Global Children's Movement's Standards of Care and use it as a reference for parenting.
- Parents read books on parenting, particularly books that specialize in children who have been through trauma and the loss of parents (grief issues).



The Impact of Trauma on Normal Child Development

Trauma has many faces. When a child suffers, either through experiences of separation (physical or emotional), loss, or alarm/fear, the child's brain has a defensive mechanism that protects the child from vulnerable experiences that are too much for the child to bear. Some of these defenses include "numbing out" ('don't feel'), "tuning out" ('don't see/hear'), or emotionally detaching from those they are meant to be dependent upon. The behavior of a traumatized child is also often characterized by aggression, either against themselves, others, their environment, or all three. Because these behaviors tend to be alienating, they often results in further experiences of separation (because of parental reactions to the behavior), resulting in an escalating cycle of aggression. When children lose the ability to feel vulnerable, healthy development is sacrificed until these defenses are softened and the capacity for vulnerability is restored.

Standard	House parents will understand the dynamics of "stuck children" (those whose normal development has been interrupted due to the impact of trauma), be able to identify those who are defended against vulnerability, and adapt their parenting practices to facilitate healing and the restoration of healthy development for these children.
Rationale	Without caregivers who have insight and understanding into the dynamics of arrested development, these children will remain "stuck", growing older but unable to grow up. Aggression, depression and self-harm are natural outcomes if these children are not helped. If proper care and love is taken, these children have the potential to experience healing and to grow into healthy, vibrant adults.

SUCCESSFUL PRACTICE

All GCM house parents and staff receive training in recognizing and dealing with the symptoms and effects of trauma in the children in their care. This will be facilitated by a GCM staff member and through a manual prepared for all house parents. In order for healing to be facilitated it is critical that there be at least one adult caregiver to whom the child relates and who is trained to work with the particular needs of that child.

House parents recognize that parenting a child who is traumatized is different than parenting a child whose development is normal. While parenting these special children, parents remember the reasons behind the child's "stuck" behavior, and endeavor to handle all difficult situations with a gentle and loving response. When the child's behavior is too difficult for the parent to manage, the parent will arrange for another safe adult to be with the child while the parent takes time to think, calm down and pray. The parent will then return to the child and follow up on the situation appropriately.

Above and Beyond



- Parents read resource material made available by GCM that specializes in children who have been through grief, loss, and trauma issues.
- If unsure of how to care for a child with developmental challenges, parent seeks counsel from a professional in their community, or the GCM office (via email or phone).



Working Together: Understanding Challenging Behavior

As experienced house parents know, there are important differences between the experiences of children in care and those of their own children. While children will all show the effects of trauma differently, we know that children who have been orphaned or removed from their homes go through aspects of the grieving process. We also know that all children in care have an attachment to their families, regardless of the situation that brought them into care. A child showing ambivalence and grieving in your home is normal, and is not an indication that you are doing a poor job.

Some children in care have also experienced abuse. Because of their painful experiences, abused children often do not interpret family routines and traditions, gestures, comments or ways of communicating in the same way that your children do, or in the way you might expect.

Standard	Parents watch the children in their care carefully and understand that these children need time to grieve. Parents assist children in managing the difficult emotions that are a result of the pain they have experienced. Parents also do their best to protect child from experiences that would trigger painful memories.
Rationale	Children who have lost their parents and experienced trauma need time to heal before they are capable of trusting and loving. If we ignore this reality and expect these children to behave “normally”, we may hinder their healing process. These children may then be unable to develop into healthy, safe adults.

SUCCESSFUL PRACTICE

- Establish a regular daily routine of checking on the child to ensure they are safe and feel secure;
- Assist the child in working through the stages of grief;
- Look at your actions as if you were watching from outside. Are they rational and easily explained, and would they make sense if explained to someone else?
- Be very aware of children’s reactions to you and your family. It may be that no one except the child knows about the child’s past abuse. Don’t assume the child will interpret your behavior in the way that you intend.

Some children in care have experienced physical, emotional or sexual abuse, and a small number have abused other children as well. Because of their painful experiences, abused children often do not interpret family routines and traditions, gestures, comments or ways of communicating in the same way your children do, or the way you might expect. What might seem innocent and normal to a child brought up in a secure, loving environment—such as a hug, a joke, a light-hearted wrestling match—might be

frightening and full of emotional significance to a child who has been abused. This does not mean that you shouldn't include the child in normal family activities. It does mean that you must be aware of the child's background as much as possible, and be sensitive to any signs of discomfort or fear. If these signals are ignored or missed, they can have serious consequences for the child, the family and the child's continued stay in your home. For example, a child or youth might suddenly show discomfort in your home, or loss of confidence in themselves or in you as a parent. This might also show up as anger or behavior that seems out of proportion to the situation at hand. The child might interpret some action of yours as a repeat of adult behavior they have experienced before, which might lead to allegations of inappropriate behavior or sexual abuse.

If the child being placed in your home has been abused in the past, you need to know as much as possible about it. This may be difficult to talk about because of your culture, but find out as much as possible about these issues – in confidence – with a trustworthy person who knows the child's history. By knowing the following facts you will avoid unintentionally making the child uncomfortable or causing them to recall past abusive experiences:

- *Who was the abuser?* Was the abuser an adult or teenager? Male or female? Family, friend or stranger?
- *Where did the abuse happen?* Did it take place in a particular room of the house? Outside the home?
- *When did the abuse happen?* Did it happen while bathing? At bedtime? During the night? When the abuser had been drinking?
- *What was the abuse?* Was the child physically, emotionally or sexually abused?
- *How was the child abused?* Were there threats or use of a weapon or implement? Did the abuser follow a particular routine?
- *How long did the abuse go on for?* (Single event or on-going abuse)

Once you know about the child's experience with abuse, it is much easier to avoid replicating the circumstances the child associates with it. While it may seem an impossible task to think about caring for and nurturing children while also being cautious about how you relate to them, it can be done. There are helpful instructions on how to talk to children about abuse, or possible abuse, in the Canadian Red Cross Abuse Prevention manual available from the Global Children's Movement office

Above and Beyond



- House parents and staff have received training from Global Children's Movement or a partnering NGO in helping children recover from trauma.
- House parents and staff have read Global Children's Movement Standard's of Care Manual and use it as a reference for parenting.
- Read the Canadian Red Cross Abuse Prevention manual mentioned.



Protecting Children: Global Children's Movement's Code of Conduct

In the position of caregiver, GCM has a strong commitment to protect children under our care. When we work through partners, they have a responsibility to meet minimum standards of protection for children in their programs as well.

Standard	All children have the right to protection from abuse and exploitation. All house parents and staff will follow Hope for the Nations code of conduct.
Rationale	Children are vulnerable to abuse due to their age and lack of power. All adult caregivers are legally and morally responsible to do everything in their power to protect the children in their care.

SUCCESSFUL PRACTICE

- All house parents and staff are aware of the problem of child abuse and the risks to children.
- Through awareness and good practice, staff and partner organizations create a home environment that minimizes the risks to children.
- Staff are clear about what steps to take where concerns arise regarding the safety of children.
- Staff take positive, concrete steps to support and ensure the protection of children who are the subject of any concerns regarding possible abuse.
- Staff empower children: They discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem.

In order that the above standards of reporting and responding are met, house parents and staff of Global Children's Movement will also:

- Follow the guidelines in the GCM Standards of Care Manual;
- Take seriously any concerns raised;
- Support children, staff or other adults who raise concerns or who are the subject of concerns;
- Act appropriately and effectively in instigating, or co-operating with any subsequent process of investigation;
- Be guided through the child protection process by the principle of 'best interests of the child';
- Listen to and take seriously the views and wishes of children;
- Work in partnership with parents/caregivers and/or other professionals to ensure the protection of children.

To ensure that our commitments above are met:

- All Global Children’s Movement staff (locally appointed and internationally appointed) will sign and abide by the Code of Conduct;
- All partner organizations and visiting volunteers will read, sign and abide by the code of conduct;
- Recruitment procedures will include reference checks and criminal record checks to ensure that the candidate is both qualified and safe to work with young people;
- Initial staff training will include briefing on child protection issues;
- Every children’s home will display contact procedures for reporting possible child abuse and every member of staff will have contact details for reporting;
- All incidents or suspected incidents will be reported on a Critical Incident Report form. Reporting procedures on the form will be followed without exception;
- Training, learning opportunities and support will be provided by Global Children’s Movement as appropriate to ensure commitments are met.

It is important for all parents, staff and others in contact with children to:

- Be aware of situations which may present risks, and manage these;
- Plan and organize the home so as to minimize risks;
- As far as possible, be visible in working with children;
- As far as possible, avoid situations where an older youth is alone with a younger child;
- Ensure that a culture of openness exists so that any issues or concerns can be raised and discussed;
- Ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behavior does not go unchallenged;
- Talk to children about their contact with staff or others and encourage them to raise any concerns.

In general, it is inappropriate to spend time alone with a child/children away from other adults.

Above and Beyond



- House parents and staff have developed procedures for preventing, reporting and managing suspected or known child abuse;
- House parents and staff have read the “10 Steps to Creating Safe Environments for Children and Youth” by the Canadian Red Cross (available for free from Global Children’s Movement office)
- House parents have taught children in their care how to recognize, prevent and report abuse.



LIVING TOGETHER: CREATING A SAFE HOME

Home: Where Everyone Belongs

Children need to feel that the home is *their* home. Successful practices, as they relate to home atmosphere, imply that parents encourage the children to feel at ease in the home, and that a comfortable environment is nurtured. It also places the onus on parents to never use the term “not in my house!”

Standard	Parents provide a home-like environment that allows children to live a rewarding life.
Rationale	As the home is each child’s only place of residence, it should feel like home to him/her.

SUCCESSFUL PRACTICE

Parents ensure that the house and yard are safe, and promote family-style living. Children are supported to achieve their goals. Each person is encouraged to develop a sense of ownership and belonging within the home. A comfortable and clean home environment is maintained by all, and children are reminded that the home is ‘their home’; they are encouraged to have family and friends over. Each child has the opportunity to personalize his or her bed space, including pictures and mementoes of his or her history and culture.

Above and Beyond



- The child’s family photographs are displayed;
- Mutual friends of the children come over to visit;
- The household is part of a community and interactions with neighbours are encouraged;
- Parents refer to the house as “our” [their] home.

Children's Rights and Gender Equity

Successful practices for children's rights result in children being treated with equality and respect at all times. Children are supported to learn about their own and others' basic human rights and responsibilities (See UN Convention on the Rights of the Child in Appendix). For example, children will be taught how to choose good friends and will have the freedom to decide how to spend their free time and what they believe (all at an appropriate age). Girls have the same access to education and opportunities as boys in the home. Girls and boys have equal responsibilities in the home. Parents and staff advocate for the child's human rights and gender equality.

Standard	Parents and assistants respect each child's rights and act as an advocate for these rights.
Rationale	Children without parents have the same rights as any other children. These include the right to gender equality, dignity, self-respect, choice and privacy. Parents and staff will respect each child's full range of rights at all times. They will assist each child both in asserting his/her rights and in learning that his/her rights are balanced by responsibilities.

SUCCESSFUL PRACTICE

Parents and staff respect and protect the children's rights and treat boys and girls equally. Information and knowledge about the rights and responsibilities of children is available to all those working or living with the children. This knowledge is applied in the day-to-day activities in the home and community.

Children in care are entitled to the same degree of privacy that reasonable parents would grant to their own children. The child's age, capacity and living arrangements are factors to consider in determining what is "reasonable." Provided their safety and well-being are not endangered, children in care are entitled to:

- Reasonable privacy in visiting with friends;
 - Reasonable privacy in using the bathroom;
 - Receive mail unopened;
 - Reasonable security and privacy in their personal belongings.
-

Discipline and Positive Parenting Methods

Children in care need to know what standards of behavior are expected of them, what the house rules are, and what the consequences of not meeting those standards are. Each family, even those within the same culture, has different standards, and we cannot expect children to inherently understand *our* family's expectations: the more that children are involved in discussing and setting the rules, limits and consequences that affect them, the sooner they will understand and accept the Home's routines and expectations.

Standard	Children in care will have the home's standards of behavior explained to them soon after their arrival, and on an on-going basis, in age-appropriate language. Children in care will be disciplined, not punished.
Rationale	Children who are able to have a relationship of love, trust and respect with their parents (rather than follow rules through fear of punishment) are less likely to misbehave. Discipline teaches children self-control and responsibility for their actions, while punishment tells children-after the fact-that a bigger, stronger person doesn't like what they did. Punishment is a form of control and when used, causes negative outcomes in all children - particularly in children who have been abused.

SUCCESSFUL PRACTICE

Parents check in frequently on the child's well-being – whether they feel safe and secure - and if they understand what is being provided and what is expected. Parents explain the home's routines and expectations simply and clearly, for example, "In our home we have four rules: Treat yourself, others and the environment with respect, and behave in a safe manner." Parents understand that it is not their responsibility to control the child, or to achieve some kind of desired behavioral outcome (e.g. the teenager chooses Christianity); rather, it is simply the parent's opportunity to love the child and show by example and training how to make good choices.

House parents and staff know and model the difference between discipline and punishment. Parents use positive discipline methods and provide children in care with a secure, stable and loving environment. Appropriate discipline techniques include:

- Talking through issues
 - Praising and encouraging the child for good behavior
 - Modeling rules and respectful behavior
 - Establishing clear and consistent expectations
 - Removing issue-related privileges
-

- Allowing children to experience the logical consequences of their actions

GCM explicitly ***forbids the use of corporal punishment*** for any child in care. Corporal punishment means using physical force that may inflict pain, such as spanking, slapping or hitting. Other **inappropriate punishments** include, but are not limited to:

- Depriving a child of basic rights or needs like food, clothing, shelter, bedding, or access to their caregiver/primary parent figure;
- Denying visits, or phone or mail contacts, with family members in order to punish;
- Threats of removal from the home;
- Assignment of inappropriate or excessive exercise or work, or assigning work in order to punish;
- Undue influence over the child's religious or personal beliefs;
- Physical punishment including shaking or forcefully pushing the child;
- Degrading actions including humiliation, ridicule or abuse;
- Group punishment for individual behavior;
- Child being punished by another child;
- Physical restraint, seclusion or confinement other than for the immediate safety of the child or another person, or as specified in the child's Plan of Care (created in consultation with, and supervised by, a professional person who is a recognized expert in child care).

Above and Beyond



- House parents hold “family meetings” on a regular basis to discuss any new routines, visitors or changes. All of the children have an opportunity to suggest topics that they would like to discuss at the meeting and these topics are covered. In larger homes, these meetings may take place in small family groupings, or by age group (e.g. teenagers at one meeting, children at another).
 - Parents and staff work hard to “catch” children being good and then affirm them.
 - Parents/staff make an effort to schedule specific times to spend quality time with “their” children each week. This time is used to catch up on how the child is doing in school, socially, etc. and also to get to know the child and show them that they are loved and valued.
-

PHYSICAL CARE

Health Standards

For child care, successful practices support the child's physical and mental health, including good hygiene and personal care, the involvement of health professionals as needed and available, and the recording of health care information. The following also provides examples of practices which encourage the child to be involved with and independent in her or his health care.

Standard	The home provides an environment that encourages the physical and emotional health and well being of each child. Medical and dental needs are attended to for each child and special care needs are met for children with physical disabilities.
Rationale	Parents are responsible for providing the basic requirements of daily living and ensuring that health care and special needs are met with an attitude of respect for the dignity and self-image of each child.

SUCCESSFUL PRACTICE

Children live in a healthy, clean home environment. Illness and other health concerns are attended to promptly. The child has access to a doctor. Symptoms of illness, and significant changes in ongoing conditions, such as weight loss/gain, are monitored and medical attention is sought promptly when needed. The parent, staff and child have the necessary knowledge of health conditions, whether temporary or ongoing. Important information from medical and dental appointments, and health care information, is recorded and accessible to those involved.

The children have region-specific vaccinations as well as the basic vaccinations suggested by the World Health Organization. In malarial zones, homes have screens on the windows and doors, children have mosquito nets to sleep under, and there is no standing water on the property.

The child is supported to maintain good personal and oral hygiene. The parent ensures that the child has the items necessary for their personal care, hygiene and grooming. Children brush their teeth twice per day, floss their teeth and are able to bathe daily in private.

If needed, the child has health aids such as glasses or leg braces. A healthy balance of physical activity and rest is evident. The children's clothing does not stand out as rich or poor in the community they live in, and it suits the weather and the activity in which the

child is engaged. The children's laundry is washed weekly. Support to children is provided respectfully and self-reliance is encouraged in maintaining a healthy lifestyle.

Above and Beyond



- The parent has ensured that house staff is kept informed of changing or ongoing health care needs among the children.
- The parent documents all medical appointments including comments regarding the purpose of the visit and recommendations made.
- The child is supported to brush their teeth daily and floss at least weekly.
- The child's vision is tested before starting primary school and then every two years or as changes are noticed.
- The parent only helps the child when s/he has completed the hygiene tasks that s/he can do independently and when s/he requests assistance.



Nutrition and Food Safety

A healthy diet is an essential part of a child's development. In some cases it is necessary for a child to also be given nutritional supplements to boost their calorie/nutrient intake. It may be advisable for older children to be given increased responsibilities around meal preparation as a part of developing life skills. Food is not to be used as a behavior consequence for children under any circumstance.

Standard	The children's meals are nutritious and meet their dietary requirements. Drinking water in the home is safe to drink. Those responsible for cooking the meals understand basic food safety issues.
Rationale	In poverty situations, most children have not had the nutrients that their bodies require to develop healthily. In the children's homes we need to bring the children's nutritional health back up to what it should be for their age, gender and height. This is critical in order for their minds and bodies to develop as they should.

SUCCESSFUL PRACTICE

The child's meals are nutritious and meet dietary requirements (see Appendix for nutrition guidelines and meal suggestions). Drinking water in the home is safe to drink and the home has its own water source. If a child is identified as underweight, he or she is given nutritional supplements to boost his/her weight. They are also given vitamin supplements as advised by a health professional. Parents understand that ***nutritional deficiencies create negative health outcomes in children that may not be reversible***; therefore, it is critical that parents provide children with well-balanced, nutritious meals.

Although GCM children's homes are located in high poverty areas of the world, house parents must trust that God will partner with them in providing for the children. Parents must not have a "poverty mentality", that is, settling for less than what is healthy because of a lack of money or faith. In many cases, there are community organizations that can provide special nutritional supplements for children who arrive in your home underweight or malnourished. Use these resources whenever possible.

Above and Beyond



- The parent provides the malnourished child with nutritional and vitamin supplements as instructed by a health professional.
- Food Guidelines are in the kitchen for the staff's reference.
- Food Safety guidelines, such as hand washing, are taught to staff and are posted in the kitchen area.
- The parent prepares food that is easy for the small child to eat independently, for example, finger foods.
- Whenever possible, the Home grows some of its own food and trains the children how to garden.
- The Home takes note of underused land in the area and approaches the owners for permission to garden this land.



Safety and Advocacy

Parents take precautions to ensure children's safety and to advocate for able and disabled children in their care.

Standard	The home guidelines and procedures are designed for the safety and security of all children, with particular attention to the special needs of children who are physically disabled or unaware of danger.
Rationale	Because children may not be aware of personal danger, the home environment must ensure their safety and security. The standards for fire safety and storage of household poisons and medications cannot be compromised. Parents and staff must have training in First Aid and safety procedures to deal with emergencies at any time.

SUCCESSFUL PRACTICE

First-aid supplies are kept on hand at the home and in vehicles. Outdoor areas are fenced in (where needed) and free of hazards. Vehicles are well maintained and safe. Parent and staff are trained to respond to medical emergencies. Those responsible for supporting disabled children have current first aid certification and CPR training, and training related to additional conditions such as seizures, respiratory ailments, allergies, etc.

The proper storage and use of medications is understood and practiced by the parent, and information about medications is kept on hand. Medications are not physically handled by anyone not taking them; rather, medication cups are provided to prevent contamination and promote safety.

Hazardous household products are stored and used safely. Where children require supervision near hazardous products, materials such as cleaning agents, gasoline and matches are stored out of their reach or in a locked area. As appropriate, children are supervised when using these products.

Above and Beyond



- At least one staff person in the home has Emergency First Aid and CPR training or experience.
 - Children are taught how to call for emergency help appropriately.
 - Children are taught to recognize codes/labels for dangerous products.
 - Children are taught to clean cuts and to apply a band-aid.
-

SUCCESSFUL PRACTICE

Fire safety and emergency preparation measures are in place. Fire extinguishers are accessible in the home and (in large homes) smoke detectors are installed. Children are shown what to do in the event of a fire. Parents and staff are aware of how to respond to an emergency situation, including how to evacuate the home. The evacuation plan establishes a meeting place outside the home such as a neighbour's home or significant landmark in the immediate neighbourhood. Equipment is tested regularly and serviced as needed.

In areas that are unstable due to ongoing war or vigilantism, parents have a plan in case there is an attack on the home itself. Children are aware of the plan, recognize warning signs and, as much as is possible, know what to do if an attack occurs. In areas where home invasions are a real possibility, it is recommended that the home install an air horn that staff and children know how and when to set off.

Above and Beyond



- Children can describe all steps to be taken when a smoke alarm sounds.
- The parents and children practice evacuations every year and any challenges with the evacuation are noted.
- Parents have extra security measures in place when the Home is in unsafe territory.

SUCCESSFUL PRACTICE

Parents understand how to protect children from digital and electronic media exploitation and/or abuse. This policy refers primarily to the use of digital cameras and video cameras, but also refers to the use of the internet by children in homes where children have access. Some general guidelines are given, but may be added to as parents feel it is necessary:

- Visitors or volunteer workers must have the permission of house parents to photograph or video children from the home;
- Children who are being photographed or filmed must be supervised by the house parent (they must not be alone with the photographer);
- Recorded images should focus on groups of children rather than on individual children;
- Children must be fully clothed when images are taken;
- Any concerns about inappropriate images should be reported on a critical incident report.

Children only access the internet under adult supervision and understand that they need to report any inappropriate material that they have seen on the internet. This is to help prevent the situation from occurring again.

Above and Beyond



- Children have been taught how to use the internet in a safe manner.
- Children have been taught how to tell strangers or visitors that they do not want their picture taken and that permission is required.



Life in Balance: Sleep, School, Play, Exercise

Children desperately need to have their lives structured and in balance; it is up to the parent, not the child, to provide this structure and maintain balance. When a child has enough sleep, food (spiritual and physical), exercise and love, life goes well for parent and child. It is when one of these needs is not met that challenges arise.

Standard	Parents ensure that children are getting enough sleep for their age, are attending school, and are getting adequate time to play and exercise. Children are doing more work than what is appropriate for their age.
Rationale	Without enough sleep, children's bodies do not develop healthily, they are unable to concentrate in school, and their behavior is poor. Every child has the right to an education and to play under the UN Rights of the Child. Every child needs exercise in order to stay healthy, happy and strong.

SUCCESSFUL PRACTICE

Children are given the space and time to rest and sleep. This means that they have a sleeping arrangement that helps them to sleep-they feel safe, there are few interruptions and it is quiet. Children must have their own sleeping mats and boys and girls must have separate rooms when they are over the age of 5. For healthy development, children need a minimum amount of uninterrupted sleep each day. See the Sleep Requirements by Age chart in the appendix.

SUCCESSFUL PRACTICE

Children must have the opportunity to play every day. This is not only for their enjoyment, but also for their education as children learn when they play. When children play, they develop their imagination, their ability to think, their fine and gross motor skills and their social skills. Through play children also come to understand their place in their community as well as their culture.

Children who are not yet in school (ages 0-5) should be allowed to play all day, in between meals and nap periods. Chores are not appropriate for this age group; however, children who are 2-5 years old should be taught how to clean up their own toys/crafts, how to put away their own clothes and how to take their dirty dishes to the kitchen. The purpose of these activities is to learn rather than to work.

School aged children should have time to play after school each day and on the weekends. The question here is not "how much play is enough" but rather "how much work is appropriate" - any remaining time should be given to play. As a guideline, children should help with chores for up to 5 minutes/year. For example, a six year old would help for 30 minutes per day, while a 12 year old would help for an hour. This is in addition to homework and volunteer commitments the children may have.

SUCCESSFUL PRACTICE

Children in the care of GCM homes attend school until grade 12 (completion), while encouraged to further their education. It is the responsibility of the home parents to send the children to a school that is objectively credible and satisfactory:

- The teachers should have the appropriate education, teaching credentials, and experience working with children at risk;
- The curriculum meets government standards and should be appropriate for the children's age/grade level;
- The school has an adequate teacher to student ratio (should not be more than 30 students per teacher);
- The school has adequate teacher aids and supplies, and the environment allows for learning, i.e. world maps, pencils, notebooks, texts, desks, chairs, windows, etc.

As a parent you are responsible to:

- Register the child in school and, when applicable, for final exams;
- Provide the child with his/her uniform, including shoes;
- Get the child to school on time, every day (unless child is ill);
- Inform the teacher that the child is in care, while respecting the confidentiality of information about the child;
- Sign report cards and go to any parent-teacher meetings;
- Be aware of the child's progress in school as well as any social problems that may exist.

Children usually have homework from their teacher; parents must make sure that children are completing their homework with good effort. Parents also need to provide a good workspace for the children to complete their homework. An appropriate amount of homework each night is 10 minutes/grade. For example, a child in grade 3 (8-9 years old) may have up to 30 minutes of homework each night. Much more than that is not useful to learning and causes stress on the family.

Children should not miss school unless they are sick. Education is extremely important for the child's future.

Above and Beyond



- Parents/staff sit down with the children to help with homework;
 - Children have access to a computer with internet for learning purposes;
 - Children have access to books for reading in the Home, and are encouraged to read;
 - Children participate in a community sport such as soccer;
-

Teaching Healthy Sexuality

Sexuality is a difficult or taboo subject in many, if not most, countries of the world; however, studies show that ***sexual education protects children and teens from abuse and exploitation***. Teens and young adults who have learned about their sexuality in an open way at home are more sexually healthy: they are far less sexually active, promiscuous, and unsafe in relationships. They have lower rates of pregnancy, abortion, abuse, sexually transmitted diseases, exploitation and suicide.

Standard	Parents teach children/teens “body science”- that is, a scientific knowledge of their bodies-in a timely and loving manner. Parents also teach children that they are beautiful and valuable as they are made in the image of the Creator.
Rationale	Children who have a good self image and are taught about their bodies in a healthy and comprehensive way will grow up to be sexually healthy adults. With good “body science” education children and teens are much less likely to be abused or exploited, and are less likely to experiment with sex which could lead to pregnancy, disease or unsafe relationships. Children want to hear this information from <i>parents</i> ; in the absence of parental input, kids will take their values and beliefs from <i>others</i> .

SUCCESSFUL PRACTICE

Parents will teach their children, from preschool age to maturity, about their bodies. Parents can do this by teaching their children age appropriate “body science”. As well, family values should be clear and should be repeated to children throughout their lives, for example “In our family sex belongs in marriage”, or “You may not be involved sexually with anyone until you live independently.” Teaching children about their bodies can be done in a way that honors cultural values and ethics; however, parents must realize that traditions of taboo and silence around the subject of sexuality do not protect children. Rather, ***these types of traditions put children at risk of abuse and exploitation***.

“The challenge of sexuality education is to provide children and teenagers with the information they need to keep themselves safe from abuse, unplanned pregnancy and sexually transmitted infections. At the same time, it must help them develop a capacity for maintaining relationships that are loving, healthy and responsible.”

Fraser Health Authority - Sexuality and Maturation

<http://www.fraserhealth.ca/HealthTopics/SchoolHealth/Pages/SexualityAndMaturation.aspx>

Approaching sexual education as “body science” removes much of the embarrassment that usually surrounds the subject. Parents can use the simple body diagrams in the appendix to teach children. It is easiest to teach children “body science” that is

appropriate to their age in age groupings each year; children who are young will only remember a small amount of what they are hearing so they need a lot of repetition.

Children should understand body science for *both males and females*; while it can be more comfortable to separate children by gender for these discussions, it is not necessary or really helpful. Having boys and girls together for discussions can encourage more mature behavior during the discussion and help kids to correct myths about the other gender (Ex. If a girl says “no”, she REALLY means “no”). If children are uncomfortable asking questions in front of the opposite sex, they can write down their questions for a private discussion with the parent later.

There are three rules that children (and adults) need to understand at all ages. *First*, children of both genders need to understand that they have 3 private parts; their genital area, their breasts and their mouths. These are theirs to take care of, keep private and control. *No one* can touch these parts without their permission (ex. If they don't want to be kissed, they say “no”). The *second rule* is that whoever says “no” rules. So if a child of 3 says that she does not want the father/male staff bathing her, then he doesn't; he goes immediately to find the house mother/female staff. *Lastly*, children need to know that it is *always* safe to ask a question, or tell a story, about their bodies or sexuality to the parent. It is the parent's responsibility and privilege to answer their questions calmly and respectfully (more about that later). After all, by talking to their parent, the child/teen has shown that they feel safe with that adult; the parent needs to respect their trust as well as keep the door open to future discussions.

“Become an “Askable Parent”. Does your child feel it's OK to talk with you about sexuality? If not, have you thought about who will answer your child's questions? Only you can tell your child that it's OK to ask you questions - that you're askable. Here are some traits of an askable parent:

- *Shows respect, value and love for children.*
- *Realizes that every difficult situation is not a crisis.*
- *Wants communication, but doesn't expect to have all the answers.*
- *Knows the most important part of communication is listening.*
- *Doesn't laugh when a child asks a question, even in reaction to the child's cuteness.*
- *Doesn't expect to be perfect, and knows that admitting mistakes is a valuable lesson for the child.*
- *Is sometimes embarrassed by sexuality, but acknowledges the discomfort and explains it to the child.*

Children are more likely to talk to an approachable parent.”

Parent's Guide www.iwannaknow.org

Here are some guidelines as to what “body science” your child should understand at different ages:

By the age of 7 children should know:

- The scientific names for genitals-penis, testicles, scrotum, anus, vulva, labia, vagina, clitoris, uterus, ovaries;
 - That babies are made when a man's sperm joins a woman's ovum by sexual intercourse;
 - That the baby grows in the uterus or “womb” (not the stomach);
 - That the baby is born through the vagina;
-

- The basics about menses/periods and nocturnal emissions as clean and healthy processes;
- Not to pick up condoms or needles.

By grades 1-3 they should also know:

- The scientific words: urine, stool, bladder, urethra (tube draining the bladder);
- The difference between the reproductive system and the digestive system;
- Full information about menses/periods and nocturnal emissions;
- Basic information about body changes at puberty.

By grades 4-7 they should also know:

- All about body changes at puberty;
- Basic information about sexually transmitted diseases.

With this group you should also discuss:

- The false and exaggerated sexuality shown in pornography;
- The understanding that one does not *have* to be a sexually active teen (contrary to what their peers and the media tell them);
- The popular but distorted media views of the “perfect body”.
- The benefits of abstinence, and God’s plan for sex within marriage.
- Refusal skills and keeping open communication with parents.

By grades 8-12 your teen also needs to know:

- The proper use of contraceptive devices as well as their potential failure – do not assume that your teen is not sexually active;
- Detailed information about sexually transmitted diseases.

They should also be working to develop:

- An understanding of healthy intimate relationships;
- Relationship skills;
- Refusal skills (how to say “no” effectively);
- Confidence when going to see a doctor.

*Some Guidelines taken from *The New Speaking of Sex* by Meg Hickling. Copyright © 2006 Meg Hickling, Northstone Publishing, an imprint of Wood Lake Publishing Inc., Kelowna, BC. Used by permission.

Parents of teens can feel confident that even if the teen does not show it, he/she is grateful for firm, loving boundaries and clear limits. In a conflict you can ask your teen “If you were a parent, what would you want your kid to do?” (Hickling, p.111) Parents need to understand and explain to their teens that alcohol and drug use is closely linked with sexual activity. Parents can prepare their kids for difficult situations that they may face by teaching them to listen to their bodies-when kids are don’t feel right about a situation, their stomach or bowels often act up. A good excuse for a teen to get out of a situation is to say “I think I am going to be sick-I need to go”. Parents can practice these lines with their kids so that they feel more confident about how to get out of bad

company. Teens need to hear their parents say “Call me when you need me - I won’t be mad,” or “We’ll figure this out together,” or “I will always be here - this is your home”. A parent needs to keep his/her heart open to the teen as well as help to keep the door to the teen’s heart open.

“As a parent, you hope that your child will always make good choices that are based on the values that your family shares. An important part of discussing sexuality with your children is sharing with them what you believe. YOU are an extremely important person in your child’s life. Ask yourself: Does your child actually know what you believe? Have you really discussed your values about sexuality as a family? When you have a family discussion, remember to:

- *Choose a quiet time when nobody is feeling rushed.*
- *Treat each other with respect*
- *Really listen to each family member*
- *Be honest*
- *Share the reasons for the things you believe.”*

teachingsexualhealth.ca - What does your family believe?

<http://www.teachingsexualhealth.ca/parentstudent/pages/whatdoesyourfamilybelieve.html>

Some children are born shy and will never ask a question about his/her sexuality, while other children ask questions constantly! Each child is very different; the shy child needs the body science information repeated over and over again in a safe environment. The bold child needs lots of information that is scientifically accurate *from the parents* or else he/she will pick up their knowledge from others. Be sensitive to the needs of each child and do your best to become informed so that you can educate your children well.

Finally, on a related issue, it is critical to understand that children who have experienced sexual abuse often become abusers. By caring for these children in our homes we have the opportunity to be a part of healing these children; however, we must be alert to the danger that these abused children may become abusers. Research shows that they are most likely to target kids who are the same age as they *were* when the abuse happened. While working on healing, be alert and do everything in your power to protect the other children in your home.

See the Appendix for further resources.

Above and Beyond



- Parents/staff read more information about teaching healthy sexuality to kids;
- Parents make time at least once a year to teach children age appropriate body science;



SPIRITUAL CARE

Being Christ to Our Kids

GCM believes in living an incarnational model of Christianity with our children: this means that the house parents and staff will be the ‘Jesus’ their children see and experience until they are old enough to choose to have a personal relationship with Him. The closer our walk models the heart and lifestyle of Christ, the easier it will be for our children to form their own relationship with Him.

Standard	House parents will live a lifestyle that accurately reflects the heart and values of Jesus to the children. They are ‘Jesus with skin on’ for the children in their care.
Rationale	Children internalize our values in the context of close, healthy relationship with their ‘parents’. <i>Teaching</i> them our values is not enough. They must <i>experience</i> them through the way they are loved and cared for and by the way we live our lives with them on a daily basis.

SUCCESSFUL PRACTICE

House parents will be diligent to protect their own personal relationship with God, ensuring that their time in the Word and prayer is a priority. They will reflect the loving heart of the Father in the way they speak and relate to the children, realizing that the children will transfer their experience with their parents to their understanding of their heavenly Father. When you touch the children, know that you are touching Jesus. When you wipe their tears, know that you are wiping the tears of Jesus. When you comfort them, know that you are representing Jesus to them. “As much as you do it to the least of these, you have done it to Me.” (Matt.25:40)

- While you are holding a child on your lap, or spending some one on one time with them, use this context to share personal illustrations of the love and faithfulness of God with them. Share lessons from your own life. Make it relevant and personal.
- Remember, children learn what they live.

Above and Beyond



- Parents attend parenting training provided by GCM and/or local community groups/NGO’s.
 - Spend some time as a staff team reflecting upon the values you want to impart to the children’s lives.
 - As you parent, use natural opportunities to encourage these values by guiding and encouraging the children in these directions when appropriate
-

Listening Prayer

Children have the same capacity for hearing God as adults. In fact, they likely hear God more clearly than most of us adults. The Word of God tells us in John 10:27, “My sheep hear My voice, and I know them, and they follow Me.” Children are not yet “sheep” but, as lambs, they can be trained to recognize the voice of God and follow that voice. They can also learn to discern between the voice of God, their own imagination and the voice of the enemy.

Listening prayer is a simple but profound way of leading children into the presence of Jesus and allowing them to have their own encounter with Him. They learn to see Him with their spiritual eyes, to hear Him with their spiritual ears, and to interact with Him about the things in their lives that need His perspective. Once learned, listening prayer is an activity that can become a normal part of any child’s life, giving them confidence to come into the presence of God any time, any place, and for any reason. As the children mature in their relationship with God, they will have their own history of His personal interaction in their lives, making their spiritual life real and dynamic.

Standard	Parents will teach the children in their care that it is natural and normal for them to hear God’s voice for themselves and will help them learn to listen and recognize the voice of God.
Rationale	As children grow and mature as individuals, created to uniquely express the image of their Creator, they will naturally desire their own relationship with God; something separate from what their parents have experienced or taught them. This is true for each of us and is what the Father intends. Unless their faith becomes their own, “in spirit and in truth”, it may not be enough to hold them through the times of testing and temptations that will inevitably come.

SUCCESSFUL PRACTICE

As one called to lead the children to Jesus, spend time learning to hear the voice of God yourself. Set aside regular times in the week when you will lead all the children through the process of learning to listen to the voice of God. This is an opportunity for all of you to learn together. Integrate this practice into the everyday opportunities that come up in each child’s life. Always bring them into His presence to deal with difficult issues in their lives- big or small. Make it simple, natural and normal.

Above and Beyond



- Read the adults as well as the children’s version of Brad Jersak’s book, “Can You Hear Me?”
- Utilize the manual written for children’s workers to help them teach children to hear the voice of God. It is written by Jennifer Toledo, and entitled, “Eyes that See, Ears that Hear”.



Community and the Body of Christ

Children need to know they belong to something bigger than themselves and their immediate family. They need to know where they have *come from* as well as where they are going. They need to know their roots as well as their potential. They need to understand their *context* - both the natural as well as the spiritual communities they belong to. This is an important part of understanding their identity and of giving them a sense of belonging as well as giving meaning to their lives.

Participating in the local community - both giving and receiving - is vital to the development of a healthy world view in your children. As a part of this, GCM places a high value on participation in the local body of Christ. No child should be manipulated or pressured to make a personal commitment to Jesus Christ, but they are certainly expected to attend a local church, along with the rest of the family, until such time as they are old enough to make their own decisions about church attendance.

Standard	Regular attendance at a local church (apart from the GCM children's home) is a strong value for our GCM families. It is also a strong value that our GCM homes participate in the local community by serving in ways that help build the community and contribute to strengthening relationships.
Rationale	Our children have come to us having lost most of what is familiar to them. They may have lost their connections to family, roots, and their wider community. It is vital that they are not isolated within the confines of the GCM family but rather, that they see themselves as contributing members of a larger community, including the Body of Christ.

SUCCESSFUL PRACTICE

Families need to make weekly local church attendance in the community where you reside a priority. Where logistics make this difficult, it is important to share those needs with your Board so that help can be offered where available and appropriate.

Opportunities to serve the wider community as well as be involved in community-wide events (as appropriate) are also an important part of the children's on-going spiritual and moral development. Planning ahead for these events, as a family, will create a sense of excitement and ownership for the children.

PLANNING FOR THE FUTURE

Nurturing Dreams and Goals

GCM’s goal is to raise healthy leaders; this means that we are committed to raising healthy, confident children who are brave enough to dream big, hard working enough to persevere towards their goals, and self-aware so that each one understands what their strengths and weaknesses are. Global Children’s Movement will strive to provide opportunities for each child to realize their full potential following high school graduation.

Standard	Parents encourage each child to have goals and dreams for their future. Parents take time to encourage each child in what they do well, verbalizing the strengths that they see in that child while gently making the child aware of areas that they need help or extra effort in.
Rationale	GCM believes that children – including orphans and vulnerable children – are created in the image of God, and that they have the potential to change communities and nations for the better. God designed each child for a life of dignity and destiny to be discovered within the context of loving family relationships and community.

SUCCESSFUL PRACTICE

Throughout the high school years, parents take the time to learn what their children’s strengths, dreams and goals are, and they take time to encourage these in practical ways. In some cases, it will be appropriate for parents to connect kids to a safe, respected adult in the community who can mentor the teen in an area of interest or gifting. In other cases, parents will help teens to apply for extra classes or help in school, or apply for scholarships or special opportunities that come up. If a teen is particularly focused on their goals, it may be appropriate to involve a GCM director in researching opportunities for the teen following high school.



Family and Community Connections

As children grow older and become more independent, it is appropriate for them to have more interaction with their community. As this transition occurs, the GCM Home continues to be present to the older teen as a supportive family, but the Home should not be the teen's main source of "community"; otherwise when the teen reaches adulthood they will lack a sense of belonging in the adult community at-large.

Standard	Parents help their teens to build and maintain relationships in their community and, when appropriate, help them to maintain and build relationships in their birth community.
Rationale	Children who grow up in foster or 'residential' care often lack a sense of belonging in the world. This is exacerbated when they lack meaningful relationships in their community and/or birth community. Without a sense of belonging, teens find it very difficult to transition to adulthood in a healthy way.

SUCCESSFUL PRACTICE

Parents make reasonable efforts to nurture a sense of belonging between their teenagers and their community. This could be done through the teen's participation in sports, church activities, community volunteering, and school, or through other community opportunities that are culturally appropriate. There are many ways to achieve this: GCM's concern is that children in GCM homes do not grow up isolated from their cultural community.

Transition and After-Care

The relationship that the house parents have with a child after the teen moves out of the Home will vary depending on the number of children in the Home, the nature of the legal relationship with the child, and the strength of the bond that exists between parents and teen. The vision of Global Children's Movement is that teens who leave their Home will feel that it is a safe place for them to return to for visits, counsel, love and support.

Standard	Parents assist their teens to prepare for leaving the Home, just as they would their own children. Parents do what they can to ensure that their teens have a smooth transition, and that they know that they are always welcome in the Home.
Rationale	More than anything, children need to know that they belong and that they matter. For children who have lost their parents, transition out of the children's home is an extremely vulnerable time of life. They need reassurance that they are ready to face adulthood, that they have a place where they belong and that they are loved.

SUCCESSFUL PRACTICES

Parents begin to prepare teens for transition from the Home around the time they are sixteen so that by the time they are adults (18/19), the teen feels confident that they can move on to a new home or community. In some cases teens will choose to stay in the home and become part of the care-giving team, and that is fine as long as it is in the teen's best interest.

To help prepare a teenager for transition, some questions that parents can consider are:

- Does the teen have their identity papers, school records, medical records (keep copies for them in case they get lost)? A drivers license?
- Does the teen know how to manage money on their own? Do they understand what costs they will need to cover?
- Does the teen know how to look for a job? Make up a resume? Present themselves to a potential employer in a respectable way?
- Does the teen have a community that they feel they belong in with adults who will support them as they transition into adulthood? Consider asking three or more adult friends to support the teen as they move on.
- Does the teen know where to get medical help or advice?
- Does the teen know how to apply for college or further training, or how to get information about their options?

These are just a few questions to be considered in helping to prepare your teen for the transition from the Home into the community - the better the bonds with the community, the easier this will be.

APPENDICES

1. UN Convention on the Rights of the Child
2. Annual staff self-assessment
3. British Columbia Foster Care Guide
4. Staff Code of Conduct
5. Basic First Aid
6. Healthy Eating Guidelines
7. Sleep Requirements by Age
8. Resources for teaching healthy sexuality
9. Intake forms (4) and Records (4)



United Nations' Convention on the Rights of a Child (CRC)

The Convention on the Rights of the Child (known as the 'CRC') reflects a new vision of the child. Children are neither the property of their parents nor are they helpless objects of charity. They are human beings and are the subject of their own rights. The Convention offers a vision of the child as an individual *and* as a member of the family and community, with rights and responsibilities appropriate to his or her age and stage of development. By recognizing children's rights in this way, the Convention firmly sets the focus on the whole child.

The Convention is a legally binding treaty that most governments have signed. It obliges governments to respect, protect and fulfill children's rights through their domestic legislation and policies. Under the international Convention on the Rights of the Child, children have the right to:

- Love and Security
- Food
- Survival and Development
- Parental Care
- A Decent Place to Live
- Health and Health Services
- Protection From Abuse
- Education
- Rest and Leisure

Children who are deprived of one or more of these categories are regarded as "at risk".

Annual staff self-assessment forms

The following forms should be filled out by all GCM staff members once a year. The purpose of the forms is to give the house parents an idea of where the home's strengths and weaknesses are. This is an internal assessment – it does not need to be submitted to the project director unless there is a matter of significant concern. The results of these forms would provide helpful information for discussion at an annual staff meeting/debriefing. House parents can decide whether to make the forms anonymous or not.

Forms can be photocopied from the originals that follow on the next page.



Name (optional): _____

Date: _____

SELF-CARE	NOT ALL	AT	SOMETIMES	OFTEN
I have taken some quiet time for myself this week (to pray, read my Bible, etc.)				
I have taken some time to be with my own family this week (if applicable)				
I have shared my feelings and struggles with another staff member or friend this week				
I have taken some time to educate myself in the area of house parenting this week				
I understand what I have strength to do and not do, and I know how to respectfully say "no" to things that are too much for me.				
In general I am getting enough sleep (at least 7 hours per night)				
I am taking a rest one day per week				
Comments:				

GATEKEEPING	NOT ALL	AT	SOMETIMES	OFTEN
Do you have a clear statement of what type of children you accept into this home?				
Do you follow the guidelines in the statement when deciding whether to take a new child into the home?				
Have you ever filled out an incident report?				

Do you regularly update forms as the child goes through different stages of life?			
Do you have set goals for/with the children as they enter the home?			
Do you understand the importance of keeping the child's history alive?			
Do you fill out a personal identity form?			
Do you fill out a personal history form?			
Do you fill out a medical & dental history form?			
Comments:			
UNDERSTANDING EARLY CHILDHOOD DEVELOPMENT	NOT ALL	AT	SOMETIMES
			OFTEN
Have you read and do you understand the Global Children's Movement <i>Loving Our Kids on Purpose</i> parenting book?			
Do you understand what is meant by early childhood development?			
Have you referred to <i>Loving Our Kids on Purpose</i> in the past month to help make a decision?			
Do you have an understanding of how to deal with children who have gone through grief and trauma and who need special care?			
I am seeking counsel/prayer ministry to help deal with the issues in my life in regards to my own grief and trauma			
Do you check regularly with the children in your care to see if they are feeling safe and secure?			
Have you assisted your children in working			

through stages of grief?			
I understand the steps that are needed to create a safe environment for children			
As a staff member, I am part of making sure that this home is a safe and secure environment for children to live, be happy and continue to work through issues of the past			
Comments:			

<i>LIVING TOGETHER</i>	NOT ALL	AT	SOMETIMES	OFTEN
Do you think the home and yard provide an environment that are safe and promote family-living?				
Do the children ever bring friends to the home to visit?				
Do you encourage children to make their bed space their own by hanging pictures and personal items there?				
Do girls and boys have equal time for education, play and work?				
Does each child have reasonable privacy in the home?				
Do the children know what the house rules are?				
Do you talk through issues with the children?				
Do you praise and encourage the children for good behavior?				
Do you feel that you are modeling the house rules and respectful behavior for the children?				

Comments:			
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<i>PHYSICAL CARE</i>	NOT ALL	AT	SOMETIMES	OFTEN
Do you feel the home provides a healthy, clean environment for the children?				
Do you keep a record of the children's doctors visits and illnesses when they occur?				
Do the children learn and practice good personal and oral hygiene?				
Do the children have their eyes checked before they begin school and every other year after that?				
Are you able to access a local doctor when needed?				
Comments:				



Definition of the “Best Interests of the Child”

(from the British Columbia Foster Care Handbook (p.61))

Since a child’s best interests can mean different things to different people, this section explains the term. It lists seven factors that must be considered when a child’s best interests are being determined.

Definition of “Best interests of the child”:

Where there is a reference to “the best interests of a child”, all relevant factors must be considered in determining the child’s best interests, including for example:

- (a) The child’s safety;
- (b) The child’s physical and emotional needs and level of development;
- (c) The importance of continuity in the child’s care;
- (d) The quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- (e) The child’s cultural, racial, linguistic and religious heritage;
- (f) The child’s views;
- (g) The effect on the child if there is delay in making a decision.



Staff Code of Conduct

All Global Children's Movement staff must sign on to, and abide by, this Code of Conduct.

Staff persons, volunteers and others must never:

- Hit or otherwise physically assault or physically abuse children
- Develop physical/sexual relationships with children
- Develop relationships with children which could in any way be deemed exploitative or abusive
- Act in ways that may be abusive or may place a child at risk of abuse
- Use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- Behave physically in a manner which is inappropriate or sexually provocative
- Sleep in the same room or bed as a child with whom they are working
- Do things for children of a personal nature that they can do for themselves
- Condone, or participate in, behavior of children which is illegal, unsafe or abusive
- Act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- Discriminate against, show differential treatment, or favor particular children (including showing gender preference) to the exclusion of others.

This is not an exhaustive or exclusive list. The principle is that staff should avoid actions or behavior which may constitute poor practice or potentially abusive behavior.

I, _____, have had the Code of Conduct explained to me and I agree to follow this Code of Conduct in all of my interactions with children in the care of Global Children's Movement.

I work at the _____ Children's Home in
_____ (city),
_____ (country).

Dated _____, 20____, at _____
(city).

Witnessed by: _____ (director or house parent).

Office:

Keep the original copy in the records of the Home, and give one copy to the staff member. All adults living or working in the home must sign this form.

First Aid Basics

For comprehensive information, go to www.hesperian.com and download the free first aid booklet.

BASIC CLEANLINESS AND PROTECTION

To prevent the spread of germs, always wash your hands with soap and water before and after giving first aid. When a person is hurt, the most important thing is to help. But you also must protect yourself from HIV and other blood-borne diseases. When someone is bleeding:

- If possible, show the injured person how to stop the bleeding themselves, by applying direct pressure on the wound.
- If they cannot do this, keep the blood off yourself by wearing gloves or a clean plastic bag on your hands, and placing a clean, thick cloth directly over the wound before applying pressure. Avoid objects soiled with blood. Be careful not to prick yourself with needles or other sharp objects around the person you are helping. Cover cuts or other wounds with dry, clean bandages to protect them. Be especially careful when you have to provide first aid where there are many people wounded from an accident or fighting. If you do get blood or other body fluids on you, wash your hands with soap and water as soon as possible. If other parts of your body were touched by body fluids (especially your eyes), wash them thoroughly with lots of water as soon as possible.

FEVER

When a person's body temperature is too hot, we say he has a *fever (over 38C)*. Fever itself is not a sickness, but a sign of many different sicknesses. However, **high fever can be dangerous, especially in a small child.**

When a person has a fever:

- Uncover him completely. Small children should be undressed completely and left naked until the fever goes down. Fresh air or a breeze will not harm a person with fever. On the contrary, a fresh breeze helps lower the fever.
 - Also take acetaminophen to lower fever. For small children, it is safer to give acetaminophen (paracetamol) or ibuprofen – only give ASA (aspirin) if nothing else is available. Be careful not to give too much.
 - Never wrap the child in clothing or blankets. To wrap up a child with fever is dangerous.
-

WHEN SOMETHING GETS STUCK IN THE THROAT

When food or something else sticks in a person's throat and he **cannot breathe, quickly** do this:

CHOKING:

- Stand behind him and wrap your arms around his waist,
- Put your fist against his belly above the navel and below the ribs,
- and press into his belly with a **sudden** strong upward jerk.

This forces the air from his lungs and should free his throat. Repeat several times if necessary.

ALWAYS START MOUTH-TO-MOUTH BREATHING AT ONCE before trying to get water out of the drowning person's chest.

BURNS

Prevention: Most burns can be prevented. Take special care with children:

- Do not let small babies go near a fire.
- Keep lamps and matches out of reach.
- Turn handles of pans on the stove so children cannot reach them.

Minor Burns that Do Not Form Blisters (1st degree)

To help ease the pain and lessen the damage caused by a minor burn, put the burned part in cold water **at once**. No other treatment is needed. Take aspirin or acetaminophen for pain. Avoid giving aspirin to children under 18 years old.

Burns that Cause Blisters (2nd degree)

Do not break blisters. Do not put ice on the burn. If the blisters are broken, wash gently with soap and boiled water that has been cooled. Sterilize a little *Vaseline* by heating it until it boils. Let it cool and spread it on a piece of sterile gauze. Then put the gauze on the burn loosely so it does not put pressure on the wound. If there is no *Vaseline*, leave the burn uncovered. Never smear on grease or butter. If signs of infection appear—pus, bad smell, fever, or swollen lymph nodes—apply compresses of warm salt water (1 teaspoon salt to 1 liter water) 3 times a day. (If possible, add 2 tablespoons of bleach to the salt water and let it sit for half an hour). Boil both the water and cloth before use. With great care, remove the dead skin and flesh. You can spread on a little antibiotic ointment such as *Neosporin*. In severe cases, consider taking an antibiotic such as penicillin or ampicillin.

Deep Burns (3rd degree)

These burns that destroy the skin and expose raw or charred flesh are always serious, as are any burns that cover large areas of the body. Take the person to a health center at once. In the meantime wrap the burned part with a very clean cloth or dry towel. Using a dry towel decreases the chances of infection and there is less of a chance of hypothermia if the burn covers a large area.

CUTS, SCRAPES, AND SMALL WOUNDS

To treat a wound . . .

First, wash your hands very well with soap and water. If the wound is bleeding or oozing, wear gloves or plastic bags on your hands. Wash the skin around the wound with soap and cool, boiled water. Now wash the wound well with cool, boiled water (and soap, if the wound has a lot of dirt in it. Soap helps clean but can damage the flesh).

When cleaning the wound, be careful to clean out all the dirt. Lift up and clean under any flaps of skin. You can use clean tweezers, or a clean cloth or gauze, to remove bits of dirt, but always boil them first to be sure they are sterile. If possible, squirt out the wound with cool boiled water in a syringe or suction bulb. Any bit of dirt that is left in a wound can cause an infection. After the wound has been cleaned, apply a thin layer of antibiotic cream like Neosporin if you have it. Then place a piece of clean gauze or cloth over the top. Change the gauze or cloth every day and look for signs of infection.

If you have a dirty wound or a puncture wound and have never had a tetanus immunization, get one within 2 days. **Cleanliness is of first importance in preventing infection and helping wounds to heal.**

NEVER put animal or human feces, saliva, or mud on a wound. These can cause dangerous infections, such as tetanus.

NEVER put alcohol, tincture of iodine, or *Merthiolate* directly into a wound; doing so will damage the flesh and make healing slower.

Healthy Eating Guidelines and Information

*More information is available free from www.hesperian.org.

To stay healthy, our bodies need plenty of good food. The food we eat has to fill many needs. First, it should provide enough **energy** to keep us active and strong. Also, it must help **build, repair, and protect** the different parts of our bodies. To do all this we need to eat a combination of foods every day.

MAIN FOODS AND HELPER FOODS:

In much of the world, most people eat **one main low-cost food** with almost every meal. Depending on the region, this may be rice, maize, millet, wheat, cassava, potato, breadfruit, or banana. **This main food usually provides most of the body's daily food needs.** However, the **main food** alone is not enough to keep a person healthy. Certain **helper foods** are needed. This is especially true for growing children. Even if a child regularly gets enough of the main food to fill her, she may become thin and weak. This is because the main food often has so much water and fiber in it, that the child's belly fills up before she gets enough energy to help her grow. We can do 2 things to help meet such children's energy needs:

Feed children more often—at least 5 times a day when a child is very young, too thin, or not growing well. Also give her snacks between meals. CHILDREN, LIKE CHICKENS, SHOULD ALWAYS BE PECKING. High energy foods added to the main food help to supply extra energy.

Also, **2 other kinds of helper foods** should be added to the main food:

Body-building foods (proteins) such as beans, milk, eggs, groundnuts, fish, and meat.

Protective foods such as orange or yellow fruits and vegetables, and also dark green leafy vegetables. Protective foods supply important vitamins and minerals.

Add high energy 'helper foods' such as oils and sugar or honey to the main food. It is best to add vegetable oil or foods containing oils—nuts, groundnuts (peanuts), or seeds, especially pumpkin or sesame seeds.

EATING RIGHT TO STAY HEALTHY

The 'main food' your family eats usually provides **most—but not all**—of the body's energy and other nutritional needs. By adding **helper foods** to the **main food** you can make low cost nutritious meals. You do not have to eat all the foods listed here to be healthy. **Eat the main foods you are accustomed to, and add whatever 'helper foods' are available in your area.** Try to include 'helper foods' from each group, as often as possible.

Note to nutrition workers: This plan for meeting food needs resembles teaching about 'food groups', but places more importance on giving enough of the traditional 'main food' and **above all, giving frequent feedings with plenty of energy-rich helpers.** This approach is more adaptable to the resources and limitations of poor families.

****REMEMBER:** Feeding children **enough** and feeding them **often** (3 to 5 times a day) is usually more important than the types of food you feed them.

Examples of “Helper Foods”:

Energy Helpers:

Fats (vegetable oils, butter, *ghee*, lard)

Foods rich in fats (coconut, olives, fatty meat)

Nuts* (groundnuts, almonds, walnuts, cashews)

* *Note:* Nuts and oil seeds are also valuable as body-building helpers.

Oil seeds (pumpkin, melon, sesame, sunflower)

Sugars (sugar, honey, molasses, sugar cane, jaggery)

Cereals and grains (wheat, maize, rice, millet, sorghum)

Starchy roots (cassava, potatoes, taro)

Starchy fruits (banana, plantain, breadfruit)

Note: Main foods are cheap sources of energy. The cereals also provide some protein iron, and vitamins—at low cost.

Vitamins and minerals or protective helpers:

Vegetables (dark green leafy plants, tomatoes, carrots, pumpkin, sweet potato, and peppers)

Fruits (mangoes, oranges, papayas, etc.)

Proteins or body-building helpers:

Legumes (beans, peas, and lentils)

Nuts (groundnuts, walnuts, cashews, and almonds)

Oil seeds (sesame and sunflower)

Animal products (milk, eggs, cheese, yogurt, fish, chicken, meat and certain insects)

Here are some suggestions for getting more vitamins, minerals, and proteins at low cost:

- **Breast milk.** This is the cheapest, healthiest, and most complete food for a baby. The mother can eat plenty of plant foods and turn them into the perfect baby food—breast milk. Breast feeding is not only best for the baby, it saves money and prevents diseases!
 - **Eggs and chicken.** In many places eggs are one of the cheapest and best forms of animal protein. They can be cooked and mixed with foods given to babies who cannot get breast milk. Or they can be given along with breast milk as the baby grows older. Eggshells that are boiled, finely ground, and mixed with food can provide needed calcium for pregnant women who develop sore, loose teeth or muscle cramps. Chicken is a good, often fairly cheap form of animal protein—especially if the family raises its own chickens.
 - **Liver, heart, kidney, and blood.** These are especially high in protein, vitamins, and iron (for anemia) and are often cheaper than other meat. Also **fish** is often cheaper than other meat, and is just as nutritious. **People can be strong and healthy when most of their proteins and other helper foods come from plants.**
 - **Beans, peas, lentils, and other legumes** are a good cheap source of protein. If allowed to sprout before cooking and eating, they are higher in vitamins. Baby food can be made from
-

beans by cooking them well, and then straining them through a sieve, or by peeling off their skins, and mashing them. Beans, peas, and other legumes are not only a low-cost form of protein. Growing these crops makes the soil richer so that other crops will grow better afterwards. For this reason, crop rotation and mixed crops are a good idea.

- **Dark green leafy vegetables** have some iron, a lot of vitamin A, and some protein. The leaves of sweet potatoes, beans and peas, pumpkins and squash, and baobab are especially nutritious. They can be dried, powdered, and mixed with babies' gruel. *Note:* Light green vegetables like cabbage and lettuce have less nutritional value. It is better to grow ones with dark colored leaves.
 - **Cassava (manioc) leaves** contain 7 times as much protein and more vitamins than the root. If eaten together with the root, they add food value—at no additional cost. The young leaves are best.
 - **Lime soaked maize (corn).** When soaked in lime before cooking, as is the custom in much of Latin America, maize is richer in calcium. Soaking in lime also allows more of the vitamins (niacin) and protein to be used by the body.
 - **Rice, wheat, and other grains** are more nutritious if their outer skins are not removed during milling. Moderately milled rice and whole wheat contain more proteins, vitamins, and minerals than the white, over milled product. *NOTE:* The protein in wheat, rice, maize, and other grains can be better used by the body when they are eaten with beans or lentils.
 - **Cook vegetables, rice, and other foods in little water.** And do not overcook. This way fewer vitamins and proteins are lost. Be sure to drink the leftover water, or use it for soups or in other foods.
 - **Wild fruits and berries** are rich in vitamin C as well as natural sugars. They provide extra vitamins and energy. (Be careful not to eat berries or fruit that are poisonous.)
 - **Cooking in iron pots** or putting a piece of old iron or horseshoe in the pan when cooking beans and other foods adds iron to food and helps prevent anemia. More iron will be available if you also add tomatoes. For another source of iron, put some iron nails in a little lemon juice for a few hours. Then make lemonade with the juice and drink it.
 - In some countries, **low cost baby food preparations** are available, made from different combinations of soybean, cotton seed, skim milk, or dried fish. Some taste better than others, but most are well-balanced foods. When mixed with gruel, cooked cereal, or other baby food, they add to its nutrition content at low cost.
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Sleep Requirements by Age

Sleep needs vary for each child, but the chart below gives the average amount of sleep needed for each age group:

AGE	TOTAL HOURS OF SLEEP	DAY TIME(NAPS) HOURS
1 week	16.5	8
1 month	15.5	6
3 months	15	5
6 months	14.25	3-4
9 months	14	3
12 months	13.75	2-3
18 months	13.5	2
2 years	13	1-2
3 years	12	1
4 years	11.5	
5 years	11	
6 years	10.75	
7 years	10.5	
8 years	10.25	
9 years	10	
10 years	9.75	
11 years	9.5	
12 years	9.25	
13 years	9.25	
14 years	9	
15 years	8.75	
16 years	8.5	
17 years	8.25	
18 years	8.25	

<http://www.drpaul.com/behaviour/sleep.html>

Resources for Teaching Healthy Sexuality

Print and on-line resources:

For a list of books, look online at the paper by Janet Webber, "Sexual Health Resource Guide for Parents", Simon Fraser University, December 2005.

www.sfu.ca/dialog/undergrad/pdfs/0503-Janet_Webber.pdf

Our Whole Lives-a faith based look at sexuality education

www.uua.org/owl/

A website developed by educators and health professionals to help achieve excellence in teaching sexual health.

www.TeachingSexualHealth.ca

Information for parents and teens with links to other sites:

<http://www.iwannaknow.org/links.html>

Transition Care: Sexuality checklist

Are you ready for marriage and sex?

1. How long have you been friends? Is it long enough to know that you are compatible? Do you have many shared values and goals?
 2. Has there been any force, violence, name-calling, humiliation, controlling, manipulation, guilt, or shame used against you in this relationship? If there has been, *end the relationship now!*
 3. Can you have fun together without having sex?
 4. Can you truly be yourself or do you have to put on an act? Can you be honest about yourself and still feel comfortable and safe? What about your partner?
 5. Are you hiding anything about yourself, your family, your job, your finances, your past relationships?
 6. Are you proud of this friendship? Have you each met the other's family and friends? You don't have to like them all, but it is not a good sign if you dislike them all.
 7. Will you be embarrassed, mortified, if anyone finds out that you want to marry this person? If you can't be proud of yourself, *don't do it!*
 8. Are you being pressured, by yourself, to prove something? Are you being pressured by your partner? Are you being pressured by your friends, or by society?
 9. Are you trying to keep the relationship? Would you stay together if you didn't have sex, or couldn't have sex?
 10. Are you both able to take responsibility for contraception and protection against STD's? That means using a condom, as well (perhaps) as using another contraceptive. Who is paying for the protection? You must use it every single time – can you agree?
 11. Are you both willing and able to go to the doctor for check-ups and tests? Can you both afford medical care and prescriptions, if necessary? Could you tell your partner, honestly, without blame, if you were infected? *When in doubt, abstain!*
 12. Are you both prepared for an unplanned pregnancy? Are you certain that your values, as a couple, are compatible?
 13. Do you feel that this is the right timing for this next step in your relationship.
 14. Have you sought 'wise-counsel' from people you trust and respect?
 15. Do you feel like this relationship is God's highest for your life?
 16. Do you bring out the best in each other?
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Intake Forms and Records

Intake forms:

1. Plan of Care form
2. Personal Identity form
3. Personal History form
4. Medical & Dental History form

Record-keeping forms:

1. Annual Plan of Care form
 2. Medical & Dental records
 3. Caregiver records
 4. Critical Incident Report form
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Sources

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Website references:

BC Foster Care Guide, www.mcf.gov.bc.ca/foster/pdf/handbook.pdf

www.hesperian.org

www.keepingchildrensafe.org.uk

www.savethechildren.org



Plan of Care Form

** This form is to be filled out before deciding whether to accept a new child into the home.*

Children's Home Information

Home name: _____

Location: _____

Date: _____

Date of child's proposed arrival: _____

Name of House Parents responsible for Home:

Child's Information

First name: _____

Last Name: _____

Birth date: _____

Age on admission: _____

Gender: Female: ____ Male: ____

Approximate grade level: _____

Does this child have any siblings in this Home? If so, please list: _____

Child's community of origin (location/church/etc.): _____

Child's first language: _____

Child's second language: _____

Intake considerations

Reason for potential intake:

Expected length of stay for child:

Until child's home stabilizes: ____ Until stable foster care can be arranged: ____

Until age 18: _____

Proposed relationship of Home to the child:

Legal guardian ____ Informal guardian ____

Are there other possible caregivers in the child's community? If so, describe the relationship and situation:

What is the child-to-staff ratio for this child's age group in the Children's Home now?



Is this ratio good enough to provide safe, loving care to this new child?

If not, what are some alternate care arrangements that can be made?

Child's Needs Assessment

Does this child have any special physical needs? _____ If so, please describe the needs and then attach a separate paper explaining how the Home will meet those needs.

Does this child have any special emotional needs (for example, from trauma)?
If so, please describe the needs and then attach a separate paper explaining how the Home will meet these needs:

Does this child have any special educational needs (for example, help to catch up to grade level)?
If so, please describe and then attach a separate paper explaining how the Home will help to meet these needs:

Will this child maintain contact with their birth family, and if so, how will this be carried out so that the child's best interests are protected?

If the children's home is not in the child's community, how will the child's connection to his/her community be maintained?

Office Information

Form filled out by: _____ Position: _____

City/State/Country: _____

Date: _____

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to Global Children's Movement.



Personal History Form

Children's Home Information

Home name: _____
Location: _____
Child's date of arrival at the home: _____
Country: _____
Name of person or agency who brought child:

Child's Information

Child's First Name: _____
Child's Last Name: _____
Birth date: _____ Age: ____
Gender: Female: ____ Male: ____
Place of Birth: _____ Nationality: _____

Education

Name of last school: _____ Grade completed: _____
Location of last school: _____ Are there school records on
file? _____
Description of education experience: _____

Family History

Mother's Name: _____ Father's Name: _____
Mother's age: _____ Father's age: _____
Status (alive, ill, deceased): _____ Status (alive, ill, deceased): _____
Mother's place of residence: _____ Father's place of residence: _____
Mother's nationality: _____ Father's nationality: _____

Names of mother's relatives: relatives:

Mother:
Father:
Sisters:
Brothers:

Names of Father's

Mother:
Father:
Sisters:
Brothers:

Names of Siblings:

Name:

Age: ____ Location:

Age: ____ Location:

Age: ____ Location:

Names of close friends or relatives:

Location:

Location:

Reason for intake

Family Story:

Child's story:

Home's rationale for accepting child into the Home:

Office Information

Form filled out by: _____ Position: _____

City/State/Country: _____ Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to GCM.





Personal Identity Form

Home Information

Home name: _____

Location:

Date: _____

Country:

Identity Information

Child's First Name:

Gender: Female: ____ Male: ____

Child's Last Name:

Child's first language:

Birth date:

Age:

Place of Birth:

Nationality:

Are there any identity documents? If so, write down document name and number:

Mother's Name:

Father's Name:

Appearance

Height: _____ Weight: _____

Hair color:

Size (small/medium/large for age): _____

Eye color:

Skin color (light/medium/dark): _____

Distinguishing feature (example, facial mark):

Office Information

Form filled out by:

Position:

City/State/Country:

Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to GCM.





Medical/Dental History Form

Home Information

Home name: _____

Date: _____

arrival at the home: _____

Location:

Child's date of

Personal Information

Child's First Name: Gender: Female: ____ Male: ____

Child's Last Name:

Birthdate:

Age: ____

Body Health

Height: _____ Weight: _____ Weight/age (%): _____

Middle of upper arm measurement (cm): _____ (under 13.5cm indicates malnourishment)

Skin appearance: Healthy ____ Unhealthy (describe)

Skin colour: Even ____ Patchy/uneven

Eyes: Clear/healthy ____ Unhealthy (weeping/infected/crusted)

Describe any obvious or on-going health concerns:

Does child have any allergies? If so, please list:

Does child have glasses or appear to need glasses?

Family Medical History

Did mother have any known illnesses? _____
any known illnesses? _____

Did father have

Did grandparents have any known illnesses?



Childhood Trauma

Has this child suffered emotional trauma that you are aware of? (ex. Parent/sibling died/witnessed violence) _____

If so, please describe what you are aware of:

Has this child suffered physical trauma that you are aware of? (ex. Victim of violence/bad accident) _____

If so, please describe what you are aware of:

Has this child suffered sexual abuse that you are aware of? _____

If so, please explain the abuse that you are aware of:

If this child has suffered any trauma, has s/he been seen by a doctor or trained medical professional for any kind of treatment? _____

If yes, please describe:

Office Information

Form filled out by: _____

Position: _____

City/State/Country:

Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to GCM.



Annual Plan of Care Form

** This form is to be filled out with the child present if the child is over four years old. The staff person (or teenaged child) who is the most emotionally attached to the child should also be present.*

Children's Home Information

Home name:

Date:

Number of years child has lived in this Home?

Names of House Parents responsible for child:

Child's Information

First name:

Last Name:

Birthdate:

Age:

Gender: Female: _____ Male: _____

Grade level:

Does this child have any siblings in this Home? If so, please list:

On-going Care Considerations

Original reason for intake:

Who in the Home is the primary caregiver for this child?

Who in the Home is the child most attached to emotionally?

Does the child feel that the Home is his/her home?

Relationship of House Parents to the child:

Legal guardian _____ Informal guardian _____ Legal adoption _____ Informal adoption _____

Current expected length of stay for child:

Until child's home stabilizes: ____ Until stable foster care can be arranged: ____
Until age 18: _____

Has the expected length of stay for the child changed? If so, how and why?

On-going Care Considerations, continued

If the Plan of Care for this child is not long-term, are there other possible caregivers in the child's community of origin? If so, describe their relationship to the child and the current situation:

Does the child appear to be content and settled in the Home, or does the child express discontent?

Child's Needs Assessment - Update

Does this child have on-going special physical needs? _____ If so, please describe the needs and attach a separate paper explaining how the Home will continue to meet those needs.

Does this child have any special emotional needs (for example, from trauma)?

If so, how is the Home providing care for the child's emotional needs?

Does this child need special educational assistance (for example, help to catch up to grade level)?

If so, what is the Home doing to help with this?

Does this child maintain contact with his/her birth family, and if so, how is this being carried out?

If the children's home is not in the child's community, how will the child's connection to his/her community be maintained?

Office Information

Form filled out by:

Position:

City/State/Country:

Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to GCM.





Medical/Dental Form

Home Information

Home name: _____

Location: _____

Personal Information

Child's First Name: _____

Gender: Female: _____ Male: _____

Child's Last Name: _____

Birthdate: _____

Annual Growth & Vaccinations Chart:

Date	Height	Weight	Vaccine
Observations			



Vision or Hearing Tests

Date Type of Test Outcome of Test

Medical or Dental Appointments

Date Reason for Visit Diagnosis Treatment/action taken

Chronic Conditions or Allergies

Chronic condition (describe):

Allergies:

Office Information

Form filled out by: Position:

City/State/Country:

Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent to GCM.





Caregiver Form

Personal Information

Child's First Name:

Child's Last Name:

Home name:

Location:

Family/Community Visits

Date:

Who visited who? _____ How did it go?

Child's Positive Achievements

Date	Achievement
------	-------------

Significant Changes or Events

Date	Observed Change (i.e. health, behavior, etc.)
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Critical Incident Report Form

Personal Information

Child's name: _____

Birth date: _____

Home name: _____

Adult(s) responsible for Home: _____

Critical Incident

Date of incident: _____

Describe incident using first and last name of people involved: _____

How was the incident managed? How were the needs of the child addressed? _____

First and last names of adults who responded to the incident: _____

If the incident involved an act or allegation of sexual abuse or misconduct, who (within GCM) did you notify immediately? _____

Office Information

Form filled out by:

Position:

City/State/Country:

Date:

I, _____, agree that the information on this form is correct to the best of my knowledge.

Original form to be kept in Home's records. A copy must be sent GCM.
